

TABLE NO. 3—RESIDUAL FUNCTIONAL CAPACITY: MAXIMUM SUSTAINED WORK CAPABILITY LIMITED TO MEDIUM WORK AS A RESULT OF SEVERE MEDICALLY DETERMINABLE IMPAIRMENT(S)—Continued

Rule	Age	Education	Previous work experience	Decision
203.31 .....	.....do .....	High school graduate or more—provides for direct entry into skilled work.	Skilled or semiskilled—skills not transferable.	Do.

204.00 *Maximum sustained work capability limited to heavy work (or very heavy work) as a result of severe medically determinable impairment(s).* The residual functional capacity to perform heavy work or very heavy work includes the functional capability for work at the lesser functional levels as well, and represents substantial work capability for jobs in the national economy at all skill and physical demand levels. Individuals who retain the functional capacity to perform heavy work (or very heavy work) ordinarily will not have a severe impairment or will be able to do their past work—either of which would have already provided a basis for a decision of “not disabled”. Environmental restrictions ordinarily would not significantly affect the range of work existing in the national economy for individuals with the physical capability for heavy work (or very heavy work). Thus an impairment which does not preclude heavy work (or very heavy work) would not ordinarily be the primary reason for unemployment, and generally is sufficient for a finding of not disabled, even though age, education, and skill level of prior work experience may be considered adverse.

[56 FR 12980, Mar. 28, 1991, as amended at 68 FR 60294, Oct. 22, 2003]

APPENDIX 3 TO PART 220—RAILROAD RETIREMENT BOARD OCCUPATIONAL DISABILITY STANDARDS

1. INTRODUCTION

1.01 The Board uses this appendix to adjudicate the occupational disability claims of employees with medical conditions and job titles covered by the Tables in this appendix. The Tables are divided into “Body Parts”, with each Body Part further divided by job title. Under each job title there is a list of impairments and tests with accompanying test results which establish a finding of “D” (disabled). The use of these Tables is a three-step process. In the first step we determine whether the employee’s regular railroad occupation is covered by the Tables; next we establish the existence of an impairment covered by the Tables; finally, we reach a disability determination. If we do not find an employee disabled under these Tables, the employee may still be found disabled using

Independent Case Evaluation (ICE), as explained in subpart C of this part.

1.02 The Cancer Tables are treated in a different way than other body systems. Different types of cancer and their treatments have different functional impacts. In the Cancer Tables the impact of the impairment is seen as being significant or not significant. Therefore, these tables contain an “S” (significant) which is equivalent to a “D” rating. A detailed explanation of how to use those tables is in that section. The steps to use the remaining Tables are explained below:

2. CONFIRMING THE IMPAIRMENT

2.01 Once we determine that the employee’s regular railroad occupation is covered by the Job Titles in the Tables, we must determine the existence of an impairment covered by the Tables. This is done through the use of Confirmatory Tests. These tests can include information from medical records, surgical or operative reports, or specific diagnostic test results. Confirmatory Tests are listed in the initial section regarding each Body Part covered in the Tables. If an impairment cannot be confirmed because of inconsistent medical information, ICE may be required.

2.02 There are two types of Confirmatory Tests as follows.

2.03 “Highly Recommended” Tests—The designation of a confirmatory test as being “highly recommended” means that the test is almost always performed to confirm the existence of the impairment. For many conditions, only one “highly recommended” test finding is suggested to confirm the impairment. However, there may be times when that test is not available or is negative, but other more detailed testing confirms the impairment.

2.04 *Example A:* To confirm the condition of pulmonary hypertension, the Tables under Body Part C., Cardiac, designate as “highly recommended”: an electrocardiogram which indicates definite right ventricular hypertrophy. However, the impairment may also be confirmed by insertion of a Swan-Ganz catheter into the pulmonary artery and the pulmonary artery pressure measured directly.

2.05 There may be some conditions for which several “highly recommended” tests are suggested to confirm an impairment. In these circumstances, we will use all “highly

recommended” tests to establish the existence of the impairment.

2.06 *Example B:* Under Body Part E., Lumbar Sacral Spine, three highly recommended medical findings are identified for the diagnosis of chronic back pain, not otherwise specified. These findings include:

- A. A history of back pain under medical treatment for at least one year, and
- B. A history of back pain unresponsive to therapy for at least one year, and
- C. A history of back pain with functional limitations for at least one year.

2.07 All three of these criteria must be satisfied to confirm the existence of chronic back pain.

2.08 Sometimes the employee may have undergone detailed testing which is as reliable as one of the “highly recommended” tests listed in the Tables. In cases where an impairment has not been confirmed by one of the designated “highly recommended” tests, the impairment may still be confirmed by “recommended” tests (see below) or by evidence acceptable under section 220.27 of this part.

2.09 Recommended Tests—The designation of a confirmatory test as “recommended” means that the test need not be performed, or be positive, to confirm the impairment. However, a positive test provides significant support for confirming the impairment. If there are no “highly recommended” tests for confirming the impairment, at least one of the “recommended” tests should be positive.

2.10 There are two categories of recommended tests which are described below.

A. *Imaging studies*—These studies can include MRI, CAT scan, myelogram, or plain film x-rays. For conditions where several of these imaging studies are identified as “recommended” tests, at least one of the test results should be positive and meet the confirmatory test criteria. For some conditions, such as degenerative disc condition, there are several equivalent imaging methods to confirm a diagnosis.

B. *Other tests*—This category of tests refers to non-imaging studies.

2.11 If there are no “highly recommended” confirmatory tests designated to confirm an impairment and the “recommended” confirmatory tests only include non-imaging procedures, at least one of these tests should be positive to confirm the impairment. The greater the number of tests that are positive, the greater the confidence that the correct diagnosis has been established.

2.12 *Example:* Under Body Part C., Cardiac, the diagnostic confirmatory tests for ventricular ectopy, a cardiac arrhythmia, include the following “recommended” tests:

- A. Medical record review, i.e., a review of the claimant’s medical records, or
- B. Holter monitoring, or
- C. Provocative testing producing a definite arrhythmia.

2.13 In this situation, only one of the “recommended” confirmatory tests need be positive to confirm the impairment. However, the more tests that are positive, the stronger the support for the diagnosis.

2.14 In no circumstance will the Board require that an invasive test be performed to confirm an impairment. Several of the Confirmatory Tests which are described in the Tables are invasive and it is not the intention of the Board to suggest that these be performed. The inclusion of invasive tests in the Tables Confirmatory Tests section is intended to help the Board evaluate the significance of findings from such tests that may have already been performed and which are part of the submitted medical record.

2.15 If an employee’s impairment(s) cannot be confirmed by use of the confirmatory tests listed in the Tables, it still may be confirmed by medical evidence described in section 220.27 of this part. However, if a claimant’s impairment(s) cannot be confirmed through use of the Tables or under section 220.27, and the medical evidence is complete and in concordance, the claimant will be found not disabled.

3. DISABILITY DETERMINATION

3.01 Once the Board determines that the employee’s regular railroad occupation is covered by one of the Job Titles in the Tables and that his or her alleged impairment fits into a Body Part covered by the Tables and can be confirmed, we examine the results of any of the disability tests listed under the impairment. If the results from any of these tests indicate a “D” finding, the employee is found disabled. If none of the test results indicate a “D” finding, then the employee’s claim is evaluated using ICE.

3.02 *Example:* A trainman has angina as confirmed by the recommended tests under Body Part A: Cardiac—Angina. An echocardiogram shows that he has poor ejection fraction  $\leq 35\%$ . The employee is rated disabled. If none of the results of the listed disability tests match the results required for a “D” finding, then the employee’s claim is evaluated under ICE.

TABLES

- A. Cancer
- B. Endocrine
- C. Cardiac
- D. Respiratory
- E. Lumbar Sacral Spine
- F. Cervical Spine
- G. Shoulder and Elbow
- H. Hand and Arm
- I. Hip
- J. Knee
- K. Ankle and Foot

A. CANCER

*Cancer*

Cancer conditions can be viewed as belonging to one of three categories.

Category 1: Significant impact on functional capacity or anticipated life span.

Category 2: Intermediate impact on functional capacity; large individual variability.

Category 3: No significant impact on functional capacity or expected life span.

The factors that are considered in developing these categories include the following:

*Type of Cancer*

The functional impact of different malignancies varies tremendously and each malignancy has to be considered on an individual basis.

*Magnitude of Disease*

The disability standards are based upon the magnitude or extent of disease. The extent of disease affects both anticipated life span and the functional capacity or work ability of the individual. Localized cancer including cancer "in situ" can frequently be completely cured and not have an impact on functional capacity or life span. In contrast, many cancers that have distant or significant regional spread generally have a poor prognosis. The magnitude or extent of disease is classified into three categories: local, regional and distant.

The criteria which are used to classify a cancer into one of the three categories are based upon the distillation of several staging methods into a single system [Miller, et al. (1992). Cancer Statistics Review, 1973-1989; NIH Publication No. 92-2789].

*Effects of Treatment*

Although some types of cancer may be potentially curable with radical surgery and/or radiation therapy, the treatment regimen may result in a significant impairment that could affect functional capacity and ability to work. For example, a person with a laryngeal tumor which had spread regionally could be cured by a complete laryngectomy and radiotherapy. However, this treatment could result in a loss of speech and significantly impair the individual's communicative skills or ability to use certain types of respiratory protective equipment.

*Prognosis*

Some cancers may have minimal impact on a person's functional capacity, but have a very poor prognosis with respect to life expectancy. For example, an individual with early stage brain cancer may be minimally impaired, but have a poor prognosis and minimal potential for surviving longer than two years. Five and two year survival data are presented in the Cancer Disability Guideline Table which follows.

The Cancer Disability Guideline Table provides information concerning the probability of survival for five years for local, regional, and distant disease for each type of malignancy. In addition, two-year survival data are also presented for all disease stages. The five-year survival data are based upon data collected from population-based registries in Connecticut, New Mexico, Utah, Hawaii, Atlanta, Detroit, Seattle and the San Francisco and East Bay area between 1983 and 1987 (Miller, 1992). The two-year data are from a cohort study initially diagnosed in 1988.

*Assessment*

The malignancies are classified as disabling (Category 1), potentially disabling (Category 2) and non-disabling (Category 3). Category 2 conditions must be evaluated with respect to how the worker's tumor affects the worker's ability to perform the job and an assessment of his life span.

Information concerning the potential impact of the malignancy on a worker's ability to perform a job is identified in the Functional Impact column in the table. All railroad occupations in the Tables are considered together. Functional impacts are classified as significant if the treatment or sequelae from treatment including radiotherapy, chemotherapy and/or surgery is likely to impair the worker from performing the job. If the treatment results in a significant impairment of another organ system, the individual should be evaluated for disability associated with impairment of that body part. For example, a person undergoing an amputation for a bone malignancy would have to be evaluated for an amputation of that body part. For many cancers, it is difficult to make generalizations regarding the level of impairment that will occur after the person has initiated or completed treatment. Nonsignificant impacts include those that are unlikely to have any effect on the individual's work capacity.

Cancer type	2-year <sup>1</sup>	5-year <sup>1</sup>	Disability status <sup>2</sup>	Functional impact <sup>3</sup>
Brain:				
Local .....	.....	26	1	S
Regional .....	.....	27.9	1	S
Distant .....	.....	23.6	1	S

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Cancer type	2-year <sup>1</sup>	5-year <sup>1</sup>	Disability status <sup>2</sup>	Functional impact <sup>3</sup>
Female Breast:				
Regional .....		71.1	2	S
Distant .....		17.8	1	S
Colon:				
Local .....		91	2	S
Regional .....		60.1	2	S
Distant .....		6	1	S
Rectal:				
Local .....		84.5	2	S
Regional .....		50.7	2	S
Distant .....		5.3	1	S
Esophagus:				
Local .....		18.5	1	S
Regional .....		5.2	1	S
Distant .....		1.8	1	S
Hodgkin's Disease: <sup>4</sup>				
Stage 1 .....		90-95	3	S
Stage 2 .....		86	2	S
Stage 3 .....		<80	2	S
Stage 4 .....		<80	1	S
Kidney/Renal Pelvis:				
Local .....		85.4	3	S
Regional .....		56.3	2	S
Distant .....		9	1	S
Larynx:				
Local .....		84.2	2	S
Regional .....		52.5	2	S
Distant .....		24	1	S
Acute Lymphocytic Leukemia:				
All .....		51.1	2	S
Chronic Lymphocytic Leukemia:				
All .....		66.2	2	S
Acute Myelogenous Leukemia:				
All .....		9.7	1	S
Chronic Myelogenous Leukemia:				
All .....		21.7	1	S
Liver/Intrahepatic Bile Duct:				
Local .....		15.1	1	S
Regional .....		5.8	1	S
Distant .....		1.9	1	S
Lung/Bronchus: <sup>5</sup>				
Local .....		45.6	2	S
Regional .....		13.1	1	S
Distant .....		1.3	1	S
Melanomas of Skin:				
Regional .....		53.6	2	S
Distant .....		12.8	1	S
Oral Cavity/Pharyngeal:				
Local .....		76.2	2	S
Regional .....		40.9	2	S
Distant .....		18.7	1	S
Pancreas:				
Local .....		6.1	1	S
Regional .....		3.7	1	S
Distant .....		1.4	1	S
Prostate:				
Local .....		91	3	S
Regional .....		80.4	2	S
Distant .....		28	1	S
Stomach:				
Local .....		55.4	1	S
Regional .....		17.3	1	S
Distant .....		2.1	1	S
Testicular:				
Distant .....		65.5	1	S
Thyroid:				
Regional .....		93.1	3	S
Distant .....		47.2	1	S
Bladder:				
Regional .....		46	2	S
Distant .....		9.1	1	S

<sup>1</sup>Source of 2 and 5 year survival data: Miller BA et al. Cancer Statistics Review 1973-1989. NIH Publication No. 92-2789.

<sup>2</sup>Disability Status:

Category 1: Significant impact on functional capacity or life span.  
 Category 2: Intermediate impact.  
 Category 3: No significant impact on functional capacity or life span.

<sup>3</sup>Functional Impacts:

(S) Significant—significant potential for the effects of treatment (radiotherapy, chemotherapy, surgery) to affect functional capacity.

<sup>4</sup>Hodgkin's disease data presented for each stage derived from American Cancer Society. American Cancer Society Textbook reference for unstaged cancer is derived from Cancer Statistics Review (See 3). In addition to other data, see: American Cancer Society Textbook of Clinical Oncology. Eds: Holleb AI, Fink DJ, Murphy GP, Atlanta: American Cancer Society, Inc. 1991.)

<sup>5</sup>Small cell carcinoma is classified as a 1.

**B. Endocrine**

Confirmatory test	Minimum result	Requirements
<b>BODY PART: ENDOCRINE CONFIRMATORY TESTS</b>		
Diabetes, requiring insulin (IDDM): Medical record review .....	Confirmation of condition and need for insulin use.	Highly recommended.
Disability test	Test result	Disability classification
<b>BODY PART: ENDOCRINE JOB TITLE: ENGINEER</b>		
Diabetes, requiring insulin (IDDM): Medical record review .....	Confirmation of condition and need for insulin use.	D

**C. Cardiac**

Confirmatory test	Minimum result	Requirements
<b>BODY PART: CARDIAC CONFIRMATORY TESTS</b>		
Angina: Medical record review .....	Confirmed history of ischemia including copies of electrocardiogram.	Recommended.
Stress test .....	Definite ischemia on exercise test .....	Recommended.
Thallium study .....	Definite ischemia with exercise .....	Recommended.
Aortic valve disease: Cardiac catheterization .....	Proven and significant .....	Recommended.
Echocardiogram .....	Significant valve disease .....	Recommended.
Coronary artery disease: Medical record review .....	Documented ischemia with electrocardiogram confirmation.	Recommended.
Medical record review .....	Documented myocardial infarction .....	Recommended.
Stress test .....	Positive .....	Recommended.
Thallium study .....	Definite ischemia with exercise .....	Recommended.
Angiography .....	Definite occlusion (≤60%) of one vessel ...	Recommended.
Cardiomyopathy: Echocardiogram .....	Proven ejection fraction ≤35% .....	Recommended.
Catheterization .....	Poor global function and not coronary artery disease.	Recommended.
Hypertension: Medical record review .....	Documentation of hypertension for one year.	Highly recommended.
Medical record review .....	Definite diagnosis by cardiologist or internist.	Highly recommended.
Medical record review .....	Confirmation of medication use .....	Highly recommended.
Arrhythmia: heart block: Medical record review .....	Proven episode with electrocardiogram confirmation.	Recommended.
Electrocardiogram .....	Documentation of arrhythmia .....	Recommended.
Mitral valve disease: Cardiac catheterization .....	Significant valve disease .....	Recommended.
Echocardiogram .....	Significant valve disease .....	Recommended.
Pericardial disease: Medical record review .....	Confirmed by cardiologist or internist .....	Highly recommended.
Pulmonary hypertension: Physical examination .....	Increased pulmonic sound or pulmonary ejection murmur by cardiologist or internist.	Recommended.

**C. Cardiac—Continued**

Confirmatory test	Minimum result	Requirements
Electrocardiogram .....	Definite right ventricular hypertension .....	Highly recommended.
Ventricular ectopy:		
Medical record review .....	Definite episode within one year .....	Recommended.
Holter monitoring .....	Definite arrhythmia .....	Recommended.
Provocative testing .....	Positive response .....	Recommended.
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Definite episode within one year .....	Recommended.
Holter monitoring .....	Definite arrhythmia .....	Recommended.
Post heart transplant:		
Medical record review .....	Documented .....	Highly recommended.
Disability test	Test result	Disability classification
<b>BODY PART: CARDIAC JOB TITLE: TRAINMAN</b>		
Angina:		
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq 7$ METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG.	
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Medical record review .....	Unstable as diagnosed by a Cardiologist ...	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq 7$ METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq 7$ METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq 120$ and systolic $\leq 160$ , 50% of the time and evidence of end organ damage (blood creatinine $\leq 2$ ; urinary protein $\leq 1/2$ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length $\leq 1.5$ –2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq 5$ mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

Disability test	Test result	Disability classification
<b>BODY PART: CARDIAC JOB TITLE: ENGINEER</b>		
Angina:		
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq 5$ METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Medical record review .....	Unstable as diagnosed by a Cardiologist ...	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq 5$ METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq 5$ METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq 120$ and systolic $\leq 160$ , 50% of the time and evidence of end organ damage (blood creatinine $\leq 2$ ; urinary protein $\leq 1/2$ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length $\leq 1.5-2$ seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq 10$ mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

<b>BODY PART: CARDIAC JOB TITLE: DISPATCHER</b>		
Angina:		
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq 5$ METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D

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Disability test	Test result	Disability classification
Stress test .....	Peak exercise ≤5 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia ≤5 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia ≤5 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Hypertension:		
Medical record review .....	Diastolic ≤120 and systolic ≤160, 50% of the time and evidence of end organ damage (blood creatinine ≤2; urinary protein ≤½ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length ≤1.5–2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient ≥10 mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

**BODY PART: CARDIAC  
JOB TITLE: CARMAN**

Angina:		
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia ≤5 METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG.	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Medical record review .....	Unstable as diagnosed by a Cardiologist ...	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia ≤ 5 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia ≤ 5 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Hypertension:		
Medical record review .....	Diastolic ≤120 and systolic ≤160, 50% of the time and evidence of end organ damage (blood creatinine ≤2; urinary protein ≤½ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length ≤1.5–2 seconds.	D



Disability test	Test result	Disability classification
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq 10$ mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

**BODY PART: CARDIAC  
JOB TITLE: SIGNALMAN**

Angina:		
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq 7$ METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq 7$ METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq 7$ METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq 120$ and systolic $\leq 160$ , 50% of the time and evidence of end organ damage (blood creatinine $\leq 2$ ; urinary protein $\leq 1/2$ gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block		
Holter .....	Documented asystole length $\leq 1.5$ – $2$ seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq 5$ mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 7$ METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D

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Disability test	Test result	Disability classification
Post heart transplant: Medical record review .....	Post heart transplant .....	D

**BODY PART: CARDIAC  
JOB TITLE: TRACKMAN**

Angina:		
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤7 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia ≤7 METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤7 METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤7 METS .....	D
Medical record review .....	Unstable as diagnosed by a cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia ≤7 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia ≤7 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤7 METS .....	D
Hypertension:		
Medical record review .....	Diastolic ≤120 and systolic ≤160, 50% of the time and evidence of end organ damage (blood creatinine ≤2; urinary protein ≤1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length ≤1.5–2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient ≥5 mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤7 METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction ≤35% .....	D
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

**BODY PART: CARDIAC  
JOB TITLE: MACHINIST**

Angina:		
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia ≤5 METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG.	
Echocardiogram .....	Poor ejection fraction ≤35% .....	D
Stress test .....	Peak exercise ≤5 METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D

Disability test	Test result	Disability classification
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Medical record review .....	Unstable as diagnosed by a cardiologist ...	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq$ 5 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq$ 5 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq$ 120 and systolic $\leq$ 160, 50% of the time and evidence of end organ damage (blood creatinine $\leq$ 2; urinary protein $\leq$ 1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length $\leq$ 1.5-2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq$ 10 mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia ....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D
<b>BODY PART: CARDIAC JOB TITLE: SHOP LABORER</b>		
Angina:		
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq$ 5 METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25-50 mm HG.	
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25-50 mm Hg.	
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Medical record review .....	Unstable as diagnosed by a Cardiologist ...	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq$ 5 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq$ 5 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq$ 120 and systolic $\leq$ 160, 50% of the time and evidence of end organ damage (blood creatinine $\leq$ 2; urinary protein $\leq$ 1/2 gm; or EKG evidence of ischemia).	D

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Disability test	Test result	Disability classification
Arrhythmia: heart block:		
Holter .....	Documented asystole length $\leq$ 1.5–2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq$ 10 mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia:		
Medical record review .....	Documented related syncope .....	D
Post heart transplant:		
Medical record review .....	Post heart transplant .....	D

**BODY PART: CARDIAC**  
**JOB TITLE: SALES REPRESENTATIVE**

Angina:		
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq$ 5 METS .....	D
Aortic valve disease:		
Cardiac catheterization .....	Aortic gradient 25–50 mm HG .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Coronary artery disease:		
Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Medical record review .....	Unstable as diagnosed by a cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq$ 5 METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq$ 5 METS .....	D
Cardiomyopathy:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Hypertension:		
Medical record review .....	Diastolic $\leq$ 120 and systolic $\leq$ 160, 50% of the time and evidence of end organ damage (blood creatinine $\leq$ 2; urinary protein $\leq$ 1/2 gm; or EKG evidence of ischemia).	D
Arrhythmia: heart block:		
Holter .....	Documented asystole length $\leq$ 1.5–2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease:		
Cardiac catheterization .....	Mitral valve gradient $\geq$ 10 mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Stress test .....	Peak exercise $\leq$ 5 METS .....	D
Pericardial disease:		
Cardiac catheterization .....	Poor ejection fraction $\leq$ 35% .....	D
Echocardiogram .....	Poor ejection fraction $\leq$ 35% .....	D
Ventricular ectopy:		
Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D

Disability test	Test result	Disability classification
Arrhythmia: supraventricular tachycardia: Medical record review .....	Documented related syncope .....	D
Post heart transplant: Medical record review .....	Post heart transplant .....	D
<b>BODY PART: CARDIAC JOB TITLE: GENERAL OFFICE CLERK</b>		
Angina: Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Medical record review .....	Unstable as diagnosed by cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test: significant ST changes .....	Definite ischemia $\leq 5$ METS .....	D
Aortic valve disease: Cardiac catheterization .....	Aortic gradient 25–50 mm HG .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Coronary artery disease: Myocardial infarction .....	Multiple infarctions .....	D
Echocardiogram .....	Confirmed ventricular aneurysm .....	D
Cardiac catheterization .....	Aortic gradient 25–50 mm Hg .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Medical record review .....	Unstable as diagnosed by a Cardiologist .....	D
Stress test .....	Documented hypotensive response .....	D
Stress test .....	Definite ischemia $\leq 5$ METS .....	D
Isotope, e.g., thallium study .....	Definite ischemia $\leq 5$ METS .....	D
Cardiomyopathy: Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Arrhythmia: heart block: Holter .....	Documented asystole length $\leq 1.5$ –2 seconds.	D
Medical record review .....	Documented syncope with proven arrhythmia.	D
Mitral valve disease: Cardiac catheterization .....	Mitral valve gradient $\geq 10$ mm Hg .....	D
Cardiac catheterization .....	Mitral regurgitation severe .....	D
Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Stress test .....	Peak exercise $\leq 5$ METS .....	D
Pericardial disease: Cardiac catheterization .....	Poor ejection fraction $\leq 35\%$ .....	D
Echocardiogram .....	Poor ejection fraction $\leq 35\%$ .....	D
Ventricular ectopy: Medical record review .....	Documented life threatening arrhythmia .....	D
Holter .....	Uncontrolled ventricular rhythm .....	D
Medical record review .....	Documented related syncope .....	D
Arrhythmia: supraventricular tachycardia: Medical record review .....	Documented related syncope .....	D
Post heart transplant: Medical record review .....	Post heart transplant .....	D

**D. Respiratory**

Confirmatory test	Minimum result	Requirements
<b>BODY PART: RESPIRATORY CONFIRMATORY TESTS</b>		
Asthma: Spirometry .....	FEV1/FVC ratio diminished .....	Recommended.
Spirometry .....	$\leq 15\%$ change with administration of bronchodilator.	Recommended.
Methacholine challenge test .....	Positive: FEV1 decrease $\leq 20\%$ at (PC $\leq 8$ mg/ml).	Recommended
Bronchiectasis: Medical record review .....	Chronic cough and sputum .....	Recommended.
Chest X-ray .....	Bronchiectasis demonstrated .....	Recommended.
Chest CAT scan .....	Bronchiectasis demonstrated .....	Recommended.
Chronic bronchitis: Medical record review .....	Frequent cough—2 years duration .....	Highly recommended.

**D. Respiratory—Continued**

Confirmatory test	Minimum result	Requirements
Chronic obstructive pulmonary disease:		
Spirometry .....	FEV1/FVC ratio below 65% when stable ...	Highly recommended.
Spirometry .....	FEV1 below 75% of predicted when stable	Highly recommended.
Cor pulmonale:		
Electrocardiogram .....	Definite right ventricular hypertrophy .....	Recommended.
Echocardiogram .....	Definite right ventricular hypertrophy .....	Recommended.
Pulmonary fibrosis:		
Lung biopsy .....	Diffuse fibrosis .....	Recommended.
Chest CAT scan .....	More than minimal fibrosis .....	Recommended.
Lung resection:		
Medical record review .....	At least one lobe resected .....	Highly recommended.
Pneumothorax:		
Medical record review .....	Required hospitalization with chest tube drainage.	Highly recommended.
Restrictive lung disease:		
Chest X-ray .....	Restrictive lung changes .....	Recommended.
DLCO .....	Abnormal .....	Highly recommended.
Chest CAT scan .....	Restrictive lung changes .....	Recommended.
Spirometry .....	FVC <75% predicted .....	Highly recommended.
Silicosis:		
Medical record review .....	Occupational exposure for at least 1 year	Highly recommended.
Tuberculosis:		
Chest X-ray .....	Evidence of changes consistent with tuberculosis infection.	Recommended.
Culture .....	Positive .....	Recommended.
Disability test	Test result	Disability classification

**BODY PART: RESPIRATORY**

**JOB TITLE: TRAINMAN**

Asthma:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	
Bronchiectasis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D

Disability test	Test result	Disability classification
Lung resection: Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease: DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy	D
Silicosis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
<b>BODY PART: RESPIRATORY JOB TITLE: CARMAN</b>		
Asthma: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD): Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale: Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Lung resection: Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease: DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Silicosis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D

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Disability test	Test result	Disability classification
<b>BODY PART: RESPIRATORY JOB TITLE: SIGNALMAN</b>		
Asthma: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD): Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale: Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Lung resection: Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease: DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Silicosis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
<b>BODY PART: RESPIRATORY JOB TITLE: TRACKMAN</b>		
Asthma: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis: Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis: Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D



Disability test	Test result	Disability classification
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Lung resection:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Silicosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D

**BODY PART: RESPIRATORY  
JOB TITLE: MACHINIST**

Asthma:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D

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Disability test	Test result	Disability classification
Pulmonary fibrosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Lung resection:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Silicosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D

**BODY PART: RESPIRATORY  
JOB TITLE: SHOP LABORER**

Asthma:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Bronchiectasis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic bronchitis:		
Spirometry .....	Repeated spirometry FEV1 <40% over a 12 month period.	D
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Chronic obstructive pulmonary disease (COPD):		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Cor pulmonale:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Pulmonary fibrosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Lung resection:		
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Restrictive lung disease:		
DLCO .....	<45% predicted .....	D
Pulmonary exercise test or exercise ABG.	PO2 drop ≤5 torr at maximum exercise .....	D

Disability test	Test result	Disability classification
Pulmonary exercise test .....	Maximum VO2 <15 ml/kg .....	D
Spirometry .....	FVC <50% predicted .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D
Silicosis:		
Resting ABG .....	PCO2 arterial ≤50 mm Hg if stable .....	D
Electrocardiogram .....	Definite positive right ventricular hypertrophy.	D

**E. Lumbar Sacral Spine**

Confirmatory test	Minimum result	Requirements
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**BODY PART: LS SPINE  
CONFIRMATORY TESTS**

Ankylosing spondylitis:		
X-ray-lumbar sacral spine .....	Sacroiliitis .....	Highly recommended.
HLA B27 (blood test) .....	Positive HLA B27 (90% case) .....	Recommended.
Backache, unspecified:		
Medical record review .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Chronic back pain, not otherwise specified:		
Medical record review .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Cauda equina syndrome with bowel or bladder dysfunction:		
Magnetic resonance imaging .....	Neural impingement of spinal nerves below L1.	Recommended.
Computerized tomography .....	Neural impingement of spinal nerves below L1.	Recommended.
Cystometrogram .....	Impaired bladder function .....	Recommended.
Rectal examination .....	Diminished rectal sphincter tone .....	Recommended.
Myelogram .....	Neural impingement of spinal nerves below L1.	Recommended.
Degeneration of lumbar disc:		
X-ray lumbar sacral spine .....	Significant degenerative disc changes .....	Recommended.
Computerized tomography .....	Significant degenerative disc changes .....	Recommended.
Magnetic resonance imaging .....	Significant degenerative disc changes .....	Recommended.
Myelogram .....	Significant degenerative disc changes .....	Recommended.
Displacement of lumbar disc:		
X-ray-lumbar sacral spine .....	Significant degenerative disc changes .....	Recommended.
Computerized tomography .....	Significant degenerative disc changes .....	Recommended.
Magnetic resonance imaging .....	Significant degenerative disc changes .....	Recommended.
Myelogram .....	Significant degenerative disc changes .....	Recommended.
Fracture: vertebral body:		
Magnetic resonance imaging .....	Fracture vertebral body .....	Recommended.
Computerized tomography .....	Fracture vertebral body .....	Recommended.
X-ray-lumbar sacral spine .....	Fracture vertebral body .....	Recommended.
Fracture: posterior element with spinal canal displacement:		
Magnetic resonance imaging .....	Fracture posterior spinal element with displacement of spinal canal.	Recommended.
Computerized tomography .....	Fracture posterior spinal element with displacement of spinal canal.	Recommended.
X-ray-lumbar sacral spine .....	Fracture posterior spinal element with displacement of spinal canal.	Recommended.
Fracture: posterior spinal element with no displacement:		
X-ray-lumbar sacral spine .....	Fracture posterior spinal element .....	Recommended.
Magnetic resonance imaging .....	Fracture posterior spinal element .....	Recommended.
Computerized tomography .....	Fracture posterior spinal element .....	Recommended.
Fracture: spinous process:		
X-ray-lumbar sacral spine .....	Spinous process fracture .....	Recommended.

E. Lumbar Sacral Spine—Continued

Confirmatory test	Minimum result	Requirements
Magnetic resonance imaging .....	Spinous process fracture .....	Recommended.
Computerized tomography .....	Spinous process fracture .....	Recommended.
Fracture: Transverse process:		
Lumbar sacral spine .....	Transverse process fracture .....	Recommended.
Magnetic resonance imaging .....	Transverse process fracture .....	Recommended.
Computerized tomography .....	Transverse process fracture .....	Recommended.
Intervertebral disc disorder:		
X-ray-lumbar sacral spine .....	Significant disc degeneration .....	Recommended.
Magnetic resonance imaging .....	Significant disc degeneration .....	Recommended.
Computerized tomography .....	Significant disc degeneration .....	Recommended.
Myelogram .....	Significant disc degeneration .....	Recommended.
Lumbago:		
Medical record review: lumbar .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Lumbosacral neuritis:		
Magnetic resonance imaging .....	Evidence of neural compression .....	Recommended.
Electromyography .....	Definite denervation .....	Recommended.
Nerve conduction velocity .....	Definite slowing .....	Recommended.
Physical examination—atrophy .....	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise .....	Recommended.
Sensory examination .....	Loss of sensation in affected dermatomes	Recommended.
Medical history .....	History of radicular pain .....	Highly recommended.
Computerized tomography .....	Evidence of neural compression .....	Recommended.
Lumbar spinal stenosis:		
Computerized tomography .....	Significant narrowing: spinal cord canal or intervertebral foramen.	Recommended.
Magnetic resonance imaging .....	Significant narrowing: spinal cord canal or intervertebral foramen.	Recommended.
Myelogram .....	Significant narrowing: spinal cord canal or intervertebral foramen.	Recommended.
Mechanical complication of internal orthopedic device:		
Medical record review .....	Documentation of failure of implant following surgical procedure.	Highly recommended.
Osteomalacia:		
X-ray-lumbar sacral spine .....	Evidence of significant osteomalacia .....	Recommended.
Magnetic resonance imaging .....	Evidence of significant osteomalacia .....	Recommended.
Computerized tomography .....	Evidence of significant osteomalacia .....	Recommended.
Osteomyelitis, chronic-lumbar:		
X-ray-lumbar sacral spine .....	Evidence of chronic infection .....	Recommended.
Magnetic resonance imaging .....	Evidence of chronic infection .....	Recommended.
Computerized tomography .....	Evidence of chronic infection .....	Recommended.
Osteoporosis:		
Computerized tomography .....	Significant bone density loss .....	Recommended.
Dual photon absorptiometry .....	Significant bone density loss .....	Recommended.
X-ray-lumbar sacral spine .....	Significant bone density loss .....	Recommended.
Post laminectomy syndrome with radiculopathy:		
Medical record review: lumbar .....	Documented surgical history of laminectomy.	Highly recommended.
Magnetic resonance imaging .....	Evidence of laminectomy .....	Recommended.
Electromyography .....	Definite denervation .....	Recommended.
Nerve conduction velocity .....	Definite slowing .....	Recommended.
Physical examination—atrophy .....	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise .....	Recommended.
Sensory examination .....	Loss of sensation in affected dermatomes	Recommended.
Medical record review: lumbar .....	History of radicular pain .....	Highly recommended.
Computerized tomography .....	Evidence of laminectomy .....	Recommended.
Myelogram .....	Evidence of laminectomy .....	Recommended.
Radiculopathy:		
Magnetic resonance imaging .....	Evidence of neural compression .....	Recommended.
Electromyography .....	Definite denervation .....	Recommended.
Nerve conduction velocity .....	Definite slowing .....	Recommended.
Physical examination—atrophy .....	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise .....	Recommended.

**E. Lumbar Sacral Spine—Continued**

Confirmatory test	Minimum result	Requirements
Sensory examination .....	Loss of sensation in affected dermatomes	Recommended.
Medical record review: lumbar .....	History of radicular pain .....	Highly recommended.
Computerized tomography .....	Evidence of neural compression .....	Recommended.
Myelogram .....	Evidence of neural compression .....	Recommended.
Sciatica:		
Magnetic resonance imaging .....	Evidence of neural compression .....	Recommended.
Electromyography .....	Definite denervation .....	Recommended.
Nerve conduction velocity .....	Definite slowing .....	Recommended.
Physical examination—atrophy .....	Atrophy in affected limb with 2 cm difference between limbs.	Recommended.
Physical examination: straight leg raise	Positive straight leg raise .....	Recommended.
Sensory examination .....	Loss of sensation in affected dermatomes	Recommended.
Medical history .....	History of radicular pain .....	Highly recommended.
Computerized tomography .....	Evidence of neural compression .....	Recommended.
Myelogram .....	Evidence of neural compression .....	Recommended.
Strains and sprains, unspecified:		
Medical record review .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review .....	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Medical record review .....	Documented history of strain and/or sprain	Highly recommended.
Spondylolisthesis grade 1:		
X-ray-lumbar sacral spine .....	1–25% slippage .....	Recommended.
Computerized tomography .....	1–25% slippage .....	Recommended.
Magnetic resonance imaging .....	1–25% slippage .....	Recommended.
Spondylolisthesis grade 2:		
X-ray-lumbar sacral spine .....	26–50% slippage .....	Recommended.
Computerized tomography .....	26–50% slippage .....	Recommended.
Magnetic resonance imaging .....	26–50% slippage .....	Recommended.
Spondylolisthesis grade 3:		
X-ray-lumbar sacral spine .....	51–75% slippage .....	Recommended.
Computerized tomography .....	51–75% slippage .....	Recommended.
Magnetic resonance imaging .....	51–75% slippage .....	Recommended.
Spondylolisthesis grade 4:		
X-ray-lumbar sacral spine .....	Complete slippage .....	Recommended.
Computerized tomography .....	Complete slippage .....	Recommended.
Magnetic resonance imaging .....	Complete slippage .....	Recommended.
Spondylolisthesis-acquired:		
X-ray-lumbar sacral spine .....	Slippage .....	Recommended.
Computerized tomography .....	Slippage .....	Recommended.
Magnetic resonance imaging .....	Slippage .....	Recommended.
Spondylolysis:		
X-ray-lumbar sacral spine .....	Defect—pars interarticularis .....	Recommended.
Computerized tomography .....	Defect—pars interarticularis .....	Recommended.
Magnetic resonance imaging .....	Defect—pars interarticularis .....	Recommended.
Sprains and strains, sacral:		
Medical record review: lumbar .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back with functional limitations for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	Documented history of strain and/or sprain	Highly recommended.
Sprains and strains, sacroiliac:		
Medical record review: lumbar .....	History of back pain under medical treatment for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back pain unresponsive to therapy for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	History of back pain with functional limitations for at least 1 year.	Highly recommended.
Medical record review: lumbar .....	Documented history of strain and/or sprain	Highly recommended.

Disability test	Test result	Disability classification
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**BODY PART: LS SPINE  
JOB TITLE: TRAINMAN**

Ankylosing spondylitis: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
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Disability test	Test result	Disability classification
Backache, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves < L1.	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves < L1.	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Intervertebral disc disorder:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Lumbosacral neuritis:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
Lumbar spinal stenosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Osteomalacia:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Medical record review .....	Frequent flare-ups with objective findings ..	D
Osteoporosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D

Disability test	Test result	Disability classification
Physical examination .....	Significant lower extremity weakness .....	D
Post laminectomy syndrome:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Sciatica:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Strains and sprains, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 1:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis grade 2:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 3:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 4:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis—acquired:		
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolysis:		
X-ray flexion/extension .....	Segmental instability .....	D
Sprains and strains, sacral:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Sprains and strains, sacroiliac:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Vertebral body compression fracture:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

**BODY PART: LS SPINE  
JOB TITLE: ENGINEER**

Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D

**BODY PART: LS SPINE  
JOB TITLE: CARMAN**

Ankylosing spondylitis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Backache, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Physical examination .....	Lower extremity weakness .....	D

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Disability test	Test result	Disability classification
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1. ....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Intervertebral disc disorder:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Lumbosacral neuritis:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
Lumbar spinal stenosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Osteomalacia:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Medical record review .....	Frequent flare-ups with objective findings ..	D
Osteoporosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Post laminectomy syndrome:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D



Disability test	Test result	Disability classification
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Sciatica:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Strains and sprains, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 1:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis grade 2:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 3:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 4:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis-acquired:		
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolysis:		
X-ray flexion/extension .....	Segmental instability .....	D
Sprains and strains, sacral:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Sprains and strains, sacroiliac:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Vertebral body compression fracture:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

**BODY PART: LS SPINE  
JOB TITLE: SIGNALMAN**

Ankylosing spondylitis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Backache, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1.	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

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Disability test	Test result	Disability classification
Intervertebral disc disorder:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Lumbosacral neuritis:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
Lumbar spinal stenosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Osteomalacia:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Medical record review .....	Frequent flare-ups with objective findings ..	D
Osteoporosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Post laminectomy syndrome:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Sciatica:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Strains and sprains, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 1:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis grade 2:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 3:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 4:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis-acquired:		
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolysis:		
X-ray flexion/extension .....	Segmental instability .....	D
Sprains and strains, sacral:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

Disability test	Test result	Disability classification
Sprains and strains, sacroiliac: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Vertebral body compression fracture: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>BODY PART: LS SPINE JOB TITLE: TRACKMAN</b>		
Ankylosing spondylitis: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Backache, unspecified: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction: Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1.	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc: Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc: Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Intervertebral disc disorder: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Lumbosacral neuritis: Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
Lumbar spinal stenosis: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
Mechanical complication of internal ortho- pedic device: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Osteomalacia: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Osteomyelitis, chronic-lumbar: Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

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Disability test	Test result	Disability classification
Medical record review .....	Frequent flare-ups with objective findings ..	D
Osteoporosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Post laminectomy syndrome:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Sciatica:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Strains and sprains, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 1:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis grade 2:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 3:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 4:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis-acquired:		
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolysis:		
X-ray flexion/extension .....	Segmental instability .....	D
Sprains and strains, sacral:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Sprains and strains, sacroiliac:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Vetebral body compression fracture:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

**BODY PART: LS SPINE  
JOB TITLE: MACHINIST**

Ankylosing spondylitis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Backache, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1.	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D

Disability test	Test result	Disability classification
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Intervertebral disc disorder:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Lumbosacral neuritis:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
Lumbar spinal stenosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
Mechanical complication of internal orthopedic device:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Osteomalacia:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Osteomyelitis, chronic-lumbar:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Medical record review .....	Frequent flare-ups with objective findings ..	D
Osteoporosis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Post laminectomy syndrome with radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Post laminectomy syndrome:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Radiculopathy:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Sciatica:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D

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Disability test	Test result	Disability classification
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
Strains and sprains, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 1:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis grade 2:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 3:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Spondylolisthesis grade 4:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolisthesis-acquired:		
X-ray flexion/extension .....	Segmental instability .....	D
Spondylolysis:		
X-ray flexion/extension .....	Segmental instability .....	D
Sprains and strains, sacral:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Sprains and strains, sacroiliac:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Vertebral body compression fracture:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

**BODY PART: LS SPINE  
JOB TITLE: SHOP LABORER**

Ankylosing spondylitis:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Backache, unspecified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Chronic back pain, not otherwise specified:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Cauda equina syndrome with bowel or bladder dysfunction:		
Computerized tomography .....	Disc extrusion with neural impingement, nerves <L1.	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination .....	Lower extremity weakness .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Disc extrusion with neural impingement, nerves <L1.	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Degeneration of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Displacement of lumbar disc:		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: vertebral body:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: posterior spinal element with no displacement:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture: spinous process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Fracture transverse process:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Intervertebral disc disorder:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Lumbago:		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

Disability test	Test result	Disability classification
<b>Lumbosacral neuritis:</b>		
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Physical examination .....	Lower extremity weakness .....	D
<b>Lumbar spinal stenosis:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Significant narrowing of the spinal canal ...	D
Magnetic resonance imaging .....	Significant narrowing of the spinal canal ...	D
Myelogram .....	Significant narrowing of the spinal canal ...	D
Physical examination .....	Significant lower extremity weakness .....	D
<b>Mechanical complication of internal orthopedic device:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
<b>Osteomalacia:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Osteomyelitis, chronic-lumbar:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Medical record review .....	Frequent flare-ups with objective findings ..	D
<b>Osteoporosis:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Post laminectomy syndrome with radiculopathy:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ...	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
<b>Post laminectomy syndrome:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
X-ray flexion/extension .....	Segmental instability .....	D
<b>Radiculopathy:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ...	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ....	D
Myelogram .....	Disc extrusion with neural impingement ...	D
Physical examination .....	Significant lower extremity weakness .....	D
<b>Sciatica:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
Computerized tomography .....	Disc extrusion with neural impingement ....	D
Magnetic resonance imaging .....	Disc extrusion with neural impingement ...	D
Myelogram .....	Disc extrusion with neural impingement ....	D
Physical examination .....	Significant lower extremity weakness .....	D
<b>Strains and sprains, unspecified:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Spondylolisthesis grade 1:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
<b>Spondylolisthesis grade 2:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Spondylolisthesis grade 3:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Spondylolisthesis grade 4:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
X-ray flexion/extension .....	Segmental instability .....	D
<b>Spondylolisthesis-acquired:</b>		
X-ray flexion/extension .....	Segmental instability .....	D
<b>Spondylolysis:</b>		
X-ray flexion/extension .....	Segmental instability .....	D
<b>Sprains and strains, sacral:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Sprains and strains, sacroiliac:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D
<b>Vertebral body compression fracture:</b>		
Muscle strength assessment .....	Lifting capacity diminished by 50% .....	D

**F. Cervical Spine**

Confirmatory test	Minimum result	Requirements
<b>BODY PART: CE SPINE CONFIRMATORY TESTS</b>		
Cervical disc disease with myelopathy: Physical examination: cervical .....	Evidence of myelopathy .....	Highly recommended.
Myelogram .....	Evidence of neurogenic compression .....	Recommended.
Computerized axial tomography .....	Evidence of neurogenic compression .....	Recommended.
Magnetic resonance imaging .....	Evidence of neurogenic compression .....	Recommended.
Chronic herniated disc: X-ray: cervical spine .....	Evidence of significant disc degeneration ..	Recommended.
Myelogram .....	Evidence of significant disc degeneration ..	Recommended.
Computerized axial tomography .....	Evidence of significant disc degeneration ..	Recommended.
Magnetic resonance imaging .....	Evidence of significant disc degeneration ..	Recommended.
Cervical spondylolysis: X-ray: cervical spine .....	Evidence of significant disc degeneration ..	Recommended.
Computerized axial tomography .....	Evidence of significant disc degeneration ..	Recommended.
Magnetic resonance imaging .....	Evidence of significant disc degeneration ..	Recommended.
Cervical intervertebral disc degeneration: X-ray: cervical spine .....	Evidence of significant disc degeneration ..	Recommended.
Myelogram .....	Evidence of significant disc degeneration ..	Recommended.
Magnetic resonance imaging .....	Evidence of significant disc degeneration ..	Recommended.
Fracture: posterior element with spinal canal displacement: X-ray: cervical spine .....	Fractured posterior element with canal displacement.	Recommended.
Computerized axial tomography .....	Fractured posterior element with canal displacement.	Recommended.
Magnetic resonance imaging .....	Fractured posterior element with canal displacement.	Recommended.
Fracture: transverse, spinous or posterior process: X-ray: cervical spine .....	Fracture of relevant part .....	Recommended.
Computerized axial tomography .....	Fracture of relevant part .....	Recommended.
Magnetic resonance imaging .....	Fracture of relevant part .....	Recommended.
Osteoarthritis, cervical: X-ray: cervical spine .....	Evidence of extensive disc degeneration ...	Recommended.
Computerized axial tomography .....	Evidence of extensive disc degeneration ...	Recommended.
Magnetic resonance imaging .....	Evidence of extensive disc degeneration ...	Recommended.
Post laminectomy syndrome: Medical records: cervical .....	Confirmed surgical history .....	Highly recommended.
Medical records: cervical .....	Continued pain post-surgery .....	Highly recommended.
Radiculopathy: Medical records: cervical .....	History of radicular pain .....	Highly recommended.
Physical examination: arm .....	Loss of reflexes in affected dermatomes ...	Recommended.
Physical examination: arm .....	Evidence of atrophy ≤2 cm .....	Recommended.
Electromyography .....	Definite denervation in muscle of affected nerve root.	Recommended.
Myelogram .....	Evidence of neurogenic compression .....	Recommended.
Magnetic resonance imaging .....	Compression of spinal nerves .....	Recommended.
Computerized axial tomography .....	Compression of spinal nerves .....	Recommended.
Rheumatoid arthritis, cervical: Rheumatoid factor (blood test) .....	Titer of rheumatoid factor .....	Recommended.
X-ray: cervical spine .....	Rheumatoid changes of spine .....	Highly recommended.
Medical records review: cervical .....	Confirmation by rheumatologist or internist	Highly recommended.
Spondylogenic compression of spinal cord: Physical examination: cervical .....	Evidence of myelopathy .....	Highly recommended.
Computerized axial tomography .....	Evidence of neurogenic compression .....	Recommended.
Magnetic resonance imaging .....	Evidence of neurogenic compression .....	Recommended.
Myelogram .....	Evidence of neurogenic compression .....	Recommended.
<b>BODY PART: CE SPINE JOB TITLE: TRAINMAN</b>		
Cervical disc disease with myelopathy: Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	



Disability test	Test result	Disability classification
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: ENGINEER</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination: .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: DISPATCHER</b>		
Cervical disc disease with myelopathy:		
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Spondylogenic compression of spinal cord:		
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D

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Disability test	Test result	Disability classification
<b>BODY PART: CE SPINE JOB TITLE: CARMAN</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: SIGNALMAN</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: TRACKMAN</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D

Disability test	Test result	Disability classification
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondyloysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: MACHINIST</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration:		
Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement:		
Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome:		
Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy:		
Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
<b>BODY PART: CE SPINE JOB TITLE: SHOP LABORER</b>		
Cervical disc disease with myelopathy:		
Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D

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Disability test	Test result	Disability classification
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D
Physical examination .....	Multi-level neurologic compromise .....	D
Chronic herniated disc: Physical examination .....	Multi-level neurologic compromise .....	D
Cervical spondylolysis: Physical examination .....	Multi-level neurologic compromise .....	D
Cervical intervertebral disc degeneration: Physical examination .....	Multi-level neurologic compromise .....	D
Fracture: posterior element with spinal canal displacement: Physical examination .....	Multi-level neurologic compromise .....	D
Post laminectomy syndrome: Physical examination .....	Multi-level neurologic compromise .....	D
Cervical radiculopathy: Physical examination .....	Multi-level neurologic compromise .....	D
Spondylogenic compression of spinal cord: Computerized axial tomography .....	Significant spinal cord pressure .....	D
Magnetic resonance imaging .....	Significant spinal cord pressure .....	D
Cystometrogram .....	Impaired bladder function .....	D
Myelogram .....	Significant spinal cord pressure .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Physical examination .....	Multi-level neurologic compromise .....	D
Physical examination: lower limb .....	Lower extremity weakness or significant spasticity.	D

**BODY PART: CE SPINE  
JOB TITLE: SALES REPRESENTATIVE**

Cervical disc disease with myelopathy: Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Spondylogenic compression of spinal cord: Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D

**BODY PART: CE SPINE  
JOB TITLE: GENERAL OFFICE CLERK**

Cervical disc disease with myelopathy: Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D
Spondylogenic compression of spinal cord: Cystometrogram .....	Impaired bladder function .....	D
Physical examination: rectal .....	Impairment of sphincter tone .....	D

**G. Shoulder and Elbow**

Confirmatory test	Minimum result	Requirements.
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**BODY PART: SHOULDER AND ELBOW  
CONFIRMATORY TESTS**

Arthritis, acromioclavicular: X-ray: shoulder .....	Significant degenerative changes of joint ...	Recommended.
Computerized tomography .....	Significant degenerative changes of joint ...	Recommended.
Magnetic resonance imaging .....	Significant degenerative changes of joint ...	Recommended.
Arthritis, glenohumeral: X-ray: shoulder .....	Significant degenerative changes of joint ...	Recommended.
Computerized tomography .....	Significant degenerative changes of joint ...	Recommended.
Magnetic resonance imaging .....	Significant degenerative changes of joint ...	Recommended.
Rotator cuff tear: Computerized tomography .....	Tear of rotator cuff .....	Recommended.
Magnetic resonance imaging .....	Tear of rotator cuff .....	Recommended.
Medical diagnosis leading to a permanent functional limitation of the elbow: Medical record review .....	Condition with permanent functional limitation.	Highly recommended.
X-ray: elbow .....	Imaging confirmation of functional diagnosis.	Recommended.
Magnetic resonance imaging .....	Imaging confirmation of functional diagnosis.	Recommended.

Disability test	Test result	Disability classification
<b>BODY PART: SHOULDER AND ELBOW JOB TITLE: TRAINMAN</b>		
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D
<b>BODY PART: SHOULDER AND ELBOW JOB TITLE: ENGINEER</b>		
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D
<b>BODY PART: SHOULDER AND ELBOW JOB TITLE: CARMAN</b>		
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D
<b>BODY PART: SHOULDER AND ELBOW JOB TITLE: SIGNALMAN</b>		
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D
<b>BODY PART: SHOULDER AND ELBOW JOB TITLE: TRACKMAN</b>		
Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D

**BODY PART: SHOULDER AND ELBOW  
JOB TITLE: MACHINIST**

Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D

**BODY PART: SHOULDER AND ELBOW  
JOB TITLE: SHOP LABORER**

Arthritis, acromioclavicular:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Arthritis, glenohumeral:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Rotator cuff tear:		
Physical examination—range of motion	<40 degrees flexion .....	D
Physical examination—range of motion	<40 degrees abduction .....	D
Permanent functional limitation, elbow:		
Physical examination .....	≤40 degrees deviation .....	D
Physical examination—range of motion	Flexion limit to 60 degrees .....	D

**H. Hand and Arm**

Confirmatory test	Minimum result	Requirements
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**BODY PART: HAND AND ARM  
CONFIRMATORY TESTS**

Carpal tunnel syndrome:		
Medical record review .....	Pain, paresthesia and weakness in distribution median nerve.	Highly recommended.
Nerve conduction testing .....	Definite median nerve conduction slowing at wrist.	Highly recommended.
Electromyography .....	Denervation in severe cases .....	Recommended.
Fracture: wrist:		
X-ray: wrist .....	Evidence of fracture .....	Highly recommended.
Hand: permanent functional limitation:		
Medical record review .....	Documentation of medical condition for permanent limitation.	Highly recommended.
Physical examination .....	Definite reproducible evidence of limitation	Highly recommended.
Imaging study (e.g. X-ray, CAT, MRI) ..	Positive confirmation of underlying condition.	Highly recommended.
Rheumatoid arthritis: hand:		
Rheumatoid factor .....	Titer of rheumatoid factor .....	Recommended.
Medical record review .....	History of objective findings including serological studies.	Highly recommended.
X-ray: hand .....	Characteristic rheumatoid changes .....	Highly recommended.
Tenosynovitis:		
Medical record review .....	History of chronic tenosynovitis and objective findings.	Highly recommended.
Physical examination .....	Definite evidence of tenosynovitis .....	Highly recommended.
Thumb: Permanent functional limitation:		
Medical record review .....	Documentation of medical condition for permanent limitation.	Highly recommended.
Physical examination .....	Definite reproducible evidence of limitation	Highly recommended.
Imaging study (X-ray, CAT, MRI) .....	Positive confirmation of underlying condition.	Highly recommended.

**H. Hand and Arm—Continued**

Confirmatory test	Minimum result	Requirements
Wrist: Permanent functional limitation: Medical record review .....	Documentation of medical condition for permanent limitation.	Highly recommended.
Physical examination .....	Definite reproducible evidence of limitation	Highly recommended.
Imaging study (e.g. X-ray, CAT, MRI) ..	Positive confirmation of underlying condition.	Highly recommended.
Disability test	Test result	Disability classification
<b>BODY PART: HAND AND ARM JOB TITLE: TRAINMAN</b>		
Fracture, wrist: Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
Rheumatoid arthritis hand: Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
Thumb: permanent functional limitation: Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE ENGINEER</b>		
Fracture, wrist: Physical examination—range of motion	Extension-limit to 30 degrees .....	D
Physical examination—range of motion	Flexion-limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
Rheumatoid arthritis hand: Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
Thumb: permanent functional limitation: Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
Wrist: permanent functional limitation: Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: DISPATCHER</b>		
Fracture, wrist: Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
Rheumatoid arthritis hand: Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D

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Disability test	Test result	Disability classification
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 de- grees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: CARMAN</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb: .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP of PIP: maximum flexion <40 de- grees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: SIGNALMAN</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 de- grees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: TRACKMAN</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D



Disability test	Test result	Disability classification
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: MACHINIST</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: SHOP LABORER</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>BODY PART: HAND AND ARM JOB TITLE: SALES REPRESENTATIVE</b>		
<b>Fracture, wrist:</b>		
Physical examination—range of motion .....	Extension—limit to 30 degrees .....	D
Physical examination—range of motion .....	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion .....	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D

Disability test	Test result	Disability classification
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degrees extension .....	D
Ankylosis: degree from neutral .....	<40 degrees flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D

**BODY PART: HAND AND ARM  
JOB TITLE: GENERAL OFFICE CLERK**

<b>Fracture, wrist:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D
<b>Rheumatoid arthritis hand:</b>		
Physical examination .....	Significant deformity .....	D
Medical record review .....	Significant flare-ups, under treatment with rheumatologist.	D
Medical record review .....	Extensive medication use, under treatment with rheumatologist.	D
<b>Thumb: permanent functional limitation:</b>		
Adduction of thumb .....	Loss ≤4 cm .....	D
Ankylosis: degree from neutral .....	<20 degree extension .....	D
Ankylosis: degree from neutral .....	<40 degree flexion .....	D
Loss of extension or flexion .....	MCP or PIP: maximum flexion <40 degrees.	D
Opposition .....	Loss ≤4 cm .....	D
<b>Wrist: permanent functional limitation:</b>		
Physical examination—range of motion	Extension—limit to 30 degrees .....	D
Physical examination—range of motion	Flexion—limit to 30 degrees .....	D
Physical examination—range of motion	Ankylosis: ≤20 degrees from neutral .....	D

**I. Hip**

Confirmatory test	Minimum result	Requirements
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**BODY PART: HIP  
CONFIRMATORY TESTS**

<b>Ankylosis, hip:</b>		
X-ray: hip .....	Extreme joint destruction .....	Highly Recommended.
Physical examination—range of motion	No mobility .....	Highly Recommended.
<b>Osteoarthritis, hip:</b>		
X-ray: hip .....	<4 mm joint space, or other positive evidence.	Recommended.
Magnetic resonance imaging .....	<4 mm joint space, or other positive evidence.	Recommended.
Computerized axial tomography .....	<4 mm joint space, or other positive evidence.	Recommended.
<b>Osteomyelitis, hip:</b>		
X-ray: hip .....	Evidence of chronic infection .....	Recommended.
Computerized axial tomography .....	Evidence of chronic infection .....	Recommended.
<b>Paget's disease:</b>		
X-ray: hip .....	Osteolytic or blastic lesions .....	Highly Recommended.
Alkaline phosphatase .....	Increased up to 50 times .....	Highly Recommended.
<b>Hip replacement surgery:</b>		
X-ray: hip .....	Evidence of artificial hip .....	Recommended.
Medical record review .....	Documentation of prior hip replacement .....	Recommended.

Disability test	Test result	Disability classification
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**BODY PART: HIP  
JOB TITLE: TRAINMAN**

<b>Ankylosis, hip:</b>		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement .....	D

**BODY PART: HIP  
JOB TITLE: ENGINEER**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees .....	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement .....	D

**BODY PART: HIP  
JOB TITLE: CARMAN**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees .....	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D

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Disability test	Test result	Disability classification
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement ...	D

**BODY PART: HIP  
JOB TITLE: SIGNALMAN**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees ...	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement ...	D

**BODY PART: HIP  
JOB TITLE: TRACKMAN**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees ...	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement ...	D

**BODY PART: HIP  
JOB TITLE: MACHINIST**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees or ≤flexion .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees ....	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement ....	D

**BODY PART: HIP  
JOB TITLE: SHOP LABORER**

Ankylosis, hip:		
Physical examination—range of motion	Ankylosis 5 degrees of ≤flexion .....	D
Physical examination—range of motion	Ankylosis internal rotation ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis external rotation ≤10 degrees ....	D
Physical examination—range of motion	Ankylosis in abduction ≤5 degrees .....	D
Physical examination—range of motion	Ankylosis in adduction ≤5 degrees .....	D
Osteoarthritis, hip:		
X-ray: hip .....	0 mm cartilage interval .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Osteomyelitis, chronic hip:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Medical record review .....	Documented occurrence of recurring infections with treatment.	D
Paget's disease:		
X-ray: hip .....	Significant joint destruction .....	D
Physical examination—range of motion	30 degrees flexion contracture .....	D
Physical examination—range of motion	<50 degrees flexion .....	D
Physical examination—range of motion	<5 degrees abduction .....	D
Hip replacement surgery:		
X-ray: hip .....	Evidence of artificial hip joint .....	D
Medical record review .....	Documentation of prior hip replacement ....	D

**J. Knee**

Confirmatory test	Minimum result	Requirements
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**BODY PART: KNEE  
CONFIRMATORY TESTS**

Arthritis: knee: X-ray: knee .....	Evidence of significant degenerative changes.	Recommended.
Collateral ligament tear with laxity:		
Physical examination: knee .....	Evidence of ligamentous laxity .....	Highly Recommended.
Magnetic resonance imaging .....	Evidence of ligamentous tear .....	Recommended.
Cruciate and collateral ligament tear with laxity:		
Magnetic resonance imaging .....	Tear of both ligaments .....	Recommended.
Physical examination .....	Evidence of ligamentous laxity .....	Highly Recommended.
Medical record review .....	Documentation of tear by arthroscopy .....	Recommended.

J. Knee—Continued

Confirmatory test	Minimum result	Requirements
Cruciate ligament tear with laxity:		
Physical examination: knee .....	Evidence of ligamentous laxity .....	Highly Recommended.
Magnetic resonance imaging .....	Evidence of cruciate tear .....	Recommended.
Medical record review .....	Documentation of tear by arthroscopy .....	Recommended.
Intercondylar fracture:		
X-ray: knee .....	Evidence of fracture .....	Highly Recommended.
Osteomyelitis: knee:		
Medical record review .....	Documented history of osteomyelitis requiring treatment.	Highly Recommended.
X-ray: knee .....	Evidence of chronic infection .....	Recommended.
Computerized tomography .....	Evidence of chronic infection .....	Recommended.
Magnetic resonance imaging .....	Evidence of chronic infection .....	Recommended.
Osteonecrosis:		
X-ray: knee .....	Necrosis of femoral condyle or tibial plateau.	Recommended.
Computerized tomography .....	Necrosis of femoral condyle or tibial plateau.	Recommended.
Magnetic resonance imaging .....	Necrosis of femoral condyle or tibial plateau.	Recommended.
Patellofemoral arthritis:		
X-ray: knee .....	Evidence of arthritis .....	Recommended.
Magnetic resonance imaging .....	Evidence of arthritis .....	Recommended.
Physical examination .....	Crepitation with movement .....	Highly Recommended.
Patellar fracture nonunion with displacement:		
X-ray: knee .....	Nonunion and displacement .....	Recommended.
Magnetic resonance imaging .....	Nonunion and displacement .....	Recommended.
Computerized tomography .....	Nonunion and displacement .....	Recommended.
Plateau fracture:		
X-ray: knee .....	Evidence of fracture .....	Recommended.
Computerized tomography .....	Evidence of fracture .....	Recommended.
Magnetic resonance imaging .....	Evidence of fracture .....	Recommended.
Menisectomy—medial or lateral:		
Medical record review .....	History of surgery .....	Highly Recommended.
Patellectomy:		
Physical examination: knee .....	Absent patella .....	Highly Recommended.
Patellar—subluxation—recurrent:		
Medical record review .....	History of recurrent subluxation .....	Highly Recommended.
Supracondylar fracture:		
X-ray: knee .....	Evidence of fracture .....	Recommended.
Magnetic resonance imaging .....	Evidence of fracture .....	Recommended.
Computerized tomography .....	Evidence of fracture .....	Recommended.
Total knee replacement:		
X-ray: knee .....	Presence of replacement knee .....	Recommended.
Medical record review .....	Documented surgical history .....	Recommended.
Tibial shaft fracture:		
X-ray: leg .....	Fracture of shaft .....	Recommended.
Magnetic resonance imaging .....	Evidence of fracture .....	Recommended.
Computerized tomography .....	Evidence of fracture .....	Recommended.

Disability test	Test result	Disability classification
<b>BODY PART: KNEE JOB TITLE: TRAINMAN</b>		

Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Menisectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤degrees) .....	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D

Disability test	Test result	Disability classification
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Intercondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patello femoral joint .....	0 mm cartilage interval with degenerative change.	D
Patellar fracture nonunion with displacement:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
Plateau fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellar, subluxation, recurrent:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Supracondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: ENGINEER**

Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Meniscectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D

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Disability test	Test result	Disability classification
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Intercondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patello femoral joint .....	0 mm cartilage interval with degenerative change.	D
Patellar fracture nonunion with displacement:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
Plateau fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellar, subluxation, recurrent:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Supracondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: CARMAN**

Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Menisectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D



Disability test	Test result	Disability classification
<b>Intercondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Osteomyelitis, chronic knee:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Osteonecrosis:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Patellofemoral arthritis:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patello femoral joint .....	0 mm cartilage interval with degenerative change.	D
<b>Patellar fracture nonunion with displacement:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
<b>Plateau fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellectomy:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellar, subluxation, recurrent:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Supracondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Tibial shaft fracture:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: SIGNALMAN**

<b>Arthritis knee:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Menisectomy, medial or lateral:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Collateral ligament tear with laxity:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Cruciate and collateral ligament tear:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Cruciate ligament tear with laxity:</b>		
Physical examination—range of motion .....	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion .....	Flexion contracture (20 or ≤ degrees) .....	D
<b>Intercondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D

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Disability test	Test result	Disability classification
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patello femoral joint .....	0 mm cartilage interval with degenerative change.	D
Patellar fracture nonunion with displacement:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
Plateau fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellar, subluxation, recurrent:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Supracondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: TRACKMAN**

Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Meniscectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Intercondylar fracture:		
Post fracture angulation .....	≤20 degree angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Osteomyelitis, chronic knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Osteonecrosis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Patellofemoral arthritis:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patello femoral joint .....	0 mm cartilage interval with degenerative change.	D
Patellar fracture nonunion with displacement:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
Plateau fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellectomy:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Patellar, subluxation, recurrent:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Supracondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Tibial shaft fracture:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: MACHINIST**

Arthritis knee:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
Menisectomy, medial or lateral:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Collateral ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate and collateral ligament tear:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Cruciate ligament tear with laxity:		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Intercondylar fracture:		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D

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Disability test	Test result	Disability classification
<b>Osteomyelitis, chronic knee:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Osteonecrosis:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Patellofemoral arthritis:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0 mm cartilage interval with degenerative change.	D
<b>Patellar fracture nonunion with displacement:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
<b>Plateau fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellectomy:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellar, subluxation, recurrent:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Supracondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Tibial shaft fracture:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**BODY PART: KNEE  
JOB TITLE: SHOP LABORER**

<b>Arthritis knee:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Meniscectomy, medial or lateral:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Collateral ligament tear with laxity:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Cruciate and collateral ligament tear:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Cruciate ligament tear with laxity:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Intercondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Osteomyelitis, chronic knee:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
Medical record review .....	Frequent episodes of infection requiring treatment.	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Osteonecrosis:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee .....	0–1 mm cartilage interval with degenerative change.	D
<b>Patellofemoral arthritis:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Physical examination .....	Valgus deformity, 16–20 degrees .....	D
Physical examination .....	Varus deformity, 8–12 degrees .....	D
X-ray knee: patellofemoral joint .....	0 mm cartilage interval with degenerative change.	D
<b>Patellar fracture nonunion with displacement:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
X-ray knee .....	Nonunion and ≤3 mm displacement .....	D
<b>Plateau fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellectomy:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Patellar, subluxation, recurrent:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Supracondylar fracture:</b>		
Post fracture angulation .....	≤20 degrees angulation .....	D
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
<b>Tibial shaft fracture:</b>		
Physical examination—range of motion	Range of motion: flexion <60 degrees .....	D
Physical examination—range of motion	Flexion contracture (20 or ≤ degrees) .....	D
Post fracture angulation .....	≤20 degrees malalignment .....	D

**K. Ankle and Foot**

Confirmatory test	Minimum result	Requirements
<b>BODY PART: ANKLE AND FOOT CONFIRMATORY TESTS</b>		
<b>Ankle fracture:</b>		
Medical record review .....	Documented history of ankle fracture .....	Recommended.
X-ray: ankle .....	Ankle fracture .....	Highly recommended.
<b>Ankylosis, ankle:</b>		
X-ray: ankle .....	Extensive joint destruction .....	Highly recommended.
Physical examination .....	No mobility .....	Highly recommended.
<b>Arthritis, subtalar joint:</b>		
X-ray: ankle .....	Evidence of significant arthritis: subtalar joint.	Highly recommended.
<b>Arthritis, talonavicular joint:</b>		
X-ray: ankle .....	Significant arthritis: talonavicular joint .....	Highly recommended.
<b>Achilles tendon rupture:</b>		
Medical record review .....	Documentation of achilles tendon rupture ..	Highly recommended.
Physical examination .....	Rupture of achilles tendon .....	Highly recommended.
<b>Arthritis, ankle:</b>		
X-ray: ankle .....	Significant arthritis .....	Highly recommended.
<b>Hindfoot fracture:</b>		
X-ray: foot and ankle .....	Documentation of fracture .....	Highly recommended.
<b>Rheumatoid arthritis, foot:</b>		
Medical History .....	Documented history of condition .....	Highly recommended.
X-ray: foot .....	Significant arthritis .....	Highly recommended.

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Disability test	Test result	Disability classification
<b>BODY PART: ANKLE AND FOOT JOB TITLE: TRAINMAN</b>		
Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion .....	Ankylosis in int or ext malrotation ≤15 de- grees.	D
Physical examination—range of motion .....	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion .....	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion .....	Plantar flexion capability, <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture, 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability, <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture, 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

<b>BODY PART: ANKLE AND FOOT JOB TITLE: ENGINEER</b>		
Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion .....	Ankylosis in int or ext malrotation ≤15 de- grees.	D
Physical examination—range of motion .....	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion .....	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
X-ray ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D

Disability test	Test result	Disability classification
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ..	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D
<b>BODY PART: ANKLE AND FOOT JOB TITLE: DISPATCHER</b>		
Achilles tendon rupture:		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ..	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D
<b>BODY PART: ANKLE AND FOOT JOB TITLE: CARMAN</b>		
Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion	Ankylosis in 20 degree or ≤ dorisiflexion ....	D
Physical examination—range of motion	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion	Ankylois in int or ext malrotation ≤15 degrees.	D
Physical examination—range of motion	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	0
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D

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Disability test	Test result	Disability classification
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare—up with treatment .....	D
<b>BODY PART: ANKLE AND FOOT</b>		
<b>JOB TITLE: SIGNALMAN</b>		
Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion .....	Ankylosis in int or ext malrotation ≤15 de- grees.	D
Physical examination—range of motion .....	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion .....	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

**BODY PART: ANKLE AND FOOT**  
**JOB TITLE: TRACKMAN**

Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination—range of motion .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability ≤5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion .....	Ankylosis in int or ext malrotation ≤15 de- grees.	D
Physical examination—range of motion .....	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion .....	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D



Disability test	Test result	Disability classification
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

**BODY PART: ANKLE AND FOOT  
JOB TITLE: MACHINIST**

Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D
Physical examination—range of motion .....	Ankylosis in int or ext malrotation ≤15 degrees.	D
Physical examination—range of motion .....	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion .....	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

**BODY PART: ANKLE AND FOOT  
JOB TITLE: SHOP LABORER**

Ankle fracture:		
X-ray: ankle .....	Displaced intra-articular fracture .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Physical examination—range of motion .....	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion .....	Plantar flexion contracture 20 degrees .....	D
Ankylosis, ankle:		
Physical examination—range of motion .....	Ankylosis in 20 degree or ≤ dorsiflexion ....	D
Physical examination—range of motion .....	Ankylosis in 20 degree plantar flexion .....	D

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Disability test	Test result	Disability classification
Physical examination—range of motion	Ankylosis in int or ext malrotation ≤15 degrees.	D
Physical examination—range of motion	Ankylosis in varus 10 or more degrees .....	D
Physical examination—range of motion	Ankylosis in valgus 10 or more degrees ....	D
Arthritis, subtalar joint (hindfoot):		
X-ray: ankle—subtalar joint .....	Subtalar joint space 0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Arthritis, talonavicular joint (hindfoot):		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
X-ray: ankle—talonavicular joint .....	Talonavicular joint space 0 mm .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Achilles tendon rupture:		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

Disability test	Test result	Disability classification
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**BODY PART: ANKLE AND FOOT  
JOB TITLE: SALES REPRESENTATIVES**

Achilles tendon rupture:		
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Arthritis, ankle:		
X-ray: ankle .....	0 mm .....	D
Physical examination—range of motion	Plantar flexion capability <5 degrees .....	D
Physical examination—range of motion	Plantar flexion contracture 20 degrees .....	D
Physical examination .....	Varus deformity ≤15 degrees .....	D
Hindfoot fracture:		
X-ray: foot .....	Calcaneal fracture with Boehler angle <95 degrees.	D
X-ray: foot .....	Subtalar fracture with Boehler angle <95 degrees.	D
Physical examination .....	Varus angulation ≤20 degrees (hindfoot) ...	D
Physical examination .....	Valgus angulation ≤20 degrees (hindfoot) ..	D
Rheumatoid arthritis, foot:		
X-ray: foot .....	Significant degeneration .....	D
Medical record review .....	Chronic flare-up with treatment .....	D

JOB INFORMATION FORMS

Form Approved  
OMB No. 3220-0193



JOB INFORMATION FORM

RRB Claim Number
Employee's Name
Date Released
Regular Railroad Occupation*
Location
Date Last Worked

\* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding 5 calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than \_\_\_\_\_.

EMPLOYER INFORMATION

The attached list of job duties indicate those duties generally performed by the employee.

Please provide any additional information on the duties the employee performed over the last 5 years, or 15 years if appropriate.

This information can be entered in the Remarks section or attached to this form.

G-251a(12-97)

**Railroad Retirement Board**

**Pt. 220, App. 3**

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-2092  
ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.	
NAME _____ (Please Print)	SIGNATURE _____
TITLE _____ (Please Print)	DATE ____ / ____ / ____
TELEPHONE NO (____) _____	
Remarks:          	

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**Paperwork Reduction Act Notice**

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate that this form takes an average of 20 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. *Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number.* If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time to: Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0193), Washington DC 20503. Please do not return this form to either of these addresses.

G-251a (12-97)



**JOB INFORMATION FORM**

RRB Claim Number
Employee's Name
Date Released
Regular Railroad Occupation*
Location
Date Last Worked

\* The regular railroad occupation is: 1) the occupation in which the employee has been engaged for more calendar months than any other occupation during the last preceding five calendar years, whether consecutive or not; or 2) the occupation which the employee has been in service for not less than one-half of all months in which the employee has been engaged in service during the last 15 consecutive calendar years; or 3) if an employee last worked as an officer or employee of a railway labor organization and if that employment is no longer available, the regular occupation shall be the position to which the employee holds seniority rights or the position left to work for the railway labor organization.

The above-named railroad employee has applied for an occupational disability benefit under section 2(a)(iv) of the Railroad Retirement Act. Railroad Retirement Board (RRB) regulation 20 CFR 220.13 (b)(2) provides that railroad employers may furnish pertinent information concerning the job duties the employee is required to perform. If you wish to provide job duty information on the above-named employee, it must be received by the RRB no later than \_\_\_\_\_.

**EMPLOYER INFORMATION**

You may wish to provide the RRB with job duty information. If so, the job information that is needed for a disability decision should include a full description of the basic duties to perform the occupation listed. For example, list the types of machinery, tools and/or equipment used, technical knowledge or skills involved, and number of people supervised. Also include the types of physical activities involved in a typical 8 hour work day, such as how many hours of walking, standing or sitting, what items are lifted and carried and how much these items weigh, and how often bending, crouching, kneeling, reaching and climbing are performed. If exposure to environmental hazards, such as working at heights or around dangerous machinery, in extreme temperatures or excessive noise are present, also list these.

G-251b(12-97)

**Railroad Retirement Board**

**§ 221.1**

This information can be entered in the Remarks section or attached to this form.

Job information should be sent to:

U.S. RAILROAD RETIREMENT BOARD  
844 NORTH RUSH STREET  
CHICAGO, ILLINOIS 60611-2092  
ATTENTION: DISABILITY PROGRAMS SECTION

or a facsimile may be sent to (312)751-7167.

Employer Certification - The information contained in this report is correct to the best of my knowledge and belief.	
NAME _____ (Please Print)	SIGNATURE _____
TITLE _____ (Please Print)	DATE ____/____/____
TELEPHONE NO (____) _____	
Remarks:     	

**Paperwork Reduction Act Notice**

Section 7 (b)(6) of the Railroad Retirement Act (RRA) allows the Railroad Retirement Board (RRB) to collect this information. While you are not required to respond, the information you provide will be used by the RRB in determining an applicant's eligibility for an occupational disability under the RRA.

We estimate that this form takes an average of 20 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. *Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number.* If you wish, send comments regarding the accuracy of our estimate or any other aspects of this form, including suggestions for reducing the completion time to: Chief of Information Management, Railroad Retirement Board, 844 North Rush Street, Chicago, IL 60611-2092 and to the Office of Management and Budget, Paperwork Reduction Project (3220-0193), Washington DC 20503. Please do not return this form to either of these addresses.

G-251b (12-97)

[63 FR 7543, Feb. 13, 1998]

**PART 221—JURISDICTION DETERMINATIONS**

- Sec.
- 221.1 Introduction.
- 221.2 Railroad Retirement Board jurisdiction.
- 221.3 Social Security Administration jurisdiction.
- 221.4 When a jurisdiction decision may be reversed.

AUTHORITY: Sec. 7(b)(1), Pub. L. 94-547 (45 U.S.C. 231f(b)(1)).

SOURCE: 47 FR 7656, Feb. 22, 1982, unless otherwise noted.

**§ 221.1 Introduction.**

This part explains the factors involved in deciding whether the Social