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93d Congress
1st Session } SENATE COMMITTEE PRINT NO. 3

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VETERANS' ADMINISTRATION PROPOSED REVISION OF SCHEDULE FOR RATING DISABILITIES

SUBMITTED TO

COMMITTEE ON VETERANS' AFFAIRS
UNITED STATES SENATE



FEBRUARY 12, 1973

Printed for the use of the Committee on Veterans' Affairs

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U.S. GOVERNMENT
INFORMATION
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LETTER OF TRANSMITTAL

VETERANS ADMINISTRATION
DEPARTMENT OF VETERANS BENEFITS
WASHINGTON, D.C. 20420

Date: FEB 6

In Reply Refer to: 213C

Honorable Vance Hartke
Chairman
Senate Veterans' Affairs Committee
United States Senate
Washington, D. C. 20510

Dear Mr. Chairman:

Here is a draft of a proposed revision of the Veterans Administration Schedule for Rating Disabilities. The proposed revision provides numerous increases and decreases in evaluations while retaining traditional format and coding. The changes are calculated to provide equitable evaluations reflecting average impairment in present-day society. Copies have also been sent to service organizations.

Your continued interest in these matters is appreciated.

Sincerely yours,

Olney B. Owen

OLNEY B. OWEN
Chief Benefits Director

Show veteran's full name, VA file number, and social security number on all correspondence.

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GENERAL POLICY IN RATING

1. Essentials of Evaluative Rating. - This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the <u>average</u> impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades. For the application of this schedule, accurate and fully descriptive medical examinations are required, with the emphasis upon the limitations of activity imposed by the disabling condition. Over a period of many years a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its whole history.

2. Interpretation of Examination Reports. - Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described. It is the responsibility of the rating specialist to interpret reports of examination in the light of the whole recorded history, reconciling the various reports into a consistent picture so that the current rating may accurately reflect the elements of disability present. Each disability must be considered from the point of view of the veteran working or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail, it is incumbent upon the rating board or other evaluative officials to return the report as inadequate for evaluation purposes.

3. Resolution of Reasonable Doubt. - It is the defined and consistently applied policy of the VA to administer the law under a broad interpretation, consistent, however, with the facts shown in every case. When after

careful consideration of all procurable and assembled data a reasonable doubt arises regarding the degree of disability, such doubt will be resolved in favor of the claimant.

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

9. Aggravation of Congenital or Developmental Defects. - Mere congenital or developmental defects, absent, displaced or supernumerary parts, rerractive error of the eye, personality disorder and mental deficiency are not diseases or injuries within the meaning of applicable legislation. Service connection will be established for such defects only when service aggravation is shown.

10. Functional Impairment. The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to

function under the ordinary conditions of daily life including employment. Whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system or psyche are affected, evaluations are based upon lack of usefulness of these parts or systems especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification a full description of the effects of the disability upon the person's ordinary activity. In this connection it should be remembered that a person may be too disabled to engage in employment although he is up and about and fairly comfortable at home or while engaged in limited activity.

13. Effect of Change of Diagnosis. - The repercussion upon a current rating of service connection when change is made of a previously assigned diagnosis or etiology, must be kept in mind. The aim should be the reconciliation and continuance of the diagnosis or etiology upon which service connection for the disability has been assigned. The relevant principle enunciated in

the paragraph entitled "Change of Diagnosis" in the section of the schedule dealing with psychiatric diseases, should be given careful attention. When any change in evaluation is to be made, the rating agency must assure itself that there has been an actual change in the conditions, for better or worse, and not merely a difference in thoroughness of the examination or in use of descriptive terms.

14. Avoidance of Pyramiding. The evaluation of the same disability under various diagnoses is to be avoided. Disability from injuries to the muscles, nerves, and joints of an extremity may overlap to a great extent, so that special rules are included in the appropriate section for their evaluation. Dyspnea, tachycardia, nervousness, fatigability are some of the symptoms which may result from many causes. Some may be service connected, others may not. Manifestations not resulting from service connected disease or injury will not be considered in establishing the service connected evaluation, and the evaluation of the same manifestation under different diagnoses should be avoided.

15. Total Disability Ratings. - The ability to overcome the handicap or disability varies widely among individuals. The rating, however, is based primarily upon the average impairment in earning capacity, that is, upon the economic or industrial handicap which must be overcome and not from individual success in overcoming it. In addition, full consideration must be given to unusual physical or mental effects in individual cases, to peculiar effects of occupational activities on the veteran, to defects in physical or mental endowment preventing the usual amount of success in overcoming the handicap of disability and to the effect of combinations of disability. Total disability will be considered to exist when there is present any impairment of mind or body which is sufficient to render it impossible for the average person to follow a substantially gainful occupation; provided, that permanent total disability shall be taken to exist when the impairment is reasonably certain to continue throughout the life of the disabled person. The following will be considered to be permanent total disability; the permanent loss of the use of both hands,

or of both feet, or of one hand and one foot, or of the sight of both eyes, 5/200 or less, or becoming permanently bedridden. Other total disability ratings are shown in the various sections of the schedule.

16. Total Disability Ratings for Compensation Based on Unemployability of the Individual. - Total disability ratings for compensation may be assigned, where the schedular rating is less than total, when the disabled person is, in the judgment of the rating board unable to secure or follow a substantially gainful occupation as a result of his service connected disabilities; provided that, if there is only 1 such disability, this disability shall be ratable at 60 percent or more, and if there are 2 or more disabilities, there shall be at least 1 disability ratable at 40 percent or more, and sufficient additional disability to bring the combined rating to 70 percent or more. For the above purpose of one 60 percent disability, or one 40 percent disability in combination, the following will be considered as 1 disability:

a. disabilities of 1 or both upper extremities, or of 1 or both lower extremities, including the bilateral factor, if applicable.

b. disabilities resulting from common etiology, a single accident or incurred while interned as a prisoner of war.

c. disabilities affecting a single body system, e.g., musculoskeletal, digestive, respiratory, cardiovascular-renal or psychiatric.

d. multiple injuries or diseases incurred in action.

It is provided further that the existence or degree of nonservice connected disabilities or previous unemployability status will be disregarded where the above percentages for the service connected disability or disabilities are met and in the judgment of the rating board such service connected disabilities render the veteran unemployable.

17. Total Disability Ratings for Pension Based on Unemployability and Age of the Individual. - It is the policy of the VA that all veterans who are basically eligible and who are unable to secure and follow a substantially gainful occupation by reason of disabilities which are likely to be permanent shall be rated as permanently and totally disabled. For the purpose of pension,

the permanence of the percentage requirements is a requisite. The percentage requirements, however, are reduced on the attainment of age 55 to a 50 percent rating for one or more disabilities, with no percentage requirements for any one disability. The requirement at age 60 will be a 50 percent rating for one or more disabilities. When these reduced percentage requirements are met, and the disabilities involved are of a permanent nature, a rating of permanent and total disability will be assigned if the veteran is found to be unable to secure and follow substantially gainful employment by reason of such disability. Prior employment or unemployment status is immaterial if in the judgment of the rating board the veteran's disabilities render him unemployable. A veteran shall be considered to be permanently and totally disabled for pension purposes if he is 65 years of age or older. In making such determinations, the following guidelines will be used:

a. Marginal employment, for example, as a self employed farmer, while employed in his own business, or at odd jobs or while employed at less than half the usual remuneration will not be considered incompatible with a

determination of unemployability, if the restriction, as to securing or retaining better employment, is due to disability.

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

c. Cases of all veterans who fail to meet the percentage standards but who meet the basic entitlement criteria and are unemployable, will be referred by the regional office rating board under VAR 1321(B), with statement as to unemployability.

18. Misconduct Etiology. - A permanent and total disability rating under the provisions of paragraphs 15, 16 and 17 will not be precluded by reason of the coexistence of a misconduct disability when either of the following conditions exist:

a. A veteran, regardless of employment status, also has an innocently acquired 100% disability.

b. Where unemployable, he has other innocently acquired disabilities which meet the percentage requirements of paragraphs 16 and 17 which would, in the judgment of the rating board, render the average person unable to secure or follow a substantially gainful occupation.

Cases of veterans meeting the above specifications except they do not meet the percentage standards of paragraphs 16 and 17 will be referred under VAR 1321(B).

19. Unemployability. - A veteran may be considered as unemployable upon termination of employment which was provided for him on account of his disability, or in which special consideration was given on account of the same, when it is satisfactorily shown that he is unable to secure further employment. With amputations, sequelae of fractures and other residuals of traumatism shown to be of a static nature, a showing of continuous unemployability from date of incurrence or the date the condition reached the stabilized level, is a general requirement in order to establish the fact that present unemployability is the result of the disability. However, consideration

is to be given to the circumstances of employment in individual cases, and if the employment was only occasional, intermittent, tryout or unsuccessful or eventually terminated on account of disability, present unemployability may be attributed to the static disability. Where unemployability for pension previously has been established on the basis of combined service connected and nonservice connected disabilities and the service connected disability or disabilities have increased in severity, paragraph 16 is for consideration.

20. Age in Service Connected Claims. - Age may not be considered as a factor in evaluating service connected disability and unemployability in service connected cases associated with advancing age or intercurrent disability, may not be used as a basis for a total disability rating. The claimant's age, as such, is a qualifying factor only in the evaluation of disability for pension purposes.

21. Analogous Ratings. - When an unlisted condition is encountered it will be permissible to rate under a closely related disease or injury in which not only the functions affected, but the anatomical localization and

symptomatology are closely analogous. Conjectural analogies will be avoided, as will the use of analogous ratings for conditions of doubtful diagnosis, or for those not fully supported by clinical and laboratory findings. Ratings will not be assigned to organic diseases and injuries by analogy to conditions of functional origin.

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

23. Rating of Disabilities Aggravated by Active Service. -In cases involving aggravation by active service, the rating will reflect only the degree of disability over and above the degree existing at the time of entrance into the active service, whether the particular condition was noted at the time of entrance into the active

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

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

them in contact, directly or indirectly, with the Administration's claimants.

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

The figures appearing in the space where the column and row intersect will represent the combined value of the two. This combined value will then be converted to the nearest number divisible by 10, and combined values ending in five will be adjusted upward. Thus, with a 50 percent disability and a 30 percent disability, the combined value will be found to be 65 percent, but the 65 percent must be converted to 70 percent to represent the final degree of disability. Similarly, with a disability of 40 percent, and another disability of 20 percent, the combined value is found to be 52 percent, but the 52 percent must be converted to the nearest degree divisible by 10, which is 50 percent. If there are more than two disabilities, the disabilities will also be arranged in the exact order of their severity and the combined value for the first two will be found as previously described for two disabilities. This combined value, exactly as found in the combined ratings table, will be combined with the degree of the third disability (in order of severity). The combined value for the three disabilities will be found in the space where the column and row intersect, and if there are only three disabilities will be

converted to the nearest degree divisible by 10, adjusting final five's upward. Thus, if there are three disabilities ratable at 60 percent, 40 percent, and 20 percent, respectively, the combined value for the first two will be found opposite 60 and under 40 and is 76 percent. This 76 will be combined with 20 and the combined value for the three is 81 percent. This combined value will be converted to the nearest degree divisible by 10 which is 80 percent. The same procedure will be employed when there are four or more disabilities.

26. Bilateral factor.-When a compensable disability results from disease or injury of both arms, or of both legs, or of paired skeletal muscles, the ratings for the disabilities of the right and left sides will be combined as usual, and 10 percent of this value will be added (i.e., not combined) before proceeding with further combinations, or converting to degree of disability. The bilateral factor will be applied to such bilateral disabilities before other combinations are carried out and the rating for such disabilities including the bilateral factor as above will be treated as one disability for the purpose of arranging in order of severity and for all further

combinations. For example, with disabilities evaluated at 60 percent, 20 percent, 10 percent and 10 percent (the two 10's representing bilateral disabilities), the order of severity would be 60, 21 and 20. The 60 and 21 combine to 68 percent and the 68 and 20 to 74 percent, converted to 70 percent as the final degree of disability.

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

(b) The correct procedure when applying the bilateral factor to disabilities affecting both upper extremities and both lower extremities is to combine the ratings of the disabilities affecting the four extremities in the order of their individual severity and apply the bilateral factor by adding, not

combining, 10 percent of the combined value thus attained.

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

COMBINED RATINGS TABLE

(10 combined with 10 is 19)

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

COMBINED RATINGS TABLE

(10 combined with 10 is 19)

	10	20	30	40	50	60	70	80	90
53	58	62	67	72	77	81	86	91	95
54	59	63	68	72	77	82	86	91	95
55	60	64	69	73	78	82	87	91	96
56	60	65	69	74	78	82	87	91	96
57	61	66	70	74	79	83	87	91	96
58	62	66	71	75	79	83	87	92	96
59	63	67	71	75	80	84	88	92	96
60	64	68	72	76	80	84	88	92	96
61	65	69	73	77	81	84	88	92	96
62	66	70	73	77	81	85	89	92	96
63	67	70	74	78	82	85	89	93	96
64	68	71	75	78	82	86	89	93	96
65	69	72	76	79	83	86	90	93	97
66	69	73	76	80	83	86	90	93	97
67	70	74	77	80	84	87	90	93	97
68	71	74	78	81	84	87	90	94	97
69	72	75	78	81	85	88	91	94	97
70	73	76	79	82	85	88	91	94	97
71	74	77	80	83	86	88	91	94	97
72	75	78	80	83	86	89	92	94	97
73	76	78	81	84	87	89	92	95	97
74	77	79	82	84	87	90	92	95	97
75	78	80	83	85	88	90	93	95	98
76	78	81	83	86	88	90	93	95	98
77	79	82	84	86	89	91	93	95	98
78	80	82	85	87	89	91	93	96	98
79	81	83	85	87	90	92	94	96	98
80	82	84	86	88	90	92	94	96	98
81	83	85	87	89	91	92	94	96	98
82	84	86	87	89	91	93	95	96	98
83	85	86	88	90	92	93	95	97	98
84	86	87	89	90	92	94	95	97	98
85	87	88	90	91	93	94	96	97	99
86	87	89	90	92	93	94	96	97	99
87	88	90	91	92	94	95	96	97	99
[88	89	90	92	93	94	95	96	98	99
89	90	91	92	93	95	96	97	98	99
90	91	92	93	94	95	96	97	98	99
91	92	93	94	95	96	96	97	98	99
92	93	94	94	95	96	97	98	98	99
93	94	94	95	96	97	97	98	99	99
94	95	95	96	96	97	98	98	99	99]

27. Use of Diagnostic Code Numbers.-The diagnostic code numbers appearing opposite the listed ratable disabilities are arbitrary numbers for the purpose of showing the basis of the evaluation assigned and for statistical analysis in the Veterans Administration, and as will be observed, extend from 5000 to a possible 9999. Great care will be exercised in the selection of the applicable code number and in its citation on the rating sheet. Each service connected compensable disability or the major pensionable nonservice disability is to be assigned its diagnostic code number. No other numbers than these herein listed or hereafter furnished are to be employed for rating purposes, with an exception as hereafter described, as to unlisted conditions. When an unlisted disease, injury, or residual condition is encountered, requiring rating by analogy, the diagnostic code number will be "built-up" as follows: The first two digits will be selected from that part of the schedule most closely identifying the part, or system, of the body involved: the last two digits will be "99" followed by the diagnostic code used for evaluation for all unlisted conditions. This procedure

will facilitate a close check of new and unlisted conditions, rated by analogy. In the selection of code numbers, injuries will generally be represented by the number assigned to the residual condition on the basis of which the rating is determined. With diseases, preference is to be given to the number assigned to the disease itself. If the rating is determined on the basis of residual conditions, the number appropriate to the residual condition will be added, preceded by a hyphen. Thus, atrophic (rheumatoid) arthritis rated as ankylosis of the lumbar spine should be coded "5002-5289." In this way, the exact source of each rating can be easily identified. In the citation of disabilities on rating sheets, the diagnostic terminology will be that of the medical examiner, with no attempt to translate his terms into schedule nomenclature. Residuals of diseases or therapeutic procedures will not be cited without reference to the basic disease.

28. Pre-stablization Rating from Date of Discharge from Service. The following ratings may be assigned, in lieu of ratings prescribed elsewhere, under the conditions

stated for disability from any disease or injury. The pre-stabilization rating is not to be assigned in any case in which a total rating is immediately assignable under the regular provisions of the schedule or on the basis of individual unemployability. The pre-stabilization 50 percent rating is not to be used in any case in which a rating of 50 percent or more is immediately assignable under the regular provisions.

	Rating
Unstabilized condition with severe disability:	
Substantially gainful employment is not feasible or advisable	100
Unhealed or incompletely healed wounds, injuries, or disease	
Material impairment of employability likely	50

NOTE(1)-VA examination is not required prior to assignment of pre-stabilization ratings; however, the fact that examination was accomplished will not preclude assignment of these benefits. Prestabilization ratings are for assignment in the immediate post-discharge period. They will continue for a 12-month

period following discharge from service. However, pre-stabilization ratings may be changed to a regular schedular total rating or one authorizing a greater benefit at any time. In each pre-stabilization rating an examination will be requested to be accomplished not earlier than 6 months nor more than 12 months following discharge. In those pre-stabilization ratings in which following examination reduction in evaluation is found to be warranted, the higher evaluation will be continued to the end of the 12th month following discharge or to the end of the period provided under VAR 1105(E), whichever is later. Special monthly compensation should be assigned concurrently in these cases whenever records are adequate to establish entitlement.

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

29. Ratings for Service Connected Disabilities Requiring Hospital Treatment or Observation.--A total disability rating will be assigned without regard to the provisions of the rating schedule when it is established that a service connected disability has required hospital treatment in a VA or an approved hospital for a period in excess of 21 days or hospital observation at VA expense for a service connected disability for a period in excess of 21 days.

a. Subject to the provisions of subparagraphs (d) and (e), this increased rating will be effective the first day of continuous hospitalization and will be terminated effective the last day of the month of hospital discharge or effective the last day of the month of termination of treatment or observation for the service connected disability. A third consecutive authorized absence of 14 days will be regarded as the equivalent of hospital discharge and will interrupt hospitalization effective on the last day of the month in which the third 14 day period begins. The termination of these total ratings will not be subject to VAR 1105(E).

b. Notwithstanding that hospital admission was for disability not connected with service, if during such

hospitalization, hospital treatment for a service connected disability is instituted and contined for a period in excess of 21 days, the increase to a total rating will be granted from the first day of such treatment. If service connection for the disability under treatment is granted after hospital admission, the rating will be from the first day of hospitalization if otherwise in order.

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

d. On these total ratings VA regulations governing effective dates for increased benefits will control.

e. The total hospital rating if convalescence is required, may be continued for periods of one, two or three months only in addition to the period provided in subparagraph (a) above.

30. Convalescent Ratings.--Subject to VA regulations governing effective dates for increased benefits, where the report at hospital discharge indicates entitlement under subparagraphs (a), (b), or (c) below, a total rating will be granted following hospital discharge, effective from the date of hospital admission and continuing for a period of one, two or three months from the first day of the month following such hospital discharge. These total ratings will be granted if the hospital treatment of the service connected disability resulted in:

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

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

c. Immobilization by cast, without surgery, of one major joint or more shown at hospital discharge. Initial grants may be for one, two or three months.

If the hospitalization is in excess of 21 days, the provisions of paragraph 29 above are for consideration. A reduction in the total rating will not be subject to VAR-1105(E). The total rating will be followed by an open rating reflecting the appropriate schedular evaluation. When the evidence is inadequate to assign the schedular evaluation, a physical examination will be scheduled prior to the end of the total rating period. A total rating under this paragraph will require full justification on the rating sheet. Extensions of periods

of one, two, or three months beyond the initial three months may be made under subparagraphs (b) or (c).

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

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

DISABILITY RATINGS

THE MUSCULOSKELETAL SYSTEM

39. Major Hand.--Available data no longer support any measureable difference in impaired earning capacity resulting from the effects of disabilities of dominant and non-dominant upper extremities. For this reason, no distinction is indicated between ratings of right and left upper extremities on the basis of whether the claimant is right handed or left handed.

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

atrophy, the condition of the skin, absence of normal callosity or the like.

41. History of Injury.-In considering the residuals of injury, it is essential to trace the medical-industrial history of the disabled person from the original injury, considering the nature of the injury and the attendant circumstances, and the requirements for, and the effect of, treatment over past periods, and the course of the recovery to date. The duration of the initial, and any subsequent, period of total incapacity, especially periods reflecting delayed union, inflammation, swelling, drainage, or operative intervention, should be given close attention. This consideration, or the absence of clear cut evidence of injury, may result in classifying the disability as not of traumatic origin, either reflecting congenital or developmental etiology, or the effects of healed disease.

42. Complete Medical Examination of Injury Cases.- The medical examination of injury cases should be as complete as possible. When complete examinations are not conducted covering all systems of the body affected

by disease or injury, it is impossible to visualize the nature and extent of the service connected disability. Incomplete examination is a common cause of incorrect diagnosis, especially in the neurological and psychiatric fields, and frequently leaves the Veterans Administration in doubt as to the presence or absence of disabling conditions at the time of the examination.

43. Osteomyelitis.--Chronic, or recurring, suppurative osteomyelitis, once clinically identified, including chronic inflammation of bone marrow, cortex, or periosteum, should be considered as a continuously disabling process, whether or not an actively discharging sinus or other obvious evidence of infection is manifest from time to time, and unless inactive for five years will entitle to a rating to be combined with other ratings for residual conditions, however, not exceeding amputation ratings of the extremity.

44. The Bones.--The osseous abnormalities incident to trauma or disease, such as malunion with deformity throwing abnormal stress upon, and causing malalignment of joint surfaces, should be depicted from study and observation of all available data, beginning with inception of injury or disease, its nature, degree of prostration,

treatment and duration of convalescence, and progress of recovery with development of permanent residuals. With shortening of a long bone, some degree of angulation is to be expected; the extent and direction should be fully described. The direction of angulation and extent of deformity should be carefully related to strain on the neighboring joints, especially those concerned with weight-bearing.

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

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

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

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

(4) Excess fatigability.

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

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

46. Accurate Measurement.-Accurate measurement of the length of stumps, excursion of joints, dimensions and location of scars with respect to landmarks, should be insisted on. The goniometer is indispensable. X-ray

should be utilized with doubtful measurements.

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

48. Scars.-As to the residuals of wounds not chiefly characterized by amputation, ankylosis, or limitation of motion, the most obvious feature of the disability and the starting point for physical examination is the superficial scar. An accurate and full description of the scar must be furnished by the medical examiner, so that the disability from it may be intelligently visualized and evaluated. Its location, length, width and

depth will be described; whether it is painful, inflamed or keloid; adherent or nonadherent; whether it involves or distorts neighboring orifices; whether it is exerting traction or limiting normal motion of the parts involved; whether there is ankylosis of contiguous joints; whether there is bone or muscle loss, or muscle hernia, and, if so, to what extent and how productive of interference with normal functions; whether there is associated lesion of a peripheral nerve (the nature and effects to be depicted by a neurologist, wherever possible).

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

51. Muscle Weakness.-The conception of disability of a muscle or muscle group is based on the ability of the muscle to perform its full work and not solely on its ability to move a joint. A muscle which can barely move its bony lever but which has no substantial excess of power or endurance to enable it to perform work by that movement is in effect a useless muscle for occupational efficiency. Tests for ability to move adjacent joints are useless for estimation of the disability in cases of muscle injuries unless all the movements are required to be made against varying resistance (for example, with gravity, against gravity, against moderate resistance, against strong resistance) and compared with the sound side. Comparative tests of endurance and of coordination are also needed. Muscles injuries alone do not necessarily limit the movements of adjacent joints and these movements may be freely carried out by very weak muscles, or even by gravity alone without muscular participation as in extension of the elbow and in dropping the arm to the side.

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

is misdirected. Both strength and endurance must necessarily be impaired, the threshold of fatigue lowered and delicate coordinate movements interfered with. These changes are the real factors in all disabilities residual to healed muscle wounds.

54. Muscle Groups.-Disabilities due to residuals of muscle injuries will be evaluated on the basis laid down in the following paragraphs and on the type pictures appended to the ratings listed below. In the following schemes the skeletal muscles of the body are divided for rating purposes into 23 groups, in eight anatomical regions: four groups for the shoulder girdle, two for the arm, three for the forearm and hand, three for the foot and leg, three for the thigh, three for the pelvic girdle, three for the trunk, and two for the neck. The facial muscles will be rated in accordance with interference with the functions supplied by the cranial nerves.

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

(1) Two or more muscle injuries affecting the motion (particularly strength of motion) about a single joint may be combined but not in combination receive more than the rating for unfavorable ankylosis of the joint.

Cases of an unusually severe degree of disability involving the shoulder girdle and arm or the pelvic girdle and thigh muscles wherein the evaluation under the above criteria appears inadequate may be submitted to Central Office for consideration under VAR - 1321(B).

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

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

57. Static Foot Deformities.-It is essential to make an initial distinction between bilateral flatfoot as a congenital or as an acquired condition. The congenital condition, with depression of the arch, but no evidence

of abnormal callosities, areas of pressure, strain or demonstrable tenderness, is an abnormality which is not compensable or pensionable. In the acquired condition, it is to be remembered that depression of the longitudinal arch, or the degree of depression, is not the essential feature. The attention should be given to anatomical changes, as compared to normal, in the relationship of the foot and leg, particularly to the inward rotation of the superior portion of the os calcis, medial deviation of the insertion of the Achilles tendon, the medial tilting of the upper border of the astragalus. This is an unfavorable mechanical relationship of the parts. A plumb line dropped from the middle of the patella falls inside of the normal point. The forepart of the foot is abducted, and the foot everted. The plantar surface of the foot is painful and shows demonstrable tenderness, and manipulation of the foot produces spasm of the Achilles tendon, peroneal spasm due to adhesion about the peroneal sheaths, and other evidence of pain and limited motion. The symptoms should be apparent without regard to exercise. In severe cases there is gaping of bones on the inner border of the foot, and

rigid valgus position with loss of the power of inversion and adduction. Exercise with undeveloped or unbalanced musculature, producing chronic irritation, can be an aggravating factor.

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

59. Painful Motion.-With any form of arthritis, painful motion is an important factor of disability, the facial

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

60. Rheumatic Fever.-Rheumatic fever is characterized by acute attacks of migratory periarticular swelling and inflammation, tending to recur. An attack of rheumatic fever in service is not a proper basis for concluding

service connection of a subsequent hypertrophic or atrophic arthritis. Service connection is not in order for arthritis unless it is so early manifest, within 1 year from the date of discharge, as to warrant independent service connection, or unless there is other satisfactory evidence of continuity warranting a conclusion that arthritis was present in service.

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

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

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

propulsion, etc., in the case of the foot, could be accomplished equally well by an amputation stump with prosthesis.

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

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

64. Loss of Use of Both Buttocks.-Loss of use of both buttocks shall be deemed to exist when there is severe damage to muscle Group XVII, bilateral (diagnostic code number 5317) and additional disability rendering it impossible for the disabled person, without assistance, to rise from a seated position and from a stooped position (fingers to toes position) and to maintain postural

stability (the pelvis upon head of femur). The assistance may be rendered by the person's own hands or arms, and, in the matter of postural stability, by a special appliance.

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

66. Sacro-iliac Joint.-The common cause of disability in this region is arthritis, to be identified in the usual manner. The lumbosacral and sacroiliac joints should be considered as one anatomical segment for rating purposes. X-ray changes from arthritis in this

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

67. Pelvic Bones.-The variability of residuals following these fractures necessitates rating on specific residuals, faulty posture, limitation of motion, muscle

injury, painful motion of the lumbar spine, manifest by muscle spasm, mild to moderate sciatic neuritis, peripheral nerve injury, or limitation of hip motion.

68. Amputation Rule.-The combined rating for disabilities of an extremity shall not exceed the rating for amputation, were amputation to be performed. As an exception to the amputation rule an evaluation of 10% may be combined when there is shown to be a painful neuroma of the amputation stump.

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

71. Measurement of Ankylosis and Joint Motion.- Plates I and II on pages provide a standardized description of ankylosis and joint motion measurement. The anatomical position is considered as 0°, with two major exceptions: (1) shoulder rotation-arm abducted to 90°, elbow flexed to 90° with the position of the forearm reflecting the midpoint 0° between internal and external rotation of the shoulder; and (2) supination and pronation-the arm next to the body, elbow flexed to 90°, and the forearm in midposition 0° between supination and pronation. Motion of the thumb and fingers should be described by appropriate reference to the joints whose movement is limited, with a statement as to how near, in inches, the tip of the thumb can approximate the fingers, or how near the tips of the fingers can approximate the median transverse fold of the palm.

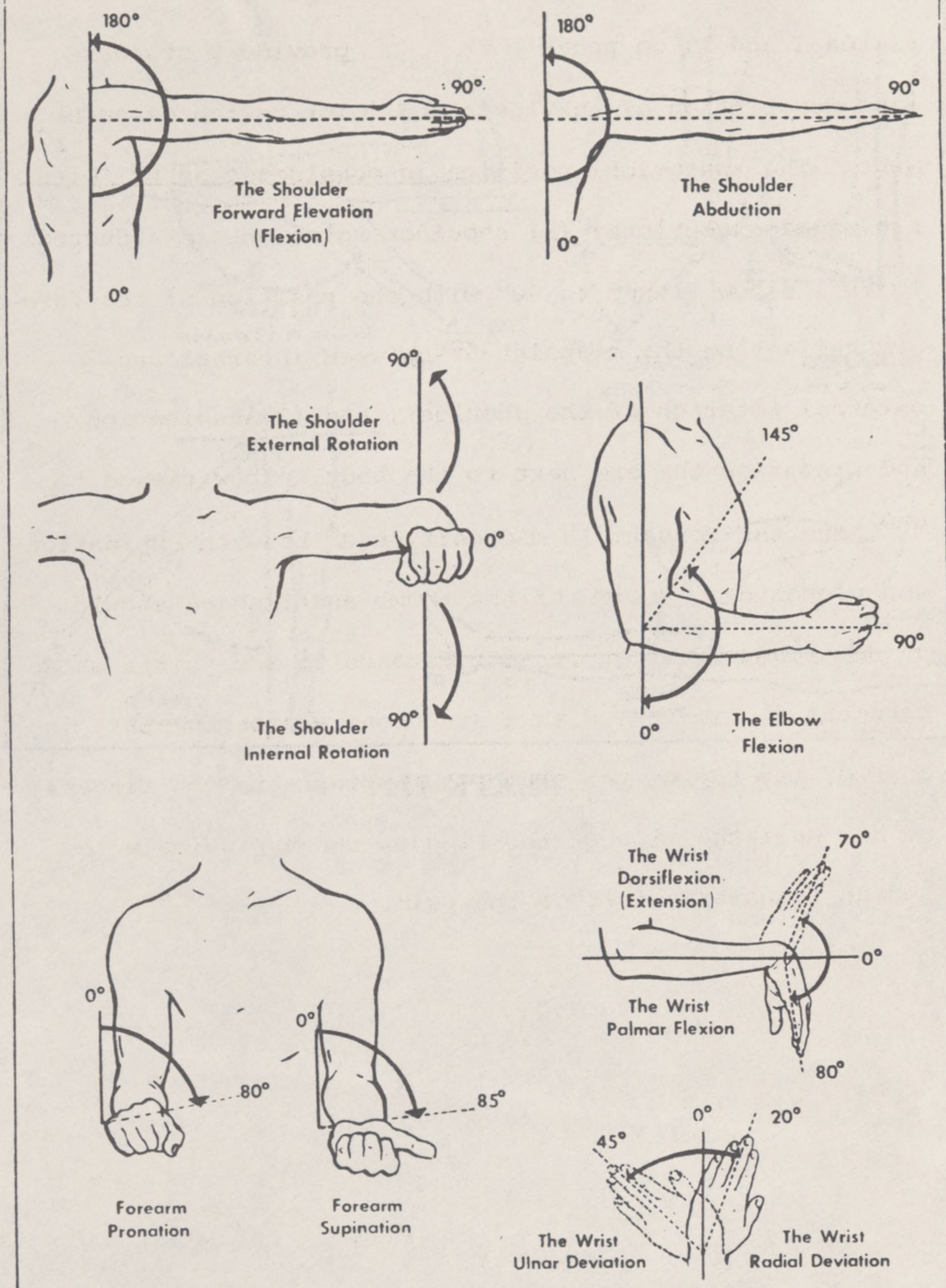
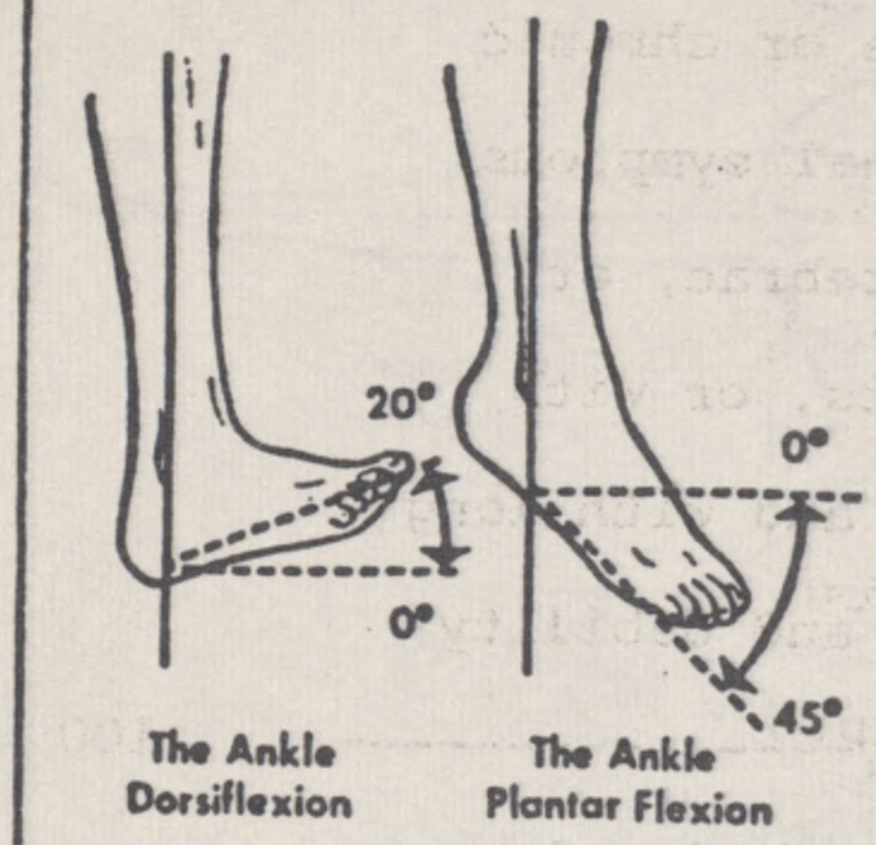
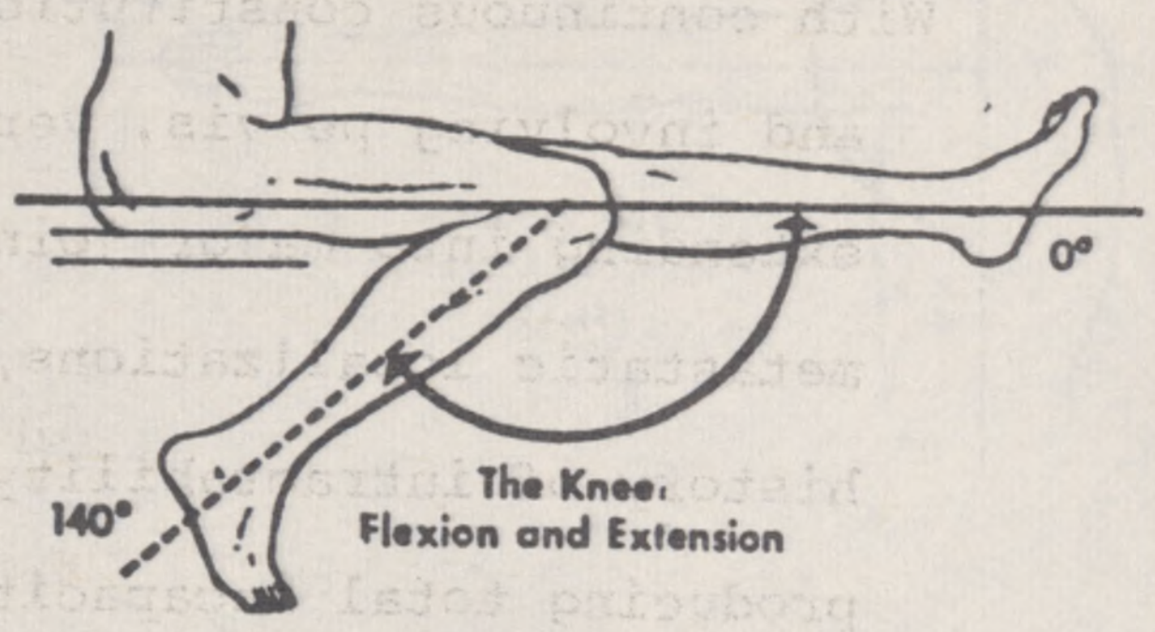

180°
90°
The Shoulder
Forward Elevation
(Flexion)
0°
180°
90°
The Shoulder
Abduction
0°
90°
The Shoulder
External Rotation
0°
90°
The Shoulder
Internal Rotation
145°
90°
0°
The Elbow
Flexion
70°
The Wrist
Dorsiflexion
(Extension)
0°
The Wrist
Palmar Flexion
80°
0°
80°
Forearm
Pronation
0°
85°
Forearm
Supination
0°
20°
45°
The Wrist
Ulnar Deviation
The Wrist
Radial Deviation

PLATE I

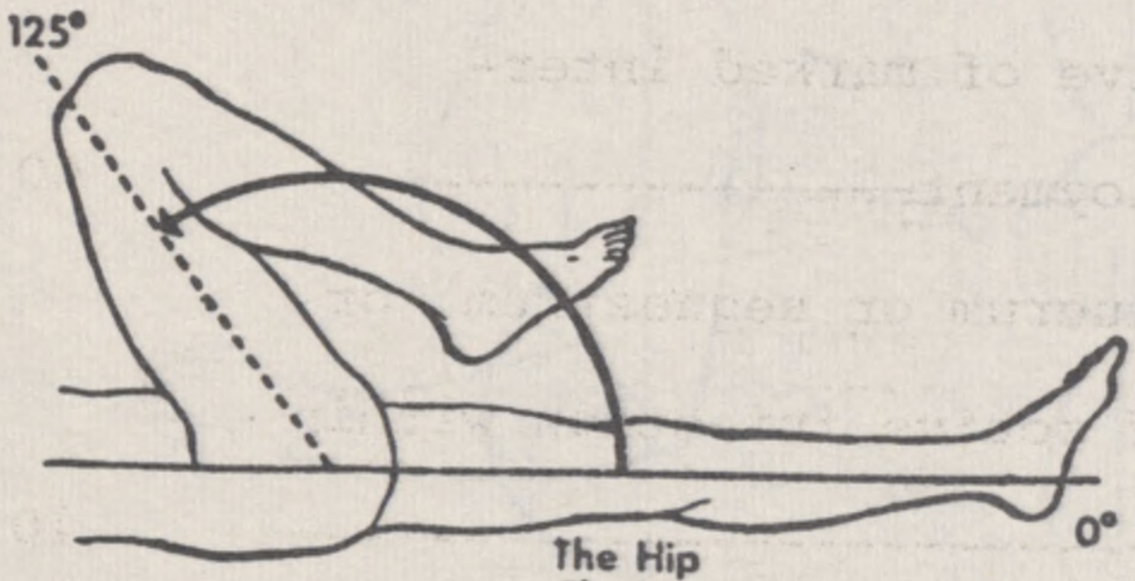


The Ankle
Dorsiflexion

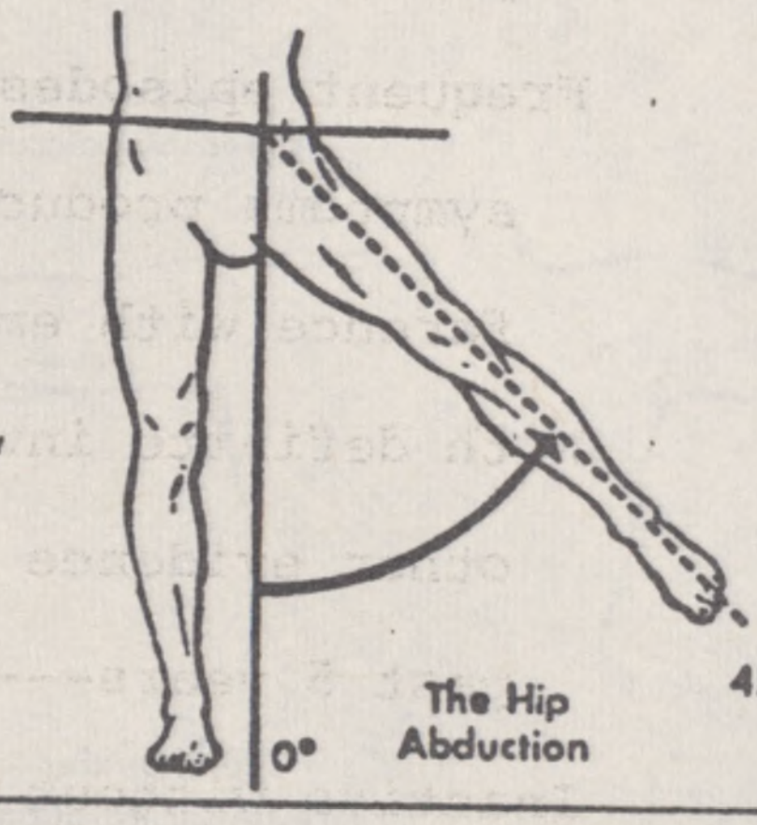
The Ankle
Plantar Flexion



The Knee:
Flexion and Extension



The Hip
Flexion



The Hip
Abduction

PLATE II

Rating

5000 Osteomyelitis, acute, subacute or chronic

With continuous constitutional symptoms and involving pelvis, vertebrae, or extending into major joints, or with metastatic localizations, and with long history of intractability and debility; producing total incapacity---------- 100

Frequent episodes with constitutional symptoms productive of marked interference with employment---------- 60

With definite involucrum or sequestrum, or other evidence of active infection within past 5 years---------- 10

Inactive without evidence of infection in past 5 years---------- 0

NOTE (1)--A rating of 10 percent, as an exception to the amputation rule, is to be assigned in any case of active osteomyelitis where the amputation rating for the affected part is 0 percent. This 10 percent rating is to be combined with ratings for ankylosis, limited motion, nonunion or malunion.

Rating

shortening, etc., subject, of course, to the amputation rule. The 60 percent rating, as it is based on constitutional symptoms, is not subject to the amputation rule. A rating for osteomyelitis will not be applied following cure by removal or radical resection of the affected bone.

(2) The 10 percent rating on the basis of activity within the past 5 years is not assignable following the initial infection of active osteomyelitis with no subsequent reactivation. The prerequisite for this rating is an established recurrent osteomyelitis. This 10 percent rating, when applicable, will be assigned once only to cover disability at all sites of previously active infection with a future ending date.

5001 Bones and joints, tuberculosis of

Active---------- 100

Inactive: See pages

Rating

5002 Arthritis, rheumatoid or atrophic

As an active process:

With constitutional manifestations associated with active joint involvement, totally incapacitating----- 100

Less than above but with weight loss and anemia productive of severe impairment of health or severely incapacitating exacerbations occurring 4 or more times a year or a lesser number over prolonged periods-- 60

Symptom combinations productive of definite impairment of health objectively supported by examination findings or incapacitating exacerbations occurring 3 or more times a year---------- 40

One or two exacerbations a year in a well established diagnosis---------- 20

For chronic residuals:

For residuals such as limitation of motion or ankylosis, favorable or unfavorable,

Rating

rate under the appropriate diagnostic codes for the specific joints involved. Where, however, the limitation of motion involved is non-compensable under the appropriate diagnostic codes, a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion.

NOTE.--The above ratings for the active process will not be combined with the residual ratings for limitation of motion or ankylosis. Assign the higher evaluation.

5003 Arthritis, degenerative, hypertrophic, or osteoarthritis

Degenerative arthritis established by X-ray findings will be rated on the basis

Rating

of limitation of motion under the appropriate diagnostic codes for the specific joint or joints involved. Where, however, the limitation of motion of the specific joint or joints involved is non-compensable under the appropriate diagnostic codes, a rating of 10 percent is for application for each such major joint or group of minor joints affected by limitation of motion, to be combined, not added. Limitation of motion must be objectively confirmed by findings such as swelling, muscle spasm, or satisfactory evidence of painful motion. In the absence of limitation of motion, rate as below:

With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups, with occasional incapacitating exacerbations- 20

	Rating
With X-ray evidence of involvement of 2 or more major joints or 2 or more minor joint groups----------	10

NOTE.--(1) The 20 percent and 10 percent ratings based on X-ray findings, above, will not be combined with ratings based on limitation of motion.

(2) The 20 percent and 10 percent ratings based on X-ray findings, above, will not be utilized in rating conditions listed under diagnostic codes 5013-5024, inclusive.

5004 Arthritis, gonorrheal

5005 Arthritis, pneumococcic

5006 Arthritis, typhoid

5007 Arthritis, syphilitic

5008 Arthritis, streptococcic

5009 Arthritis, other types (specify)

With the above cited types of arthritis, rate the disability as rheumatoid arthritis.

		Rating
5010	Arthritis, due to trauma (substantiated by X-ray findings) Rate as arthritis, degenerative.	
5011	Bones, caisson disease of Rate as arthritis, cord involvement, or deafness, depending on the severity of disabling manifestations	
5013	Osteoporosis, (with joint manifestations)	
5014	Osteomalacia	
5015	Bones, new growths of, benign	
5016	Osteitis deformans	
5017	Gout	
5018	Hydarthrosis, intermittent	
5019	Bursitis	
5020	Synovitis	
5021	Myositis	
5022	Periostitis	

		Rating
5023	Myositis ossificans	
5024	Tenosynovitis	

The above cited diseases will be rated on limitation of motion of affected parts, as arthritis, degenerative, (except gout, which will be rated under Diagnostic Code 5002.

COMBINATIONS OF DISABILITIES

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

		Rating
	AMPUTATIONS: UPPER EXTREMITY	
	Arm, amputation of	
5120	Disarticulation	60
5121	Above insertion of deltoid	50
5122	Below insertion of deltoid	50
	Forearm, amputation of	
5123	Above insertion of pronator teres	40
5124	Below insertion of pronator teres	40
5125	Hand, loss of use of	40
	MULTIPLE FINGER AMPUTATIONS	
5126	Five digits of one hand, amputation of	40
	Four digits of one hand, amputation of	
5127	Thumb, index, middle, and ring	40
5128	Thumb, index, middle, and little	40
5129	Thumb, index, ring, and little	40
5130	Thumb, middle, ring, and little	40
5131	Index, middle, ring, and little	40
	Three digits of one hand, amputation of	
5132	Thumb, index, and middle	30
5133	Thumb, index, and ring	30
5134	Thumb, index, and little	30

		Rating
5135	Thumb, middle, and ring----------	30
5136	Thumb, middle, and little----------	30
5137	Thumb, ring, and little----------	30
5138	Index, middle, and ring----------	30
5139	Index, middle, and little----------	30
5140	Index, ring, and little----------	30
5141	Middle, ring, and little----------	30
	Two digits of one hand, amputation of	
5142	Thumb and index----------	30
5143	Thumb and middle----------	30
5144	Thumb and ring----------	30
5145	Thumb and little----------	30
5146	Index and middle----------	30
5147	Index and ring----------	30
5148	Index and little----------	30
5149	Middle and ring----------	20
5150	Middle and little----------	20
5151	Ring and little----------	20

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

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

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

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

(e) Loss of the use of the hand will be held to exist when no effective function remains other than that which would be equally well served by an amputation

Rating

stump with a suitable prosthetic appliance.

SINGLE FINGER AMPUTATIONS

5152 Thumb, amputation of

With metacarpal resection---------- 20

At metacarpophalangeal joint or through proximal phalanx---------- 10

5153 Index finger, amputation of

With metacarpal resection (more than one half the bone lost)---------- 20

At level of proximal interphalangeal joint or proximal thereto---------- 10

5154 Middle finger, amputation of

With metacarpal resection (more than one-half the bone lost)---------- 20

At level of proximal interphalangeal joint or proximal thereto---------- 10

5155 Ring finger, amputation of

With metacarpal resection (more than one-half the bone lost)---------- 20

At level of proximal interphalangeal joint or proximal thereto---------- 10

		Rating
5156	Little finger, amputation of	
	With metacarpal resection (more than one-half the bone lost)----------	20
	At proximal interphalangeal joint or proximal thereto ----------	10

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

AMPUTATIONS: LOWER EXTREMITY

	Thigh, amputation of	
5160	Disarticulation, with loss of extrinsic pelvic girdle muscles----------	40
5161	Upper third, one-third of the distance from perineum to knee joint measured from perineum----------	30
5162	Middle or lower thirds ----------	30
	Leg, amputation of	
5163	With defective stump, thigh amputation recommended----------	40
5164	Amputation not improvable by prosthesis, controlled by natural knee action---------	30
5165	At a lower level, permitting prosthesis-----	30

		Rating
5166	Forefoot, amputation proximal to metatarsal bones	20
5167	Foot, loss of use of	30
5170	Toes, all, amputation of, without metatarsal loss	10
5171	Toe, great, amputation of, with or without metatarsal involvement	10
5172	Toes, other than great, amputation of, with removal of metatarsal head	
	One or two	10
	Without metatarsal involvement	0
5173	Toes, three or four, amputation of, without metatarsal involvement	10

THE SHOULDER AND ARM

5200	Scapulohumeral articulation, ankylosis of	
	NOTE.--The scapula and humerus move as one piece.	
	Unfavorable, abduction limited to 25° from side	20
	Favorable or intermediate, abduction to 60°, can reach mouth and head	10

		Rating
5201	Arm, limitation of motion of	
	To 25° from side	20
	To shoulder level	10
5202	Humerus, other impairment of	
	Loss of head of (flail shoulder)	30
	Nonunion of (false flail joint)	20
	Fibrous union of	20
	Recurrent dislocation of requiring guarding	
	at shoulder level	10
	Malunion of with at least moderate deformity	10
5203	Clavicle or scapula, impairment of	
	Dislocation of	10
	Nonunion of with or without loose movement	10
	Malunion of	10
	Or rate on impairment of function of contiguous joint.	

THE ELBOW AND FOREARM

5205	Elbow, ankylosis of	
	Unfavorable or favorable	20

		Rating
5206	Forearm, limitation of flexion of	
	Flexion limited to 45°----------	20
	Flexion limited between 45° and 100°--------	10
5207	Forearm, limitation of extension of	
	Extension limited to 100°----------	20
	Extension limited to between 45° and 100°---	10
5208	Forearm, limitation of flexion to 100° and extension to 45°----------	10
5209	Elbow, other impairment of	
	Flail joint----------	30
	Joint fracture, with marked cubitus valgus deformity or with ununited fracture of head of radius----------	10
5210	Radius and ulna, nonunion of, with false flail joint----------	30
5211	Ulna, impairment of	
	Nonunion in upper half, with false movement	
	With loss of bone substance (one inch or more) and marked deformity---------	30
	Without loss of bone substance or deformity----------	10
	Malunion of, with bad alignment----------	10

	Rating
5212 Radius, impairment of	
Nonunion in lower half, with false movement	
With or without loss of bone substance and deformity	10
Nonunion in upper half	10
Malunion of, with bad alignment	10
5213 Supination and pronation, impairment of	
Loss of (bone fusion)	
The hand fixed in supination or hyper-pronation	30
The hand fixed in full pronation	10
The hand fixed near the middle of the arc or moderate pronation	10
Limitation of pronation	
Motion lost beyond last quarter of the arc, the hand does not approach full pronation	10
Limitation of supination	
To 30° or less	0

NOTE.--In all the above forearm and wrist injuries, multiple impaired finger movements

Rating

due to tendon tie-up, muscle or nerve injury, are to be separately rated and combined not to exceed rating for loss of use of hand.

THE WRIST

5214	Wrist, ankylosis of	
	Unfavorable, in any degree of palmar flexion, or with ulnar or radial deviation	20
	Any other position	10
5215	Wrist, limitation of motion of	
	Dorsiflexion less than 15°	10
	Palmar flexion limited in line with forearm	10

MULTIPLE FINGERS: ANKYLOSIS

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

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

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

c. With only one joint of a digit ankylosed or limited in its motion, the determination will be made on the basis of whether motion is possible to within two inches of the median transverse fold of the palm. Inability to flex to within two inches will be considered unfavorable ankylosis. Flexion limited at one to two inches will be considered favorable ankylosis. Flexion limited at less than one inch is considered nondisabling.

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

e. Extremely unfavorable ankylosis of the fingers, all joints in extension or extreme

flexion, or with rotation and angulation of bones, will be rated as amputation. Combinations of finger amputations at various levels, or of finger amputations with ankylosis or limitation of motion of the fingers will be rated on the basis of the grade, i.e., amputation, unfavorable ankylosis or favorable ankylosis, most representative of the levels or combinations. With an even number of fingers involved, and adjacent grades, select the higher of the two grades.

		Rating
5216	Five digits of one hand, unfavorable ankylosis of----------	20
5217	Four digits of one hand, unfavorable ankylosis of----------	20
5218	Three digits of one hand, unfavorable ankylosis of----------	20
5219	Two digits of one hand, unfavorable ankylosis of----------	10
5220	Five digits of one hand, favorable ankylosis of----------	20

		Rating
5221	Four digits of one hand, favorable ankylosis----------	20
5222	Three digits of one hand, favorable ankylosis of	
	Including thumb----------	20
	Excluding thumb----------	10
5223	Two digits of one hand, favorable ankylosis of----------	10
	ANKYLOSIS OF INDIVIDUAL FINGERS	
5224	Thumb, ankylosis of	
	Unfavorable or favorable----------	10
5225	Index finger, ankylosis of	
	Unfavorable or favorable----------	10
5226	Middle finger, ankylosis of	
	Unfavorable or favorable	10
5227	Finger, any other, ankylosis of----------	0
	THE HIP AND THIGH	
5250	Hip, ankylosis of	
	Unfavorable or favorable----------	30
5251	Thigh, limitation of extension of	
	Extension limited to 5°----------	10

		Rating
5252	Thigh, limitation of flexion of	
	Flexion limited to 30°----------	20
	Flexion limited to 45°----------	10
5253	Thigh, impairment of	
	Limitation of abduction of, motion lost beyond 10°----------	10
	Limitation of adduction of, cannot cross legs----------	10
	Limitation of rotation of, cannot toe-out more than 15°, affected leg----------	10
5254	Hip, flail joint----------	40
5255	Femur, impairment of	
	Fracture of shaft or neck of	
	With nonunion, with loose motion (spiral or oblique fracture)----------	40
	With nonunion, without loose motion, weight-bearing preserved with aid of brace----------	30
	Fracture of neck of, with false joint------	30

		Rating
	Malunion of	
	With marked hip or knee disability	20
	With moderate to slight hip or knee disability	10
5256	Knee, ankylosis of	
	Unfavorable or favorable	30
5257	Knee, other impairment of	
	Recurrent subluxation or lateral instability	
	Moderate	20
	Mild	10
5258	Cartilage, semilunar, dislocated, with frequent episodes of "locking," pain, and effusion into the joint	10
5259	Cartilage, semilunar, removal of, symptomatic	10
5260	Leg, limitation of flexion of	
	Flexion limited to 45°	10
	Flexion limited to 60°	0
5261	Leg, limitation of extension	
	Extension limited to 45°	30
	Extension limited to 15°	20
	Extension limited to 10°	10

		Rating
5262	Tibia and fibula, impairment of	
	Nonunion of, with loose motion, requiring brace	30
	Malunion of	
	With marked or moderate knee or ankle disability	20
	With slight knee or ankle disability	10
5263	Genu recurvatum	0
	THE ANKLE	
5270	Ankle, ankylosis of	
	In plantar flexion at 30° or more or in dorsiflexion at more than 0° or with abduction, adduction, inversion, or eversion deformity	20
	In plantar flexion, less than 30°	10
5271	Ankle, limited motion of	
	More than 10° loss in either flexion or dorsiflexion	10
	10° or less loss in either flexion or dorsiflexion	0

		Rating
5272	Subastragular or tarsal joint, ankylosis of	
	In poor weight-bearing position----------	10
	In good weight-bearing position----------	0
5273	Os calcis or astragalus, malunion of	
	Marked deformity----------	20
	Moderate deformity----------	10
	Slight deformity----------	0
5274	Astragalectomy----------	10
	SHORTENING OF THE LOWER EXTREMITY	
5275	Bones of the lower extremity, shortening of	
	Over three and one-half inches----------	30
	From over two and one-half inches to three and one-half inches----------	20
	Two to two and one-half inches----------	10
	Less than two inches----------	0
5276	Flatfoot, acquired	
	Pronounced; marked pronation, extreme tenderness of plantar surfaces of the feet, marked inward displacement and severe spasm of the tendo achhillis on manipulation, not improved by orthopedic shoes or appliances	

	Rating
Bilateral	50
Unilateral	20

Severe; objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities

Bilateral	20
Unilateral	10

Moderate; weight-bearing line over or medial to great toe, inward bowing of the tendo achillis, pain on manipulation and use of the feet, bilateral or unilateral | 10

Mild; symptoms relieved by built-up shoe or arch support | 0

5277 Weak foot, bilateral

A symptomatic condition secondary to many constitutional conditions, characterized by atrophy of the musculature, disturbed circulation, and weakness

Rate the underlying condition, minimum rating | 10

Rating

5278 Claw foot (pes cavus), acquired

Marked contraction of plantar fascia with dropped forefoot, all toes hammer toes, very painful callosities, marked varus deformity

Bilateral---------- 50

Unilateral---------- 20

All toes tending to dorsiflexion, limitation of dorsiflexion at ankle to right angle, shortened plantar fascia, and marked tenderness under metatarsal heads

Bilateral---------- 20

Unilateral---------- 10

Great toe dorsiflexed, some limitation of dorsiflexion at ankle, definite tenderness under metatarsal heads

Bilateral or unilateral---------- 10

Slight---------- 0

5279 Metatarsalgia, anterior (Morton's disease), unilateral or bilateral---------- 10

		Rating
5280	Hallux valgus, unilateral	
	Operated with resection of metatarsal head	10
	Severe, if equivalent to amputation of great toe	10
5281	Hallux rigidus, unilateral, severe	
	Rate as hallux valgus, severe	
	NOTE.--Not to be combined with claw foot ratings.	
5282	Hammer toe	
	All toes, unilateral without claw foot	20
5283	Tarsal, or metatarsal bones, malunion of, or nonunion of, symptomatic	10
5284	Foot injuries, other, symptomatic	10
	THE SPINE	
5285	Vertebra, fracture of, residuals	
	With cord involvement, bedridden, or requiring long leg braces	100
	Consider special monthly compensation;	
	with lesser involvement rate for limited motion, nerve paralysis	

		Rating
	Without cord involvement; abnormal mobility requiring neck brace (jury mast)	30
	In other cases rate in accordance with definite limited motion or muscle spasm, minimum ----------	10

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

5286	Spine, complete bony fixation (ankylosis) of	
	Unfavorable angle, with marked deformity and involvement of major joints (Marie Strumpell type) or without other joint involvement (Bechterew type)----------	80
	Favorable angle----------	30
5287	Spine, ankylosis of, cervical	
	Unfavorable----------	30
	Favorable--- ----------	20

		Rating
5288	Spine, ankylosis of, dorsal	
	Unfavorable or favorable	10
5289	Spine, ankylosis of, lumbar	
	Unfavorable	30
	Favorable	20
5290	Spine, limitation of motion of, cervical	
	Severe	20
	Moderate or slight	10
5291	Spine, limitation of motion of, dorsal	
	Severe or moderate	10
	Slight	0
5292	Spine, limitation of motion of, lumbar	
	Severe	30
	Moderate or slight	10
5293	Intervertebral disc syndrome	
	Pronounced; with persistent sciatic neuritis with characteristic pain and demonstrable muscle spasm, absent tendo achillis reflex, or other nerve	

Rating

pathology appropriate to site of diseased disc, little intermittent relief---------- 60

Severe; recurring attacks, with intermittent relief---------- 30

Moderate; recurring attacks---------- 10

Postoperative, cured---------- 0

5294 Sacro-iliac injury and weakness

Severe; with listing of whole spine to opposite side, positive Goldthwaite's sign, marked limitation of forward bending in standing position, loss of lateral motion with osteo-arthritic changes, or narrowing or irregularity of joint space, or some of the above with abnormal mobility on forced motion-------- 20

With muscle spasm on extreme forward bending, loss of lateral spine motion, unilateral, in standing position, or pain on motion---------- 10

With slight subjective symptoms only-------- 0

Rating

5295 Lumbosacral strain

Severe---------- 30

Moderate---------- 20

Slight---------- 10

THE SKULL

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

Without brain hernia

Area larger than the size of a 50-cent piece---------- 30

Area intermediate---------- 20

Area smaller than the size of a 25 cent piece---------- 10

NOTE.--Rate separately for intracranial complications, including residuals of brain debridement.

5297 Ribs, removal of

More than six---------- 30

Two to six---------- 20

One (or resection of two or more ribs without regeneration.)---------- 10

NOTE (1) The rating for rib resection or removal is not to be applied with ratings

Rating

for purulent pleurisy, lobectomy, pneumonectomy or injuries of pleural cavity.

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

THE COCCYX

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

MUSCLE INJURIES

72. Rating Muscle Injuries.--In rating disability from injuries to the musculoskeletal system, it is essential to give close attention to the records at the time of the injury. If, for example, the veteran was struck by a missile with resulting compound comminuted fracture of the bone, muscle damage to a compensable degree must be

Rating

conceded. The same is true of through and through wounds when it is shown that the missile penetrated deep fascia and muscle as distinguished from slight penetration or injuries at such locations as in the wrist or over the tibia where muscle damage might be minimal or damage to tendons well repaired. The actual muscles as well as the group must be identified. To warrant an evaluation in excess of 10%, where provided, there must be evidence of severe muscle loss with actual demonstrated impairment, such as pain, weakness, limitation of function, or other objective pathology.

THE SHOULDER GIRDLE AND ARM

Rating

5301 Group I. Extrinsic muscles of the shoulder girdle. (1) Trapezius; (2) levator scapulae; (3) serratus magnus.

(Function: Upward rotation of scapula. Elevators of arm above shoulder level.)

Severe	20
Moderate	10
Slight	0

Rating

5302 Group II. Extrinsic muscles of shoulder girdle. (1) Pectoralis major II (costosternal); (2) latissimus dorsi and teres major; (3) pectoralis minor; (4) rhomboid. (Function: Depression of arm from vertical overhead to hanging at side, (1,2); downward rotators of scapula, (3,4); (teres major although technically an intrinsic muscle is included with latissimus dorsi); 1 and 2 act with Group III in forward and backward swing of the arm.)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5303 Group III. Intrinsic muscles of shoulder girdle. (1) Pectoralis major I (clavicular); (2) deltoid. (Function: Elevation and abduction of arm to level of shoulder, act with 1 and 2 Group II in forward and backward swing of arm.)

Severe---------- 20

	Rating
Moderate----------	10
Slight----------	0

5304 Group IV. Intrinsic muscles of shoulder girdle. (1) Supraspinatus; (2) infraspinatus and teres minor; (3) subscapularis; (4) coracobrachialis. (Function: Stabilizing muscles of the shoulder against injury in strong movements, holding head of humerus in socket. Other functions are: (1) abduction, (2) outward rotation, (3) inward rotation.)

Severe----------	20
Moderate----------	10
Slight----------	0

5305 Group V. Flexor muscles of the elbow.

(1) Biceps; (2) brachialis; (3) brachioradialis. (Function: Supination (1) long head of biceps or stabilizer of shoulder joint. Flexion of elbow, (1,2,3).)

Severe----------	20
Moderate----------	10
Slight----------	0

Rating

5306 Group VI. Extensor muscles of the elbow. (long head of triceps is a stabilizer of shoulder joint). (1) Triceps; (2) anconeus.

Severe---------- 20

Moderate---------- 10

Slight---------- 0

THE FOREARM AND HAND

5307 Group VII. Muscles arising from internal condyle of humerus. Flexors of the carpus and long flexors of fingers and thumb; pronator. (Function: Flexion of wrist and fingers.)

Severe or moderate---------- 10

Slight---------- 0

5308 Group VIII. Muscles arising mainly from external condyle of humerus. Extensors of carpus, fingers and thumb; supinator. (Function: Extension of wrist, fingers, and thumb; abduction of thumb.)

Severe or moderate---------- 10

Slight---------- 0

Rating

5309 Group IX. Intrinsic muscles of the hand.

Thenar eminence; short flexor; opponens, abductor and adductor of thumb; hypothenar eminence; short flexor opponens and abductor of little finger, 4 lumbricales; 4 dorsal and 3 palmar interrossei.

(Function: In general the forearm muscles act in strong grasping movements and are supplemented by the intrinsic muscles in delicate manipulative movements.)

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

Rate on limitation of motion, minimum 10 percent.

THE FOOT AND LEG

5310 Group X. Intrinsic muscles of the foot.

Plantar: (1) Flexor digitorum brevis;

Rating

(2) abductor hallucis; (3) abductor digiti V; (4) quadratus plantae; (5) lumbricales (4); (6) flexor hallucis; (7) abductor hallucis; (8) flexor digiti V, brevis; (9) adductor digiti V, opponens digiti V; interossei plantar. (Function: Movements of the forefoot and toes. Propulsion thrust in walking.) Other important plantar structures: Plantar oponeurosis, long plantar and calcaneonavicular ligament, tendons of posterior tibial, peroneous longus, and long flexors of great and little toes.

Severe	20
Moderate	10
Slight	0

Dorsal: (1) Extensor hallucis brevis; (11) extensor digitorum brevis; (2) dorsal interossei (4). Other important dorsal structures: Cruciatectural,

Rating

deltoid and other ligaments. Tendons of long extensors of toes and peronei muscles.

Severe or moderate---------- 10

Slight---------- 0

NOTE.--Minimum rating for through and through wounds of the foot---------- 10

5311 Group XI. Posterior and lateral crural muscles. Muscles of the calf. (1) Triceps surae (gastrocnemius and soleus); (2) tibialis posterior; (3) peroneus longus; (4) flexor hallucis longus; (5) flexor digitorum longus; (6) popliteus. (Function: Propulsion, plantar flexion of foot (1); stabilizing arch (2,3) flexion of toes (4,5); flexion of knee (6).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5312 Group XII. Anterior muscles of the leg. (1) Tibialis anterior; (2) long extensors

Rating

of toes; (3) peroneus tertius. (Function: Dorsiflexion (1), extension of toes (2), stabilizing arch (3).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

THE PELVIC GIRDLE AND THIGH

5313 Group XIII. Posterior thigh group. Hamstring complex of two-joint muscles. (1) Biceps femoris; (2) semimembranosus; (3) semitendinosus. (Function: Extension of hip and flexion of knee. Outward and inward rotation of flexed knee. Acting with rectus femoris and sartorius (see XIV, 1,2) synchronizing simultaneous flexion of hip and knee and extension of hip and knee by belt-over-pulley action at knee joint.)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5314 Group XIV. Anterior thigh group. (1) Sartorius: (2) rectus femoris; (3) vastus externus;

Rating

(4) vastus intermedius; (5) vastus internus; (6) tensor vaginae femoris. (Function: Extension of knee (2,3,4,5) simultaneous flexion of hip and flexion of knee (1), tension of fascia lata and iliotibial (Massiat's) band, acting with XVII, 1, in postural support of body (6), acting with hamstrings in synchronizing hip and knee (1,2).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5315 Group XV. Mesial Thigh Group. (1) Adductor longus; (2) adductor brevis; (3) adductor magnus; (4) gracilis. (Function: Adduction of the hip (1,2,3,4), flexion of the hip (1,2); flexion of Knee (4).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5316 Group XVI. Pelvic girdle group 1. (1) Psoas; (2) illiacus; (3) pectineus. (Function:

Rating

Flexion of hip (1,2,3).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5317 Group XVII. Pelvic girdle group 2. (1) Gluteus maximus; (2) gluteus medius; (3) gluteus minimus. (Function: Extension of hip (1), abduction of thigh, elevation of opposite side of pelvis (2,3), tension of fascia lata and iliotibial (Massiat's band, acting with XIV, 6, in postural support of body steadying pelvis upon head of femur and condyles of femur on tibia (1).)

Severe---------- 20

Moderate---------- 10

Slight---------- 0

5318 Group XVIII. Pelvic girdle group 3. (1) Pyriformis; (2) gemellus (sup. or inf.); (3) obturator (ext. or int.); (4) quadratus femoris. (Function: Outward rotators of the thigh and stabilizers of the hip joint.)

Severe---------- 20

	Rating
Moderate----------	10
Slight----------	0

THE TORSO AND NECK

5319 Group XIX. Muscles of the abdominal wall.

(1) Rectus abdominus; (2) external oblique; (3) internal oblique; (4) transversalis; (5) quadratus lumborum. (Function: Support and compression of abdominal wall and lower thorax. Flexion and lateral motions of spine. Synergists in strong downward movements of arm (1).)

Severe----------	20
Moderate----------	10
Slight----------	0

5320 Group XX. Spinal muscles. Sacrospinalis (erector spinae and its prolongations in thoracic and cervical regions).

(Function: Postural support of the body. Extension and lateral movements of the spine.)

Cervical and dorsal region

Severe----------	20
Moderate----------	10
Slight----------	0

	Rating
Lumbar region	
Severe	20
Moderate	10
Slight	0
5321 Group XXI. Muscles of respiration. Thoracic muscle group.	
Severe or moderate	10
Slight	0
5322 Group XXII. Lateral supra and infrahyoid group. Muscles of the front of the neck. (1) Trapezius I (clavicular insertion); (2) sternocleidomastoid; (3) the "hyoid" muscles; (4) sternothyroid; (5) digastric. (Function: Rotary and forward movements of the head; respiration; deglutition.)	
Severe or moderate	10
Slight	0
5323 Group XXIII. Lateral and posterior muscles of the neck. Suboccipital; lateral vertebral and anterior vertebral muscles. (Function: Movements of the head; fixators for shoulder movements.)	

	Rating
Severe or moderate----------	10
Slight----------	0

5324 Diaphragm, rupture of, with herniation. Rate under diagnostic code 7346.

5325 Muscle injury, facial muscles. Rate as injury to cranial nerves.

5326 Muscle hernia, extensive, without other injury to the muscle---------- 10

75. Examination of Visual Acuity.--Examinations for ratings on account of visual impairments should include uncorrected and corrected central visual acuity for distance and near, with record of the refraction. Snellen's test type or its equivalent will be used. Mydriatics should be routine, except when contraindicated. Fundoscopic and ophthalmological findings must be recorded. The best distant vision obtainable after best correction by glasses or contact lenses will be the basis of rating. When contact lenses are medically indicated because of organic pathology, rate as aphakia. If there exists a difference of more than four diopters of spherical correction between the two eyes, the best possible visual acuity of the poorer eye without glasses, or with a lens of not more than four diopters difference from that used with the better eye will be taken as the visual acuity of the poorer eye. When such a difference exists, close attention will be given the likelihood of congenital origin in mere refractive error.

76. Examination of Visual Field.--Measurement of the visual field will be made when there is disease of the optic nerve or when otherwise indicated. The usual perimetric methods will be employed, using a standard perimeter and

3mm. white test object. At least eight radii will be charted, each eye. The charts will be made a part of the report of examination. Not less than two recordings, and when possible, three will be made. The minimum limit for this function is established as a concentric central contraction of the visual field to 5°. This type of contraction of the visual field reduces the visual efficiency to zero. Where available and indicated, the examination for loss of visual field should be supplemented by the use of target screen or campimeter. This last test is especially valuable in detection of scotoma.

MUSCLE FUNCTION CHART

77. Examination of Muscle Function.--The measurement of muscle function will be undertaken only when the history and findings reflect disease or injury of the extrinsic muscles of the eye, or of the motor nerves supplying these muscles. The measurement will be performed using an industrial motor field chart, as in the illustration below, the dimensions of the individual rectangles being 8 3/8 inches by 10½ inches for use at ten feet.

The claimant will face the chart directly, fixating upon the central point, and without moving the head, successively

turn the eyes to the individual rectangles, as the examiner moves the calibrated light from rectangle to rectangle, reporting whether he sees it singly or doubly. Repetition of the test will be made under the close supervision of the examiner. Impairment of muscle function is to be supported in each instance by record of actual appropriate pathology. Diplopia which is only occasional or correctable is not considered a disability.

1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20

78. Computing Aggravation - In determining the effect of aggravation of visual disability, even though the visual impairment of only one eye is service connected, evaluate the vision of both eyes, before and after suffering the aggravation, and subtract the former evaluation from the latter except when the bilateral vision amounts to total disability. In the event of subsequent increase in the disability of either eye, due to intercurrent disease or injury not associated with the service, the condition of the eyes before suffering the subsequent increase will be taken as the basis of compensation unless the resultant visual loss is total. If the visual loss is total the rating will be based upon Section 314(l), (m) or (n), Title 38 U.S.C.

79. Loss of Use of One Eye, Having Only Light Perception. - Loss of use of blindness of one eye, having only light perception, will be held to exist when there is inability to recognize test letters at one foot and when further examination of the eyes reveals that perception of objects, hand movements or counting fingers cannot be accomplished at three feet, lesser extents of visions, particularly perception of objects, hand movements or counting fingers at distances less than three feet being considered of

negligible utility. With visual acuity 5/200 of less or the visual field reduced to 5° concentric contraction, in either event in both eyes, the question of entitlement on account of regular aid and attendance will be determined on the facts in the individual case.

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

81. Blindness, unilateral or bilateral, on a functional basis, as hysterical amblyopia, does not meet the requirements for special monthly compensation for loss of use.

82. Determinations of Auditory Acuity. By impairment of auditory acuity is meant the hearing loss for speech. Determinations of auditory acuity are made, according to specification which may change from time to time, in authorized audiology clinics.

83. Ratings at Scheduled Steps and Distances. - In applying the ratings for impairment of visual acuity, a person not having the ability to read at any one of the scheduled steps or distances, but reading at the next scheduled step or distance, is to be rated at the step

or distance representing the poorer vision. That is, a person who can read at 20/70 but who cannot at 20/100 should be rated as seeing at 20/100.

85. Differences Between Distant and Near Visual Acuity. - Where there is a substantial difference between the near and distant corrected vision, the case should be referred to the Director, Compensation and Pension Service.

DISEASES OF THE EYE

		Rating
6000	Uveitis	
6001	Keratitis	
6002	Scleritis	
6003	Iritis	
6004	Cyclitis	
6005	Choroiditis	
6006	Retinitis	
6007	Hemorrhage, intra-ocular, recent	
6008	Retina, detachment of	
6009	Eye, injury of, unhealed	

The above disabilities, in chronic form, are to be rated from ten percent to 100 percent for impairments of visual acuity or field loss, pain, rest

Rating

requirements, or episodic incapacity, combining an additional rating of ten percent during continuance of active pathology.

Minimum rating during active pathology ----- 10

6010 Eye, tuberculosis of, active or inactive

Active---------- 100

Inactive: See pages

6011 Retina, localized scars, atrophy, or irregularities of, centrally located, with irregular, duplicated, enlarged or diminished image.

Unilateral or bilateral---------- 10

6012 Glaucoma, congestive or inflammatory

Frequent attacks of, lasting a month or more and producing total incapacity------- 100

Or, rate as iritis, above.

6013 Glaucoma, simple, primary, noncongestive

Rate on impairment of visual acuity or field loss

Minimum rating---------- 10

6015 New growths, benign (eyeball and adnexa, other than superficial)

Rate on impaired vision, minimum---------- 10

Healed; rate on residuals 0

		Rating
6016	Nystagmus, central	10
6017	Conjunctivitis, trachomatous, chronic	
	Active; rate for impairment of visual acuity; minimum rating while there is active pathology----------	30
	Healed; rate on residuals, if no residuals----------	0
6018	Conjunctivitis, other, chronic	
	Active, with objective symptoms----------	10
	Healed; rate on residuals, if no residuals----------	0
6019	Ptosis, unilateral or bilateral	
	Pupil wholly obscured	
	Rate equivalent to 5/200	
	Pupil one-half or more obscured	
	Rate equivalent to 20/100	
	With less interference with vision	
	Rate as disfigurement	
6020	Ectropion	
	Unilateral or bilateral----------	10
6021	Entropion	
	Unilateral or bilateral----------	10

		Rating
6022	Lagophthalmos	
	Unilateral or bilateral----------	10
6023	Eyebrows, loss of, complete, unilateral or bilateral----------	10
6024	Eyelashes, loss of, complete, unilateral or bilateral----------	10
6025	Epiphora, (lacrymal duct, interference with, from any cause)	
	Bilateral----------	20
	Unilateral----------	10
6026	Neuritis, optic	
	Rate underlying disease, and combine impairment of visual acuity or field loss	
6027	Cataract, traumatic	
	Preoperative	
	Rate on impairment of vision	
	Postoperative	
	Rate on impairment of vision and aphakia	

Rating

6028 Cataract, senile and others

Preoperative

Rate on impairment of vision

Postoperative

Rate on impairment of vision and aphakia

6029 Aphakia

Bilateral or unilateral---------- 20

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

Rating

unless there is an enucleation or a serious cosmetic defect added to the total loss of vision.

6030 Accomodation, paralysis of---------- 20

6031 Dacryocystitis, chronic

Rate as epiphora

6032 Eyelids, loss of portion of

Rate as disfigurement. (See disease of the skin.)

6033 Lens, crystalline, dislocation of

Rate as aphakia.

6034 Pterygium

Rate for loss of vision, if any.

ÇOMBINATION OF DISABILITIES

6048 Anatomical loss, both eyes 100

6049 Anatomical loss, one eye, blindness having only light perception other eye 100

Rating

6050 Blindness in both eyes having only light perception and anatomical loss of both hands and both feet---------- 100

6051 Blindness in both eyes having only light perception and loss of use of both hands and both feet---------- 100

6052 Blindness in both eyes having only light perception and anatomical loss of both hands---------- 100

6053 Blindness in both eyes having only light perception and anatomical loss of both feet---------- 100

6054 Blindness in both eyes having only light perception and anatomical loss of one hand and one foot---------- 100

6055 Blindness in both eyes having only light perception and loss of use of both hands---------- 100

6056 Blindness in both eyes having only light perception and loss of use of both feet---- 100

6057 Blindness in both eyes having only light perception and loss of use of one hand and one foot---------- 100

		Rating
6058	Blindness in both eyes having only light perception and anatomical loss of one hand----------	100
6059	Blindness in both eyes having only light perception and anatomical loss of one foot----------	100
6060	Blindness in both eyes having only light perception and loss of use of one hand-----	100
6061	Blindness in both eyes having only light perception and loss of use of one foot-----	100
6062	Blindness in both eyes having only light perception----------	100
	IMPAIRMENT OF CENTRAL VISUAL ACUITY	
	Anatomical loss of one eye	
6100	In the other eye 5/200----------	100
6101	In the other eye 10/200----------	80
6102	In the other eye 15/200----------	70
6103	In the other eye 20/200----------	50
6104	In the other eye 20/100----------	50
6105	In the other eye 20/70----------	40
6106	In the other eye 20/50----------	30
6107	In the other eye 20/40----------	20

		Rating
	Blindness in one eye, having only light perception	
6108	In the other eye 5/200	100
6109	In the other eye 10/200	80
6110	In the other eye 15/200	70
6111	In the other eye 20/200	50
6112	In the other eye 20/100	40
6113	In the other eye 20/70	30
6114	In the other eye 20/50	30
6115	In the other eye 20/40	20
	Vision in one eye 5/200	
6116	In the other eye 5/200	100
6117	In the other eye 10/200	80
6118	In the other eye 15/200	70
6119	In the other eye 20/200	50
6120	In the other eye 20/100	40
6121	In the other eye 20/70	30
6122	In the other eye 20/50	30
6123	In the other eye 20/40	20

		Rating
	Vision in one eye 10/200	
6124	In the other eye 10/200----------	80
6125	In the other eye 15/200----------	70
6126	In the other eye 20/200----------	50
6127	In the other eye 20/100----------	40
6128	In the other eye 20/70----------	30
6129	In the other eye 20/50----------	20
6130	In the other eye 20/40----------	10
	Vision in one eye 15/200	
6131	In the other eye 15/200----------	70
6132	In the other eye 20/200----------	50
6133	In the other eye 20/100----------	40
6134	In the other eye 20/70----------	30
6135	In the other eye 20/50----------	20
6136	In the other eye 20/40----------	10
	Vision in one eye 20/200	
6137	In the other eye 20/200----------	50
6138	In the other eye 20/100----------	40
6139	In the other eye 20/70----------	30
6140	In the other eye 20/50----------	20
6141	In the other eye 20/40----------	10

		Rating
	Vision in one eye 20/100	
6142	In the other eye 20/100----------	40
6143	In the other eye 20/70----------	20
6144	In the other eye 20/50----------	10
6145	In the other eye 20/40----------	10
	Vision in one eye 20/70	
6146	In the other eye 20/70----------	20
6147	In the other eye 20/50----------	10
6148	In the other eye 20/40----------	10
	Vision in one eye 20/50	
6149	In the other eye 20/50----------	10
6150	In the other eye 20/40----------	10
	Vision in one eye 20/40	
	In the other eye 20/40----------	0

RATINGS FOR IMPAIRMENT OF FIELD VISION

Note - Correct diagnosis reflecting disease or injury should be cited.

The extent of concentric contraction of visual fields is computed as follows:

RATINGS FOR IMF RED CENTRAL VISUAL ACUITY

DIAGNOSTIC CODE AND PERCENT OF DISABILITY

VISION IN POORER EYE	VISION IN BETTER EYE: Anatomical Loss Of Other Eye	Light Perception Only	5/200	10/200	15/200	20/200	20/100	20/70	20/50	20/40
Anatomical Loss Of One Eye	6048 100%	6049 100%	6100 100%	6101 80%	6102 70%	6103 50%	6104 50%	6105 40%	6106 30%	6107 20%
Light Perception Only		6062 100%	6108 100%	6109 80%	6110 70%	6111 50%	6112 40%	6113 30%	6114 30%	6115 20%
5/200			6116 100%	6117 80%	6118 70%	6119 50%	6120 40%	6121 30%	6122 30%	6123 20%
10/200				6124 80%	6125 70%	6126 50%	6127 40%	6128 30%	6129 20%	6130 10%
15/200					6131 70%	6132 50%	6133 40%	6134 30%	6135 20%	6136 10%
20/200						6137 50%	6138 40%	6139 30%	6140 20%	6141 10%
20/100							6142 40%	6143 20%	6144 10%	6145 10%
20/70								6146 20%	6147 10%	6148 10%
20/50									6149 10%	6150 10%
20/40										0%

Computation of Average Concentric Contraction of Visual Fields

The extent of contraction of visual field in each eye is determined by recording the extent of the remaining visual fields in each of the eight 45 degree principal meridians of an ordinary visual field chart. The number of degrees lost is determined at each meridian by subtracting the remaining degrees from the normal visual fields given below. The degrees lost are then added together to determine total degrees lost. This is subtracted from 500. The difference represents the total remaining degrees of visual field. The difference divided by eight represents the average contraction for rating purposes.

NORMAL VISUAL FIELDS AT EIGHT PRINCIPLE MERIDIANS

Meridian	Normal Degrees of Field
Temporally	85
Down temporally	85
Down	65
Down nasally	50
Nasally	60
Up nasally	55
Up	45
Up temporally	55
Total	500

Example of computation of concentric contraction under the schedule:

Loss	Degrees
Temporally	55
Down temporally	55
Down	45
Down nasally	40
Nasally	40
Up nasally	45
Up	35
Up temporally	25
Total loss	340

Remaining field 500 minus 340 = 160

160 ÷ 8 = 20° average concentric contraction

		Rating
6161	Scotoma, pathological Large or centrally located Rate on loss of central visual acuity or impairment of field vision. Do not combine any other rating for visual impairment.	
6162	Homonymous, hemianopsia	20
6163	Field of vision, loss of temporal half	
	Bilateral	20
	Unilateral	10
	Or rate as 20/70	
6164	Field of vision, loss of nasal half	
	Bilateral	10

		Rate
	Unilateral----------	10
	Or rate as 20/50	
	Field of vision, concentric contraction of	
6165	To 5°	
	Bilateral----------	100
	Unilateral----------	20
	Or Rate as 5/200	
6166	To 15° but not to 5°	
	Bilateral----------	50
	Unilateral----------	10
	Or Rate as 20/200	
6167	To 30° but not to 15°	
	Bilateral----------	40
	Unilateral----------	10
	Or Rate as 20/100	
6168	To 45° but not to 30°	
	Bilateral----------	20
	Unilateral----------	10
	Or rate as 20/70	
6169	To 60° but not to 45°	
	Unilateral or Bilateral----------	10
	Or rate as 20/50	

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

RATINGS FOR IMPAIRMENT OF

MUSCLE FUNCTION

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

6170 Muscle function, ocular, impairment of

Producing diplopia in all rectangles

Rate as 5/200

Producing diplopia in two or more of the rectangles numbered 10, 11, 14 and 15

Rate as 5/200

Producing diplopia less than above

Rate as 20/70

NOTE.--The above ratings will be applied to only one eye. Ratings will not be applied for both diplopia and decreased acuity of the same eye. When diplopia is present and there is also ratable impairment of visual acuity or visual field of both eyes the above ratings will be applied to the poorer eye while the better eye is rated according to defective acuity or visual field.

6171 Symblepharon

Rate as limited muscle function above.

DISEASES OF THE EAR

Rating

6200 Otitis media, suppurative, chronic

During the continuance of the suppurative process---------- 10

NOTE--To be combined with ratings for loss of hearing.

6201 Otitis media, catarrhal, chronic

Rate loss of hearing.

6202 Otosclerosis

Rate loss of hearing.

6203 Otitis interna

Rate loss of hearing.

6204 Labyrinthitis, chronic

Severe; tinnitus, dizziness and occasional staggering---------- 30

Moderate; tinnitus, occasional dizziness---- 0

		Rating
6205	Meniere's syndrome	
	Severe; with frequent and typical attacks, vertigo, deafness, and cerebellar gait, totally incapacitating	100
	Moderate; with less frequent attacks, including cerebellar gait	30
	Mild; with aural vertigo and deafness	10
6206	Mastoiditis	
	Chronic; rate for impairment of hearing and suppuration.	
6207	Auricle	
	Loss of	
	Bilateral	30
	Unilateral	20
	Deformity of, with loss of one-third or more of the substance	10
6209	New growths, benign, ear, other than of skin only	
	Rate on impairment of function.	
6210	Auditory canal, disease of	
	Chronic, with swelling, dry and scaly or	

		Rating
	serous discharge, itching, requiring frequent and prolonged treatment----------	10
6211	Tympanic membrane, perforation of----------	0
6260	Tinnitus----------	0

See diagnostic codes 8045 and 8046

IMPAIRMENT OF AUDITORY ACUITY

85. HEARING IMPAIRMENTS, REPORTED AS A RESULT OF AUTHORIZED AUDIOLOGY CLINIC EXAMINATIONS.

a. If the results of controlled speech reception tests are used, the letter, A through F, designating the impairment in efficiency of each ear separately, will be ascertained from table I. Table I indicates six areas of impairment in efficiency. The literal designation of impaired efficiency (A, B, C, D, E, or F) will be determined by intersecting the horizontal row appropriate for percentage of discrimination and the vertical column appropriate to the speech reception decibel loss; thus, with a speech reception decibel loss of 52 db and a percentage discrimination of 72 percent the literal designation is "D"; if the speech reception decibel loss is 52 db and the percentage discrimination is 62 percent, the literal designation is "E".

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

c. If the results of pure tone audiometry (either pure tone air conduction of Galvanic Skin Response, PGSR) are used, the equivalent literal designation for each ear, separately, will be ascertained from table II, and the percentage evaluation determined in the same manner as for speech reception impairment in the paragraph immediately above. For example, if the average pure tone decibel loss for the frequencies 500, 1,000, and 2,000 is not more than 45 db and there is no loss more than 60 db for any of these three frequencies, the equivalent literal designation is "C"; if in the other ear, the average is not more than 67 db, and there is no loss more than 80 db, the equivalent literal designation is "D". The percentage evaluation is therefore

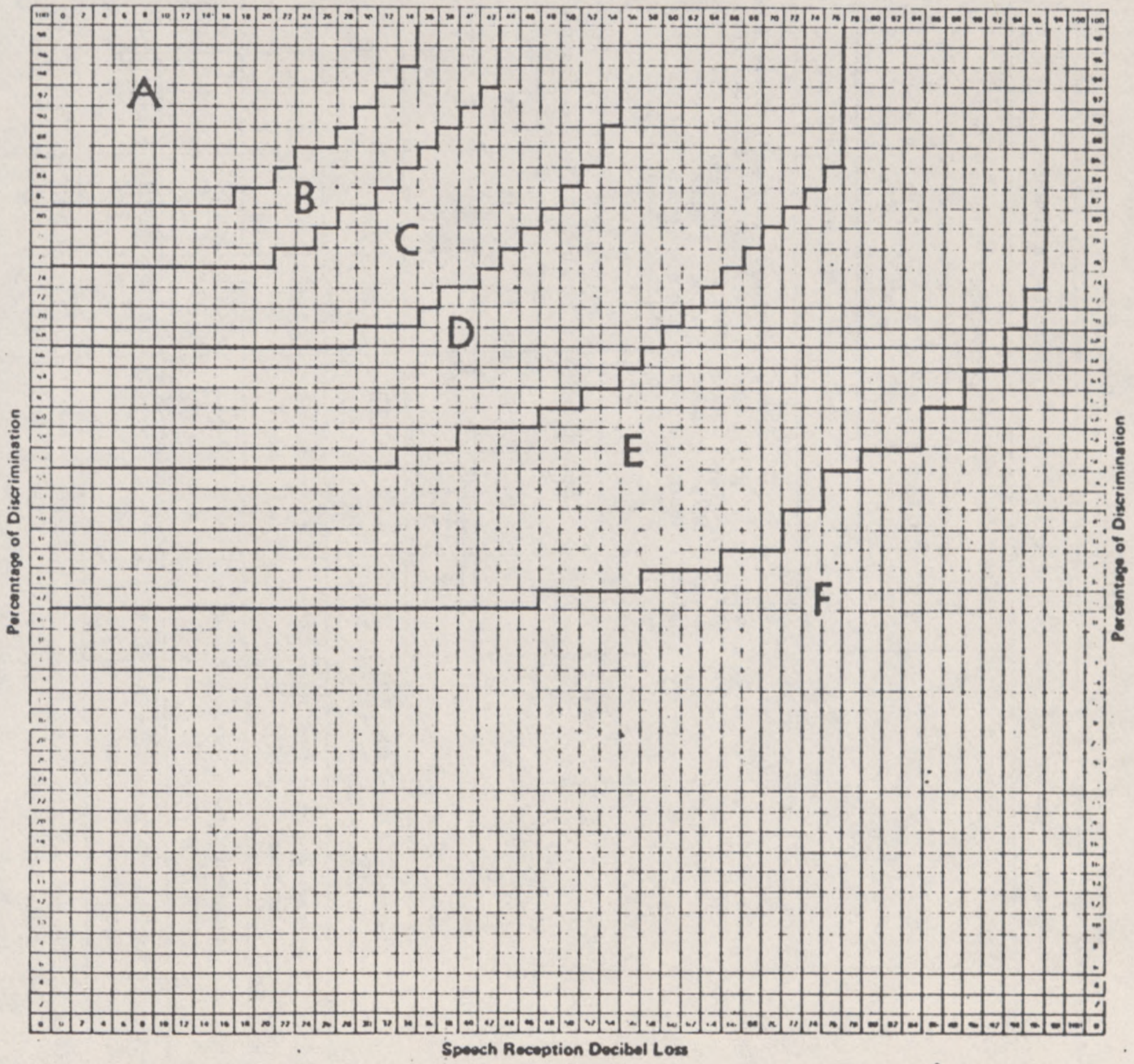
found in the horizontal row opposite "C", and in the vertical column under "D", and is 10 percent. Note that if in the first instance any of the 3 frequencies has a loss of more than 60 db, or in the second instance more than 80 db, the literal designation will be higher, i.e., further from "A" in the alphabetical series.

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

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

TABLE I

Speech Reception Decibel Loss



(This chart showing the literal designation of hearing loss is based on the ISO (ANSI) norm. No interpolation is required.) .

TABLE II

Hearing in better ear			Hearing in poorer ear					
			Conversational voice in feet					
Conversational	Pure tone audiometry average decibel loss at 3 frequencies: 500, 1,000 and 2,000 (either air conduction or (PGSR)	Speech reception impairment literal designation	0 feet	1 to 4 feet	5 to 7 feet	8 to 9 feet	10 to 14 feet	15 to 40 feet
			Pure tone audiometry decibel loss					
			Average 88 or more	Average not more than 87; none more than 95	Average not more than 67; none more than 80	Average not more than 45; none more than 60	Average not more than 33; none more than 45	Average not more than 25; none more than 35
			Speech reception impairment literal designation					
			F	E	D	C	B	A
0 feet	Average 88 or more	F	6277 30					
1 to 4 feet	Average not more than 87; none more than 95.	E	6278 30	6283 20				
5 to 7 feet	Average not more than 67; none more than 80.	D	6279 20	6284 20	6288 20			
8 to 9 feet	Average not more than 45; none more than 60.	C	6280 20	6285 20	6289 10	6292 10		
10 to 14 feet	Average not more than 33; none more than 45.	B	6281 20	6286 20	6290 10	6293 10	6295 10	
15 to 40 feet	Average not more than 25; none more than 35.	A	6282 10	6287 10	6291 10	6294 0	6296 0	6297 0

(This chart and the chart showing the literal designation of hearing loss is based on the ISO (ANSI) norm. No interpolation is required.)

OTHER SENSE ORGANS

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

NOTE--Anatomical or pathological basis required for the above ratings.

IMPAIRMENT OF AUDITORY ACUITY

6277	Rated Column F One Ear, Row F Other Ear, Table II----------	30
6278	Rated Column F One Ear, Row E Other Ear, Table II----------	30
6279	Rated Column F One Ear, Row D Other Ear, Table II----------	20
6280	Rated Column F One Ear, Row C Other Ear, Table II----------	20
6281	Rated Column F One Ear, Row B Other Ear, Table II----------	20
6282	Rated Column F One Ear, Row A Other Ear, Table II----------	10
6283	Rated Column E One Ear, Row E Other Ear, Table II----------	20

		Rating
6284	Rated Column E One Ear, Row D Other Ear,	
	Table II----------	20
6285	Rated Column E One Ear, Row C Other Ear,	
	Table II----------	20
6286	Rated Column E One Ear, Row B Other Ear,	
	Table II----------	20
6287	Rated Column E One Ear, Row A Other Ear,	
	Table II----------	10
6288	Rated Column D One Ear, Row D Other Ear,	
	Table II----------	20
6289	Rated Column D One Ear, Row C Other Ear,	
	Table II----------	10
6290	Rated Column D One Ear, Row B Other Ear,	
	Table II----------	10
6291	Rated Column D One Ear, Row A Other Ear,	
	Table II----------	10
6292	Rated Column C One Ear, Row C Other Ear,	
	Table II----------	10
6293	Rated Column C One Ear, Row B Other Ear,	
	Table II----------	10
6294	Rated Column C One Ear, Row A Other Ear,	
	Table II----------	0

		Rating
6295	Rated Column B One Ear, Row B Other Ear, Table II----------	10
6296	Rated Column B One Ear, Row A Other Ear, Table II----------	0
6297	Rated Column A One Ear, Row A Other Ear, Table II----------	0

SYSTEMIC CONDITIONS

88. Rating Systemic Diseases.--Grouped in this section is a heterogenous group of disabilities with the common characteristic of involving widespread areas, tissues and organs in many or all parts of the body. Although generally chronic, certain of them are acute in origin but may be followed by relapses. As lesions heal wherever they may be, either spontaneously or under therapy, scars may be produced on a microscopic or gross basis. In every case, the toxicity of the body's reaction to the disease results in systemic reactions, such as fever, rapid pulse and breathing, weakness, loss of weight, sweating or unslightly changes externally.

Many of these entities would progress steadily to deterioration and death of the patient if it were not for the controlling effects of modern drugs or other forms of current treatment modalities.

Many of the disabilities listed in other chapters could be placed in this chapter except that their localized manifestations usually predominate.

SYSTEMIC INFECTIONS

		Rating
6301	Leishmaniasis, visceral (Kala azar)	
6302	Leprosy	
	As active disease and for one year's convalescence----------	100
	Thereafter rate residuals	

Rating

6304 Malaria

Clinically active so as to require intensive treatment with a combination of severe cerebral symptoms, markedly enlarged spleen, severe anemia or other constitutional symptoms, totally incapacitating---------- 100

Clinically active with symptoms less than above so as to require intensive treatment; recently active with three or more relapses over past six months---------- 50

Recently active cases with two relapses in past six months---------- 30

Recently active with one relapse in the past year---------- 10

NOTE (1) The above partial evaluations are to be assigned on the basis and frequency of recurrences and relapses based on the clinical records of the service department or other acceptable evidence relating to the period of service, or on medical evidence relating to the period after discharge, recording sufficient clinical findings, when considered in accordance with all other data of record, to support the conclusion that there exists a compensable degree of disability from malaria. The 100% evaluation

Rating

contemplates hospitalization and since there may be residuals in evidence at hospital discharge, reexamination date should be determined on an individual basis. In those cases where malaria leaves chronic residuals, the rating is to be determined by reference to appropriate part of the schedule. Ratings for residuals may be combined with ratings for recurrent attacks. Hereafter service connection will not be conceded based on notation in service records of history alone furnished by the veteran, nor will compensable ratings be assigned based on the veteran's unsupported claim or statement; however, determinations heretofore made will not be reversed on the basis of this change in policy. Sufficiently detailed and descriptive properly certified statements of others may be accepted to establish frequency of relapses or recurrences over a period of one year only, from date of last medically confirmed relapse or recurrence in service or subsequently.

(2) When evaluations are based on frequency of recurrences or relapses only, they will be assigned for a period of one year only from

date of discharge ~~or~~ date ~~est~~established by medical evidence of record. At the expiration of the period, if medical evidence warranting an extension is not of record, the veteran will be notified that his compensation will be discontinued unless he submits evidence from a physician showing recurrent attacks or other disabling effect of malaria. After a malaria rating has run 24 months, an extension, if warranted, will carry ending date at expiration of 36 months from initial date of compensable rating. When this rating is assigned, veteran will be notified of ending date and of requirement that, to have rating continued or resumed after that date, he must report to VA hospital, or outpatient clinic, or to a VA fee-basis physician during an actual relapse of the disease. Following the expiration of the 36 month period and the veteran's compliance with the requirement to report as indicated above, a prepared slide of the veteran's blood smear will be read in the local VA laboratory, and, if the interpretation is positive, the prepared slide will be mailed in a suitable container addressed to the Director, Compensation and Pension Service,

		Rating
	with proper identification of the veteran, including C-number and time and place of smear, before further acceptance of the diagnosis of malaria for rating purposes.	
6305	Filariasis	
	Initial episode with severe lymphadenitis or lymphangitis	100
	Chronic, with repeated recurrences and severe involvement of two or more extremities and genitalia or severe lymphadenitis	100
	Chronic, with continued symptoms, repeated recurrences and permanent, moderate deformities of one or more extremities or of the genitalia	60
	Chronic, with residual, moderate findings and symptoms following any recurrence	30
	Chronic, with mild residuals in well established diagnosis	10
	Arrested, with subsidence of symptoms	0
	NOTE--The following ratings are not to be combined with the preceding ratings but may be combined with each other.	

Rating

Permanent deformity of an extremity or of the genitalia

Severe---------- 60

Moderate---------- 30

Mild---------- 10

6306 Bartonellosis (Oroya fever, Carrion's disease or verruga peruana)

As active disease and for six months convalescence---------- 100

Thereafter, rating will be according to hemolytic, dermatological or other residuals.

6307 Plague (bubonic; pneumonic)

As active disease and for six months convalescence---------- 100

Rate residuals under appropriate system.

6308 Relapsing fever

As active febrile disease---------- 100

Rate opthalmic, cardiac, neurologic or other residuals according to the appropriate diagnostic codes.

6309 Rheumatic fever

As established active generalized disease with constitutional symptoms---------- 100

Rate residuals under the appropriate cardiac, musculoskeletal, neurologic or other diagnostic code, e.g. 7000 or 5002.

Rating

6310 Syphilis

Rate the late or tertiary stage manifestations of the nervous or cardiovascular system, eyes, skin, ears, bones or joints or other organs under the appropriate system.

6311 Tuberculosis, miliary (disseminated)

As active disease---------- 100

Inactive: See Pages

6316 Brucellosis (Malta or undulant fever)

As active incapacitating febrile disease (initial or recurrent episode) with arthritis, endocarditis, uveitis or other complications---------- 100

Unusually severe form, with episodes of fever, weakness or other manifestations more often than four times per year---------- 50

Moderately severe form, with fever, weakness or other signs of residuals less frequently than once in three months---------- 30

Mild disability, with infrequent febrile periods but with continuing fatigability, depression or other residuals---------- 10

Minimal activity, after arrest of residuals for more than one year---------- 0

Rating

NOTE--Residuals involving the joints, heart, uveal or other areas will be rated separately or as above according to the one which gives the higher result.

6319 Rocky Mountain Spotted Fever

Rate according to residuals such as gangrene, cardiovascular changes or other abnormalities.

6320 Dracontiasis

6321 Loiasis

6322 Onchocerciasis

6323 Schistosomiasis

6324 Yellow fever

Rate the above (DC 6320-6324) according to predominate residuals

6327 Histoplasmosis

Most advanced form, with persistent enlargement of liver, spleen or lymph nodes, weight loss, weakness, leucopenia, anemia, fever, endocarditis, meningitis, adrenal insufficiency, uveitis, cavitary changes in the lung, multiple ulcers of the mouth, pharynx, larynx or lower gastrointestinal or respiratory tract or other completely incapacitating residuals---------- 100

Rating

Severe disability, with weakness, weight loss, leucopenia, anemia or fever and two or more areas of residual infection of lesser degree than above---------- 50

Moderately severe disability with low grade fever, cough, chest pain, dyspnea and at least one area of active infection---------- 30

Moderate disability with infrequent febrile periods but with continuing slight fatigability, cough, chest pain or dyspnea after an established diagnosis---------- 10

Minimal disability---------- 0

6328 Cryptococcosis

Rate as for histoplasmosis.

6329 Gonorrhea

Rate according to arthritic, urethral, prostatic, endocardial or other residuals.

6330 Yaws

Rate according to residual scars or other complications.

6331 Lymphopathia venereum

Rate according to residual lymphadenopathy, central nervous system or other manifestations.

6332 Granuloma inguinale

Rate according to residuals.

Rating

6333 · Reiter's syndrome

Most advanced, with persistent swelling, pains or limited motion of multiple joints, urethral discharge or irritation, ulceration and crusting of skin lesions, uveal tract injury or other totally incapacitating residuals---------- 100

For lesser residuals rate according to the appropriate Diagnostic Codes.

6334 Melioidosis

Most advanced chronic form, with cough, weakness, emaciation, central nervous system or other residuals of miliary dissemination---------- 100

Rate other less severe residuals under appropriate system.

SYSTEMIC NUTRITIONAL DISEASES

6335 Hypovitaminosis (avitaminosis), multiple, undetermined or unspecified

Most advanced form, with longstanding intake of diet inadequate in calories and variety, gastrointestinal changes, edema, pallor, peripheral neuropathy, emaciation, weakness, shortness of breath

		Rating
	and changes in heart rate on more activity than rest in bed----------	100
	Severe form, with some of the above manifestations of a degree precluding exertion beyond strictly sedentary activity----------	60
	Moderately severe form, with some of the above manifestations precluding more than ordinary physical activity----------	30
	Moderate residuals----------	10
6336	Beriberi (hypovitaminosis B_1; thiamin deficiency)	
	Most advanced form, with long history of limited nourishment, edema, weakness, cardiac enlargement or murmurs, peripheral neuropathy or other manifestations not responding to therapy and precluding activity beyond rest in bed----------	100
	Severe form, with some of the above precluding more than strictly sedentary activity----------	60
	Moderately severe form, with some of the above precluding more than ordinary activity----------	30
	Moderate residuals----------	10

Rating

6337 Pellagra (niacin deficiency)

Most advanced form with history of prolonged deprivation of adequate food intake and with dementia or other mental changes, stomatitis, proctitis, typical changes in the skin where exposed to sunlight, diarrhea, weakness or other manifestations precluding any activity beyond rest in bed---------- 100

Severe disability with residuals severe enough to limit exertions to strictly sedentary activity---------- 60

Moderately severe form, with recurrent episodes three or four times per year------- 30

Mild form, with photosensitivity, slight impairment of strength and ability to maintain advisable weight level, and mild occupational handicaps---------- 10

6338 Scurvy (ascorbic acid or Vitamin C deficiency)

Rate as for other nutritional disorders.

SYSTEMIC CONNECTIVE TISSUE DISEASES

6350 Lupus erythematosus, systemic (disseminated)

Most advanced form, with skin lesions, photosensitivity, and changes in the

Rating

marrow, biopsied vessels or blood typical of an established diagnosis, with swelling, pains and limited motion of multiple joints, with serous cavity or synovial membrane inflammation or effusion, anemia, murmurs, edema, weakness or other changes leading to complete occupational inadaptability---------- 100

Severe, with an established diagnosis and with joint, skin, cardiac, neurological or other changes precluding more than strictly sedentary activity despite therapy---------- 60

Moderately severe disability, after an established diagnosis and with residuals or flareups of activity of a week or more three or four times per year, ordinary physical activity feasible---------- 30

Mild established diagnosis requiring corticosteroid or other therapy for control---------- 10

6351 Systemic sclerosis (scleroderma)

Rate according to residual changes in skin, of hands, face or feet, heart, kidney, esophagus or other organs or

Rating

as analogous to systemic lupus erythematosus.

6352 Polyarteritis (periarteritis) nodosa

Rate as analogous to systemic lupus erythematosus or according to residuals.

6353 Dermatomyositis

Rate as analogous to systemic lupus erythematosus.

6354 Cranial (temporal) or giant cell arteritis

Rate as analogous to systemic lupus erythematosus or local residuals.

6355 Anarthritic rheumatoid disease (polymalgia rheumatoid disease)

Rate as analogous to systemic lupus erythematosus.

6356 Fibrosing syndromes (multifocal fibrosclerosis; retroperitoneal fibrosis; sclerosing cholangitis; Reidel's fibrotic thyroiditis; Peyronie's sclerotic disease of penis; pseudotumor of the orbit; Dupuytren's contracture of hand or foot)

Rate according to residuals.

6357 Wegener's granulomatosis

Rate as analogous to ulcerative colitis, systemic lupus erythematosus or residuals.

Rating

6358 Erythema nodosum

Rate according to residuals.

6359 Angiitis, Allergic or granulomatous

Rate residuals under the appropriate system.

SYSTEMIC REACTIONS TO EXTERNAL AGENTS

6362 Allergic reactions, (specify type and agents)

Rate as angioneurotic edema or as dermatitis otherwise rate under the most appropriate diagnostic code

6363 Reactions to ionizing radiation

(ionizing radiation disease)

Rate according to residuals

6364 Reactions to nonionizing radiation

(nonionizing radiation disease)

Rate according to residuals

6365 High atmospheric pressure or compression syndromes

Rate according to residuals

6366 Low atmospheric pressure or decompression syndromes

Rate according to residuals

SYSTEMIC METABOLIC DISEASES

6370 Porphyria

6371 Hemachromatosis

Rating

6372 Amyloidosis

6373 Disorders of lipid metabolism

6374 Sickle cell disease

6375 6 - glucose hexose phosphatase deficiency

6376 Sarcoidosis (Boeck's)

6377 Metabolic or other systemic disorders not otherwise specified or of undetermined type

Rate according to residuals under appropriate Diagnostic Codes.

NEW GROWTHS, MALIGNANT

New growth, malignant, involving

Skin

6400 Skin, epidermoid

6401 Skin, basal cell carcinoma

Rate as scars or disfigurement, or on extent of impairment of function.

		Rating
6402	Skin, melanoma----------	100

Breast

6403	Breast, female----------	100
6404	Breast, male----------	100

Bone

6405	Bone, osteogenic sarcoma----------	100
6406	Bone, Ewing's sarcoma----------	100
6407	Bone, other types, all sites (excluding multiple myeloma)----------	100

Cartilage, Synovial Membranes & Tendons

6408	Cartilage, including all malignant chondromatous neoplasms----------	100
6409	Synovial membrane or tendons (sarcomas)-----	100

		Rating
	Nervous System	
6410	Glioblastoma multiforme----------	100
6411	Astrocytoma----------	100
6412	Astroblastoma----------	100
6413	Oligodendroglioma----------	100
6414	Oligodendroblastoma----------	100
6415	Meningioma----------	100
6416	Spinal cord and peripheral nerves----------	100
	Ocular Apparatus	
6417	Ocular apparatus (other than melanoma)------	100
6418	Ocular apparatus (Melanoma of eye)----------	100
	Buccal Cavity & Pharynx	
6419	Buccal cavity excluding lip and tongue, oropharynx, nasopharynx and hypopharynx----------	100
6420	Lip, epidermoid----------	100
6421	Tongue----------	100
6422	Oropharynx, nasopharynx and hypopharynx-----	100
6423	Salivary glands----------	100
	Digestive	
6424	Esophagus----------	100
6425	Stomach----------	100
6426	Small intestine----------	100

		Rating
6427	Large intestine (except rectum and recto-sigmoid and anal canal)----------	100
6428	Rectum----------	100
6429	Rectosigmoid area----------	100
6430	Anal canal----------	100
6431	Liver (primary)----------	100
6432	Gall bladder and extrahepatic bile ducts including ampulla of Vater----------	100
6433	Pancreas----------	100
	Respiratory	
6434	Internal nose, accessory sinuses, middle and inner ear----------	100
6435	Larynx----------	100
6436	Trachea----------	100
6437	Bronchus (specify type (as for example, oat cell) and grade (I-IV))----------	100
6438	Lung parenchma----------	100
	Leukemias	
6440	Leukemia, lymphocytic, acute----------	100
6441	Leukemia, lymphocytic, subacute----------	100
6442	Leukemia, lymphocytic, chronic----------	100

		Rating
6443	Leukemia, myelogenous, acute----------	100
6444	Leukemia, myelogenous, subacute----------	100
6445	Leukemia, myelogenous, chronic----------	100
6446	Leukemia, monocytic, acute----------	100
6447	Leukemia, monocytic, subacute----------	100
6448	Leukemia, monocytic, chronic----------	100
6449	Leukemia, other, acute----------	100
6450	Leukemia, other, subacute----------	100
6451	Leukemia, other chronic----------	100

Lymphomas

6452	Giant follicle lymphoma (including giant follicular lymphosarcoma and Brill-Symmers disease)----------	100
6453	Lymphosarcoma----------	100
6454	Malignant lymphoma (not otherwise specified)-	100

Hodgkin's Disease

6455	Hodgkin's disease----------	100

Reticulum Cell Sarcoma

6456	Reticulum cell sarcoma----------	100

Plasma Cell Myelomas

6457	Plasma cell myeloma including multiple myeloma----------	100

		Rating
	Genitourinary & Reproductive	
6458	Urethra	100
6459	Testis	100
6460	Penis	100
6461	Prostate	100
6462	Seminal vesicles	100
6463	Ovarian	100
6464	Uterine tubes	100
6465	Uterine body	100
6466	Uterine cervix	100
6467	Vagina	100
6468	External female genital apparatus	100
6469	Kidney	100
6470	Urinary bladder	100
	Endocrine	
6471	Adrenals (cortex and medullary tissue)	100
6472	Pituitary	100
6473	Thyroid	100
6474	Parathyroid	100
	Muscle, Connective Tissue & Small Blood Vessels	
6475	Connective tissue	100
6476	Striated skeletal muscle	100
6477	Striated muscle	100

		Rating
6478	Smooth muscle----------	100
6479	Small blood vessels (Kaposi's disease)------	100

Unknown & Unspecified

6480	Of unknown and unspecified site----------	100

The above malignancies, diagnostic codes 6402-6480 will be rated as totally disabling. The total rating will be continued for one year after surgical, radium, deep X-ray or cancer chemotherapy. At this point, if one year has elapsed without recurrence or metastasis, the rating will be made on residuals.

NOTE(1)--The diagnosis recorded in ratings for the above malignancies, DC 6402-6480, will indicate whether the cancer is localized or has regional metastasis or has remote metastasis.

RATINGS FOR INACTIVE NONPULMONARY TUBERCULOSIS INITIALLY ENTITLED AFTER AUGUST 19, 1968

Tuberculosis, Nonpulmonary, Inactive	Rating
For one year after date of inactivity, following active tuberculosis	100

Thereafter:

Rate residuals under the specific body system or systems affected.

Following the total rating for the one-year period after date of inactivity, the schedular evaluation for residuals of nonpulmonary tuberculosis, i.e., ankylosis, surgical removal of a part, etc., will be assigned under the appropriate diagnostic code for the residual preceded by the diagnostic code for tuberculosis of the body part affected. For example, tuberculosis of the hip joint with residual ankylosis would be coded 5001-5250. Where there are existing residuals of pulmonary and nonpulmonary conditions, the evaluations for residual separate functional impairment may be combined.

Where there are existing pulmonary and nonpulmonary conditions, the total rating for the one year, after

attainment of inactivity, may not be applied to both conditions during the same period. However, the total rating during the one-year period for the pulmonary or for the nonpulmonary condition will be utilized, combined with evaluation for residuals of the condition not covered by the one-year total evaluation, so as to allow any additional benefit provided during such period.

RATINGS FOR INACTIVE NONPULMONARY TUBERCULOSIS IN EFFECT

ON AUGUST 19, 1968

Note: Public Law 90-493 repealed section 356 of title 38 United States Code which provided graduated ratings for inactive tuberculosis. The repealed section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for tuberculosis. The use of the protective provisions of Public Law 90-493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For use in rating cases in which the protective provisions of Public Law 90-493 apply, the former evaluations are retained below.

Tuberculosis, Nonpulmonary, Inactive	Rating
For two years after date of inactivity, following active tuberculosis, which was clinically identified during service or subsequently----------	100
Thereafter, for four years, or in any event, to six years after date of inactivity----------	50
Thereafter, for five years, or to 11 years after date of inactivity----------	30
Thereafter, in the absence of a schedular compensable permanent residual----------	0

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

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

lized, so as to provide the higher evaluation over such period.

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

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

THE RESPIRATORY SYSTEM

94. Determination of Inactivity, "Complete Arrest," in Tuberculosis.-A veteran shown to have had active pulmonary tuberculosis will be held to have reached a condition of "complete arrest" when a diagnosis of inactive is made. Non-cavitary pulmonary tuberculosis will be considered to be inactive when bacteriologic tests have been negative on serial examinations for 6 months and serial roentgenograms have shown stable or slightly clearing or contracting lesions with no evidence of cavitation for 6 months. Cavitary pulmonary tuberculosis will be considered to be inactive when bacteriologic examinations have been negative on serial examinations for 18 months; the presence of residual cavitation is permitted and slight variations in size of the cavity are permissible. <u>Effective August 20, 1968.</u>

96. Rating Co-existing and "Protected" Respiratory Conditions.

a. Rating Co-existing Respiratory conditions. Ratings under diagnostic codes 6600 to 6818, inclusive, and 6821 and 6822 will not be combined with each other. Where there is lung or pleural involvement, ratings under diagnostic codes 6819 and 6820 will not be combined with each other or with diagnostic codes 6600 to 6818 inclusive and 6821 and 6822. A single rating will be assigned under the diagnostic code which reflects the predominant disability picture with elevation to the next higher evaluation where the severity of the overall disability warrants such elevation. However, in cases protected by the provisions of Public Law 90-493, with the graduated ratings of 50 and 30 percent for inactive tuberculosis, elevation is not for application.

b. Rating "Protected" Tuberculosis Cases. Public Law 90-493 repealed section 356 of title 38 U.S.C. which had provided graduated ratings for inactive tuberculosis. The repealed section, however, still applies to the case of any veteran who on August 19, 1968, was receiving or entitled to receive compensation for

tuberculosis. The use of the protective provisions of Public Law 90-493 should be mentioned in the discussion portion of all ratings in which these provisions are applied. For application in rating cases in which the protective provisions of Public Law 90-493 apply, the former evaluations pertaining to pulmonary tuberculosis are retained in the following material.

DISEASES OF THE NOSE AND THROAT

		Rating
6501	Rhinitis, atrophic, chronic	
	With moderate crusting ozena, and atrophic changes	20
	With definite atrophy of intranasal structure, and moderate secretion	10
6502	Septum, nasal, deflection of, traumatic only,	
	With marked interference with breathing space	10
	With slight symptoms	0
6504	Nose, loss of part of, or scars	
	Exposing both nares	30
	Loss of part of one ala, or other obvious disfigurement	10

		Rating
6510	Sinusitis, pansinusitis, chronic	
6511	Sinusitis, ethmoid, chronic	
6512	Sinusitis, frontal chronic	
6513	Sinusitis, maxillary, chronic	
6514	Sinusitis, sphenoid, chronic	
	Postoperative, following radical operation, with chronic osteomyelitis requiring repeated curettage, or severe symptoms after repeated operations----------	50
	Severe, with frequently incapacitating recurrences, severe and frequent headaches, purulent discharge or crusting reflecting purulence----------	30
	Moderate, with discharge or crusting or scabbing, infrequent headaches----------	10
	X-ray manifestations only, symptoms mild or occasional----------	0
6515	Laryngitis, tuberculous, active or inactive	
	Active----------	100
	Inactive, See Pages	

Rating

6516 Laryngitis, chronic

Severe; marked pathological changes, such as inflammation of cords of mucous membrane, thickening of nodules of cords or submucous infiltration, and marked hoarseness---------- 20

Moderate; catarrhal inflammation of cords or mucous membrane, and moderate hoarseness---------- 10

6517 Larynx, injuries of, healed

Rate as interference with voice (aphonia) or respiration.

6518 Laryngectomy---------- 70

6519 Aphonia, organic

Complete

Constant inability to communicate by speech ---------- 70

Constant inability to speak above a whisper- 30

Partial; rate as laryngitis, chronic

6520 Larynx, stenosis of

Continuously requiring tracheotomy tube----- 100

Severe impairment of respiration, dyspnea on slight exertion---------- 60

	Rating
Moderate impairment of respiration, dyspnea on moderate exertion----------	30
Mild; dyspnea on extended exertion----------	10

Note-Or rate as aphonia.

DISEASES OF THE TRACHEA AND BRONCHI

6600 Bronchitis, chronic

Pronounced; with dyspnea at rest, totally incapacitating----------	100
Severe; with dyspnea on exertion and considerable emphysema----------	60
Moderately severe, persistent cough at intervals throughout the day, considerable expectoration, considerable dyspnea on exercise, rales throughout chest, beginning emphysema----------	30
Moderate; considerable night or morning cough, slight dyspnea on exercise, scattered bilateral rales----------	10
Mild; slight cough, no dyspnea, few rales-----	0

Rating

6601 Bronchiectasis

Pronounced; symptoms in aggravated form, marked emphysema, dyspnea at rest or on slight exertion, cyanosis, marked loss of weight or other evidence of severe impairment of general health, totally incapacitating-- 100

Severe; with considerable emphysema, impairment in general health manifested by loss of weight, anemia, or occasional pulmonary hemorrhages; frequent exacerbations of a few days duration, with fever, etc., are to be expected; demonstrated by lipiodol injection and layer sputum test---------- 60

Moderate; persistent paroxysmal cough at intervals throughout the day, abundant purulent and fetid expectoration, slight, if any, emphysema or loss of weight------- 20

Mild; paroxysmal cough, mostly night or morning, purulent expectoration---------- 10

Rating

6602 Asthma, bronchial

Pronounced; marked emphysema, attacks very frequent, dyspnea on slight exertion between attacks, marked loss of weight or other evidence of severe impairment of general health---------- 100

Severe; moderate emphysema, frequent attacks (one or more weekly), marked dyspnea on exertion between attacks, impairment in general health manifested by malnutrition, etc.- 80

Moderately severe; attacks weekly, considerable dyspnea on exertion between attacks, some impairment of general health---------- 50

Moderate; slight to moderate emphysema, attacks rather frequent (10-14 day intervals), moderate dyspnea on exertion between attacks- 30

Mild; without emphysema, and occurring at widwly separate intervals---------- 10

DISEASES OF THE LUNGS AND PLEURA

TUBERCULOSIS

6701 Tuberculosis, pulmonary, chronic, far advanced, active---------- 100

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

Note.- The above diagnostic codes 6701 through 6704 are to be used in those cases in which entitlement to compensation or pension is established on August 19, 1968.

6707	Tuberculosis, pulmonary, chronic, far advanced, active----------	100
6708	Tuberculosis, pulmonary, chronic, moderately advanced, active----------	100
6709	Tuberculosis, pulmonary, chronic, minimal, active----------	100
6710	Tuberculosis, pulmonary, chronic, active, advancement unspecified----------	100

Note - The above diagnostic codes 6707 through 6710 are to be used in those cases in which entitlement to compensation or pension is established subsequent to August 19, 1968.

Rating

Active pulmonary tuberculosis will be considered permanently and totally disabling for non-service-connected pension purposes in the following circumstances:

a. Associated with active tuberculosis involving other than the respiratory system.

b. Far advanced, with severe associated symptoms or with extensive cavity formation.

c. Reactivated cases, generally.

d. With definite advancement of lesions on successive examinations or while under treatment.

e. Without retrogression of lesions or other evidence of material improvement at the end of six months hospitalization or without change of diagnosis from "active" at the end of 12 months hospitalization.

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

RATINGS FOR INACTIVE PULMONARY TUBERCULOSIS

IN EFFECT ON AUGUST 19, 1968

6721	Tuberculosis, pulmonary, chronic, far advanced inactive	
6722	Tuberculosis, pulmonary, chronic, moderately advanced, inactive	
6723	Tuberculosis, pulmonary, chronic, minimal, inactive	
6724	Tuberculosis, pulmonary, chronic, inactive, advancement unspecified	
	For two years after date of inactivity, following active pulmonary tuberculosis, which was clinically identified during active service, or subsequently----------	100

Note - The above 100 percent rating is not subject to a requirement of precedent hospital treatment. It will be reduced to 50 for failure to submit to examination or to follow prescribed treatment upon report to that effect from the medical authorities. When a veteran is placed on the 100 percent rating for inactive tuberculosis,

Rating

the medical authorities will be appropriately notified of the fact, and of the necessity under 38 U.S.C. 356 to notify the Adjudication Division in the event of failure to submit to examination or to follow prescribed treatment.

Thereafter, for four years, or in any event, to six years after date of inactivity----------	50
Thereafter, for five years, or to 11 years after date of inactivity----------	30
Following far advanced lesions diagnosed at any time while the disease process was active, minimum----------	30
Following moderately advanced lesions, provided there is continued disability, emphysema, dyspnea on exertion, impairment of health, etc.----------	20
Otherwise----------	0

Note - The graduated 50 percent and 30 percent ratings and the permanent 30 percent and 20 percent ratings for inactive pulmonary tuberculosis are not to be combined with ratings for other respiratory disabilities. Following thoracoplasty the rating will be for removal of ribs

Rating

combined with the rating for collapsed lung.

Resection of ribs incident to thoracoplasty will be rated as removal.

RATINGS FOR INACTIVE PULMONARY TUBERCULOSIS

INITIALLY ENTITLED AFTER AUGUST 19, 1968

6725 Tuberculosis, pulmonary, chronic, far advanced, inactive

6726 Tuberculosis, pulmonary, chronic, moderately advanced, inactive

6727 Tuberculosis, pulmonary, chronic, minimal, inactive

6728 Tuberculosis, pulmonary, chronic, inactive, advancement unspecified

General Rating Formula for Inactive Pulmonary Tuberculosis:

For one year after attainment of inactivity of tuberculosis 100

Thereafter, rate residuals attributable to tuberculosis:

Pronounced; advanced fibrosis with severe ventilatory deficit manifested by dyspnea at rest, marked restriction of chest expansion, with pronounced impairment of bodily

		Rating
	vigor, producing total incapacity----------	100
	Severe; extensive fibrosis, severe dyspnea on slight exertion with corresponding ventila-- tory deficit confirmed by pulmonary function tests with marked impairment of health------	60
	Moderate; with considerable pulmonary fibrosis and moderate dyspnea on slight exertion, confirmed by pulmonary function tests-------	30
	Definitely symptomatic with pulmonary fibrosis and moderate dyspnea on extended exertion---	10
	Healed lesions, minimal or no symptoms--------	0
6732	Pleurisy, tuberculous, active or inactive	
	Active----------	100
	Inactive: See pages	

NONTUBERCULOUS DISEASES

6800 Anthracosis

6801 Silicosis

6802 Pneumoconiosis, unspecified

With extent of lesions comparable with far advanced pulmonary tuberculosis, cavity formation, pneumothorax, or severe pleural adhesions, and dyspnea at rest, poor response to exercise, or other evidence of marked impairment of bodily vigor---- 100

		Rating
	Severe; marked symptoms, dyspnea on slight exertion----------	60
	With dyspnea on moderate exertion----------	30
	Slight cough, dyspnea on extended exertion-	10
6803	Actinomycosis of lung	
6804	Streptotrichosis of lung	
6805	Blastomycosis of lung	
6806	Sporotrichosis of lung	
6807	Aspergillosis of lung	
6808	Mycosis of lung, unspecified Rate the above cited diseases, when active, 70 percent to 100 percent when inactive, rate residuals on appropriate analogy.	
6809	Lung, abcess of Residuals, rate as thoracoplasty or pleurisy, purulent, whichever is the higher.	
6810	Pleurisy, serofibrinous Chronic pleurisy, fibrous, following lobar pneumonia and other acute diseases of the lungs or pleural cavity, without empyema, is considered a nondisabling condition,	

Rating

except with diaphragmatic pleurisy, pain in chest, obliteration of costo-phrenic angles, tenting of diaphragm----- 10

6811 Pleurisy, purulent (empyema)

As below, following intrapleural or extrapleural pneumolysis, totally incapacitating---------- 100

Very severe; when in addition to the findings and symptoms outlined below there is persistent underweight, with marked weakness and fatigability on slight exertion --- 80

Severe; with extensive pleural or pleuropericardial adhesions, marked restriction of respiratory excursions and chest deformity, intractable to treatment---------- 60

Moderately severe; with residual marked dyspnea or cardiac embarrassment on moderate exertion---------- 30

Moderate; with some embarrassment of respiratory function---------- 10

Rating

6812 Fistula, bronchocutaneous, or bronchopleural

Following amebiasis, subdiaphragmatic abcess, pulmonary abcess, or empyema.

Rate as chronic pleurisy following empyema.

6813 Lung, permanent collapse of, complete---------- 30

Partial, approximately one-half collapsed---- 10

6814 Pneumothorax, spontaneous, for six months------ 100

6815 Pneumonectomy---------- 40

6816 Lobectomy

Bilateral---------- 20

Unilateral---------- 10

Note - The above ratings do not apply to removal of the middle lobe of the right lung, segmental resections, or lingulectomies.

6818 Pleural cavity injury, residuals of

With dyspnea on moderate exertion (exercise tolerance test) and one or more of the following: thickened pleura, restricted expansion of the lower chest, deformity of chest, or scoliosis---------- 30

Rating

With slight dyspnea on exertion with retained missile in lung or scattered rales or slight limitation of excursion of diaphragm or of lower chest expansion---------- 10

Note (1) - Disabling injuries of shoulder girdle muscles, (groups I to IV) will be separately rated for combination.

Note (2) - Immediate post-injury symptoms of pleural injury frequently include tachycardia, dyspnea or cyanosis on slight exertion, marked restriction of excursion, poor response to exercise, hemoptysis, etc. Such symptoms are indicative of an unstabilized condition and the rating board should apply the provisions of Paragraph 28 of this schedule if otherwise in order.

6820 New growths of, benign, any specified part of respiratory system.

The rating will be based on interference with respiration, using any applicable respiratory analogy.

Rating

6821 Coccidioidomycosis

Initial infections with manifestations of toxemia or pulmonary cavitation, abcess or granuloma requiring rest or surgical therapy (pneumothorax, lobectomy, or thoracoplasty)---------- 100

The progressive disseminated infection with demonstrable evidence of activity---------- 100

Localized pulmonary cavitation or localized dense and confluent lesions, with occasional hemoptysis (otherwise nonsymptomatic) and not requiring treatment---------- 20

Healed lesions, nonsymptomatic---------- 0

Post-operative

Rate on surgical residuals.

Note - This disease, San Joaquin Valley Fever, has an incubation period up to 21 days, and the disseminated phase is ordinarily manifest within six months of the acute phase. However, there are instances of delayed onset of the disseminated phase, up to many years, after the initial

Rating

infection which may have been unrecognized. Accordingly, when service connection is under consideration in the absence of record or other evidence of the disease in service, service in southwestern United States where the disease is endemic and absence of prolonged residence in this locality before or after service will be the deciding factor.

6822 Pulmonary emphysema, including chronic obstructive pulmonary disease

Most advanced; extensive destruction of pulmonary tissue with severe ventilatory deficit manifested by dyspnea at rest, choking spells with cyanosis, marked restriction of chest expansion, with pronounced impairment of bodily vigor producing total incapacity---------- 100

Severe; severe destruction of pulmonary tissue with dyspnea on slight exertion with corresponding ventilatory deficit confirmed by pulmonary function tests with marked impairment of health------- 60

Rating

Moderate; with considerable destruction of pulmonary tissue and dyspnea on moderate exertion, confirmed by pulmonary function tests---------- 30

Definitely symptomatic as a result of pulmonary emphysema with dyspnea on extended exertion---------- 10

Minimal or no symptoms---------- 0

100. Necessity for Complete Diagnosis.--The common type of abnormalities of the heart incurred in service are those of arteriosclerotic, congenital or idiopathic etiology, hypertensive, hyperthyroid, pulmonary, rheumatic and syphilitic as well as those syndromes associated with heart block and arrhythmias. Determinations of relationship to service and evaluation, in the case of disability due to abnormalities of the heart, require accurate identification of the disease, as an active or residual condition. Frequently, the etiology is of unknown, unspecified, undetermined or combined nature; if so, this should be stated along with an opinion as to the dominant or most strongly suspected type.

Many diagnoses commonly made after the first World War did not represent disease entities. "Chronic myocarditis," for example, except as a continuing inflammation following an identified acute myocarditis due to rheumatic fever or other infectious or inflammatory agent, is not a satisfactory diagnosis; there should be further identification of the etiological agent and structural lesions, prior to rating action. If unsupported, the very common diagnosis of "mitral insufficiency" is likewise often unsatisfactory as reflecting organic valvular disease in the absence of associated mitral stenosis, papillary muscle disease, definite cardiac enlargement without

other causes, myocardial disease or history of rheumatic manifestations. Familiarity with these mechanisms will improve the understanding of observations given in the usual clinical records.

A diagnosis acceptable for rating purposes cannot be based upon the presence of a systolic murmur alone. Generally, solitary terms such as "tachycardia" and "bradycardia," the various "arrhythmias or dysrhythmias" and "cardiac hypertrophy" or "dilatation" do not represent acceptable diagnoses, standing by themselves. Elevation or depression of the systolic or diastolic pressure is usually a manifestation of disease rather than a clinical entity itself. The electrocardiogram, exercise tolerance test, arteriogram, angiocardiogram, venograms, hemodynamic studies, enzyme and other chemical tests, apex cardiograms, phonocardiograms and echocardiograms and **all** other specialized modern methods of study should be used as needed to make a specific diagnosis. Each of these precise and highly technical procedures may give invaluable information not obtainable in any other way. Some may not be readily available for every patient.

101. Rheumatic Heart Disease.--Rheumatic fever is an acute recurrent and generally chronic inflammatory disease without specifically determined etiology. It primarily affects the structures about the joints. Although permanent bone or joint damage is usually absent, the endocardium, pericardium,

myocardium and other areas of the body bearing connective tissue (such as the brain, lungs, muscles and other organs) are permanently affected in some cases. With the initial episodes children and adolescents are affected much more frequently than are patients after the age of 20 years. Commonly childhood or adolescent episodes are forgotten. Active inflammatory attacks seldom recur after the age of 25 years. In exceptionally rare cases, acute rheumatic fever may appear in middle aged patients or in those of advanced ages. In these older patients, however, other collagen diseases should be considered, particularly rheumatoid arthritis, polyarteritis nodosum, dermatomyositis or systemic lupus erythematosus.

The disease, rheumatic fever, tends to recur, and serious cardiac damage may follow the first or a subsequent attack. For claimants with history of acute rheumatic fever in service, perhaps without manifested damage to the heart, a subsequent recurrence of active rheumatic fever should be accepted as service connected. Even with only a few days service, service connection may be given for an episode of acute rheumatic fever and any of its cardiac residuals. On the other hand, when there is only an apical systolic murmur of low intensity or evanescant nature without some history suggesting rheumatic fever, chorea, or tonsillitis, or definite cardiac complication in service, mitral insufficiency

generally may be considered as not of service origin. Service aggravation is to be considered when a claimant has declared relevant findings before induction and then develops rheumatic fever activity or organic abnormalities during service. Streptococcal infection is especially significant in ascribing findings to rheumatic fever.

Ratings should not be given for a "functional murmur." This is an archaic and meaningless term and indicates the need for additional study of the claimant's history, physical findings or diagnostic procedures.

Aortic insufficiency, as well as mitral or other valvular heart disease, is most often due to rheumatic fever, although an established diagnosis thereof is lacking more often than not in the military service record as it is in civilian practice. This well known difficulty is due to such factors as reluctance on the part of clinicians to make a dogmatic finding of rheumatic fever because of apprehension over the impact of such a diagnosis upon a patient, his family or his military career. Very often the manifestations suggesting rheumatic fever in a young adult, such as those in the "Jones criteria," are quite transitory or require carefully used laboratory resources often not available to the military doctor. Frequently, several years may elapse during the latent period between even a known rheumatic fever episode and the recognition of aortic, mitral or other valvular heart disease.

The valvular signs may occur during the acute inflammatory phases of the disease or be recorded only on some of the examinations.

The other causes of aortic insufficiency which can be established include syphilis, trauma to the chest, squeezing trauma of the lower body and limbs, dissecting aortitis, bacterial endocarditis, congenital lesions and collagen diseases. Usually evidence of one of these entities is relatively easy to establish. As a corollary to this, when such evidence of another cause is lacking, and when there is at least some basis for accepting a previous diagnosis of rheumatic fever, ascribing the cause of the valvular lesion to rheumatic fever is advisable. This seems feasible even if the recommended Jones criteria for diagnosing rheumatic fever are not fully met.

If mitral or aortic stenosis is associated with aortic insufficiency, on an organic basis, the cause of the latter is usually to be considered as due to rheumatic fever.

Syphilis as a cause of aortic insufficiency or aneurysm usually has an interval of twelve or fifteen years between its primary stage and these late effects. Occasionally, this interval may be as short as five to ten years. If no other basis for aortic insufficiency is established, its cause should be ascribed to syphilis when there has been earlier evidence of the disease.

For activity of rheumatic fever, the following guides are used:

Jones Criteria (Revised, 1968, by The American Heart Association) For Guidance in The Diagnosis of Rheumatic Fever*

Major Manifestations	Minor Manifestations
Carditis	Clinical
Polyarthritis	Previous rheumatic fever or rheumatic heart disease
Chorea	Arthralgia
Erythema marginatum	Fever
Subcutaneous nodules	Laboratory
	Acute phase reactions:
	Elevated erythrocyte sedimentation rate, C-reaction protein or leucocyte count or P-R interval

SUPPORTING EVIDENCE OF STREPTOCOCCAL INFECTION

Increased titer of streptococcal antibodies
ASO (antistreptolysin O)
Other antibodies

Positive throat culture for group A streptococcus

Recent scarlet fever

*The presence of two major criteria, or of one major and two minor criteria, indicates a high probability of the presence of rheumatic fever. Evidence of a preceding streptococcal infection greatly strengthens the possibility of acute rheumatic fever. Its absence should make the diagnosis doubtful (except in Syndenham's chorea or long-standing carditis).

102. Varicose Veins and Phlebitis.--Because severe superficial varicosities may be caused by impairment of the deep venous return circulation or phlebitis may occur as a complication of

varicose ulcers, tests to determine impairment of deep return circulation are essential. With phlebitis and chronic venous insufficiency with impairment of deep return circulation, the appropriate higher rating should be applied. Evaluation of varicosities depends upon their position, number, size, related symptoms and associated ulceration or scarring.

103. Complete Diagnosis.--The complete diagnosis of diseases of the heart, as recorded by the examiner, must include etiological, anatomical, physiological and functional manifestations as well as therapeutic needs.

104. Rating Cardiovascular Conditions Treated with Prosthetic Appliances, Artificial Heart Valves, Pacemakers, Grafts, Transplants, or Other Unusual Procedures.--With rapid, continuing and still unpredictable advances in the surgical, engineering, immunological and other fields as applied to cardiovascular diseases, new criteria have been provided. Usually such procedures are undertaken for relief of conditions which otherwise would lead soon to loss of limbs, permanent damage of brain, heart, kidneys or other organs or to complete incapacity for many useful activities and even an early death. Dramatic relief in both the symptoms and signs of the cardiovascular disease may occur after use of such procedures or devices. Improvement in the individual's ability

to work or even a return to completely normal activity for an extended period of time may occur without change in basic pathological mechanisms. The structure repaired, by-passed or replaced (such as the artery to the heart, muscle, leg, brain or kidney, the atrioventricular conduction or sinoatrial pacemaker system, or the aortic, mitral or other valve) is one which if not repaired or replaced satisfactorily may result relatively soon in almost complete inactivity or loss of life. Coronary artery or other surgery for myocardial revascularization has been attended frequently by incidents of thrombotic or fibrotic occlusion in the first few years following the procedure. Prosthetic heart valves may deteriorate. For these reasons, ratings will be continued at 100% for 1 year after by-pass surgery or other methods of myocardial revascularization for ischemic heart disease, pacemaker implantation for atrioventricular conduction defects or heart valve replacement or repair. This allows a period for stabilization with reduction to lower levels only when improvement has been demonstrated.

105. Reference must be made to current publications of specialty organizations to find criteria for activity of rheumatic heart disease and for the use of stress or other tests. The criteria for exercise or stress tests vary with the test being used and interpretation of the test by the clinical examiner.

DISEASES OF THE HEART

7000 Rheumatic heart disease

As ACTIVE rheumatic heart disease according to American Heart Association's revision of Jones' criteria with ascertainable cardiac manifestations and for a period of six months thereafter---------- 100

As INACTIVE rheumatic heart disease

Most advanced disability: physical activity beyond usual rest in bed or chair being precluded with pronounced enlargement of the heart associated with typical rheumatic valvular damage, congestive heart failure with severe shortness of breath or angina pectoris or recurrent debilitating dysrhythmias (for example, paroxysmal supraventricular flutter, fibrillation or tachycardia or ventricular tachycardia)---------- 100

Or for twelve months after surgery for replacement of one or more cardiac valves---------- 100

NOTE--<u>After twelve months following surgery for replacement of any cardiac valve, rating will be made on the basis of residuals</u>.

Very severe form: more than strictly sedentary employment being precluded and with definite enlargement of cardiac chambers associated with typical rheumatic valvular damage, dyspnea on slight exertion, basal pulmonary rales, pretibial pitting edema, persistently elevated venous pressure or other definite signs of beginning congestive heart failure---- 80

Severe form: more than light manual labor or physical activity precluded with recognizable enlargement of one or more cardiac chambers associated with typical rheumatic valvular disease with dyspnea on ordinary exertion, elevation of pulse or systolic blood pressure, or recurrent debilitating dysrhythmias (such as atrial or supraventricular flutter, fibrillation or tachycardia)---- 60

Moderately severe form: ordinary physical exertion or light manual labor feasible: from the termination of an established service episode of rheumatic fever or its subsequent recurrence with cardiac manifestations during the episode or recurrence for three years, or

with one or more of the following:
identifiable diastolic murmur,
definite cardiac chamber enlargement
or electrocardiographic evidence of
myocardiac damage---------- 30

Moderate form: with identifiable cardiac
valvular lesion typical of rheumatic
valvular damage and without cardiac
chamber enlargement; slight, if any,
dyspnea---------- 10

7001 Endocarditis, bacterial, subacute, acute, or
chronic
Rate as rheumatic heart disease.

7003 Fibrosis, pericardial or subendocardial
Extensive form, obliterating the pericardial
cavity or as bands in the pericardium or
as subendocardial thickening, and causing
constrictive heart disease (with elevated
venous pressure, depressed arterial
pressure, enlarged liver, ascites and other
signs of congestive heart disease) and for
six months after relief by resection------- 100

NOTE: Thereafter, rate on the basis of residuals under the most appropriate diagnostic code.

7004 Syphilitic heart disease
Rate as either inactive rheumatic heart disease
or atherosclerotic heart disease according
to the predominant manifestations.

7005 Atherosclerotic or arteriosclerotic heart disease

During and for six months following acute coronary occlusion manifested by myocardial infarction, circulatory shock or other incapacitating signs---------- 100

Advanced form: during and following an acute illness from coronary artery stenosis or occlusion with myocardial infarction, with status anginosus with continuing congestive heart failure or with debilitating dysrhythmias; any physical activity beyond usual rest in bed or chair being precluded---------- 100

For twelve months after surgical revascularization of the myocardium---------- 100

NOTE--<u>After the twelve month interval following surgical revascularization of the myocardium, rating will be based on residuals</u>.

Very severe form: more than strictly sedentary employment precluded following coronary artery occlusion or myocardial infarction, or ischemic coronary heart disease with recurrent congestive heart failure or with debilitating dysrhythmias, continuing

severe angina pectoris, cardiac chamber enlargement or dyspnea on slight exertion---------- 80

Severe form: with dyspnea on ordinary exertion and with more than light manual labor or physical activity being precluded, following an acute coronary artery occlusion or myocardial infarction or with a history of repeated substantiated angina pectoris, with characteristic persistent electrocardiographic signs of myocardial damage or of definite cardiac chamber enlargement---------- 60

Moderately severe form: ordinary manual labor or physical activity feasible following acute coronary artery occlusion or myocardial infarction, or with a history of substantiated angina pectoris---------- 30

Moderate form: with electrocardiographic or other laboratory changes; slight, if any, dyspnea---------- 10

NOTE--<u>Authentic myocardial insufficiency with arteriosclerosis may be substituted for occlusion</u>.

7007 Hypertensive heart disease

Most advanced form: after established diagnosis of hypertension with diastolic blood pressure of 120 or more, with pronounced cardiac chamber enlargement and with either congestive heart failure, cerebral ischemic symptoms or debilitating dysrhythmias upon exertion beyond usual rest in bed or chair---------- 100

Very severe: with more than strictly sedentary employment or physical activity being precluded after established diagnosis of hypertension with diastolic blood pressure of 120 with definite cardiac enlargement, and with signs of either congestive heart failure, cerebral ischemic symptoms or clinically significant dysrhythmias---------- 80

Severe disability: more than light manual labor or physical activity being precluded with advanced left ventricular enlargement supported by roentgenographic or electrocardiographic evidence or with the apex beat beyond the midclavicular line, with diastolic hypertension predominantly of 120 or more---------- 60

Moderately severe disability: ordinary physical activity or manual labor feasible with definite enlargement of one or more cardiac chambers, with diastolic hypertension predominantly of 100 or more---------- 30

7008 Hyperthyroid heart disease

Most advanced: with signs of congestive failure or circulatory insufficiency poorly controlled by therapy---------- 100

With permanent or frequently present paroxysmal atrial fibrillation, flutter, tachycardia or other debilitating dysrhythmias---------- 60

NOTE--The above ratings for diagnostic code 7008 are not to be combined with ratings for hyperthyroidism. Rate lesser severities as hyperthyroidism, or rate cardiovascular manifestations as for rheumatic, arterio-sclerotic or hypertensive heart disease, according to the most appropriate analogy.

NOTE--The following diagnoses, diagnostic codes 7010-7017, reflecting arrhythmias and conduction abnormalities are occasionally

encountered without evidence of underlying causes or other findings. Standing alone they usually represent incomplete diagnoses, and efforts should be made to establish a complete etiological, anatomical, functional and therapeutic diagnosis. These ratings are not to be combined with those for other cardiac or psychiatric conditions.

7010 Atrial flutter, paroxysmal

Rate as paroxysmal tachycardia.

7011 Atrial fibrillation, paroxysmal

Rate as paroxysmal tachycardia.

7012 Atrial fibrillation, permanent---------- 10

7013 Tachycardia, paroxysmal, supraventricular

With frequent episodes of rapid heart rate, with dizziness, breathlessness or a sense of pounding or fluttering of heart or other similar chest discomfort---------- 30

With episodes of tachycardia less frequent than above and with lesser manifestations of dyspnea, dizziness, etc., but without syncope, generally self controlled by vagal stimulation measures or rest---------- 10

NOTE--Episodes of paroxysmal tachycardia more severe than above accompanied by seizures or leading to varying degrees of heart block or to serious tachyarrhythmias will be referred to the Director of the Compensation and Pension Service.

7014 Sinus tachycardia

Persistently 100 or more in recumbent position---------- 10

7015 Atrioventricular block

Complete; with attacks of syncope necessitating the insertion of a permanent internal pacemaker, and for 12 months, after which period the rating will be on residuals as below---------- 100

Complete; without need for pacemaker but with attacks of syncope several times a year---------- 60

Incomplete; without syncope but symptomatic---------- 20

Incomplete; asymptomatic, without syncope or need for medicinal control after more than 12 months---------- 0

NOTE--Atrioventricular block, partial or complete, may be present associated

with and related to the supraventricular tachycardias. Cases with Mobitz Type II block may be encountered, as well as Wenchkebach's phenomenon, Mobitz Type I block, and varying degrees of A-V block associated with tachyarrhythmias. Such unusual cases should be submitted to the Director of the Compensation and Pension Service. On the other hand, simple delayed P-R conduction time, in the absence of other evidence of cardiac disease, is not a disability.

7016 Pulmonary heart disease (cor pulmonale)

As advanced disability; with crippling pulmonary insufficiency, enlargement of the right ventricle and atrium, pulmonary artery hypertension, polycythemia, enlarged liver, congestive heart failure, cyanosis, or recurrent arrhythmias-------- 100

As less severe disability, rate as analagous to emphysema, arteriosclerotic heart disease, or arrhythmias, whichever is most appropriate.

7017 Myocardiopathy of any established nutritional, infectious, inflammatory, traumatic or other etiology or idiopathic

Rate as analogous to arteriosclerotic heart disease, rheumatic heart disease or arrhythmias, whichever is the most appropriate.

DISEASES OF THE ARTERIES AND VEINS

7100 Atherosclerosis or arteriosclerosis, general

With slight weakening of bodily vigor---------- 20

Without ratable symptoms of renal, cardiac, peripheral or cerebral complications----- 0

NOTE--Rate the atherosclerotic or arteriosclerotic complications, such as those of renal, cardiac, cerebral, mesenteric,

peripheral or other vessels, under the appropriate diagnostic codes. The results of angiography will be considered.

7101 Hypertensive vascular disease (essential arterial hypertension)

Diastolic pressure consistently 130 or more and severe symptoms	40
Diastolic pressure consistently 120 or more and moderately severe symptoms	30
Diastolic pressure consistently 110 or more with definite symptoms	20
Diastolic pressure consistently 100 or more	10

NOTE--For the ratings above, there should be careful efforts to establish the etiological, anatomical and physiological diagnosis. Blood pressure readings should be repeatedly obtained according to techniques described in the VA Physicians Guide for Disability Evaluation Examinations.

7110 Aorta or larger branches, aneurysm of, fusiform, saccular or dissecting or stenosis of

After established diagnosis and for one year after satisfactory correction	100
For lesser disabilities or following more than one year after satisfactory	

correction, rate according to manifestations or symptoms under the most appropriate diagnostic code.

7111 Artery, any large artery, aneurysm of

In lower extremities, markedly

symptomatic---------- 40

In upper extremities, symptomatic---------- 20

NOTE--Aneurysms occurring in the extremities will be subject to the amputation rule.

7112 Artery, small, aneurysmal dilation of -------- 10

7113 Arteriovenous aneurysm, traumatic

With cardiac involvement, minimum rating---- 60

Without cardiac involvement with marked

vascular symptoms

Lower extremity---------- 30

Upper extremity, remediable---------- 20

With definite vascular symptoms

Lower extremity---------- 10

Upper extremity---------- 10

7114 Arteriosclerosis obliterans

7115 Thrombo-angiitis obliterans (Buerger's

disease)

Severe form with marked circulatory changes

such as to produce total incapacity or

to require house or bed confinement----- 100

Moderately severe, unilateral, with absence of arterial pulsation in major arteries and coldness of a lower extremity and claudication on minimal walking- --------- 30

Well established cases, with intermittent claudication in lower extremity on extended walking or recurrent episodes of superficial phlebitis---------- 20

Minimal circulatory impairment, with paresthesia, temperature changes or occasional claudication---------- 10

7117 Raynaud's phenomenon

With marked circulatory changes of blanching and coldness on exposure to cold in all fingers or with healed ulcerations on fingertips---------- 30

Frequent vasomotor disturbances characterized by blanching, rubor, and cyanosis on exposure to cold or emotion---------- 20

Occasional attacks of blanching on exposure to cold---------- 10

NOTE (1)--The above schedular evaluations of 20 and 30 percent under diagnostic codes 7114, 7115 and 7117 are for application to unilateral involvements. With multiple limb involvements, 20% or 30% in one extremity may be

combined with 30%, 20% or 10% in the other extremities applying the bilateral factor in the usual manner. Multiple extremity involvement of 10% only may not be combined. Where the disease has resulted in amputation the resultant amputation rating will be combined with the schedular rating for the other extremity, including the bilateral factor, if applicable.

NOTE (2)--Cases of Raynaud's phenomenon reflecting more serious degrees of economic impairment than above such as active gangrenous changes of fingertips, etc., should be forwarded to the Director of the Compensation and Pension Service.

7118	Angioneurotic edema	
	Severe; with frequent attacks with severe manifestations and prolonged duration----------	10
	Mild; infrequent attacks of slight extent and duration----------	0
7120	Varicose veins	
	Pronounced; unilateral or bilateral, the findings of the severe condition as described below with secondary involvement	

of the deep circulation, as demonstrated

by Tredelenburg's and Perthe's tests,

with ulceration and pigmentation

Bilateral---------- 50

Unilateral---------- 30

Severe; involving superficial veins above and below the knee, with involvement of the long saphenous, ranging over 2 cm. in diameter, marked distortion and sacculation, with edema and episodes of ulceration; no involvement of the deep circulation

Bilateral---------- 30

Unilateral---------- 20

Moderately severe; involving superficial veins above and below the knee, with varicosities of the long saphenous, ranging in size from 1 to 2 cm. in diameter, with symptoms of pain or cramping on exertion, no involvement of the deep circulation

Bilateral---------- 20

Unilateral---------- 10

Moderate; varicosities of superficial veins below the knees, with symptoms of discomfort and pain on long standing·

Bilateral or unilateral---------- 10

7121 Phlebitis or thrombophlebitis, unilateral, (Chronic Venous Insufficiency) with obliteration of the deep return circulation

Massive board-like swelling, subsiding only very slightly and incompletely with recumbency and elevation with pigmentation, cyanosis, eczema and ulceration---------- 40

Persistent swelling of leg extending into thigh, increased on standing, readily relieved by recumbency; moderate discoloration, pigmentation and cyanosis---------- 20

Persistent moderate swelling of leg not markedly increased on standing or walking---------- 10

NOTE (1)--With substantially bed-ridden condition, evaluate at 100%.

NOTE (2)--When phlebitis or post-phlebitic symptoms are present in an upper extremity, the 10 and 20 percent ratings are for application. When phlebitis is present in paired extremities, apply the bilateral factor.

7122 Frozen foot or immersion foot, residuals of

With loss of toes or parts and persistent severe symptoms

Bilateral---------- 30

Unilateral---------- 20

With persistent moderate swelling, tenderness, and redness or livedo reticularis of thefeet or chilblains---------- 10

NOTE--With extensive losses, higher ratings may be warranted for amputations of toes or forefoot.

110. Ulcers.--Experience has shown that the term "peptic ulcer" is not sufficiently specific for rating purposes. In evaluating the ulcer, care should be taken that the findings adequately identify the particular location.

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

112. Weight Loss.--Minor weight loss or greater losses of weight for periods of brief duration are not considered of importance in rating. Rather, weight loss becomes of importance where there is appreciable loss which is sustained over a period of time. In evaluating weight loss generally, consideration will be given not only to standard age, height, and weight tables, but also to the particular

individual's predominant weight pattern as reflected by the records. The use of the term "inability to gain weight" indicates that there has been a significant weight loss with inability to regain it despite appropriate therapy.

113. Coexisting Abdominal Conditions. - There are diseases of the digestive system, particularly within the abdomen, which, while differing in the site of pathology, produce a common disability picture characterized in the main by varying degrees of abdominal distress or pain, anemia and disturbances in nutrition. Consequently, certain coexisting diseases in this area, as indicated in the instruction under the title "Diseases of the Digestive System," do not lend themselves to distinct and separate disability evaluations without violating the fundamental principle relating to pyramiding as outlined in paragraph 14.

DISEASES OF THE DIGESTIVE SYSTEM

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

		Rating
7200	Mouth, injuries of	
	Rate as for disfigurement and impairment of function of mastication.	
7201	Lips, injuries of	
	Rate as for disfigurement of face.	
7202	Tongue, loss of whole or part	
	With inability to communicate by speech----	70
	One-half or more----------	50
	With marked speech impairment----------	30
7203	Esophagus, stricture of	
	Permitting passage of liquids only, with marked impairment of general health----------	80
	Severe, permitting passage of liquids only-	50
	Moderate----------	20
7204	Esophagus, spasm of (cardiospasm)	
	If not amenable to dilation, rate as for the degree of obstruction (stricture).	
7205	Esophagus, diverticulum of, acquired	
	Rate as for obstruction (stricture).	
7301	Peritoneum, adhesions of	
	Moderately severe; partial obstruction	

Rating

shown by X-ray, with frequent episodes of severe colic distension, nausea or vomiting.---------- 20

Moderate; pulling pain on attempting work or aggravated by movements of the body, or occasional episodes of colic pain, nausea, constipation (perhaps alternating with diarrhea) or abdominal distension---------- 10

Mild---------- 0

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

7304 Ulcer, gastric

7305 Ulcer, duodenal

7306 Ulcer, marginal (gastrojejunal)

Pronounced; periodic or continuous pain unrelieved by standard ulcer therapy with periodic vomiting, re-

	Rating
curring melena or hematemesis, and weight loss, totally incapacitating----------	100
Severe; pain only partially relieved by standard ulcer therapy, periodic vomiting, recurrent hematemesis or melena, with manifestations of anemia and weight loss productive of definite impairment of health----------	40
Moderately severe; less than above but with impairment of health manifested by anemia and weight loss; or recurrent incapacitating episodes averaging 10 days or more in duration at least four or more times a year----------	20
Moderate; recurring episodes once or more yearly; or with continuous moderate manifestations----------	10
7307 Gastritis, hypertrophic	
Chronic; with severe hemorrhages, or large ulcerated or eroded areas----------	40
Chronic; with multiple small eroded or ulcerated areas, and symptoms----------	20

Rating

Chronic; with small nodular lesions,
and symptoms---------- 10

Gastritis, atrophic

A complication of a number of diseases,
including pernicious anemia

Rate the underlying condition.

7308 Postgastrectomy syndromes

Severe; associated with nausea,
sweating, circulatory disturbance
after meals, diarrhea, hypoglycemic
symptoms, and weight loss with mal-
nutrition and anemia---------- 50

Moderate; less frequent episodes of
epigastric disorders with mild cir-
culatory symptoms after meals but
with diarrhea and weight loss---------- 30

Mild; infrequent episodes of epi-
gastric distress with characteristic
mild circulatory symptoms or con-
tinuous mild manifestations ---------- 20

7310 Stomach, injury of, residuals

Rate as peritoneal adhesions.

		Rating
7311	Liver, injury of	
	With residual disability, rate as peritoneal adhesions.	
	Healed, no residuals----------	0
7312	Liver, cirrhosis of	
	Pronounced, aggravation of the symptoms for moderate and severe, necessitating frequent tapping----------	100
	Severe; ascites requiring infrequent tapping, or recurrent hemorrhage from esophageal varices, aggravated symptoms and impaired health----------	70
	Moderate, with dilatation of superficial abdominal veins, chronic dyspepsia, slight loss of weight or impairment of health ----------	40
7313	Liver, abcess of, residuals	
	With severe symptoms----------	30
	With moderate symptoms----------	20
7314	Cholecystitis, chronic	
	Severe; frequent attacks of gall bladder colic----------	20

Rating

Moderate; gall bladder dyspepsia, confirmed by X-ray technique, and with infrequent attacks (not over two or three a year) of gall bladder colic, with or without jaundice---------- 10

Mild---------- 0

7315 Cholelithiasis, chronic

Rate as for chronic cholecystitis.

7316 Cholangitis, chronic

Rate as for chronic cholecystitis.

7317 Gall bladder, injury of

Rate as for peritoneal adhesions.

7318 Gall bladder, removal of

Symptomatic---------- 10

7319 Irritable Colon Syndrome (Spastic colitis, mucous colitis, etc.)

Severe; diarrhea, or alternating diarrhea and constipation, with more or less constant abdominal distress-------- 30

Moderate; frequent episodes of bowel disturbance with abdominal distress-------- 10

	Rating
Mild; disturbances of bowel function with occasional episodes of abdominal distress----------	0

7321 Amebiasis

Mild gastrointestinal disturbances, lower abdominal cramps, nausea, gaseous distension, chronic constipation interrupted by diarrhea----------	10

NOTE. - Amebiasis with or without liver abcess is parallel in symptomology with ulcerative colitis and symptoms more than those above should be rated on the scale provided for the latter. Similarly, lung abscess due to amebiasis will be rated under the respiratory system schedule, diagnostic code 6809.

7322 Dysentery, bacillary

Rate as for ulcerative colitis.

7323 Colitis, ulcerative

Pronounced, resulting in marked malnutrition, anemia, and general debility, or with other serious complications.---------- ----------	60

		Rating
	Severe; with numerous attacks a year and malnutrition, the health only fair during remissions----------	30
	Moderate; with infrequent exacerbations----------	10
7324	Distomiasis, intestinal or hepatic	
	Severe symptoms----------	30
	Moderate symptoms----------	10
	Mild or no symptoms----------	0
7325	Enteritis, chronic	
	Rate as for irritable colon syndrome.	
7326	Enterocolitis, chronic	
	Rate as for irritable colon syndrome.	
7327	Diverticulitis	
	Rate as for irritable colon syndrome, peritoneal adhesions, or colitis, ulcerative, depending upon the predominant disability picture.	
7328	Intestine, small, resection of	
	With interference with absorption and nutrition, manifested by impairment of health objectively supported by examination findings including	

		Rating
	weight loss----------	40
	With definite symptoms such as diarrhea, anemia, and inability to gain weight----------	20
7329	Intestine, large, resection of	
	With severe symptoms, objectively supported by examination findings----------	20
	With moderate or slight symptoms----------	10
7330	Intestine, fistula of, persistent, or after attempt at operative closure	
	Copious and frequent fecal discharge-------	40
	Constant or frequent fecal discharge-------	30
	Slight infrequent fecal discharge----------	20
	Healed; rate for peritoneal adhesions.	
7331	Peritonitis, tuberculous, active or inactive	
	Active----------	100
	Inactive: See pages	
7332	Rectum and anus, impairment of sphincter control	
	Complete loss of sphincter control---------	100
	Extensive leakage and frequent involuntary bowel movements----------	60

		Rating
	Occasional involuntary bowel movements, necessitating wearing of pad	30
	Constant slight, or occasional moderate leakage	10
	Healed or slight, without leakage	0
7333	Rectum and anus, stricture of	
	Requiring colostomy	50
	Great reduction of lumen, or extensive leakage	30
	Moderate reduction of lumen, or moderate constant leakage	10
7334	Rectum, prolapse of	
	Severe, complete, persistent	30
	Moderate, persistent, or frequently recurring	20
	Mild with constant slight or occasional moderate leakage	10
7335	Ano, fistula in	
	Rate as for impairment of sphincter control.	
7336	Hemorrhoids, external or internal	
	With persistent bleeding and with secondary anemia, or with fissures	20

Rating

Large or thrombotic, irreducible,
with excessive redundant tissue,
evidencing frequent recurrences---------- 10
Mild or moderate---------- 0

7337 Pruritus ani

Rate for underlying condition.

7338 Hernia, inguinal

Large, postoperative, recurrent, not well supported under ordinary conditions and not readily reducible, when considered inoperable---------- 50

Small, postoperative recurrent, or unoperated irremediable, not well supported by truss, or not readily reducible---------- 20

Postoperative recurrent, readily reducible and well supported by truss or belt---------- 10

Not operated, but remediable---------- 0

Small, reducible, or without true hernia protrusion---------- 0

		Rating
	NOTE - The foregoing ratings apply	
	to unilateral or bilateral involvement except	
	where one hernia is evaluated at 50%. In this	
	case 10% only may be added if the second hernia	
	is compensable.	
7339	Hernia, ventral, postoperative	
	Massive, persistent, severe diastasis of	
	recti muscles or extensive diffuse de-	
	struction or weakening of muscles and	
	fascial support of abdominal wall so	
	as to be inoperable----------	100
	Large, not well supported by belt	
	under ordinary conditions----------	40
	Small, as above----------	20
	Well supported by belt under all	
	ordinary conditions----------	10
7340	Hernia, femoral	
	Rate as for inguinal hernia.	
7341	Wounds, postoperative, healed, with	
	weakening of abdominal wall and	
	indication for a supporting belt----------	20

Rating

Wounds, postoperative, healed, belt not indicated---------- 0

7342 Visceroptosis, symptomatic, marked---------- 10

7344 New growths, benign, any specified part of digestive system, exclusive of skin growths.

The rating will be based on interference with digestion, using any applicable digestive analogy.

7345 Hepatitis, infectious

With marked liver damage manifest by liver function test and marked gastrointestinal symptoms. or with episodes of several weeks duration aggregating three or more a year and accompanied by disabling symptoms requiring complete rest therapy---------- 60

Minimal liver damage with associated fatigue, anxiety, and gastrointestinal disturbance of lesser degree and frequency but necessitating dietary restriction or other therapeutic measures---------- 30

	Rating
Demonstrable liver damage, with mild gastrointestinal disturbance----------	10
7346 Hernia, hiatal	
Symptoms of pain, vomiting, material weight loss and hematemesis or melena with moderate anemia; or other symptom combinations productive of severe impairment of health----	60
Persistently recurring epigastric distress with dysphagia, pyrosis, and regurgitation, accompanied by substernal or arm or shoulder pain, productive of considerable impairment of health----------	30
With two or more of the above symptoms of less severity----------	10

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

DISEASES OF THE GENITOURINARY SYSTEM

		Rating
7500	Kidney, removal of one, with nephritis, infection, or pathology of the other	
	Pronounced, causing chronic invalidism----	100
	Severe----------	60
	Mild to moderate----------	20
	Absence of one, the other functioning normally----------	10

		Rating
7501	Kidney, abscess of	
	Rate for residuals.	
7502	Nephritis, chronic	
	Pronounced; persistent edema and albuminuria; or marked retention of nonprotein nitrogen, creatinine or urea nitrogen; with markedly decreased kidney function or severe cardiovascular complications and chronic invalidism----------	100
	Severe; constant albuminuria with some edema; moderate retention of nonprotein nitrogen, creatinine or urea nitrogen; moderate decrease of kidney function or hypertension or cardiac complications----------	60
	Moderately severe; albumin recurring with hyaline and granular casts or red blood cells; transient or slight edema or mild hypertension----------	30
	Moderate symptoms----------	10
7503	Pyelitis	
	Rate as hydronephrosis.	

Rating

7504 Pyelonephritis, chronic

Rate as hydronephrosis (pyuria required).

7505 Kidney, tuberculosis of, active or inactive

Active---------- 100

Inactive: See pages

7507 Nephrosclerosis, arteriolar

NOTE.--Rate as chronic nephritis or hypertensive cardiovascular disease, according to predominating symptoms. With nephrosclerosis, the rating for cardiac disease or hypertension will be increased to the next higher.

7508 Nephrolithiasis

Rate as hydronephrosis (calculus in kidney required).

7509 Hydronephrosis

Severe; with infection or involvement of the other kidney---------- 20

Moderate; with attacks of colic or infection, or impairment of kidney function---------- 10

7510 Ureterolithiasis

Rate as hydronephrosis.

		Rating
7511	Ureter, stricture of	
	Rate as hydronephrosis.	
7512	Cystitis, chronic	
	Where incontinence exists, requiring constant wearing of an appliance----------	50
	Severe; urination at intervals of 1 hour or less; contracted bladder----------	40
	Moderately severe; diurnal and nocturnal frequency with pain, tenesmus-------	20
	Moderate; pyuria, with diurnal and nocturnal frequency----------	10
	Mild----------	0
7513	Cystitis, interstital (Hunner), submucous or elusive ulcer----------	50
7514	Bladder, tuberculosis of, active or inactive	
	Active----------	100
	Inactive: See pages	
7515	Bladder, calculus in, with symptoms interfering with function	
	Rate as cystitis.	
7516	Bladder, fistula of	
	Postoperative, suprapubic cystotomy--------	100

		Rating
7517	Bladder, injury of	
	Rate as cystitis.	
7518	Urethra, stricture of	
	Requiring frequent dilations----------	20
	Requiring dilations every two or three months----------	10
	Slight to moderate, healed, requiring only occasional dilations (one or two times a year)----------	0
	NOTE.--When cystitis is present, rate under DC 7512. Assign the higher evaluation.	
7519	Urethra, fistula of	
	Multiple urethroperineal----------	100
	Severe; multiple, with continuous drainage requiring constant use of appliance or frequent change of pad----------	60
	Moderate; fistula with continuous drainage requiring constant use of pad or appliance----------	40
	Mild; slight intermittent leakage----------	20

		Rating
7520	Penis, removal of half or more----------	30
7521	Penis, removal of glans----------	10
7522	Penis, deformity, with loss of erectile power----------	10
7523	Testis, atrophy complete	
	Both----------	10
	One----------	0
7524	Testis, removal	
	Both----------	20
	One, other than undescended or congenitally undeveloped----------	10

NOTE - In cases of the removal of one testis as the result of a service incurred injury or disease, other than an undescended or congenitally undeveloped testicle, with the absence or nonfunctioning of the other testis unrelated to the service, a rating of 20 percent will be assigned for the service connected testicular loss. Testis, undescended, or congenitally undeveloped is not a ratable disability.

7525	Epididymo-orchitis, tuberculous	
	Active----------	100
	Inactive: See pages	

		Rating
7526	Prostate gland, resection or removal Rate as cystitis in accordance with severity; minimum rating----------	20
7527	Prostate gland injuries, infections, hypertrophy, postoperative residuals Rate as for chronic cystitis, depending upon functional disturbance of bladder.	
7529	New growths, benign, any specified part of genitourinary system The rating will be based on interference with genitourinary functions, using any applicable genitourinary analogy.	

GYNECOLOGICAL CONDITIONS

116. Rating Gynecological Conditions. - In rating gynecological conditions, the following will not be considered ratable conditions:

a. The natural menopause. Menopause is defined as complete and permanent cessation of spontaneous menstruation. Menopause is generally a phase rather than a moment in a woman's life. It may occur in early adult

life due to hysterectomy, oophorectomy, atrophy of ovaries, irradiation of ovaries or other endocrine or unknown causes. Usually it occurs gradually between the ages of forty two and forty seven years of age and is almost always completed by the age of 50. Because during this period carcinoma and other new growths of the uterus are common, careful distinction between irregular bleeding of the menopause and onset of carcinoma or other new growths of the female genitalia must be made.

b. Amenorrhea, when this is based upon developmental defects or abnormalities.

c. Pregnancy and childbirth and their related incidents except that the medical and surgical complications and their residuals will be rated as are other disabilities incident to service.

Congenital abnormalities of the genitalia of women will not in themselves be considered as ratable disabilities except when complications of these abnormalities are established as being aggravated by service.

New growths of non-malignant nature are to be rated in accordance with their effects upon parts or organs involved whose functions are impaired or whose resection or

excision is required. The excision of uterus, ovaries, and other genitalia prior to the natural menopause is considered disabling, as are the effects of injury or disease.

		Rating
7610	Vulvovaginitis	
7611	Vaginitis	
7612	Cervicitis	
7613	Endometritis	
7614	Salpingitis	
7615	Oophoritis	
	Severe, as chronic residuals of infections, burns, inflammation, chemicals, foreign bodies, penetrating or crushing wounds, irradiation or other causes----------	30
	Moderate, residuals causing lesser disability----------	10
	Mild, with little, if any, interference with function----------	0
7617	Uterus and both ovaries, removal of, complete	
	For three months after removal----------	100
	Thereafter----------	10

		Rating
7618	Uterus, removal of so much as to preclude safe completion of pregnancy	
	For three months after removal	100
	Thereafter	10
7619	Ovaries, removal of both or of one ovary	
	With complete excision of both and artificial menopause	
	For three months after excision	100
	Thereafter	10
	Removal of one with or without partial removal of the other	0
7620	Ovaries, atrophy of both, complete, prior to menopause	
	Complete, as determined by laparoscopy or by urinary 24-hour gonadotropin level, midcycle vaginal epithelium maturation index and absence of urinary progesterone, for six months	40
	Thereafter	10
7621	Uterus, prolapse of	
	Complete, with protrusion of cervix and corpus through the vulva, with inability	

		Rating
	to retain them within the abdomen---------	100
	Incomplete, severe, with protrusion of cervix and half or more of the corpus through the entroitus----------	20
	Incomplete, moderate, with protrusion of cervix through entroitus----------	10
7622	Uterus, displacement of	
	Severe, with frequent or continuous menstrual disturbances associated with severe displacement----------	30
	Moderately severe symptoms as above---------	20
	Moderate----------	10
	Mild----------	0
7623	Pelvic support, relaxation of, due to surgical complications of pregnancy, trauma or other causes	
	Severe, with cystocele, rectocele or urethrocele and with stress incontinence on standing or walking so as to require constant use of pads or devices---------	100

Rating

Moderately severe, with cystocele, rectocele, urethrocele, with stress incontinence requiring occasional wearing of pads or devices---------- 30

Moderate, without need for wearing of pads or supports, but associated with mild stress incontinence of urine ---------- 10

7624 Fistula, rectovaginal

Rate as for ano, fistula in.

7625 Fistula, urethrovaginal

Rate as for urethra, fistula of.

7626 Mammary glands, removal of

Mastectomy, simple, bilateral---------- 50

Mastectomy, simple, unilateral---------- 30

7628 Endometriosis (chocolate cyst of ovary)

Severe, with palpable ovarian or other genital masses and effects of adhesions, with pain and tenderness usually related to menstruation causing severe impairment and inability to work--- 100

For three months following surgical or other corrective procedure---------- 100

	Rating
Moderately severe, with pain and tenderness over pelvic or other abdominal masses, usually related to menstruation---	30
Symptomatic, but less than above----------	10

7629 Ureterovaginal fistula

During and for six months after repair------	100
Thereafter, rate residuals	

Rating

7700 Anemia, pernicious

Acute, rapidly progressive, without remission, or few or brief remissions, producing total incapacity---------- 100

Chronic, following acute attacks, severe with characteristic marked departures from normal blood count, with severe impairment of health and pronounced asthenia---------- 60

Chronic, following acute attacks with characteristic definite departures from normal blood count, with impairment of health and severe asthenia-------- 30

Incipient, with characteristic achlorhydria and changes in blood count---------- 10

7701 Anemia, secondary

Rate the underlying disease entity.

7702 Agranulocystosis, acute

Rate as acute pernicious anemia.

90-044 O - 73 - 16

Rating

7704 Polycythemia, primary

Rate as pernicious anemia.

7705 Purpura hemorrhagica

Acute fulminating forms, or with few or brief remissions, totally incapacitating---------- 100

Chronic, following acute attacks, or severe with infrequent hemorrhages---------- 30

Chronic, following severe attacks, and several years remission or cured by splenectomy---------- 10

7706 Splenectomy---------- 10

7707 Spleen, injury of, healed

Rate as peritoneal adhesions.

7710 Adenitis, cervical, tuberculous, active or inactive

Active---------- 100

Inactive: See pages

7711 Adenitis, axillary, tuberculous, active or inactive

Active---------- 100

Inactive: See pages

Rating

7712 Adenitis, inguinal, tuberculous, active or inactive

Active---------- 100

Inactive: See pages

7713 Adenitis, secondary

Rate the underlying disease.

Rating

THE SKIN

7800 Facial scarring, which in addition to tissue loss presents marked discoloration, contrast, or deformity so as to be repugnant--------- 40

Scars of an exposed area with discoloration or obvious deformity of eyelids, lips, or auricles---------- 20

Moderately disfiguring---------- 10

NOTE.--The most repugnant disfiguring conditions, including scars and diseases of the skin, may be submitted for Central Office rating, with several unretouched color photographs.

7801 Scars, burns, third degree

Area or areas exceeding one-half square foot---------- 20

Area or areas exceeding six square inches--- 10

NOTE (1) Actual third degree residual involvement required to the above extent.

(2) Ratings for widely separated areas, such as on two or more extremities or on anterior and posterior surfaces of extremities or trunk, will be separately rated and combined.

Rating

7802 Scars, burns, second degree

Area or areas approximating one square foot or more---------- 10

NOTE See Note (2) under diagnostic code 7801 above.

7803 Scars, superficial, poorly nourished, with repeated ulceration---------- 10

7804 Scars, superficial, tender and painful on objective demonstration---------- 10

NOTE The ten percent rating will be assigned, when the requirements are met, even though the location may be on tip of finger or toe, and the rating may exceed the amputation value for the limited involvement.

7805 Scars, other

Rate on limitation of function of part affected.

7806 Eczema

With ulceration or extensive exfoliation or crusting, and systemic or nervous manifestations, or repugnant ---------- 30

Exudation or itching constant, extensive lesions or disfigurement---------- 20

		Rating
	Moderate, involving an exposed surface or extensive area----------	10
	Slight; if any, exfoliation, exudation or involving an unexposed surface or small area----------	0
7807	Leishmaniasis, americana (mucocutaneous, espundia)	
7808	Leishmaniasis, old world (cutaneous, oriental sore)	
7809	Lupus erythematosus, discoid (Not to be combined with ratings under diagnostic code 6350.)	
7810	Pinta	
7811	Tuberculosis luposa (lupus vulgaris), active or inactive	
	Active----------	100
	Inactive: See pages	
7812	Verruga peruana	
7813	Dermatophytosis	
7814	Tinea barbae	
7815	Pemphigus	

Rating

7816 Psoriasis

7817 Dermatitis exfoliativa

7819 New growths, benign, skin

Rate as scars, disfigurement, etc.

Unless otherwise provided, rate the above cited diseases of the skin as for eczema, dependent upon location, extent, and repugnant or otherwise disabling character of manifestations.

NOTE.--The most repugnant conditions may be submitted for Central Office rating, with several unretouched photographs.

Rating

7900 Hyperthyroidism, with diffuse (exophthalmic) goitre

Most advanced degree: productive of complete occupational incapacity with infiltrative ophthalmopathy threatening or significantly impairing visual fields by optic nerve damage, persistent diplopia due to muscle imbalance, severe corneal irritation and erosion, or with persistence of tremor, weakness, tachycardia, palpitation, emotional lability and proptosis despite treatment---------- 100

Severe; with severe infiltrative opthalmopathy associated with prominent staring, lid lag and early but definite visual field impairment and intermittent diplopia; or persistence of tachycardia, palpitation and nervousness despite treatment so as to produce severe occupational inadaptability- 60

Rating

Moderately severe, chronic or postoperative, with infiltrative ophthalmopathy not impairing vision but producing significant cosmetic abnormalities such as conspicuous stare and chemosis, or with residual emotional instability in spite of treatment, persisting so as to produce considerable residual occupational inadaptability---------- 30

Moderate, with persistence of above manifestations of less severity so as to produce moderate impairment of occupational adaptability---------- 10

7901 Thyroid gland, toxic adenoma of

Rate as hyperthyroidism with diffuse goitre, without exophthalmos, with attention to fact that treatment at present is so effective that complete cure without significant residuals is common.

7902 Thyroid gland, non-toxic adenoma of

Rate according to residual manifestations such as obstruction to breathing or swallowing, disfigurement, compression of recurrent laryngeal or other nerves or upon

Rating

blood or lymphatic vessels, or requiring continuous suppression with thyroid medication, with mild impairment of occupational adaptability---------- 10

7903 Hypothyroidism

Most advanced, long-standing condition complicated by inability to tolerate adequate thyroid replacement therapy because of cardiac or cerebrovascular disease, with several clinical signs such as advanced weakness, easy fatigability, drowsiness, slow heart rate, fluid retention, thickness of the skin; with very low circulating thyroid hormone; in symptom combinations productive of complete occupational inadaptability------- 100

Severe, with the above manifestations partially controlled by treatment but with severe residual occupational inadaptability due to their persistence--------- 60

Rating

Moderately severe, with significant improvement after treatment but with persistence of some manifestations despite control of circulating hormone levels, with considerable occupational inadaptability---------- 30

Moderate, with established disease according to standard thyroid function tests and requiring continuous thyroid hormone replacement---------- 10

Mild, or in remission, with previously characteristic clinical and laboratory findings under adequate control without need for thyroid hormone replacement---------- 0

7904 Hyperparathyroidism

Most advanced, with life-threatening manifestations after repeated efforts at therapy, complicated by hypercalcemia, typical extensive bony disease, renal

Rating

functional impairment, hypertension, mental sluggishness, gastrointestinal dysfunction, muscular weakness and complete occupational inadaptability---------- 100

Very severe, with less than above manifestations of hypercalcemia, but with widespread bony disease, impaired renal function, hypertension, mental sluggishness, gastrointestinal dysfunction, muscular weakness and with severe occupational impairment------- 60

Following operation or treatment: Rate as residuals of benign tumor, considering especially involvement of bones and kidneys; rate complication of treatment, i.e., hypoparathyroidism, laryngeal paralysis or other disabilities, under the appropriate diagnostic codes.

7905 Hypoparathyroidism, postoperative or idiopathic

Most advanced form, with frequent convulsions and painful muscular spasms

Rating

(tetany), requiring regular medical supervision and laboratory observations to regulate therapy with high vitamin D and calcium intake, with high and fluctuating serum phosphorus levels such as to produce complete occupational inadaptability---------- 100

Severe, with persisting impairment of parathyroid function only partially controlled with oral calcium and vitamin D therapy, and with severe occupational inadaptability---------- 60

Moderately severe, with nearly adequate control by therapy and considerable impairment of occupational adaptability---------- 30

Mild, with occasional evidence of loss of therapeutic control and with mild impairment of occupational adaptability---------- 10

7907 Hyperpituitarism (Cushing's Syndrome, pituitary basophilism)

Rating

Most advanced, with great loss of muscle strength and mass, multiple areas of severe osteoporosis and fractures, hypertension, enlargement of sella turcica, pituitary or adrenal glands, thinning of skin with widespread striae, chalkiness of nails and typical serum and urinary changes and complete occupational inadaptability---------- 100

Severe, with only partial control of above manifestations by treatment and with severe occupational inadaptability------- 60

With recovery or control, rate the residual complications, such as adrenal insufficiency, cardiac, bony or skin, under the appropriate diagnostic codes.

7908 Hyperpituitarism (acromegaly or gigantism)

Most advanced, with extensive disfigurement by enlargement of mandible, hands, feet or other bones, with pituitary

Rating

enlargement, cardiac enlargement and failure, hypotrichosis, asthenia, impaired glucose tolerance, or progressive visual impairment in symptom combinations such as to produce complete occupational inadaptability---------- 100

Severe: In symptom combinations less than the above such as to produce severe occupational inadaptability---------- 60

Moderately severe, with typical residuals of bony abnormalities of acromegaly, apparent arrest of continued pituitary overactivity or growth but with considerable occupational inadaptability---------- 30

Moderate, with less advanced manifestations, and definite occupational inadaptability------ 10

Rating

7909 Hypopituitarism (diabetes insipidus)

Most advanced, with excessive thirst and intake of water, massive polyuria, evidence of increased intracranial pressure, easy fatigability, weakness, poor response to injectable medication; productive of complete occupational inadaptability---------- 100

Severe, with excessive thirst and intake of water and output of urine, fatigability, weakness, inadequately controlled by therapy and with severe occupational inadaptability---------- 60

Moderately severe, with usually satisfactory control of typical manifestations by therapy but with occasional poor responses to therapy, and with considerable occupational inadaptability---------- 30

Moderate, with polyuria and polydipsia---------- 10

		Rating
7910	Adrenal gland, increased or abnormal function of	
	Rate on residuals after surgical therapy under the appropriate diagnostic codes.	
7911	Addison's disease (adrenal cortical hypofunction)	
	Complicated by five or more recurring adrenal crises during the past year each substantiated by clinical findings of increasingly severe hypotension, dehydration and pronounced weakness with laboratory evidence such as hyponatremia, hyperpotassemia, azotemia, hypoglycemia and productive of severe industrial inadaptability	60
	Three or four crises substantiated as above during the past year; or episodes of lesser symptomatology manifested by vomiting, diarrhea, hypotension and marked weakness occurring five or more times during the past year	30

Rating

Well-established Addison's disease
with one or two crises or less than
five episodes of the above lesser
symptomatology during the past year;
or with symptoms such as weakness and
fatigability---------- 10

NOTE--Tuberculous Addison's disease will be rated as active or inactive tuberculosis. See pages _____ and _____. On attainment of inactivity, the above ratings are not to be combined with the graduated ratings of 50 percent and 30 percent on page _____ assign the higher rating.

7912 Atypical or multiple endocrine syndromes
Rate manifestations separately by analogy
under the appropriate diagnostic codes.

Rating

7913 Diabetes mellitus

Most advanced; uncontrolled despite large insulin dosage, with recurrent bouts of diabetic acidosis or coma, progressive loss of weight and strength and with severe complications---------- 100

Severe; with poor or irregular control in spite of large insulin dosage, with considerable loss of weight and strength and definite established complications such as neuropathies, vascular occlusions or insufficiency, impairment of central visual acuity with typical diabetic retinopathy---------- 60

Moderately severe; large insulin dosage, carefully restricted diet, but with occasional loss of control; with beginning peripheral neuropathy, early peripheral arterial abnormality or very early ocular lesions suggestive of diabetic retinopathy; avoidance of

strenuous activity; productive of considerable industrial impairment---------- 40

Moderate; with moderate dosage of insulin or hypoglycemic agents, restricted diet and beginning limitation of activities-------- 20

Mild, controlled by restricted diet only and with no impairment of health or limitation of activity---------- 10

<u>With chemical evidence only</u> of impaired glucose tolerance but without demonstrable physical impairment---------- 0

NOTE--<u>Definitely established complications such as amputations, impairment of central visual acuity, peripheral neuropathy with definite or sensory motor impairment or definitely established arteriosclerotic focalizations will be separately rated under the applicable diagnostic codes</u>.

7915 New growths, benign, of any specified part of the endocrine system

The rating will be based on abnormality of any endocrine function with use of any

Rating

applicable endocrine analogy.

7916 Hypoglycemia

Most advanced; with established diagnosis of islet cell tumors or hyperplasia and recurrent syncope or seizures prior to correction---------- 100

After surgical or other therapy, rate according to residuals.

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

120. Evaluations by Comparison.--Disability in this field is ordinarily to be rated in proportion to the impairment of motor, sensory or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, injury to the skull, etc. In rating disability from the foregoing conditions refer to the appropriate schedule. In rating peripheral nerve injuries and their residuals, attention should be given to the site and character of the injury, the relative impairment in motor function, trophic changes, or sensory disturbances.

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

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

a. Psychomotor seizures consist of episodic alterations in conscious control that may be associated with automatic states (see below), generalized convulsions, random motor movements (chewing, lip smacking, fumbling), hallucinatory phenomena (involving taste, smell, sound, vision), perceptual illusions (deja vu, feelings of loneliness, strangeness, macropsia, micropsia, dreamy states), alterations in thinking (not open to reason), alterations in memory, abnormalities of mood or affect (fear, alarm, terror, anger, dread, well-being), and autonomic disturbances (sweating, pallor, flushing of the face, visceral phenomena such as nausea, vomiting, defecation, a rising feeling of warmth in the abdomen). Automatic states or automatisms are characterized by episodes of irrational, irrelevant, disjointed, unconventional, asocial, purposeless though seemingly coordinated and purposeful, confused or inappropriate activity of one to several minutes (or, infrequently, hours) duration with subsequent amnesia for the seizure.

b. A chronic mental disorder is not uncommon as inter-seizure manifestation of psychomotor epilepsy and may

include psychiatric disturbances extending from minimal anxiety to severe personality disorder (as distinguished from developmental) or almost complete personality disintegration (psychosis). The manifestations of a chronic mental disorder associated with psychomotor epilepsy, like those of the seizures, are protean in character.

123. Neuritis and Neuralgia, Cranial.--Neuritis, cranial, characterized by loss of reflexes, muscle atrophy, sensory disturbances, and constant pain, at times severe, is to be rated on the scale provided for injury of the nerve involved, with a maximum equal to incomplete paralysis. Neuralgia, cranial, characterized usually by dull and intermittent pain of typical distribution so as to identify the nerve, is also to be rated as incomplete paralysis. See nerve involved for diagnostic code number and rating. The maximum rating which may be assigned for neuritis not characterized by organic changes as above will be that for moderate, or with sciatic nerve involvement, for incomplete severe paralysis.

124. The above provisions in Paragraph 123 are applicable to peripheral neuritis or neuralgia except that evaluation may extend to incomplete severe paralysis dependent upon degree of disability shown.

ORGANIC DISEASES OF THE CENTRAL NERVOUS SYSTEM

The following diseases when disabling residuals are present may be rated from 10 percent to 100 percent in proportion to the impairment of motor, sensory, or mental function. Consider especially psychotic manifestations, complete or partial loss of use of one or more extremities, speech disturbances, impairment of vision, disturbances of gait, tremors, visceral manifestations, etc., referring to the appropriate section of the schedule. With partial loss of use of one or more extremities from neurological lesions, rate by comparison with paralysis of peripheral nerves.

		Rating
8000	Encephalitis, epidemic, chronic	
	As active febrile disease, totally incapacitating	100
8003	Brain, new growth of	
	Benign, totally incapacitating	100
8004	Paralysis agitans	
	Totally incapacitating	100
8005	Bulbar palsy, totally incapacitating	100
8007	Brain, vessels, embolism of	
8008	Brain, vessels, thrombosis of	

		Rating
8009	Brain vessels, hemorrhage from	
	Rate the above vascular conditions,	
	while totally incapacitating----------	100
8010	Myelitis, totally incapacitating----------	100
8011	Poliomyelitis, anterior	
	As active febrile disease, totally	
	incapacitating----------	100
8012	Hematomyelia	
	While totally incapacitating----------	100
8013	Syphilis, cerebrospinal	
8014	Syphilis, meningovascular	
8015	Tabes dorsalis	
8017	Amyotrophic lateral sclerosis	
	During periods of total incapacity----------	100
8018	Multiple sclerosis	
	During periods of total incapacity----------	100
8020	Brain, abscess of	
	As active disease, totally incapacitating---	100
8022	Spinal cord, new growth of	
	Benign, totally incapacitating----------	100
8023	Progressive muscular atrophy	
	Totally incapacitating----------	100

		Rating
8024	Syringomyelia	
	Totally incapacitating----------	100
8025	Myasthenia gravis	
	Totally incapacitating----------	100

NOTE.--It is of exceptional importance that when the above ratings are assigned, the diagnostic codes utilized as basis of evaluation be cited, following the code identifying the diagnoses.

8045 Brain disease due to trauma

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

Purely subjective complaints, such as headache, dizziness, insomnia, tinnitus, etc., recognized as symptomatic of brain trauma, will be rated ten percent and no more under hyphenated diagnostic code 8045-9304. This

ten percent rating will not be combined with any other rating for a disability due to brain trauma. Ratings in excess of ten percent for brain disease due to trauma under diagnostic code 9304 are not assignable in the absence of a diagnosis of organic brain syndrome associated with brain trauma.

8046 Cerebral arteriosclerosis

Purely neurological disabilities, such as hemiplegia, cranial nerve paralysis, etc., due to cerebral arteriosclerosis will be rated under the diagnostic codes dealing with such specific disabilities, with citation of a hyphenated diagnostic code (e.g. 8046-8207).

Purely subjective complaints such as headache, dizziness, tinnitus, insomnia and irritability, recognized as symptomatic of a properly diagnosed cerebral arteriosclerosis, will be rated ten percent and no more under hyphenated diagnostic code 8046-9305. This ten percent

Rating

rating will not be combined with any other rating for a disability due to cerebral or generalized arteriosclerosis. Ratings in excess of ten percent for cerebral arteriosclerosis under diagnostic code 9305 are not assignable in the absence of a diagnosis of organic brain syndrome associated with cerebral arteriosclerosis.

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

MISCELLANEOUS DISEASES

8100 Migraine

With very frequent completely prostrating and prolonged attacks productive of severe economic inadaptability---------- 40

With characteristic prostrating attacks occurring on an average once a month over the last several months---------- 20

		Rating
	With characteristic prostrating attacks averaging one in two months over last several months	10
	With less frequent attacks	0
8103	Tic, convulsive	
	Severe	30
	Moderate	10
	Mild	0
	NOTE.--Depending upon frequency, severity, muscle groups involved.	
8104	Paramyoclonus multiplex (convulsive state, myoclonic type)	
	Severe	60
	Moderately severe	30
	Moderate	10
	Mild	0
8105	Chorea, Sydenham's	
	Pronounced, progressive grave types, totally incapacitating	100
	Severe	80
	Moderately severe	50
	Moderate	30
	Mild	10

Rating

8106 Chorea, Huntington's

Rate as Sydenham's chorea.

8107 Athetosis, acquired

Rate as chorea.

8108 Narcolepsy

Rate as for epilepsy, petit mal.

DISEASES OF THE CRANIAL NERVES

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

Fifth (trigeminal) cranial nerve

8205 Paralysis of

Complete----------	20
Incomplete, moderate symptoms----------	10

8305 Neuritis

8405 Neuralgia

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

Seventh (facial) cranial nerve

		Rating
8207	Paralysis of	
	Complete or incomplete, moderate symptoms---	10
	NOTE--Dependent upon relative loss of innervation of facial muscles.	
8307	Neuritis	
8407	Neuralgia	
	Ninth (glossopharyngeal) cranial nerve	
8209	Paralysis of	
	Complete or incomplete, moderate symptoms---	10
	NOTE--Dependent upon relative loss of ordinary sensation in mucous membrane of the pharynx, fauces, and tonsils.	
8309	Neuritis	
8409	Neuralgia	
	Tenth (pneumogastric, vagus) cranial nerve	
8210	Paralysis of	
	Complete----------	20
	Incomplete, moderate symptoms----------	10
	NOTE--Dependent upon extent of sensory and motor loss to organs of voice, respiration, pharynx, stomach and heart.	
8310	Neuritis	

Rating

8410 Neuralgia

Eleventh (spinal accessory, external branch) cranial nerve

8211 Paralysis of

Complete or incomplete, moderate symptoms--- 10

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

8311 Neuritis

8411 Neuralgia

Twelfth (hypoglossal) cranial nerve

8212 Paralysis of

Complete---------- 20

Incomplete, moderate symptoms---------- 10

NOTE--Dependent upon loss of motor function of tongue.

8312 Neuritis

8412 Neuralgia

DISEASES OF THE PERIPHERAL NERVES

The term "incomplete paralysis," indicates a degree of lost or impaired function, substantially less

Rating

than the type picture for complete paralysis given with each nerve, whether due to varied level of the nerve lesion or to partial regeneration. When the involvement is wholly sensory, the rating should be for incomplete but not in excess of 10%. The following ratings are for unilateral involvement; when bilateral, combine with application of the bilateral factor.

Upper radicular group (fifth and sixth cervicals)

8510 Paralysis of

Complete; all shoulder and elbow movements lost or severely affected, hand and wrist movements not affected---------- 50

Incomplete

Severe---------- 30

Moderate---------- 20

Mild---------- 10

8610 Neuritis

8710 Neuralgia

Middle radicular group

8511 Paralysis of

Complete---------- 30

		Rating
	Incomplete	
	Severe	20
	Mild	10
8611	Neuritis	
8711	Neuralgia	
	Lower radicular group	
8512	Paralysis of	
	Complete; all intrinsic muscles of hand, and some or all of flexors of wrist and fingers, paralyzed	40
	Incomplete	
	Severe	20
	Mild	10
8612	Neuritis	
8712	Neuralgia	
	All radicular groups	
8513	Paralysis of	
	Complete	50
	Incomplete	
	Severe	40
	Mild	20
8613	Neuritis	
8713	Neuralgia	
	The musculospiral (radial nerve)	

Rating

8514 Paralysis of

Complete; drop of hand and fingers, wrist and fingers perpetually flexed, the thumb adducted falling within the line of the outer border of the index finger; cannot extend hand at wrist, extend proximal phalanges of fingers, extend thumb, or make lateral movements of wrist; supination of hand, extension and flexion of elbow weakened, the loss of synergic motion of extensors impairs the hand grip seriously; total paralysis of the triceps occurs only as the greatest rarity-- 30

Incomplete

Severe---------- 20

Mild---------- 10

8614 Neuritis

8714 Neuralgia

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

The median nerve

Rating

8515 Paralysis of

Complete; the hand inclined to the ulnar side, the index and middle fingers more extended than normal, considerable atrophy of the muscles of the thenar eminence, the thumb in the plane of the hand (ape hand); pronation incomplete and defective, absence of flexion of index finger and feeble flexion of middle finger, cannot make a fist; index and middle fingers remain extended; cannot flex distal phalanx of thumb, defective opposition and abduction of the thumb, at right angles to palm; flexion of wrist weakened; pain with trophic disturbances---------- 30

Incomplete

Severe---------- 20

Mild---------- 10

8615 Neuritis

8715 Neuralgia

The ulnar nerve

Rating

8516 Paralysis of

Complete; the "griffin claw" deformity, due to flexor contraction of ring and little fingers, atrophy very marked in dorsal interspace and thenar and hypothenar eminences; loss of extension of ring and little fingers, cannot spread the fingers (or reverse), cannot adduct the thumb; flexion of wrist weakened------ 20

Incomplete---------- 10

8616 Neuritis

8716 Neuralgia

Musculocutaneous nerve

8517 Paralysis of

Complete; weakness but not loss of flexion of elbow and supination of forearm-------- 20

Incomplete---------- 10

8617 Neuritis

8717 Neuralgia

Circumflex nerve

8518 Paralysis of

Complete; abduction of arm is impossible, outward rotation is weakened; muscles

	Rating
supplied are deltoid and teres minor------	20
Incomplete, moderate symptoms----------	10

8618 Neuritis

8718 Neuralgia

Long thoracic nerve

8519 Paralysis of

Complete; inability to raise arm above shoulder level, winged scapula deformity---------- 20

Incomplete ---------- 10

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

8619 Neuritis

8719 Neuralgia

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

Sciatic nerve

8520 Paralysis of

Complete; the foot dangles and drops, no active movement possible of muscles below the knee, flexion of knee weakened or

		Rating
	(very rarely) lost----------	30
	Incomplete	
	Severe----------	20
	Mild-------- ----------	10
8620	Neuritis	
8720	Neuralgia	
	External popliteal nerve (common peroneal)	
8521	Paralysis of	
	Complete; foot drop and slight droop of first phalanges of all toes, cannot dorsiflex the foot, extension (dorsal flexion) of proximal phalanges of toes lost; abduction of foot lost, adduction weakened; anesthesia covers entire dorsum of foot and toes----------	30
	Incomplete----------	10
8621	Neuritis	
8721	Neuralgia	
	Musculocutaneous nerve (superficial peroneal)	
8522	Paralysis of	
	Complete----------	20
	Incomplete----------	10

		Rating
8622	Neuritis	
8722	Neuralgia	
	Anterior tibial nerve (deep peroneal)	
8523	Paralysis of	
	Complete----------	20
	Incomplete----------	10
8623	Neuritis	
8723	Neuralgia	
	Internal popliteal nerve (tibial)	
8524	Paralysis of	
	Complete; plantar flexion lost, frank adduction of foot impossible, flexion and separation of toes abolished; no muscle in sole can move; in lesions of the nerve high in popliteal fossa------	20
	Incomplete----------	10
8624	Neuritis	
8724	Neuralgia	
	Posterior tibial nerve	
8525	Paralysis of	
	Complete or incomplete with symptoms----------	10

Rating

8625 Neuritis

8725 Neuralgia

Anterior crural nerve (femoral)

8526 Paralysis of

Complete; paralysis of quadriceps extensor muscles---------- 20

Incomplete ----------_---------- 10

8626 Neuritis

8726 Neuralgia

Internal saphenous nerve

8527 Paralysis of

Complete or incomplete with severe symptoms---------- 10

8627 Neuritis

8727 Neuralgia

Obturator nerve

8528 Paralysis of

Complete or incomplete with severe symptoms---------- 10

8628 Neuritis

8728 Neuralgia

		Rating
8529	Paralysis of Complete or incomplete with severe symptoms----------	10
8629	Neuritis	
8729	Neuralgia	

Ilio-inguinal nerve

8530	Paralysis of Complete or incomplete with severe symptoms----------	10
8630	Neuritis	
8730	Neuralgia	

THE EPILEPSIES

8910 Epilepsy, grand mal

Rate under the general rating formula for major seizures.

8911 Epilepsy, petit mal

Rate under the general rating formula for minor seizures.

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

Rating

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

General Rating Formula for Major and Minor Seizures:

Major seizures more frequent than once a month or more than 15 minor seizures weekly----------	100
Averaging at least one major seizure in three months over the last year; or more than 10 minor seizures weekly----------	80
At least one major seizure in the last six months or two in the last year; or five to 10 minor seizures weekly----------	50
At least one major seizure in the last two years; or at least two minor seizures in the last six months----------	30

Rating

Note (1) - When continuous medication is shown necessary for the control of epilepsy, the minimum evaluation will be 30 percent. This rating will not be combined with any other rating for epilepsy.

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

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

8912 Epilepsy, Jacksonian and focal motor or sensory

8913 Epilepsy, diencephalic

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

8914 Epilepsy, psychomotor

Major seizures:

Psychomotor seizures will be rated as major seizures under the general rating formula when characterized by automatic states and/or generalized convulsions with unconsciousness.

Rating

Minor seizures:

Psychomotor seizures will be rated as minor seizures under the general rating formula when characterized by brief transient episodes of random motor movements, hallucinations, perceptual illusions, abnormalities of thinking, memory or mood, or autonomic disturbances.

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

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

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

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

a. Education;

b. Occupations prior and subsequent to service;

c. Places of employment and reasons for termination;

d. Wages received;

e. Number of seizures.

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

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

90-044 O - 73 - 19

127. Mental Deficiency and Personality Disorders.--Mental deficiency and personality disorders will not be considered as disabilities under the terms of the schedule. Attention is directed to the outline of personality disorders in the APA manual. Formal psychometric tests are essential in the diagnosis of mental deficiency. Brief emotional outbursts or periods of confusion are not unusual in mental deficiency or personality disorders and are not acceptable as the basis for a diagnosis of psychosis. However, properly diagnosed superimposed psychotic reactions developing after enlistment, i.e., mental deficiency with psychosis or personality disorder with psychosis, are to be considered as disabilities analogous to, and ratable as, schizophrenia, unless otherwise diagnosed.

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

129. Social Inadaptability.--Social integration is one of the best evidences of mental health and reflects the

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

130. Evaluation of Psychiatric Disability.--The severity of disability is based upon actual symptomatology, as it affects social and industrial adaptability. Two of the most important determinants of disability are time lost from gainful work and decrease in work efficiency. It is not enough to look to the time lost from work as the sole determining factor. The Rating Board must examine all the relevant facts, such as the veteran's background, education, including work experience and training, successes as well as failures, and other achievements or lack of same as compared to the average veteran without psychiatric disability. The Rating Board must not underevaluate the

emotionally sick veteran with a good work record, nor must it overevaluate his condition on the basis of a poor work record not supported by the psychiatric disability picture. It is for this reason that great emphasis is placed upon the full report of the examiner, descriptive of actual symptomatology. Recording the previous history and current complaints is only preliminary to the examination. The objective findings and the examiner's analysis of the symptomatology are the essentials. His classification of the disease as "mild," "moderate," or "severe" is not determinative of the degree of disability, but the report and the analysis of the symptomatology and the full consideration of the whole history by the rating agency will be. In evaluating disability from psychosis, it is necessary to consider, in addition to present symptomatology or its absence, the frequency, severity, and duration of previous psychotic periods, and the veteran's capacity for adjustment during periods of remission. Repeated psychotic periods, without long remissions, may be expected to have a sustained effect upon employability until elapsed time in good remission and with good capacity for adjustment establishes the contrary. Ratings are to be assigned which represent the impairment of social and industrial adaptability

based on all of the evidence of record. Evidence of material improvement of the psychosis disclosed by field examination or social survey should be utilized in determinations of competency, but the fact will be borne in mind that a person who has regained competency may still be unemployable, depending upon the level of his disability as shown by recent examinations and other evidence of record.

131. Mental Disorders Incurred During War.--Certain mental disorders having their onset as an incident of battle or enemy action, or following bombing, shipwreck, imprisonment, exhaustion, or prolonged operational fatigue may at the outset be designated as gross stress reaction, "combat fatigue," "exhaustion," or any one of a number of special terms. These conditions may clear up entirely, permitting return to full or limited duty, or they may persist as one of the recognized mental disorders.

Rating

THE PSYCHOSES

9200 Schizophrenia, simple type

9201 Schizophrenia, hebephrenic type

9202 Schizophrenia, catatonic type

9203 Schizophrenia, paranoid type

Rating

9204 Schizophrenia, chronic undifferentiated type

9205 Schizophrenia, other

9206 Manic depressive illness (specify manic, depressive or circular type)

9207 Psychotic depressive reaction (reactive depressive psychosis)

9208 Paranoid states (paranoia, involutional paranoid state or other paranoid state; specify)

9209 Involutional melancholia or involutional paranoid state

9210 Unspecified psychosis (dementia, insanity or psychosis not otherwise specified)

General Rating Formula for psychosis:

Active psychotic manifestations of such extent, severity, depth, persistence or bizarreness as to produce complete social and industrial inadaptability---------- 100

With lesser symptomatology such as to produce a pronounced impairment of social

	Rating
adaptability, economic productivity, employability, and achievement----------	80
Severe impairment as described above--------	50
Moderate impairment as described above------	30
Mild impairment as described above----------	10

ORGANIC BRAIN SYNDROMES

(1) Under the codes 9301-9330 below, the basic disorder of organic brain syndrome may be the only mental disturbance present or it may appear with related "neurotic" or "behavioral" manifestations, so designated by a qualifying phrase. An organic brain syndrome with or without such qualifying phrase will be rated according to the general rating formula for organic brain syndromes, assigning a rating which reflects the entire psychiatric picture.

(2) An organic brain syndrome, as defined in the APA manual, is characterized solely by psychiatric manifestations. However, neurological or other manifestations of etiology common to the brain syndrome may be present,

and if present, are to be rated separately as distinct entities under the neurological or other appropriate system and combined with the rating for the brain syndrome.

Non-Psychotic Organic Brain Syndromes

9301 Non-psychotic organic brain syndrome with central nervous system syphilis (all forms) (specify type)

9302 Non-psychotic organic brain syndrome with intracranial infections other than syphilis

9304 Non-psychotic organic brain syndrome with brain trauma

9305 Non-psychotic organic brain syndrome with cerebral arteriosclerosis

9306 Non-psychotic organic brain syndrome with circulatory disturbance other than cerebral arteriosclerosis

9307 Non-psychotic organic brain syndrome with epilepsy

9308 Non-psychotic organic brain syndrome with disturbance of metabolism, growth or nutrition

9309 Non-psychotic organic brain syndrome with intracranial neoplasm

9310 Non-psychotic organic brain syndrome with other and unspecified or undiagnosed physical condition

9312 Non-psychotic organic brain syndrome, non-alcoholic, with drug poison or systemic intoxication

9314 Non-psychotic organic brain syndrome with senile or pre-senile brain disease

9315 Non-psychotic organic brain syndrome with alcohol

Psychoses Associated with Organic Brain Syndromes

9316 Psychosis associated with senile and pre-senile dementia

9317 Alcoholic psychosis (Korsakov's psychosis, alcoholic deterioration, alcoholic paranoid state)

9318 Psychosis associated with intracranial infections

9319 Psychosis associated with cerebral arteriosclerosis

9320 Psychosis associated with other cerebrovascular disturbance

9321 Psychosis associated with epilepsy

9322 Psychosis associated with intracranial neoplasm

9323 Psychosis associated with degenerative disease of the central nervous system

9324 Psychosis associated with brain trauma

9325 Psychosis associated with other (and unspecified) cerebral conditions

9326 Psychosis associated with endocrine disorder

9327 Psychosis associated with metabolic or nutritional disorder

9328 Psychosis associated with systemic infection

9329 Psychosis associated with drug or poison intoxication (other than alcohol)

9330 Psychosis associated with other and undiagnosed physical condition

General Rating Formula for Psychotic and Non-Psychotic Organic Brain Syndromes:

Impairment of orientation, memory, all intellectual functions such as comprehension, calculation, knowledge, learning, judgment and lability and shallowness of affect of such extent, severity, depth, and persistence as to produce complete social and industrial inadaptability-------- 100

	Rating
Less than above, in symptom combinations productive of:	
Pronounced impairment of social and industrial adaptability	80
Severe impairment of social and industrial adaptability	50
Moderate impairment of social and industrial adaptability	30
Mild impairment of social and industrial adaptability	10

THE NEUROSES

		Rating
9400	Anxiety neurosis	
9401	Hysterical neurosis, dissociative type	
9402	Hysterical neurosis, conversion type	
9403	Phobic neurosis	
9404	Obsessive Compulsive neurosis	
9405	Depressive neurosis	
9406	Neurosis, other	
9407	Hypochondrical neurosis	
9408	Neurasthenic neurosis (neurasthenia)	

General Rating Formula for The Neuroses:

The attitudes of all contacts except the most intimate are so adversely affected as to result in virtual isolation in the community. Totally incapacitating neurotic symptoms bordering on gross repudiation of reality with disturbed thought or behavioral processes associated with almost all daily activities such as phantasy, confusion, panic and explosions of aggressive energy resulting in profound retreat from mature behavior.

Rating

Demonstrably unable to obtain or retain employment---------- 100

Ability to establish and maintain effective or favorable relationships with people is seriously impaired. The neurotic symptoms are of such severity and persistence that there is pronounced impairment in the ability to obtain or retain employment---- 80

Ability to establish or maintain effective or favorable relationships with people is substantially impaired. By reason of neurotic symptoms the reliability, flexibility and efficiency levels are so reduced as to result in severe industrial impairment---------- 50

Definite impairment in the ability to establish or maintain effective and wholesome relationships with people. The neurotic symptoms result in such reduction in initiative, flexibility, efficiency and reliability levels as to produce moderate industrial impairment---------- 30

	Rating
Less than above, with emotional tension or other evidence of anxiety productive of mild social and industrial impairment-----	10

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

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

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

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

psychophysiologic or neurotic categories, the condition will be rated under the new diagnosis.

PSYCHOPHYSIOLOGIC DISORDERS

9500 Psychophysiologic skin disorder (indicate manifestation by supplementary term)

9501 Psychophysiologic cardiovascular disorder (indicate manifestation by supplementary term)

9502 Psychophysiologic gastrointestinal disorder (indicate manifestation by supplementary term)

9503 Psychophysiologic nervous system disorder (indicate manifestation by supplementary term)

9504 Psychophysiologic disorder, other (specify reaction and manifestation)

Evaluate psychophysiologic disorder by the general rating formula for psychoneurotic disorders.

NOTE (1).--It is to be emphasized that vague complaints are not to be erected into a concept of psychophysiologic disorder. A diagnosis of a psychophysiologic disorder must be established on specific distinctive findings characteristic of such disturbance

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

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

		Rating
9900	Maxilla or mandible, osteomyelitis of, chronic	
	Rate as osteomyelitis, chronic.	
9901	Mandible, loss of, complete,	
	between angles----------	100
9902	Mandible, loss of approximately one-half	
	Involving temporomandibular articulation--	50
	Not involving temporomandibular articulation----------	30
9903	Mandible, nonunion of	
	Severe----------	30
	Moderate----------	10
	Note--Dependent upon degree of motion and relative loss of masticatory function.	
9904	Mandible, malunion of	
	Severe displacement----------	20
	Moderate displacement----------	10
	Slight displacement----------	0
	Note--Dependent upon degree of motion and relative loss of masticatory function.	
9905	Temporomandibular articulation, limited motion of	
	Motion limited to ¼ inch----------	40
	Motion limited to ½ inch----------	20

		Rating
	Any definite limitation, interfering with mastication or speech----------	10
9906	Ramus, loss of whole or part of	
	Involving loss of temporomandibular articulation	
	Bilateral----------	50
	Unilateral----------	30
	Not involving loss of temporomandibular articulation	
	Bilateral----------	30
	Unilateral----------	20
9907	Ramus, loss of less than one-half the substance of, not involving loss of continuity	
	Bilateral----------	20
	Unilateral----------	10
9908	Condyloid process, loss of, one or both sides-	30
9909	Coronoid process, loss of	
	Bilateral----------	20
	Unilateral----------	10
9910	Maxilla, loss of whole or part of substance of, nonunion of, or malunion of	

		Rating
	Rate as for similar disabilities of mandible	
9911	Hard palate, loss of half or more	
	Not replaceable by prosthetic appliance	30
	Replaceable by prosthetic appliance	10
9912	Hard palate, loss of less than half of	
	Not replaceable by prosthetic appliance	20
	Replaceable by prosthetic appliance	0
9913	Teeth, loss of, due to loss of substance of body of maxilla or mandible	
	Not involving loss of continuity, but where the lost masticatory surface cannot be restored by suitable prosthesis, when involving-	
	Loss of all teeth	40
	Loss of all upper teeth only	30
	Loss of all lower teeth only	30
	Loss of one-half masticatory surface-	
	The median line being the point of division	10
	All missing teeth being posterior	20

	Rating
All upper and lower anterior teeth missing	20
All lower anterior teeth missing	10
All upper anterior teeth missing	10
Not involving loss of continuity, but where the loss of masticatory surface can be restored by suitable prosthesis	0

Note--<u>These ratings contemplate loss of body of bone only through trauma or disease such as osteomyelitis. They do not contemplate loss of the alveolar process through natural resorption</u>.

Carious teeth, treatable	0
Missing teeth, replaceable	0
Dento-alveolar abscess	0
Pyorrhea alveolaris	0
Vincent's stomatitis	0

APPENDIX

VETERANS' ADMINISTRATION,
OFFICE OF THE ADMINISTRATOR OF VETERANS' AFFAIRS,
Washington, D.C., July 20, 1971.

Hon. VANCE HARTKE,
Chairman, Committee on Veterans' Affairs,
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: I am forwarding the report on our findings developed from the study entitled "Economic Validation of the Rating Schedule."

This study is a preliminary presentation of gross data which will require in-depth analysis. We are currently engaged in such analysis as required by section 355, title 38, U.S. Code.

As the analysis progresses, changes in the rating schedule consistent with the data will be proposed. Under prior arrangement we have submitted such changes to national service organizations before publication. Should you so desire, we will be glad to include your staff in this prior submission procedure.

Copies of this report have also been forwarded to Chairman Olin E. Teague, Congressman Charles M. Teague, Senator Strom Thurmond, and Mr. George P. Schultz, Director, Office of Management and Budget.

Members of my staff are available to brief you, your committee members, and members of your committee staff.

Sincerely,

DONALD E. JOHNSON, *Administrator.*

CHAPTER I

DEVELOPMENT OF A VETERAN'S BENEFIT SYSTEM

Colonial precedents

The system of veterans' benefits which the United States has always maintained for war veterans has grown piecemeal out of the conditions surrounding the war periods.

There was historical precedent for providing benefits to veterans when the union was formed. The British parliament had enacted a relief act in the late 16th century for veterans who had lost limbs or were disabled in the defense and service of their country. This tradition of providing for the disabled veteran was carried over by the colonists.

The Virginia General Assembly passed a law in 1624 to provide benefits for those veterans who were injured in fighting Indians. A further law extending those benefits was passed in 1644. Again in 1676, the Assembly passed a law providing a pension for these men during their

lives and the time of their disabilities. In the Plymouth Colony, the Pilgrims in 1636 provided for the life long competent maintenance of disabled soldiers.

Veterans of the Indian War in Colonial Maryland were awarded benefits for service-connected disabilities in 1662. The Maryland Militia Law of 1678 contained comprehensive disability benefit provisions. The law provided for payment of a yearly rate proportional to and paid for the time of the disability.

This was the earliest record in America of rating for partial disabilities, either for temporary or permanent disabilities. The New York and Rhode Island Colonies also had laws providing benefits for disabled veterans.

The Revolutionary War

Although there were a number of military campaigns undertaken during the colonial period, the Revolutionary War was the first war conducted by the United States as a nation. Many of the precedents for payments of benefits were established in this early formative period, including the first compensation for service-connected disability and death.

The Revolution was fought under chaotic political conditions. Forced into forming a union by the necessity of carrying on a war against an enemy of superior strength, the colonies were slow to give up the individual powers they had exercised as separate colonies.

The central government formed under the Articles of Confederation was not given the powers needed to prosecute the war, and the amending process was such as to make changes impossible. Although empowered to raise an army and navy and requisition money from the States to fight the war, it was handicapped by not having an independent power to tax.

Further difficulties came from the lack of unanimous popular support for the war, since at the beginning of hostilities, only a minority sought independence from the British, and strong Tory support continued throughout the duration of the war.

HISTORY OF THE COMPENSATION PROGRAM

Early Federal program

The colonists had become experienced in making awards to disabled veterans of the French and Indian Wars. Many of the States had, by the time of the Battle of Lexington and Concord, provision in their laws for the relief of disabled veterans and they did not have to rely completely upon the Continental Congress.

The earliest step taken by the Continental Congress was the adoption on August 26, 1776, of the first national pension law of the United States. This law provided compensation for service-connected disability. Payment was to be made for life or during disability to every officer, soldier or sailor losing a limb in any engagement or being so disabled in the service of the United States as to render him incapable of earning a livelihood.

Proportionate relief was promised to those who were only partially disabled in pursuit of a livelihood. However, the Continental Congress had no real executive power and no money to make such payments. The administration of these laws was only as good as the several states chose to make it, and this varied widely from State to State.

Economic factors also affected the benefits system. The country was composed primarily of farmers, who were generally self-sufficient. Inflation was prevalent throughout the war period, and the members of the armed forces received fixed pay in currency that decreased in value each year. No general security program was provided. The aged and crippled were expected to fit into the agricultural society and assume a productive role in the family household.

The Revolutionary War was fought under the worst of military conditions. Inadequate supplies and poor transportation imposed severe hardships on the troops. It was not until the treasury began to show a surplus after the War of 1812 that consideration was given to providing non-service-connected pensions for war veterans.

No changes in the basic benefits were provided for veterans during the 35 years following the end of the war. With the establishment of the federal government following ratification of the Constitution, veterans' benefits were assumed by the new Federal Government. Rates were increased and awards continued to be made on the strict requirement of service-connection.

Great administrative difficulties developed as military records were sketchy or non-existent, medical care and hospital services had been poor, and more deaths were caused by diseases due to unsanitary conditions than by the enemy.

During the years following the War of 1812, laws were enacted granting non-service-connected pensions and these became intermingled with benefits providing service-connected compensation to veterans, so that it is impossible to fully distinguish between them.

In 1790 the government provided for disabled Regular Establishment military personnel. This continued in effect until the Civil War period.

Civil War period

The start of the Civil War found the country ill-prepared to care for its disabled veterans. The opening battles of the war brought an influx of claims from disabled soldiers. A stopgap provision in a law passed in 1861 provided that "all volunteers who may be wounded or otherwise disabled in service shall be entitled to the same benefits as disabled members of the regular establishment." However, this act contained many uncertainties and discrepancies in its application to members of the United States forces who were called up under different proclamations and acts, and the need for additional legislation was apparent.

In 1862 a General Law System which applied to all military service on or after March 4, 1861, was enacted. This law, as amended, later applied to veterans of the Spanish-American War and of the early months of World War I. The Act of 1862 provided compensation for officers and enlisted men including regulars, volunteers and militia.

After March 4, 1861, the claimant for compensation was required to show that his disability, caused by wound, injury or disease, was a direct consequence of his service with the United States forces and incurred in line of duty.

The pertinent question debated by the Congress in considering this legislation was whether compensation should be graded according to military rank or be on a uniform rate for all disabled regardless of rank. One faction was of the opinion that since compensation was

granted in consideration of the hardships endured, the perils incurred and the sufferings of the disabled, the enlisted man who lost a limb should receive no less consideration than the officer. On the other hand, those favoring rank as a factor based their argument on officers giving up more when they went to war thereby suffering greater loss.

With an eye to the greater expense entailed in a uniform rate system, the law provided for payment based upon military rank. The act also provided for payment for an inferior disability (partial disability) in an amount proportionate to the highest disability. Biennial examinations were provided and the examining physician was required to state his opinion as to the degree of disability existing in the case.

Spanish-American War

The general law system was modified on a number of occasions, but continued in effect throughout the 33 year period between the Civil War and the Spanish-American War. It was applied to all who fought in that war, regardless of whether they were emergency soldiers or members of the regular establishment. The requirement of a service-connected disability remained in effect for compensation purposes. A more generous system of rates had been built up in the intervening years since the end of the Civil War than had been provided for participants in any prior conflict.

World War I

When the United States entered World War I in 1917, with several years of hostilities and imminent danger of this country's involvement, an opportunity had been given for more thought to improving the benefits structure. Attention was directed to the possibility that millions of men would be mobilized and that benefits would have to be provided at the end of the war. The existing system was felt to be unsatisfactory and the opportunity was taken to provide a new program.

Whereas in the previous half-century benefits had been labeled "pension", payments for service-connected disabilities were now designated as "compensation" to indicate they were intended as indemnity for loss.

The War Risk Insurance Act of 1917 did not provide a major departure from prior laws. There was a change in emphasis from payment of a gratuity towards indemnification and there was elimination of rank as a factor in determining the rate of compensation.

Because of the difficulties in evaluating the effects of disability which had been experienced, the new Bureau of War Risk Insurance was instructed to set up a schedule for rating disabilities. The schedule was to represent average impairments in earning capacity caused by specific injuries or combination of injuries. In this way the individual who overcame his handicap was not penalized but encouraged to reenter the labor force, with the knowledge that his payments would not be reduced or terminated. This change was in line with developments in the field of compensation for industrial injuries.

The period from 1919 to 1933 was one involving revision and simplification. There were a number of liberalizations of the law, extensions of presumptions of service-connection for certain disabilities, the establishment of statutory awards and relaxed interpretation of the willful misconduct clause.

The economy period

The great "Depression" of the early 1930's brought much pressure to economize, and veterans benefits, as one of the largest budget items, underwent careful scrutiny. President Roosevelt, upon taking office in 1933, asked Congress for broad authority to revise veterans benefits and frame new regulations governing all veterans programs. The National Economy Act (Public Law No. 2, 73rd Congress) enacted March 20, 1933, repealed all laws providing benefits for all veterans and dependents of veterans with service in the Spanish-American War including the Boxer Rebellion and Philippine Insurrection, the World War and former members of the armed forces disabled in peacetime service.

The National Economy Act gave the President almost unlimited powers, but did prescribe the maximum and minimum rates to be paid. The series of regulations issued as Executive Orders made a number of major changes including:

1. Elimination of "compensation" and designation of benefits as "pension".
2. Promulgation of a five-step rating schedule with disabilities of 10, 25, 50, 75 and 100 percent with an award of $80 for total disability.
3. Elimination of many statutory presumptions of service-connection such as those for tuberculosis and psychiatric disorders.
4. Repeal of statutory award for tuberculosis.[1]
5. Reduced rate of compensation for service-connected diseases.

The veterans regulations and economies under the National Economy Act were especially harsh on the service-connected disabled. However, before the economies of the new act went into effect a storm of protests arose from veterans when it was discovered that proposed reductions in benefits were greater than had been anticipated. Congress quickly passed amendments to the Economy Act on June 16, 1933, and special boards were established to review cases. On March 28, 1934, PL 141, 73rd Congress, restored to the compensation rolls those veterans removed as a result of previous reviews provided they had served before November 11, 1918, and prohibited reductions in compensation as compared with the former World War Veterans' Act. By 1935, almost all benefits in effect before 1933 had been reenacted and the five-step rating schdeule was supplanted by a ten-step schedule.

World War II

World War II presented an opportunity, as had the Civil War and World War I, for Congress to reorganize the existing system of veterans' benefits. The proposed legislative changes were aimed at improving the existing program, initially benefiting World War I veterans. The first major enactment concerning compensation for veterans of World War I came on July 13, 1943 (Public Law No. 144, 78th Congress). This enacted more adequate and uniform administrative provisions for granting benefits to veterans. Wartime rates were payable to veterans of World War II under the same conditions as for prior war service. The eligibility requirements with respect to presumption of soundness at time of enlistment were liberalized.

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[1] Congress again repealed the statutory award for tuberculosis by Public Law 90–493, effective Aug. 19, 1968.

Post World War II

The Korean Conflict period which followed approximate 5 years after the cessation of hostilities in World War II, brought about no significant changes in the compensation program. Disabilities incurred in service after the close of the Korean conflict, January 31, 1955, were considered peacetime incurred and benefits were awarded at 80% of the wartime rate. With the increasing participation of American armed forces in Vietnam and the naval involvement in the Gulf of Tonkin, the Congress recognized service on or after August 5, 1964 as wartime service.

Chapter II

DEVELOPMENT OF THE RATING SCHEDULE—PRESCHEDULAR INFLUENCES

European origins

There was a combination of economic, political and religious conditions in Europe that led to the establishment of colonies in the new world. These conditions largely determined the character of the people who migrated to America. The fundamental background which they brought over with them consisted of the following characteristics: private ownership of property; individual initiative in production; the origins of division of labor and of specialization; the exchange of goods and services, and the growing influence of competition in determining the value of goods and services. Financial institutions came into being and money became a basis and guide for most economic activities.

Colonial times

The early economy of the colonies was relatively self-sufficient, requiring small capital and relying primarily on family-supplied labor. The exception arose in the South, where cultivation of cotton required large farms or plantations. The pressing labor problem in this area was met first through use of indentured servants and later by the importing of salves. The ties with England were slender until the French and Indian War, when an army was furnished, and the resulting debt led to the imposition of taxes.

Most colonists migrated to seek freedom from religious and political oppression. The conditions they found in the colonies, abundance of land and scarcity of labor helped foster the spirit of individualism and private intitiative. The Colonies were established with little aid from the Government with the exception of defense.

Our early patterns for care of individuals injured in the defense of this country evolved from our British heritage. On a national basis, the British recognized an obligation to those disabled as a result of military service in the sixteenth century. Each Colony, guided by this experience, developed methods for taking care of their disabled in ways which were considered adequate for those times. There were no rating standards. Each case was considered on its own merits.

The colonists acquired early experience in providing benefits for service-connected disabilities to veterans of the French and Indian Wars. The individual States had made such provisions early in the war period and did not rely on action by the Continental Congress.

The Revolutionary War

Even before the Declaration of Independence, a committee had been appointed from five States to study provisions which should be made for the wounded and disabled. The committee submitted a plan adopted by the Continental Congress on August 26, 1776. This act established a scheduled rate of half pay for life or while disabled to all members of the military services who had lost a limb or had become so disabled in the service of the United States as to render them incapable of earning a livelihood. The act also provided for proportionate benefits for those partially disabled. The several state assemblies made lists of the totally and partially disabled individuals and the amount of pension awarded to each for the information of Congress.

The country at the time of the Revolution was small, with a total population of about 2 million. The Union had been formed from individual Colonies, each of whom had been exercising power in its own right. Each was jealous of its own power and slow to turn power over to a central government. How many were actually in military service at any one time is unknown, but was believed to be small, fluctuating between 7,000 and 30,000 men.

General Washington's command usually was between 5,000 and 10,000 men. There were difficulties arising from lack of an organized and powerful central authority enjoying obedience and cooperation from all of the people. The Continental Congress was the body representative of the Colonies as a whole and assumed direction of the war, but its methods were cumbersome and its actual power slight.

The war itself did not have unanimous support. The country was not prepared to carry out a war either financially or economically. The central government was limited in its powers to raise money. Inflation was an important economic factor. The government found it difficult to borrow since it could not raise money by taxation and had to requisition help from states. Paper money was issued which depreciated rapidly in value.

The effects of inflation varied widely among different classes of individuals. Creditors lost because they received payment in depreciated currency. The veteran suffered as much or more than any of the others as his salary was fixed, and he was paid in currency which each month was lower in value. In addition, the mustering out pay he received at the close of hostilities soon became worthless. Because these were times when manufacturing was still in its infancy, earning a livelihood meant the performance of physical labor, and the loss of a limb effectively reduced the ability to work.

In 1792, Congress passed an act putting into operation a national adjudication system for service-connected disabilities. Under the first congressional enactment, the degree of disability was to be ascertained as was the proportion of monthly award that the claimant would receive. The concept then established has been carried forward to the present day. The adjudication and rating were placed in the United States Circuit Court system. This required the judges to examine the nature of the wound, ascertain the degree of disability and certify to the Secretary of War their findings including that proportion of the monthly pay equivalent to the degree of disability.

Later acts limited the authority of the judges in making determinations and gave power of final action to the Secretary of War.

National expansion-post Revolutionary War

After the Revolutionary War, with the Louisiana Purchase, there was a natural migration westward. The rugged individualism of the colonist combined with a laissez-faire economy led both the old established family and the newcomer to keep on the move, looking for greater opportunity. It also produced a spirit of nationality among the people.

As the country began to grow and prosper, the demand in the area of veterans' benefits was focused on pension rather than on the existing service-connected program. Manufacturing was taking over in the northeastern States and a westward movement began with the acquisition of land beyond the Mississippi River where new opportunities were presented for farming, raising cattle, and in discovery of deposits of precious metals.

A new law enacted April 10, 1806, superseded all prior laws for the relief of disabled veterans of the Revolutionary War, but did not affect pensions already granted. This law set the stage for all subsequent laws for the relief of veterans with service-connected disabilities.

It provided total and partial disability pension. A maximum of $5.00 per month was payable to totally disabled enlisted men while officers received one-half of the monthly pay allowed at the time of incurrence of the disability. For partial disability, pension was payable in proportions of the above total disability rates with the highest disability pension rate payable to officers restricted to the half-pay rate of a lieutenant-colonel.

Congress assumed the power of final decisions on any claim. Under later mandate, however, Congress reestablished an Office of Pensions in the War Department and also provided for biennial examinations.

All pension laws enacted from 1776 through 1817 on account of the Revolutionary War, except the Act of May 15, 1778, which provided half-pay to officers who served to the end of the war, provided disability pension only on account of disability or death contracted in service. Beginning in 1818 the practice grew of granting service pensions to Revolutionary War veterans and their surviving dependents without regard to service incurrence. This act played an important role in the formulation of future legislation for veterans and their dependents.

The War of 1812 and the Mexican War intervened between the Revolutionary War and the Civil War. They brought about no significant developments in the compensation program, with benefits provided soon after each conflict began.

Civil War period

The economic picture during the Civil War differed from that controlling the Revolutionary War. Although there was uncertainty in the North, with the exception of Maryland and Pennsylvania, the states were spared having extended military engagements fought on their soil. The economic picture was one of prosperity and feverish activity, with manufacturing and commerce flourishing.

The man fighting the war did not participate in this prosperity, and those in politics could whip up the soldier vote by embracing demands for veterans legislation. The returning soldier did not suffer as much economically as his comrade in the Revolutionary War as inflation was not as acute.

The Act of July 14, 1862, cleared the statute books of all previous laws applying to disabilities arising after March 4, 1861. This law made the rates for service-connected disabilities specific for residuals of wounds and diseases instead of residuals of "known wounds" as required under prior laws.

The general law was designed to be a permanent statute applying to any subsequent wars in which the United States might become engaged. A table was set up with rates for different grades and ranks for both total and partial disabilities.

Under this law awards for service-connected disabilities were to commence on the date of discharge instead of upon the completion of testimony as required in prior laws, provided an application was made within one year of discharge.

Compensation was payable with rates based upon the veterans rank in military service, and individual disabilities were not rated, but the veteran was either totally or partially disabled. If partially disabled, he was paid a proportion of the total disability rate.

The determination of the amount to be paid was made on the basis of the examining physicians' opinion as to the degree of disability for obtaining subsistence by manual labor. The degree of disability was stated in terms of total, or a fraction thereof, such as one-half, one-fourth, etc. The program did not yet recognize that the impairment suffered by veterans could differ according to their occupation, even though manufacturing requiring some skills was in its ascendency.

It was soon found that there was lack of uniformity in rating disabilities due to the absence of instructions and there was no uniformity of ratings between the physicians of the different armed services. The Commissioner of Pensions reported that under the general instructions which had been given, it was improbable to find any two surgeons who, acting separately, would fix the same degree of disability in the same cases.

The General Law construed the meaning of disability to be that affecting the procuring of subsistence by manual labor. In estimating the degree of disability no reference was made to the employment the individual had before military service, but to his capacity for labor of any kind.

It was felt that revision was necessary to provide distinctions between permanent and temporary disabilities; organic and functional diseases; those induced by service; those constitutional in nature; those unavoidably the results of the conditions of war and those the causal effects of carelessness and self-neglect.

A change in the method of rating disabilities was included in the Consolidation Act, March 3, 1873. The rates were set for disabilities with total disability to be granted when the veteran could not perform manual labor requiring severe and continous exertion. Statutory rates were provided for total deafness and proportionate rates were established. The Commissioner of Pensions also was given the power to establish rates for disabilities not specified by law, such as for loss of one eye and loss of finger or toes.

The Civil War Veteran's Act of 1890 provided for awards to veterans for incapacity to perform manual labor in such a degree as to render them unable to earn their support. The law required only that the veteran be unable to perform crude manual labor, and provided

arbitrary ratings for those physical and mental ills which, when of a permanent character, would hamper an individual in performance of labor. A veteran could be employed and in receipt of income for his services as a salesman, clerk, professional or businessman without losing eligibility for pension.

In general, neither economic nor political conditions had any significant effect on compensation between the Civil War and World War I. Increasing price levels and costs of living brought increases in rates. Compensation was a program everyone favored, and the total payments were comparatively small. The general law system was intended to provide coverage for all future involvements. However, there was a pattern of veterans benefits that developed. In every war compensation for service-connected disability and death were provided at the start of the war. The provisions for establishing service-connection were later liberalized increasing the number of veterans covered. Eventually this led to abandoning the service-connected requirement and pensions were provided. One factor in the demand for pensions prior to World War I was the poor medical care that was available, making disease a major factor. It was very difficult to establish service-connection for these disabilities, especially with the incomplete records maintained during the early wars this country fought.

FORMULATION OF A RATING SCHEDULE

World War I developments—War Risk Insurance Act

Much experience had been gained in the more than half-century of general law program of veterans benefits. At the start of World War I, Congress realized that they would be facing a large program of providing benefits for returning veterans after demobilization. It was felt that a new system should be devised which would equitably meet the veteran's needs.

All of the programs which the Nation had provided for its veterans since Revolutionary War times had been designated as Pensions, whether for service-connected disabilities or not. The pension idea was looked upon with disfavor so the new program was designated compensation. This term implied the idea of being indemnified for losses suffered rather than the payment of gratuity.

The disability compensation program envisioned by the Congress developed out of the movement toward social insurance for industrial injuries which began early in the twentieth century. It was in the early 1900's that there was recognized a need to provide an injured worker with indemnification for industrial injury other than the haphazard right to bring suit against his employer, and winning it. This was a costly and unsatisfactory method to meet the hazards of occupational injury for both the employer and the worker. Under the social insurance basis, the workmen's compensation system provided recovery for such injuries related primarily to previous earnings or loss of earning capacity as a measure of presumptive need. The workmen's compensation system was not all inclusive, as certain types of employers were not covered. Even where there was covered employment, the worker had to have sustained a disability of at least a minimum duration, wait a statutory period and meet time limits for filing a claim. In all cases the disability (injury) must have arisen out of the course of his employment.

Veterans' compensation problems closely parallel those of the industrial field. The population covered is, of course, all persons serving on active military duty. Exclusions applied to injuries which were not incurred in the line of duty, just as injuries not arising out of the course of employment were excluded in industrial compensation. Monetary benefits under the two programs were also very similar. Workmen's compensation was paid on a weekly basis, measured by the type of compensable injury. These categories were temporary-total, temporary-partial, permanent-total, permanent-partial and death. The War Risk Insurance Act set up a similar method of payment of benefits related to the reduction in earning capacity. Other than a change of name, compensation for World War I veterans originally differed little from the general law system of post-civil-war days.

Congress enacted the War Risk Insurance Act in 1917 which established a new system for rating disabilities. The law set forth rates of payment for disabilities both for single veterans and those with dependents. It also provided for payment if the disability was partial based upon a percentage of the compensation that would be payable for total disability.

The law called for the adoption and application of a schedule of ratings of reductions in earning capacity from specific injuries of a permanent nature. Ratings under this schedule were to be based, as far as practicable, upon the average impairments of earning capacity resulting from such injuries in civilian occupations and not on the earning capacity in each individual case. Under this procedure, there would be no reduction in ratings because of individual success in overcoming the handicap of permanent injury.

EARLY EVALUATIVE INSTRUMENTS

With the demobilization following the armistice of November 11, 1918, there was a large increase in disability claims. Legislation was enacted in 1919 establishing rates for temporary partial and temporary total disabilities and permanent partial and permanent total disabilities. These rates were to be paid in a monthly award in accordance with a percentage of the compensation for total temporary or total permanent disability, equal to the degree of reduction in earning capacity resulting from the disability. The act specified certain disabilities as total. The act further established a concept of double total disability, paying twice the total disability rate for any two of the specified total disabilities existing together. The act also reiterated the requirement of the adoption and application of a rating schedule.

During the months of August and September, 1919 a schedule designated the 1919 rating schedule was prepared. There was a paucity of information available to assist in its preparation. There were few workmen's compensation laws in existence and almost no data based on scientific analysis and factual studies. There was little suitable material for guidance and training of those who were to adjudicate cases. Lists of medical diseases upon which evaluation and standards could be established and incorporated into the schedule were non-existent. There were no sound scientific data available to measure average impairments of earning capacity resulting from injuries in civilian occupations.

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The 1919 rating schedule, although tentative, was a beginning. It was submitted to Congress with no statement of authority and no policy statement as to interpretation and rating of disabilities. There were no diagnostic code numbers for various disabilities and very few descriptive medical criteria were presented for the determination of a specific degree of disability. The emphasis of this schedule was primarily on objective conditions, such as amputations, ankylosis, hernia, visual defects and eye disabilities. Mental deterioration was awarded a rating between 10 to 80 percent but it was not specified as to how the intermediate ratings were to be awarded. There were no instructions on how awards were to be made in cases of multiple disabilities.

The American economy began to change shortly after the end of the Civil War. Although more land became available for agriculture, cattle raising and similar pursuits, the introduction of new labor saving farm machinery produced a continuing decline in farm labor requirements. In the 100 year period between 1820 and 1920, the percentage of labor devoted to farm pursuits declined from about 72 percent to about 21 percent. In same 100 year period, the manufacturing, trade and transportation fields began their major growth. Work in these fields was primarily unskilled, and physical labor was required of the majority of the persons in the labor force. The manufacturing, trades and transportation work force rose in this 100 year period from about 11 percent to about 53 percent of the labor force.

The 1921 rating table

The 1921 table was a more sophisticated product than the 1919 tentative rating schedule. It consisted of 84 pages of mimeographed material bound in a stapled manila folder. It was not an easy manual to use as it contained no table of contents, no index, and no diagnostic code numbers assigned to disabilities. It did, however, contain instructions, definitions, policies and procedural guidelines for rating disabilities to be used by the medical division of the Bureau of War Risk Insurance and its field organizations.

The disability rating table was divided into sections, which included: neuropsychiatric disabilities; surgical disabilitities; amputations; fractures and their sequalae; general medicine; eye, ear, nose and throat difficulties; tuberculosis; and dental conditions.

INDIVIDUALIZED EVALUATIVE INSTRUMENTS

The 1925 schedule for rating disabilities

The rating schedules prepared for use in determining compensation awards after World War I were based on the average impairment of earning capacity. The predominant employment of the times was unskilled, requiring physical effort. The early schedule thusly gave the greatest weight to the obvious disability, the amputation and loss of use which effectively prevented the individual from successfully engaging in employment. Medical science dealing with treatment of psychoneurosis and other mental disorders was in its infancy, and bore little relationship to the variant weights assigned under the occupational tables prepared for use in the 1925 schedule.

The World War Veterans of 1924 provided for the adoption of a schedule of ratings of reductions in earning capacity from injuries, based upon the average impairment of earning capacity resulting from

such injuries in civilian occupations similar to the occupation of the disabled veteran at the time of his enlistment, and not on the impairment of earning capacity in each individual case. It provided that there would be no reduction in the rate of compensation in an individual case where the handicap had been successfully overcome. The 1925 rating schedule was designed through consultation with experts and designers of state industrial accident insurance programs, others experienced in this field in other government agencies and with persons experienced with such programs in foreign countries.

This schedule represented a departure from the "average impairment" concept of earlier schedules. Instead, disabilities were to be individualized by their effects on the pre-service occupational attainment of the veteran.

The 1925 rating schedule contained an index of diseases and injuries, statements of authority for the schedule, general policy, instructions for application of the schedule, directions on its use and an appendix for extensions to the tables (used in the printed volume). There were three tables, occupational rating, disability rating and combined rating with instructions for their use.

In the application of the schedule the occupation of the claimant at the time of entry into service was determined in accordance with instructions. The disability was ascertained and considered with regard to the injury variants listed for the occupation. Different variants were assigned the components of a limb, for example, depending upon the job requirements for each body part. In occupations demanding digital dexterity, such as typists, the variant for fingers was higher than for forearm or arm. This was applied because there could be considerable disability of the arm or forearm from ankylosis, with limitation of motion and so forth, but with little interference with the finger function.

The occupation table presented an immediate problem. Many veterans of World War I had entered military service so young as to have never been employed. These veterans had no established occupation. They could only be classified as student or on the basis of any part time or summer employment which they may have performed in the past.

The rating schedule defined permanent total disability as follows: A rating of permanent total disability will be made, without regard to the determined occupation when in the opinion of the medical member there is present any impairment of mind or body which continuously renders it impossible for the disabled person to follow any substantially gainful occupation and which is founded on conditions which render it reasonably certain that it will continue throughout the life of the person suffering the disease or injury.

The system of rating under the schedule was not difficult in cases where the disability was an obvious one, such as amputations. In other cases, there were many intangible factors which had to be given consideration. One solution which was used was to revert to the procedure used under the 1921 schedule for determining temporary partial or total, or permanent partial or total ratings.

The rating problem became especially acute in rating cases of psychoneurosis where social inadaptability became a criterion. While rating boards could evaluate reduction in earning capacity through the

effect of social inadaptability from a sufficiently detailed examination report, the examiner could inject his opinion as to the relative severity of the clinical picture being presented. The rating schedule contemplated that manifestations listed under psychoneurosis might appear in mild, moderate, or severe forms. To check undue elevations in these ratings, they were to be compared to organic disablements which they most closely approximated.

Application of the occupational table posed another difficulty. This was the problem of relating physical impairment to industrial physical requirements. It was impractical to group by wage and industrial similarity, so the principle of similarity of physical requirements was adopted. Other conditions for consideration were the general reduction in employability resulting from disability, mobility in employment, and ability of a disabled individual to step down in the type of work performed and thus earn an amount which in addition to his disability compensation would equal or exceed the average preenlistment earnings of his former occupational group.

Under the 1925 rating schedule, disabilities were rated and compensated in multiples of one percent. However, no payment was approved for disabilities rated at less than ten percent.

The 1933 rating schedule

The President was given broad authority to revise veterans benefits and a new schedule for rating disabilities was promulgated in 1933. In this schedule occupational variants as a means of relating post-service disability to pre-service employment were abandoned. Instead the schedule reverted to the average man concept as its basis for evaluation.

The bound edition of the schedule contained a table of contents, statement of general policy, definition of total disability and a combined rating table. The schedule itself consisted of disability ratings classified as to body parts, functions, systems, medical and surgical disabilities and diseases. The general policy set forth was to administer the law under a broad interpretation. Ratings were to be made on a liberal basis, consistent with the facts shown in each individual case. The claimant was not required to establish the service origin and degree of his disability either to a numerical or moral certainty. The determination was to be made by a preponderance of evidence, while resolving all reasonable doubt in favor of the claimant.

The Veterans Administration required evidence of actual impairment of function affecting the industrial adjustment of the individual, correlated with clinical and laboratory findings indicative of disease, or the residuals of disease or trauma. The degrees of disability specified in the schedule were correlated as far as practicable with average reduction in earning capacity from permanent or comparatively stabilized chronic diseases and injuries. The degrees specified were considered adequate to cover considerable loss of time from work due to incapacitating exacerbations or illnesses, proportionate to the severity of the several grades. Combined rating tables were established for situations in which the veteran had more than one disability. Revisions were made in the classifications used in prior rating schedules. There were seven changes or extensions of the 1933 schedule before it was replaced by a new schedule based upon World War II experience.

The 1945 Schedule for Rating Disabilities

The advances of science and technology which carried through World War II brought about a change in the needs of industry, so that the demands increased for clerical, professional and more highly trained skilled workers. Machinery more and more was substituted for physical labor. More sophisticated devices reduced the requirement for men to operate machines or to do labor which required extensive physical exertion.

World War II was a different type of war than those in which this country previously engaged. There was a greater appreciation of the effects that military service had in producing mental disability. With the change from physically oriented labor to white collar type work, the less obvious disabilities soon had a greater effect on the individual's ability to work.

World War II brought new insight into disability and injury problems and their treatment. Adopted by Public Law 458, 79th Congress, the 1945 schedule was an extensive compilation, going into great detail and furnishing specific instructions on essentials of evaluations and interpretations. New diagnostic code numbers were assigned and disabilities were indexed numerically under systems, with disabilities in each system identified by a code series. Policy was clearly set forth for interpretation of reports, application of the schedule and ratings for hospitalization and convalescent periods.

The 1945 rating schedule has remained in effect with changes being promulgated as the need has arisen. In developing said changes the Veterans Administration has sought guidance from its Department of Medicine and Surgery, the Staff of the Congressional Committee and the expertise of the major service organizations. The rating schedule, including changes, was issued in a looseleaf form in 1957. Since 1957 there have been 15 revisions. To assure widespread availability the schedule and its changes are published in the Federal Register.

In the 1960's, earning capacity became more related to the skills and training one had than to the performance of physical labor. An age of technology followed World War II and the Korean Conflict with computers and automated equipment reducing the need for physical labor to a minimum. The changes in a man's employment, his job requirements and duties have led to pressures to revise the schedule to take into account the changes various disabilities have in affecting the capacity to seek and retain employment.

PRESENT LEGAL MANDATE

The rating schedule was not intended to be a static document but was expected to recognize advances in medicine and in treatment of disabilities and disease. Authority for making any necessary changes is provided by statute, Title 38, USC Section 355. This section requires the Administrator "to adopt and apply a schedule of ratings of reductions in earning capacity from specific injuries or combination of injuries. The ratings shall be based, as far as is practicable, upon the average impairments of earning capacity resulting from such injuries in civil occupations." It also provided that the Administrator "shall from time to time readjust this schedule of ratings in accordance with experience."

The present schedule is based upon Veterans Regulation No. 3(a), promulgated by Executive Order No. 6157, June 6, 1933, and amendments which provided in addition to the foregoing mandate that the schedule shall be constructed so as to provide ten grades of disability and no more, upon which the payments of pension shall be based, namely: ten percent, twenty percent, thirty percent, forty percent; fifty percent, sixty percent, seventy percent, eighty percent, ninety percent and one hundred percent. The Administrator of Veterans Affairs shall from time to time readjust the schedule of ratings in accordance with experience.

It was left to the Administrator to determine what is meant by "the average impairments of earning capacity." Its meaning was developed within the Veterans Administration as a result of studies and conferences undertaken by rating personnel, mostly medical, as well as physicians in the Department of Medicine and Surgery, and other VA offices. It can be said that the rating schedule's description of disability and its evaluation represents a distillate of informed opinion with many compromises among the views of the various consultants.

THE BRADLEY COMMISSION

A Commission on Veterans' Pensions was established by the President in January 1955. Executive Order 10588 establishing the commission specified its functions. These were to conduct a comprehensive survey and appraisal of the structure, scope and administration of laws providing benefits to veterans and their dependents and to make appropriate recommendations. Particular attention was to be directed to changes in basic military, social, fiscal and economic factors in the society affecting the role of those benefits, the conditions under which they should be provided, and the relationship between the various benefits and other programs in military service and upon discharge. General Omar N. Bradley was designated to act as Chairman.

The Commission initiated a series of research studies to obtain a broad understanding of the evolution and philosophies of the various programs, and to assemble information bearing on issues affecting the programs. The principle administrative tool for implementation of the compensation program was the Schedule for Rating Disabilities. Since the schedule had its origin some 35 years ago following World War I the study undertook to determine if benefits based on the schedule were equitable to disabled veterans. They interviewed and surveyed medical specialists an sampled veterans on the rolls to obtain an up to date view on the medical aspects and an accurate picture of the economic and social characteristics of disabled veterans.

In the report submitted to the President, it was concluded that although the compensation program appeared to be operating well on an overall basis, there were many inconsistencies and many matters which should receive further study and consideration. The Commission offered a number of recommendations for improving the program. One recommendation was to thoroughly revise the rating schedule to reflect current medical, economic, and social thinking, with the revision to be based on thorough factual study. The revised schedule should serve as the guide for compensation in all cases. It should combine on a comprehensive scale, with appropriate rates, all the factors, economic,

social, physical and mental, which should be considered in determining compensation for various disabilities.

The report recognized that: the basic purpose of disability compensation is economic maintenance; loss of earning capacity should be the primary factor of determination of rating criteria; and, recognition should be given to values beyond the economic sphere. Among these factors there should be recognition of loss of physical integrity, social inadaptability and a shortened life expectancy. If loss of physical integrity were given proper consideration, there would be no necessity for statutory awards, which result in uneven treatment of individuals with disabilities of equal severity. It was also recommended that research on all phases of rating and compensation be carried out on a continuous basis.

Some very important observations were included in the findings of the Bradley Commission Report, Number VIII, Part A, on page 242:

> Despite the fact that no two disabilities are likely to be precisely alike, influencing the future of the disabled persons in exactly the same fashion, a mass compensation program cannot be administered by attempting independent judgment in each case on the particular and special facts which may be involved. A social insurance program cannot be turned into a judicial system.
>
> To achieve administrative efficacy, social insurance relies on the "magic of averages" to arrive at overall equity and social justice. This means inescapably that one individual may get somewhat more and another somewhat less than precise individual justice would indicate. If this suggests arbitrariness, one has only to observe the methods used in nonscheduled permanent disability cases, where administrators are given full discretion to determine each case on its merits.

Chapter III

THE SCHEDULE AND THE STUDY

The VA Rating Schedule is recognized as an enduring document. Since the country's founding, the program of which this schedule is a result, has evolved and matured with the nation and now reflects with considerable accuracy the view of the nation about service related disability. The various diagnostic entities of the schedule are arranged in logical sequence according to structural subdivisions of the body and the evaluations have been revised from time to time as experience has dictated. The early portion of the schedule deals with musculoskeletal disabilities. These are followed by sections on organs of special sense, the respiratory, the cardiovascular, the digestive, the genitourinary, hemic and gynecological systems, the skin, the central and peripheral nervous apparatus with the psychiatric or psychological difficulties near the end.

Evaluations provided in the schedule are most often separated at levels of 20 percent or more. This is believed to allow sharper delineation between the levels of disability. In some instances, this has not been possible and in those disabilities that have been thought to be susceptible of rather precise mensuration, successive levels differing by 10% have been provided. This is especially true of the evaluations for deafness, defective vision and muscle injuries.

All experience, including this study, has indicated that the present general method of assignment of successive rating levels to the diagnostic entities of the schedule is supportable.

The final value of combined ratings under the schedule is reached using the "whole man" theory of combinations. Under this method, an individual who has distinct disabilities of 40%, 20% and 10% would be held to have a combined disability of 57%. Using this theory, the 40% disability renders him 60% efficient. Proceeeding from this, the 20% disability leaves only 48% efficiency remaining and a further 10% disability leaves him 43% efficiency or a 57% disability. This method of combination has been recognized by various agencies and organizations as the best method of combining the multiple impairments encountered among disabled veterans. Whether change seems needed in the present method of combining evaluations will require further analysis.

Despite its long period of use and the controversial nature of decisions resulting, there have been surprisingly few demands for major changes to the schedule. The approach adopted is shown to have stood the test of time. The presently indicated need for revision of individual schedular evaluations stems from changes in employment practices and labor requirements resulting from a dynamic and evolving society rather than from any major flaw in the document itself.

The basic purpose of the disability compensation program, throughout its history, has been one of providing relief from the impaired earning capacity of veterans disabled as the result of their military service. The amount of compensation payable varies according to the degree of disability which in turn is required by the law, 38 USC 355, to represent to the extent practical, the average impairment in earning capacity resulting from such disability or combination of disabilities in civil occupation. The guidelines for measuring the degree of a given veteran's loss of earning capacity are contained in Schedule for Rating Disabilities.

Over the years, the Administrator on numerous occasions as required by the law, 38 USC 355, has adjusted the schedule in accordance with the cumulative experience of the Veterans Administration in rating cases; in the light of social, economic, and medical progress; and on the recommendations of eminent medical consultants.

It is because of the foregoing that the schedule has gained wide reputation. Thus Congress saw fit to require its use as the governing criteria for physical disability retirements from the Armed Forces under Chapter 61 of Title 10, United States Code, formerly known as the Career Compensation Act of 1949. The schedule today continues to be a valid and useful document. There is a demonstrated need to reflect the most-up-to-date medical, economic, and social thinking with respect to rating and compensation of disability so that it will better serve the needs of our present day national culture.

The veterans of today as a group are better off economically than nonveterans in comparable age groups and except for the disabled veterans they are earning more on an average than their non-veteran counterparts. With respect to the disabled veteran, serious consideration has been given to extending the philosophy of returning disabled veterans as nearly as possible to the economic status they would have achieved had they not been disabled in service and deprived of their right of fulfillment of their potential career capabilities.

The basic purpose of disability compensation is economic maintenance. Therefore, the loss of earning capacity is as it should be the primary factor in rating criteria. Other considerations cannot, how-

ever, be overlooked. These include additional dollars now extended for such obviously appealing conditions as disfiguring scars, combat wounds and anatomical losses.

The size of the veteran population dictates the use of the average degree of disability concept. However, recognizing the need for individual case application, authority has been delegated to field station personnel to give extra-schedular application in certain pension cases. Other cases indicating inadequacy of the schedule may be submitted to Central Office. This prevents inequity in individual cases falling without the schedule.

The educational benefits made available to veterans have enabled millions of them to increase their education and specialized training. This fact has raised their earning capacity to a higher level than the non-veteran. This increased educational level has not only benefited the veteran, but society in general because it made available the capabilities necessary to keep our nation the foremost world power.

The current rating schedule like its predecessors measures disability primarily on the degree to which it interferes with physical effort, limits motion, dexterity or strength. The schedule was the natural product of a society in which employment, both agricultural and industrial was oriented in large measure to human brawn applied in an industrial setting.

The veteran of today has been caught up in a growing wave of technological improvements which have completely changed the national industrial picture since World War II. These changes have brought about a work environment in which machines have increasingly been designed to assume jobs which man formerly performed using his muscles. More recently through the use of computers and feedback technology, new machines have even begun to assume some of the functions which man performs through his mental processes. Similarly, advances in automation have placed a lower premium on physical capacity and dexterity.

In this developing economic environment, labor as a factor of production, while still important, no longer enjoys it's former ascendency. The demand is for individuals with particular skills and for those with professional and technical qualifications needed in industry.

An equitable and well balanced rating schedule must reflect economic impairment in the machine oriented society to which today's veteran must turn for employment. The muscle oriented society of the World War II era no longer exists and the instrument which served so well as a yardstick to measure disablement in that era must now be un-dated and refined. This will assure today's veteran that his disability which impairs him in today's society is assessed by today's standards, not by those of another era.

The rating schedule must become a flexible instrument which permits ready adaptability to meet the conditions of an ever changing economy.

Chapter IV

THE CURRENT STUDY—VALIDATING THE RATING SCHEDULE

The need for the study

The current schedule for the rating of disabilities has its origins in the War Risk Insurance Act of 1917 which called for adoption of

a schedule of ratings in reductions in earning capacity from specific injuries or combination of injuries. The schedule which was approved and adopted in 1919 went through a number of changes and revisions, the major ones taking place in 1925, 1933 and 1945. Validity of these schedules have been repeatedly challenged. Criticism of the schedule was based on absence of scientific study conducted to ascertain the extent by which the average earning capacity of disabled veterans was impaired by their service-incurred disability.

It was alleged that many of the assigned values were based on medical conjecture rather than scientific data. The question was previously explored in 1953 and preliminary procedures were drawn up for conducting a survey of veterans and obtaining data relating to the effect disability had on earnings. Before approval was obtained for this survey, the President appointed the Bradley Commission which recommended a complete economic validation of the rating schedule.

The pilot study

Prior to the availability of electronic computers, the manpower and mathematical requirements of a detailed study of average economic loss appeared to be so overwhelming, so difficult and error prone that it made such a project seem unworkable. With advanced technology, computerization of the compensation program and advance statistical methods of other agencies, it became feasible to select random samples of large numbers of the disabled veteran population for a comparison study. After much study, alternate plans were drawn up to obtain study data, and these plans were reviewed and revised until an approved pilot project was agreed upon.

The purpose of the pilot study was to develop methodology adequate for use in the proposed full scale economic validation of the rating schedule. The methodology of the study was to establish a control group of veterans known to have no service-connected compensable disabilities, to be selected at random, to whom questionnaires were to be sent. Data collection for the pilot study was to be conducted by the Bureau of the Census, with the control group to be compiled from their records. The use of the Census assured that the answers to questions by individual veterans would remain completely confidential.

The vehicle for obtaining the data was a questionnaire, with all responses to go to Census. Census was then to process the questionnaires, control, edit and code the returns, and supply tapes to the Veterans Administration with the pertinent information. The Veterans Administration was not given the answers from any individual's questionnaire and no information was obtained that could be applied to or be made part of any veteran's records.

The pilot study involved the 1962 income of a test control group, with questionnaires sent out to about 13,000 veterans who were to serve as a control or normal group. Another 34,000 questionnaires were sent out to disabled veterans. These were selected to provide a sample of approximately 1,000 cases in each percentage of disability 10% through 100% including some 6,000 additional cases which had received previous study by the Bradley Commission and some 16,000 in specific diagnostic codes involving bronchial asthma, rheumatic heart disease, duodenal ulcer, and lower extremity amputations.

The plan tested in the pilot study was to compare the earnings of a large control group of non-compensated veterans with the earnings of

service-connected veterans on the compensation rolls at various percentage levels in a number of diagnostic groups. In order that the observed differences could be related as a function of the disabilities, certain characteristics of the control and test group such as age were equated. Through analysis of the pilot study data, it was expected that the types of information needed for a full-scale study could be identified, response rates determined, procedures and mechanics worked out and the validity of responses evaluated.

The analysis of the pilot study data indicated that the methodology was adequate to measure economic loss. A number of problems were discovered in the operations, but these were solved and procedures established from the data gathering experience which could assure greater precision in the major study. While the pilot study did not produce data usuable in actual updating of the schedule, it was a necessary and useful step in planning an efficient main study.

Methodology

The methodology adopted was to compare the average earnings and work experience of randomly selected male veterans who have a single compensable service-connected disability of a precise nature and level, with the earnings and work experience of a randomly selected control group of non-compensated veterans. The control group was equated to the test group by a weighting method, to assure similarity in age, education and region of residence. This produced a separate and unique control group which could be "paired" with a test group with the same characteristics.

Some diagnoses and evaluations of the rating schedule were not included in the study. This was because the population of some of these groups was too small to be susceptible of valid study. In certain other instances, test groups with similar symptomatology were combined and sampled as one group. There were some other small groups which were not susceptible of combination and could not be studied.

Actual study

With the methodology validated, plans were prepared for the full-scale study. The study was designed to provide information needed as a basis for the following:

Estimating the "average" economic loss attributable to single service-connected disabilities. Separate estimates were planned for the different rated levels of specific types of disability as represented by diagnostic codes.

Recognizing definite trends toward increases or decrease in the current rate of economic loss which may be expected with the passage of time and aging of the veteran population.

Recognizing and evaluating basic differences between the disability evaluation policy of the Veterans Administration and that which other Federal agencies use for comparable disabilities.

Formulating proposals for refinement of the schedule based upon the above estimates and evaluations.

The data required for the study were collected through facilities of the Bureau of the Census. They were used to obtain, code, and tape information from questionnaires returned by both the control group and from service-connected disabled veterans in the test groups. The Veterans Administration identified the service-connected disabled vet-

erans to be surveyed and the Bureau of the Census conducted the actual data collection.

The first major step planned was to determine the average economic loss, which was defined as the amount by which the earnings or income received in lieu of earnings of service-connected disabled veterans is lower than the earnings they might have attained except for the impairment due to their service-connected disability. The economic loss was to be measured in terms of differences between median income of veterans with a single, compensable, service-connected disability (test group), and that of veterans of a comparable age, educational attainment, and area of residence who did not have a compensable service-connected disability (control group). This method assumed that the income of veterans who did not incur a disability in service represented the "normal" level of income which the service-connected disabled veterans might have attained except for the economic impairment following from their service-connected disability.

The income measured was the earnings plus income normally received in lieu of earnings following retirement. In addition to earnings, the comparison base included Social Security benefits, Railroad Retirement pay, company or union pension, and Government or military retirement pay.

The age, educational attainment, and regional distribution of the control group were equated to the distribution of those characteristics in individual test groups, retaining distribution of income and other characteristics as reported by the control group.

For the purposes of study computations four age classes were established as follows:

Under age 30
Age 30 to 49
Age 50 to 64
Age 65 and over

Education classes were established as follows:

Less than a high school graduate
High school graduate
One or more years above high school graduate

There were two regional classifications namely South and all other geographical regions.

The establishment of four age classes, three education classes and two regional classes results in the equivalent of twenty-four subgroupings for study purposes. Although finer distinctions as to each of the groupings would have been most desirable, it would have resulted in statistical subgroups too fractionalized for adequate study. The use of only two more classes would have resulted in ninety-six subgroups within each test group.

The rates of income loss reflected by the sample data represent "average" loss at one point in time. However, consideration must be given to other factors to provide a basis for some judgmental modifications of these average point-in-time loss rates. Some of these factors are urban-rural residence, the effects of aging and race. Distributions of the adjusted control group population and test group population on these selected characteristics merits study and comparisons with relation to median income for each segment.

Evaluations of rates of loss for veterans at several age levels will be used to determine if trends exist toward increase or decrease in the rate of loss as the veteran population ages.

The study population is comprised of two groups. The control group is a cluster sample of males who are identified as veterans in the Bureau of Census current population studies.

Survey samples

The control group is composed of veterans who were identified by the Bureau of the Census from their inactive rotation groups plus an approximately equal group taken from the March 1968 population survey sample. Approximately 14,000 veterans were included in the control group.

Veterans who reported receipt of VA disability compensation or military disability retirement payments were removed from the control group. Comparisons were made between characteristics of those excluded veterans and characteristics of a composite of all service-connected disabled veterans from the test groups to confirm that there was consistency of reporting between the test groups and the control group.

Test groups

Random samples of male service-connected disabled veterans were drawn from populations which included veterans of all service periods and all ages. Each rated level of each separately identified disability (four-digit diagnostic code) is a population. The plan of analysis sometimes provided for combining diagnostically similar populations for certain purposes, but in those instances it also required separate analysis of data for each diagnostic code. These specific disability test groups are limited to veterans who have a single service-connected disability.

The total number of veterans receiving disability compensation approximates two million. As a general guide, disability categories (single diagnostic code at a given rating level) which include as many as 200 single disability cases were considered for inclusion as separate test groups. Many disability categories which are large enough to be tested were excluded on the basis that they are adequately represented by other disability groups tested. A relatively few disability groups which include less than 200 single disability cases were included because of unique problems associated with them. In total, the test group samples approximated 500,000.

The number of cases included in a specific disability test group ranged from about 200 to about 1,900. If a test group contains a population of less than 500 cases all cases in the population were used. Populations larger than 500 were sampled.

About one-half of the 1,000 plus test groups used were limited to 500 or less cases and only a relatively few test groups in the sample exceeded 1,000 cases. These 1,000 test groups represented about 400 separate diagnostic entities.

Female veterans and veterans rated under the 1925 rating schedule were omitted from both the test and control groups.

Veterans rated 100 percent because of hospitalization were included with their basic rating group.

Veterans receiving special monthly compensation in addition to the basic compensation rate were included with their basic rating group. Where some, but less than all the veterans under a diagnostic code received special monthly compensation, a separate sample was provided for veterans receiving special monthly compensation. This was to insure the inclusion of an adequate number of cases in the special monthly compensation group. Dual use was made of cases in both samples insofar as possible.

The actual mailing of about 500,000 questionnaires began on February 1, 1968. It was felt that to obtain the most accurate income information from the veteran for the prior year of 1967 the questionnaire should be received shortly after the close of that calendar year. Because of lead time in preparing for the operations, it was necessary to postpone the mailing schedule originally planned for early 1967. Follow-up mailings were released by the Bureau of the Census on March 7 and April 15, 1968. Additional follow-ups were made by telephone and by personal interviews. The interview sample follow-up included all non-respondents in the control group and about half of the non-respondents in the test groups. Data collection was completed by Census during the first quarter of FY 1969.

Following completion of data collection, the Bureau of the Census coded the questionnaires and performed an edit-audit procedure to insure consistency and internal accuracy of the data, and the information was delivered on tape to the VA. At that time, programs were prepared by the VA to obtain from the data, the information for analysis and recommendations. VA created a weighted master survey file for the test groups and an extract file from both test and control groups to be used for initial analysis.

Chapter V

GROSS STUDY DATA

The gross study data which follows is identified by the diagnostic codes of the VA Schedule for Rating Disabilities. Each diagnostic code is followed by the accepted diagnostic terminology for the disease or injury. The data are presented in schedule sequence of diagnostic code numbers actually studied.

Due to limitations caused by small size and allover total of veterans who could be included, not all diagnostic entities of the schedule were made part of the study. For these reasons, not all diagnostic codes are covered by these data. However, when possible, within limitations of the study, disabilities were combined with other diagnostic entities of a like nature and the same evaluation. Where this was done, multiple diagnostic code numbers are listed, each followed by an identifying name and below this is given data for the combined group. As an example, the gross study data for diagnostic codes 5002 through 5009 and 5017 as a combined group is shown at the bottom of the first page of data.

Although because of small population size, study limitations and other reasons some percentage levels of selected diagnoses and some complete diagnostic entities were not studied, these potential test groups can be legitimately up-dated on final analysis of the study re-

sults. The residuals of these diseases and injuries are known and the impairment resulting can be estimated with great fairness from the impairment shown to flow from studied diseases or injuries which are of a like nature. The study, however, did include the disabilities suffered by the great bulk of all those veterans on the compensation rolls. In fact, the study coverage was so wide that in total about one-quarter of all compensated veterans were selected and surveyed.

These veterans who have been found to be individually unemployable due to a service-connected disability are rated as totally disabled. Persons in this category were included in the test group for their basic percentage evaluation and diagnosis. The diagnostic code and evaluations together identify the type and severity of the disability being tested. These individuals were, therefore, included with other veterans whose residuals were similar so their impairment could contribute its proper weighted part to the average loss of all those with like symptoms.

Veterans rated temporary total 100% because of hospitalization or post-hospitalization convalescence were included in the test groups for their basic evaluation and diagnosis. The total rating in their cases was on a temporary basis and the study was devised to test the average level of on-going disability. It was considered proper that these individuals be included in test groups with others whose symptoms were like theirs.

Veterans receiving special monthly compensation were included in test groups with those in their basic percentage evaluation and diagnosis. Although these individuals do receive compensation benefits which exceed those for their basic evaluation, their impairment was proper for inclusion to reach the average degree of loss for all those with the same disability.

Almost the entire sample for test group purposes consisted of veterans in one of the following categories:

1. Veterans with only one service connected disability evaluated at 10% or more.

2. Veterans with a combined evaluation of 0% who receive special monthly compensation.

3. A very few special purpose test groups.

For the main study, just over one thousand separate test groups were provided. In all, about 485,000 veterans who are drawing compensation for a single service-connected disability were selected. These, with the control group provided by the Bureau of the Census, total a study population of almost 500,000 out of the approximately 2 million living veterans receiving compensation on the rolls.

Not every veteran on the rolls was considered for selection to the sample. All females were excluded since experience has shown that a substantial number of females are non-earners because of household duties and that lack of earning in their case cannot be attributed to disability as the study methodology provides.

Also excluded from the test groups were all veterans receiving compensation under the 1925 rating schedule. The earlier schedule did not contain diagnostic codes as a vehicle for selecting current diagnosis and percent and the description of symptoms required for rating levels differ from those of the 1945 rating schedule. In addition,

the occupational variants employed in the 1925 rating schedule render these protected ratings inapplicable to present standards.

Due in part to difficulty in timely contact and follow-up, all veterans living outside the 50 states and District of Columbia were excluded. Those living in foreign nations were considered as being subject to such different environmental and social pressures as to render their responses unreliable as an indicator of economic impairment for the great bulk of U.S. veterans.

In a few instances, two or more disabilities were combined at one percentage level, but considered individually at other levels. This, of course, was done to obtain a study group whose combined size was sufficiently large to assure a statistically valid estimate. In these instances of mixed combination and individual data, the diagnostic codes involved in the combination are first presented along with the diagnoses. This is followed by data for the combined group. Individual data will then follow in diagnostic code order. An example of this type of presentation is found in diagnostic codes 7304, 7305 and 7306 which are combined at 60% but are shown with individual results for the 40%, 20% and 10% levels.

The column following the diagnoses presents the rated percentage evaluation of the test group being considered. The purpose of the study is to gauge economic impairment flowing from a specific disability of an ascertained degree of severity. The percentage level of the diagnostic code has thus become the means to determine the essential nature as to severity of the disability suffered by the test group in question. Thus, we know that under diagnostic code 7005 at 60%, we are testing a group of individuals with arteriosclerotic heart disease as their service-connected compensable disability. In addition, we know that the heart disease has been manifested by coronary occlusion or thrombosis or by repeated anginal attacks and that more than light manual labor is not feasible for this group. If diagnostic code 6600 at 30% is being tested, the study is dealing with bronchitis as the compensable service-connected entity and the condition has caused a persistent cough at intervals throughout the day, considerable expectoration, considerable dyspnea on exercise, rales and beginning emphysema.

The rated percentage level is followed by the annual median loss in 1967 dollars. In the study, the information collected on earnings was restricted to 1967 levels for each test group and for the control group. The comparison of average earnings of the specific test group with that of a like control group resulted in a study estimate of difference expressed as annual median loss in dollars. In the data for diagnostic code 5000, osteomyelitis rated at 100%, the disabled group is estimated to have earned on the average $5518 less than the control in 1967. In a few instances such as that of diagnostic code 5258 at 10%, the disabled are estimated to have earned more than the control group. In these instances, a negative value is expressed in the median loss column.

The information as to earnings and work experience for this study is restricted to calendar year 1967. Data collection was begun in early 1968, at a time when recall of 1967 earnings was relatively easy and when back-up material related to income tax was readily available for most people. Survey specialists are uniform in believing that financial data of the type needed in the study are not dependable when requested

for periods more remote than that for which current records are at hand .

Despite the "point in time" nature of the study information, a great deal of valid information can be drawn as to the future of the compensation program. The age and educational conformation of each test group is known. Analysis by age classification within test groups can furnish valuable information as to the relationship of age and education to the level of economic impairment. Leads to forecast trends in compensation should be available by relating the economic situation of present age groups to that of older veterans of like education and area of residence. For example, the results of the study for a group of high school graduates aged 50–64 with a known diagnosis and rated level of disability can be taken as indicative of the future trends for veterans with the same type and level of disability who are now age 30–40.

The annual compensation shown is twelve times the basic monthly wartime rate of compensation. The annual rate shown is quite exact for those whose disability is related to wartime service when the percentage level is less than 50%. However, the dollar value given does not include compensation for dependents paid to those rated 50% through 100%, nor does it include specal monthly compensation for loss or loss of use of limbs or body functions. For a wartime incurred total disability in 1967, a married veteran who has no living child would have received additional compensation of $25.00 a month or $300.00 per year. A like veteran with a wife and two children would have received additional compensation of $55 per month or $660 annually. Veterans who have service-connected anatomical loss or loss of use of one limb or body function receive special monthly compensation of $47 per month in addition to basic benefits for their level of disability and dependency situation. In those cases where blindness or multiple losses or losses of use of limbs is present, compensation at 1967 levels could exceed $600 per month plus dependency benefits. As a result of these benefits, which are in addition to basic compensation, the average monthly value of total disability payments at 1967 rates for WW II veterans was $376.48 per month or $4,517.76 per annum rather than basic rates of $300 per month and $3600 yearly.

Median loss as a percent of control group income expresses the percentage relationship between the estimated earnings of the test group and that of the control group. In diagnostic code 5000 rated 100%, the data indicate an annual test median income of $1482 and a control income of $7000. This results in a computed loss of $5518 and a percentaage loss of 78.8 .

The average annual earnings of production workers in manufacturing industry in 1967 have been estimated by the Bureau of Labor Statistics to be $5975. When the annual loss of $5518 in diagnostic code 5000 is expressed in terms of a percent of the BLS figure, the loss is shown to be 92.3 percent.

The selected raw data are preliminary presentations of study material. The data, of course, will require extensive and detailed analysis to determine the extent of validation of each individual diagnostic entity ratable under the rating schedule.

In this analysis, the mission of the Veterans Administration is defined by law to ascertain the average loss of earnings, i.e., the present relationship of the loss of earnings for each cell of disabled veterans

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as it relates as a percentile to the earnings of the non-disabled control group of veterans. Thus conditions affecting levels of compensation as determined by the Congress must necessarily include such additional facts as the tax exempt status of compensation.

In the gross study data which follow, the group whose characteristics are reported is identified by diagnostic code, by diagnosis and by rated percentage level of the specific study group. Data are presented as annual dollar loss, annual compensation paid, median percentage loss and by median loss related to average earnings of production workers.

KEY TO PRESENTATION ITEM BY ITEM

First column

The diagnostic code numbers given are those of the specific disability as they appear in the VA Schedule for Rating Disabilities. In the schedule, each disability has been assigned a diagnostic code number. This is used for statistical and for identification purposes. The diagnostic code number identifies a discrete diagnosis, but does not identify the rated percentage level of the disability.

Second column

This presents, in abbreviated form, the generally accepted terminology of the disease, injury or residual condition involved. The aim here is to identify the disabling condition in a manner rendering the material most useful to both lay and medical personnel.

Third column

Percentage evaluations following the diagnostic terminology furnish the final precise identification of the group studied. The percentage evaluation given is the present rated level of all members of the specific group whose combined study results follow.

Fourth column

Median annual loss in 1967 dollars presents the average dollar difference in earnings between the disabled group being studied and the control group of non-compensated individuals. The control in each case was equated to the disabled group to assure likeness in age, education and area of residence.

Fifth column

Annual compensation in 1967 dollars gives the annual value of the compensation paid by the VA to those in the group. Basic compensation value only is shown. As given in the first study group, the veteran rated as 100% disabled received $300 per month or $3600 per year in 1967. The rate is now $450 per month.

Sixth column

Median loss as a percent of control group income represents a mathematical relation in terms of percent between the average control group income and the average income of the specific sample studied.

Seventh column

Median loss as a percent of 1967 earnings of production workers compares the median loss in 1967 dollars, which is shown following the rated percent, with the earnings of production workers in indus-

try. The figure given represents the percentage relation between the average annual loss of the disabled group and the average annual earning of the production workers as shown by BLS statistics.

THE MUSCULOSKELETAL SYSTEM

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
ACUTE, SUBACUTE, AND CHRONIC DISEASES				
5000—Osteomyelitis, acute, subacute or chronic:				
100 percent	$5,518	$3,600	78.8	92.3
30 percent	448	720	5.8	7.5
20 percent	943	480	12.7	15.7
10 percent	300	252	4.0	5.0
5001—TB, bones and joints:				
100 percent	5,630	3,600	81.0	94.2
50 percent	2,000	1,356	27.7	33.4
40 percent	1,222	984	16.2	20.4
30 percent	1,600	720	20.5	26.7
20 percent	1,400	480	19.4	23.4
10 percent	1,150	252	16.4	19.2
5002—Arthritis, rheumatoid				
5004—Arthritis, gonorrheal				
5005—Arthritis, pneumococcic				
5006—Arthritis, typhoid				
5007—Arthritis, syphilitic				
5008—Arthritis, streptococcic				
5009—Arthritis, other types				
5017—Gout:				
100 percent	5,914	3,600	83.1	98.9
90 percent	4,523	2,508	61.1	75.7
80 percent	2,843	2,232	37.9	47.5
70 percent	3,278	1,932	43.7	54.8
60 percent	3,054	1,632	41.2	51.1
50 percent	1,392	1,356	18.8	23.3
40 percent	1,400	984	18.9	23.4
30 percent	1,000	720	13.3	16.7
20 percent	654	480	8.9	10.9
10 percent	402	252	5.3	6.7
5003—Arthritis, degenerative, hypertrophic, or osteoarthritis				
5013—Osteoporosis, with joint manifestations				
5014—Osteomalacia				
5015—Bones, new growths of, benign				
5016—Osteitis deformans				
5018—Hydrarthrosis, intermittent				
5019—Bursitis				
5020—Synovitis				
5021—Myositis				
5022—Periostitis				
5023—Myositis ossificans				
5024—Tenosynovitis:				
100 percent	5,704	3,600	81.4	95.4
90 percent	4,236	2,508	60.5	70.9
80 percent	5,005	2,232	72.6	83.7
70 percent	5,185	1,932	77.5	86.7
60 percent	4,260	1,632	63.5	71.3
50 percent	2,961	1,356	42.6	49.5
40 percent	2,100	984	30.4	35.1
30 percent	1,585	720	22.6	26.5
20 percent	903	480	12.7	15.1
10 percent	500	252	6.6	8.3
5010—Arthritis, due to trauma:				
60 percent	3,782	1,632	54.0	63.3
50 percent	1,633	1,356	23.0	27.3
40 percent	1,049	984	14.8	17.5
30 percent	900	720	12.5	15.0
20 percent	760	480	10.2	12.7
10 percent	394	252	5.2	6.5
COMBINATIONS OF DISABILITIES				
5102—Anatomical loss of both hands and one foot				
5104—Loss of use of both hands and one foot				
5106—Anatomical loss of both hands				
5109—Loss of use of both hands: 100 percent	5,521	3,600	72.3	92.4
5107—Anatomical loss of both feet: 100 percent	3,907	3,600	52.0	65.3
5108—Anatomical loss of one hand and one foot				
5110—Loss of use of both feet				
5111—Loss of use of one hand and one foot: 100 percent	5,908	3,600	78.7	93.8

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
AMPUTATIONS: UPPER EXTREMITY				
5121—Amputation, above insertion, deltoid:				
90 percent	1,977	2,508	26.3	33.0
80 percent	2,283	2,232	30.8	38.2
5122—Amputation, below insertion, deltoid:				
80 percent	2,265	2,232	30.4	37.9
70 percent	2,262	1,932	30.3	37.8
5123—Amputation, above insertion, pronator teres:				
80 percent	2,091	2,232	29.0	35.0
70 percent	1,728	1,932	23.7	28.9
5124—Amputation, below insertion, pronator teres:				
70 percent	2,269	1,932	31.2	37.9
60 percent	2,500	1,632	35.7	41.8
5125—Hand, loss of use of:				
70 percent	2,103	1,932	29.3	35.2
60 percent	2,000	1,632	28.5	33.4
5126—Amputation, 5 digits, one hand				
5127—Amputation, thumb, index, middle, and ring				
5128—Amputation, thumb, index, middle, and little				
5129—Amputation, thumb, index, ring, and little				
5130—Amputation, thumb, middle, ring, and little:				
70 percent	2,000	1,932	27.7	33.4
60 percent	1,479	1,632	20.5	24.7
5131—Amputation, index, middle, ring, and little:				
60 percent	2,000	1,632	28.5	33.4
50 percent	2,134	1,356	31.7	35.7
5132—Amputation, thumb, index, and middle				
5133—Amputation, thumb, index, and ring				
5134—Amputation, thumb, index, and little				
5135—Amputation, thumb, middle, and ring				
5137—Amputation, thumb, ring, and little:				
60 percent	1,161	1,632	16.2	19.4
50 percent	1,500	1,356	21.4	25.1
5138—Amputation, index, middle, and ring				
5139—Amputation, index, middle, and little				
5140—Amputation, index, ring, and little:				
50 percent	1,747	1,356	24.9	29.2
40 percent	1,733	984	25.7	29.0
5141—Amputation, middle, ring, and little:				
40 percent	926	984	12.9	15.5
30 percent	1,559	720	22.5	26.0
5142—Amputation, thumb and index				
5143—Amputation, thumb and middle				
5144—Amputation, thumb and ring				
5145—Amputation, thumb and little:				
50 percent	1,536	1,356	21.4	25.7
40 percent	200	984	2.7	3.3
5146—Amputation, index and middle				
5147—Amputation, index and ring				
5148—Amputation, index and little:				
40 percent	1,097	984	16.1	18.3
30 percent	1,515	720	21.6	25.3
5149—Amputation, middle and ring				
5150—Amputation, middle and little				
5151—Amputation, ring and little:				
30 percent	663	720	9.2	11.1
20 percent	523	480	7.3	8.7
5152—Amputation, thumb:				
40 percent	33	984	.4	.5
30 percent	609	720	8.4	10.1
20 percent	283	480	3.8	4.7
5153—Amputation, index finger:				
30 percent	775	720	10.8	12.9
20 percent	899	480	12.6	15.0
10 percent	335	252	4.5	5.6
5154—Middle finger, amputation of:				
20 percent	900	480	12.8	15.0
10 percent	242	252	3.3	4.0
5155—Ring finger, amputation of:				
20 percent	277	480	3.8	4.6
10 percent	395	252	5.2	6.6
5156—Little finger, amputation of:				
20 percent	1,050	480	14.5	17.5
10 percent	366	252	4.9	6.1

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
AMPUTATIONS: UPPER EXTREMITY—Continued				
5161—Amputation, thigh, upper third: 80 percent	$1,500	$2,232	20.0	25.1
5162—Amputation, thigh, middle or lower thirds: 60 percent	1,661	1,632	22.6	27.8
5163—Amputation, leg, with defective stump: 60 percent	2,545	1,632	33.7	42.5
5164—Amputation, leg, with loss of natural knee action: 60 percent	1,429	1,632	19.3	23.9
5165—Amputation, leg, at a lower level: 40 percent	1,466	984	20.4	24.5
5166—Forefoot, amputation proximal to metatarsal bones: 40 percent	1,000	984	14.2	16.7
5167—Foot, loss of use of: 40 percent	1,355	984	18.9	22.6
5170—Amputation, all toes, without metatarsal loss: 30 percent	527	720	7.5	8.8
5171—Amputation, great toe:				
30 percent	249	720	3.6	4.1
10 percent	500	252	7.1	8.3
5172—Toe, other, amputation of: 20 percent	945	480	13.3	15.8
5173—Toes, 3 or more, amputation of, not including great toe:				
20 percent	645	480	8.7	10.7
10 percent	500	252	7.1	8.3
THE SHOULDER AND ARM				
5200—Scapulohumeral articulation, ankylosis of:				
40 percent	633	984	8.5	10.5
30 percent	860	720	11.4	14.3
20 percent	475	480	6.3	7.9
10 percent	476	252	6.6	7.9
5201—Arm, limitation of motion of:				
30 percent	1,097	720	14.6	18.3
20 percent	600	480	8.0	10.0
10 percent	948	252	11.9	15.8
5202—Humerus, other impairment of:				
80 percent	1,500	2,232	20.0	25.1
70 percent	1,946	1,932	26.5	32.5
60 percent	1,437	1,632	20.5	24.0
50 percent	878	1,356	11.6	14.6
40 percent	854	984	11.5	14.2
30 percent	735	720	9.8	12.3
20 percent	602	480	7.8	10.0
5203—Clavicle or scapula, impairment of:				
20 percent	800	480	10.2	13.3
10 percent	719	252	9.3	12.0
THE ELBOW AND FOREARM				
5205—Elbow, ankylosis of:				
60 percent	578	1,632	8.0	9.6
50 percent	1,000	1,356	14.0	16.7
40 percent	656	984	8.8	10.9
30 percent	843	720	11.3	14.1
5206—Forearm, limitation of flexion of:				
50 percent	1,148	1,356	16.4	19.2
40 percent	597	984	7.9	9.9
30 percent	722	720	9.7	12.0
20 percent	428	480	5.7	7.1
10 percent	500	252	6.4	8.3
5207—Forearm, limitation of extension of:				
50 percent	1,116	1,356	16.3	18.6
40 percent	360	984	5.4	6.0
30 percent	956	720	12.5	16.0
20 percent	267	480	3.5	4.4
10 percent	514	252	6.6	8.6
5208—Forearm, flexion limited to 100° and extension to 45°: 20 percent	600	480	7.8	10.0
5209—Elbow, other impairment of:				
60 percent	1,473	1,632	18.4	24.6
50 percent	1,650	1,356	22.9	27.6
20 percent	498	480	6.6	8.3
5211—Ulna, impairment of:				
40 percent	1,767	984	23.5	29.5
30 percent	790	720	10.5	13.2
20 percent	679	480	9.1	11.3
10 percent	659	252	8.6	11.0

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
THE ELBOW AND FOREARM—Continued				
5212—Radius, impairment of:				
40 percent	$631	$984	8.2	10.5
30 percent	445	720	5.9	7.4
20 percent	189	480	2.4	3.1
10 percent	346	252	4.6	5.7
5213—Supination and pronation, impairment of:				
40 percent	1,747	984	23.2	29.2
30 percent	500	720	6.6	8.3
20 percent	640	480	8.3	10.7
10 percent	289	252	3 7	4.8
THE WRIST AND HAND				
5214—Wrist, ankylosis:				
50 percent	1,250	1,356	16.6	20.9
40 percent	915	984	12.9	15.3
30 percent	791	720	10.7	13.2
20 percent	484	480	6.4	8.1
5215—Wrist, limitation of motion of: 10 percent	243	252	3.2	4.0
5216—5 digits of 1 hand, unfavorable ankylosis of				
5217—4 digits of 1 hand, unfavorable ankylosis of:				
60 percent	716	1,632	10.0	11.9
50 percent	1,000	1,356	14.2	16.7
40 percent	1,070	984	15.0	17.9
5218—3 digits of 1 hand, unfavorable ankylosis of:				
50 percent	693	1,356	9.7	11.6
40 percent	1,124	984	15.3	18.8
30 percent	741	720	10.2	12.4
20 percent	1,084	480	15.3	18.1
5219—2 digits of 1 hand, unfavorable ankylosis of:				
40 percent	534	984	7.3	8.9
30 percent	393	720	5.4	6.5
20 percent	436	480	6.0	7.3
220—5 digits of 1 hand, favorable ankylosis of				
221—4 digits of 1 hand, favorable ankylosis of:				
50 percent	1,000	1,356	14.2	16.7
40 percent	740	984	10.0	12.3
30 percent	1,018	720	14.5	17.0
22—3 digits of 1 hand favorable ankylosis of:				
40 percent	1,651	984	22.9	27.6
30 percent	730	720	10.0	12.2
20 percent	700	480	9.7	11.7
5223—2 digits of 1 hand, favorable ankylosis of:				
30 percent	866	720	11.5	14.4
20 percent	200	480	2.7	3.3
10 percent	435	252	5.8	7.2
5224—Thumb, ankylosis of:				
20 percent	547	420	7.3	9.1
10 percent	268	252	3.5	4.4
5225—Index finger, ankylosis of: 10 percent	200	252	2.6	3.3
5226—Middle finger, ankylosis of: 10 percent	500	252	6.6	8.3
THE HIP AND THIGH				
5250—Hip, ankylosis of:				
90 percent	1,700	2,508	24.2	28.4
70 percent	1,366	1,932	18.8	22.8
60 percent	1,964	1,632	26.1	32.8
5251—Thigh, limitation of extension of: 10 percent	406	252	5.2	6.7
5252—Thigh, limitation of flexion of:				
20 percent	987	480	13.1	16.5
10 percent	1,010	252	12.6	16.9
5253—Thigh, impairment of:				
20 percent	461	480	6.1	7.7
10 percent	579	252	7.6	9.6
5254—Hip, flail joint				
5255—Femur, impairment of:				
80 percent	2,411	2,232	33.0	40.3
60 percent	2,272	1,632	30.2	38.0
30 percent	950	720	12.7	15.9
20 percent	768	480	10.4	12.8
10 percent	752	252	10.3	12.5

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE KNEE AND LEG				
5256—Knee, ankylosis of:				
60 percent	$1,652	$1,632	22.3	27.6
50 percent	1,169	1,356	15.7	19.5
40 percent	1,929	984	26.6	32.2
30 percent	1,300	720	17.8	21.7
5257—Knee, other impairment of:				
30 percent	755	720	10.0	12.6
20 percent	1,047	480	13.6	17.5
10 percent	700	252	8.8	11.7
5258—Cartilage, semilunar, dislocated:				
20 percent	300	480	3.8	5.0
10 percent	−195	252	−2.4	−3.2
5259—Cartilage, semilunar, removal of: 10 percent	290	252	3.6	4.8
5260—Leg, limitation of flexion of:				
30 percent	756	720	10.1	12.6
20 percent	782	480	10.0	13.0
10 percent	454	252	5.8	7.6
5261—Leg, limitation of extension of:				
50 percent	2,468	1,356	33.0	41.3
40 percent	1,274	984	16.9	21.3
30 percent	2,008	720	26.7	33.6
20 percent	1,033	480	13.5	17.2
10 percent	792	252	10.1	13.2
5262—Tibia and fibula, impairment of:				
30 percent	631	720	8.7	10.5
20 percent	800	480	10.8	13.3
10 percent	900	252	12.0	15.0
5263—Genu recurvatum: 10 percent	0	252	0	0
THE ANKLE				
5270—Ankle, ankylosis of:				
40 percent	1,200	984	16.6	20.0
30 percent	1,000	720	13.8	16.7
20 percent	524	480	7.2	8.7
5271—Ankle, limited motion of:				
20 percent	670	480	8.9	11.2
10 percent	513	252	6.6	8.5
5272—Subastragalar or tarsal, joint, ankylosis of:				
20 percent	500	480	6.6	8.3
10 percent	12	252	.1	.2
5273—Os calcis or astragalus, malunion of:				
20 percent	924	480	12.3	15.4
10 percent	520	252	6.9	8.7
SHORTENING OF THE LOWER EXTREMITY				
5275—Bones, of the lower extremity, shortening of:				
30 percent	950	720	13.5	15.9
20 percent	1,452	480	19.3	21.3
10 percent	56	252	.7	.9
THE FOOT				
5276—Flatfoot, acquired:				
50 percent	3,467	1,356	51.7	58.0
30 percent	1,506	720	20.9	25.2
20 percent	558	480	7.4	9.3
10 percent	437	252	5.7	7.3
5277—Weak foot, bilateral:				
30 percent	1,185	720	16.6	19.8
20 percent	622	480	8.6	10.4
10 percent	500	252	6.6	8.3
5278—Claw foot, acquired:				
50 percent	3,350	1,356	46.5	56.0
30 percent	1,120	720	14.9	18.7
20 percent	615	480	8.0	10.2
10 percent	734	252	9.4	12.2
5279—Metatarsalgia: 10 percent	500	252	6.2	8.3
5280—Hallux valgus: 10 percent	471	252	6.4	7.8
5281—Hallux rigidus: 10 percent	569	252	7.3	9.5
5282—Hammer toe: 10 percent	1,024	252	13.6	17.1

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE FOOT—Continued				
5283—Tarsal, or metatarsal bones, malunion of, or nonunion of:				
30 percent	$521	$720	7.4	8.7
20 percent	259	480	3.6	4.3
10 percent	615	252	8.2	10.2
5284—Foot injuries, other:				
40 percent	96	984	1.3	1.6
30 percent	597	720	8.4	9.9
20 percent	500	480	6.9	8.3
10 percent	586	252	7.9	9.8
THE SPINE				
5285—Vertebra, fracture of, residuals:				
100 percent	6,221	3,600	86.5	104.1
60 percent	2,000	1,632	28.5	33.4
10 percent	800	252	10.2	13.3
5286—Spine, complete ankylosis:				
100 percent	5,330	3,600	76.1	89.2
60 percent	1,615	1,632	21.1	27.0
5287—Spine, ankylosis of, cervical: 30 percent	1,000	720	12.5	16.7
5288—Spine, ankylosis of, dorsal:				
30 percent	721	720	9.9	12.0
20 percent	186	480	2.4	3.1
5289—Spine, ankylosis of, lumbar:				
50 percent	1,231	1,356	17.0,	20.6
40 percent	1,272	984	17.0,	21.2
5290—Spine, limitation of motion of, cervical:				
30 percent	852	720	11.6	14.2
20 percent	832	480	10.8	13.9
10 percent	732	252	9.3	12.2
5291—Spine, limitation of motion of, dorsal: 10 percent	565	252	7.3	9.4
5292—Spine, limitation of motion of, lumbar:				
40 percent	1,925	984	26.7	32.2
20 percent	606	480	8.1	10.1
10 percent	300	252	3.9	5.0
5293—Intervertebral disc syndrome:				
60 percent	4,144	1,632	58.3	69.3
40 percent	1,401	984	18.9	23.4
20 percent	703	480	9.3	11.7
10 percent	479	252	5.9	8.0
5294—Sacroiliac injury and weakness:				
40 percent	1,000	984	14.2	16.7
20 percent	800	480	10.8	13.3
10 percent	348	252	4.6	5.8
5295—Lumbosacral strain:				
40 percent	2,057	984	29.1	34.4
20 percent	1,133	480	15.7	18.9
10 percent	500	252	6.6	8.3
MISCELLANEOUS BONY LOSSES				
5296—Skull, loss of part of, both inner and outer tables:				
50 percent	1,511	1,356	21.0	27.0
30 percent	750	720	10.3	12.5
10 percent	878	252	11.7	14.6
5297—Ribs, removal of:				
40 percent	1,729	984	22.0	28.9
30 percent	1,506	720	19.1	25.2
20 percent	1,098	480	14.3	18.3
10 percent	220	252	2.8	3.6
5298—Coccyx, removal of: 10 percent	400	252	5.0	6.6
MUSCLE INJURIES				
5301—Group I—Extrinsic muscles of shoulder girdle:				
40 percent	757	984	10.1	12.6
30 percent	499	720	6.7	8.3
20 percent	407	480	5.4	6.8
10 percent	259	252	3.4	4.3
5302—Group II—Extrinsic muscles of shoulder girdle:				
40 percent	808	984	10.8	13.5
30 percent	581	720	7.9	9.7
20 percent	478	480	6.5	8.0

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
MUSCLE INJURIES—Continued				
5303—Group III—Intrinsic muscles of shoulder girdle:				
40 percent	$582	$984	8.0	9.7
30 percent	323	720	4.4	5.4
20 percent	700	480	9.3	11.7
5304—Group IV—Intrinsic muscles of shoulder girdle:				
30 percent	495	720	6.6	8.2
20 percent	500	480	6.6	8.3
10 percent	414	252	5.5	6.9
5305—Group V—Flexor muscles of the elbow:				
40 percent	589	984	7.8	9.8
30 percent	366	720	4.9	6.1
20 percent	414	480	5.5	6.9
10 percent	500	252	6.6	8.3
5306—Group VI—Extensor muscles of the elbow:				
40 percent	1,033	984	13.7	17.2
30 percent	460	720	6.1	7.7
20 percent	459	480	6.1	7.6
10 percent	304	252	4.0	5.0
5307—Group VII—Muscles arising from internal condyle of humerus:				
40 percent	424	984	5.7	7.1
30 percent	403	720	5.5	6.7
20 percent	461	480	6.1	7.7
10 percent	439	252	5.8	7.3
5308—Group VIII—Muscles arising mainly from external condyle of humerus:				
30 percent	646	720	8.5	10.8
20 percent	332	480	4.4	5.5
10 percent	400	252	5.4	6.6
5309—Group IX—Intrinsic muscles of the hand:				
40 percent	878	984	12.5	14.6
30 percent	354	720	4.8	5.9
20 percent	460	480	6.3	7.7
10 percent	573	252	7.6	9.5
5310—Group X—Intrinsic muscles of the foot:				
30 percent	789	720	10.9	13.2
20 percent	515	480	6.8	8.6
10 percent	500	252	6.6	8.3
5311—Group XI—Posterior and lateral muscles of the leg:				
30 percent	792	720	10.5	13.2
20 percent	500	480	6.6	8.3
10 percent	465	252	6.1	7.7
5312—Group XII—Anterior muscles of the leg:				
30 percent	499	720	6.6	8.3
20 percent	424	480	5.6	7.1
10 percent	598	252	7.8	10.0
5313—Group XIII—Posterior thigh group:				
40 percent	700	984	9.3	11.7
30 percent	500	720	6.6	8.3
10 percent	397	252	5.2	6.6
5314—Group XIV—Anterior thigh group:				
40 percent	994	984	13.5	16.6
30 percent	445	720	6.0	7.4
10 percent	153	252	2.0	2.5
5315—Group XV—Mesial thigh group:				
30 percent	448	720	6.0	7.5
20 percent	396	480	5.2	6.6
10 percent	361	252	4.8	6.0
5316—Group XVI—Pelvic girdle group 1:				
40 percent	884	984	11.7	14.7
30 percent	249	720	3.2	4.1
10 percent	282	252	3.8	4.7
5317—Group XVII—Pelvic girdle group 2:				
50 percent	868	1,356	12.0	14.5
40 percent	419	984	5.6	7.0
20 percent	547	480	7.3	9.1
5318—Group XVIII—Pelvic girdle group 3:				
30 percent	683	720	9.1	11.4
20 percent	371	480	4.9	6.2
10 percent	202	252	2.6	3.3
5319—Group XIX—Muscles of the abdominal wall:				
50 percent	774	1,356	10.3	12.9
30 percent	508	720	6.8	8.5
10 percent	400	252	5.4	6.6

THE MUSCULOSKELETAL SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
IMPAIRMENT OF CENTRAL VISUAL ACUITY—Con.				
5320—Group XX—Spinal muscles:				
60 percent	$1,148	$1,632	16.0	19.2
40 percent	764	984	10.5	12.7
20 percent	469	480	6.2	7.8
10 percent	300	252	4.0	5.0
5321—Group XXI—Muscles of respiration:				
20 percent	300	480	4.1	5.0
10 percent	114	252	1.5	1.9
5322—Group XXII—Lateral, supra and infrahyoid group:				
30 percent	555	720	7.9	9.2
20 percent	375	480	4.9	6.2
10 percent	442	252	5.9	7.4
5323—Group XXIII—Lateral and posterior muscles of the neck:				
30 percent	435	720	5.8	7.2
20 percent	300	480	3.8	5.0
10 percent	482	252	6.4	8.0
5325—Muscle injury, facial muscles: 10 percent	303	252	4.0	5.0
5326—Muscle hernia: 10 percent	305	252	3.9	5.1
ORGANS OF SPECIAL SENSE				
DISEASES OF THE EYE				
6000—Uveitis				
6001—Keratitis				
6003—Iritis				
6004—Cyclitis				
6005—Choroiditis				
6006—Retinitis:				
40 percent	1,439	984	19.1	24.0
30 percent	611	720	8.3	10.2
20 percent	460	480	6.1	7.7
10 percent	213	252	2.7	3.6
6008—Retina, detachment of:				
30 percent	974	720	12.9	16.3
10 percent	605	252	7.2	10.1
6009—Eye, injury of, unhealed: 10 percent	12	252	.1	.2
6011—Retina, scars: 10 percent	800	252	10.2	13.3
6013—Glaucoma, simple, primary, noncongestive:				
30 percent	1,503	720	19.2	25.1
10 percent	378	252	4.7	6.3
6016—Nystagmus, central: 10 percent	227	252	2.7	3.8
6017—Conjunctivitis, trachomatous, chronic:				
30 percent	2,000	720	25.0	33.4
10 percent	272	252	3.4	4.5
6018—Conjunctivitis, other, chronic: 10 percent	478	252	5.9	8.0
6019—Ptosis, eyelids: 10 percent	935	252	12.0	15.6
6025—Epiphora: 10 percent	785	252	10.3	13.1
6026—Neuritis, optic:				
30 percent	1,205	720	16.0	20.1
10 percent	704	252	9.7	11.7
6027—Cataract, traumatic				
6028—Cataract, senile, and others				
6029—Aphakia: 30 percent	791	720	10.8	13.2
6031—Dacryocystitis: 10 percent	435	252	6.1	7.2
COMBINATIONS OF EYE DISABILITIES				
6062—Blindness in both eyes having only light perception:				
100 percent	6,226	3,600	84.1	104.2
IMPAIRMENT OF CENTRAL VISUAL ACUITY				
Blindness, anatomical loss, 1 eye:				
6063—Other blind (5/200 or less): 100 percent	6,208	3,600	82.7	103.9
6064—Other impaired (20/200 or less)				
6068—Other impaired (20/200 or less)				
6072—Other impaired (20/200 or less)				
6075—Both eyes:				
90 percent	5,599	2,508	79.9	93.7
80 percent	4,839	2,232	66.8	80.9
70 percent	3,691	1,932	51.2	61.7

ORGANS OF SPECIAL SENSE—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
MUSCLE INJURIES—Continued				
6065—Other impaired: 60 percent	$3,965	$1,632	56.6	66.3
6066—Other normal: 40 percent	962	984	13.2	16.1
6067—Other blind (5/200 or less): 100 percent	6,013	3,600	80.1	100.6
6069—Other impaired				
6073—Other impaired				
6076—Other impaired:				
60 percent	2,930	1,632	41.9	49.0
50 percent	2,000	1,356	28.5	33.4
40 percent	1,964	984	26.4	32.8
30 percent	1,231	720	17.0	20.6
6070—Other normal				
6071—Both eyes, 5/200: 100 percent	5,949	3,600	82.6	99.5
6074—5/200 to 20/40: 30 percent	638	720	8.7	10.6
6077—10/200 to 20/40:				
30 percent	1,000	720	13.3	16.7
20 percent	528	480	7.0	8.8
Blindness, partial:				
6078—Both eyes:				
50 percent	2,717	1,356	37.0	45.4
30 percent	1,400	720	18.6	23.4
20 percent	604	480	8.4	10.1
10 percent	500	252	6.6	8.3
6079—1 eye only 10 percent	500	252	6.6	8.3
6080—Field vision, impairment of:				
100 percent	6,350	3,600	81.4	106.2
70 percent	3,100	1,932	40.2	51.8
50 percent	2,874	1,356	39.5	48.1
30 percent	1,179	720	15.8	19.7
20 percent	800	480	10.2	13.3
10 percent	917	252	11.4	15.3
6081—Scotoma, pathological: 10 percent	—232	252	—2.7	—3.8
6090—Muscle function, ocular, impairment of:				
30 percent	800	720	10.0	13.3
20 percent	180	480	2.2	3.0
10 percent	556	252	7.0	9.3
DISEASES OF THE EAR				
6200—Otitis media, suppurative, chronic: 10 percent	572	252	7.6	9.5
6204—Labyrinthitis:				
30 percent	1,615	720	21.1	27.0
10 percent	98	252	1.2	1.6
6205—Meniere's syndrome:				
100 percent	6,414	3,600	85.4	107.3
60 percent	1,862	1,632	24.6	31.1
30 percent	800	720	10.0	13.3
6210—Auditory canal, disease of: 10 percent	395	252	4.9	6.6
6260—Tinnitus: 10 percent	200	252	2.5	3.3
DEAFNESS				
6277—Deafness, bilateral: 80 percent	2,096	2,232	29.1	35.0
6278—Deafness, bilateral: 60 percent	1,271	1,632	17.5	21.2
6279—Deafness, bilateral: 40 percent	809	984	11.2	13.5
6280—Deafness, bilateral: 30 percent	547	720	7.5	9.1
6281—Deafness, bilateral: 20 percent	891	480	12.0	14.9
6282—Deafness, unilateral: 10 percent	219	252	2.8	3.6
6283—Deafness, unilateral: 60 percent	1,450	1,632	20.1	24.2
6284—Deafness, unilateral: 40 percent	780	984	10.4	13.0
6285—Deafness, unilateral: 30 percent	900	720	12.0	15.0
6286—Deafness, unilateral: 20 percent	847	480	11.2	14.1
6287—Deafness, unilateral: 10 percent	436	252	5.7	7.3
6288—Deafness, bilateral: 40 percent	899	984	12.0	15.0
6289—Deafness, bilateral: 20 percent	700	480	9.3	11.7
6290—Deafness, bilateral: 20 percent	202	480	2.6	3.3
6291—Deafness, unilateral: 10 percent	352	252	4.5	5.8
6292—Deafness, bilateral: 20 percent	630	480	8.2	10.5
6293—Deafness, bilateral: 10 percent	399	252	5.1	6.6
6295—Deafness, bilateral: 10 percent	600	252	7.8	10.0
SYSTEMIC DISEASES				
6304—Malaria:				
100 percent	4,400	3,600	74.5	73.6
50 percent	3,251	1,356	49.7	54.4
30 percent	2,499	720	39.0	41.8
10 percent	1,761	252	25.9	29.4

ORGANS OF SPECIAL SENSE—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
SYSTEMIC DISEASES				
6305—Filariasis:				
30 percent	$345	$720	4.4	5.7
10 percent	−14	252	−.1	−.2
6309—Rheumatic fever:				
30 percent	500	720	6.2	8.3
10 percent	19	252	.2	.3
6313—Avitaminosis:				
20 percent	726	480	9.3	12.1
10 percent	294	252	3.7	4.9
6315—Pellagra: 10 percent	−100	252	−1.2	−1.6
6316—Brucellosis: 10 percent	771	252	9.3	12.9
6350—Lupus erythematosus, systemic: 60 percent	5,803	1,632	79.8	97.1
THE RESPIRATORY SYSTEM				
THE NOSE AND THROAT				
6501—Rhinitis, atrophic, chronic:				
50 percent	908	1,356	12.8	15.2
30 percent	893	720	12.0	14.9
10 percent	368	252	4.6	6.1
6502—Septum, nasal, deflection of: 10 percent	679	252	8.5	11.3
6504—Nose, loss of part of, or scars: 10 percent	370	252	4.6	6.1
6510—Sinusitis, pansinusitis, chronic:				
30 percent	994	720	13.2	16.6
10 percent	679	252	8.7	11.3
6511—Sinusitis, ethmoid, chronic:				
30 percent	191	720	2.6	3.2
10 percent	388	252	5.0	6.4
6512—Sinusitis, frontal, chronic:				
30 percent	1,395	720	19.3	23.3
10 percent	567	252	7.2	9.4
6513—Sinusitis, maxillary, chronic:				
30 percent	1,582	720	21.0	26.4
10 percent	515	252	6.6	8.6
6514—Sinusitis, sphenoid, chronic: 10 percent	357	252	4.4	5.9
6516—Laryngitis, chronic:				
30 percent	758	720	10.3	12.6
10 percent	628	252	7.9	10.5
6518—Laryngectomy: 100 percent	4,977	3,600	66.3	83.3
6519—Aphonia, organic:				
100 percent	4,800	3,600	60.0	80.3
60 percent	1,998	1,632	26.6	33.4
6520—Larynx, stenosis of: 10 percent	7	252	0	.1
THE TRACHEA AND BRONCHI				
6600—Bronchitis, chronic:				
60 percent	5,207	1,632	80.0	87.1
30 percent	2,000	720	28.5	33.4
10 percent	505	252	7.0	8.4
6601—Bronchiectasis:				
100 percent	5,792	3,600	82.6	86.9
60 percent	3,200	1,632	43.8	53.5
30 percent	1,043	720	13.7	17.4
10 percent	557	252	7.2	9.3
6602—Asthma, bronchial:				
100 percent	5,533	3,600	85.1	92.6
60 percent	5,046	1,632	76.4	84.4
30 percent	1,633	720	23.1	27.3
10 percent	753	252	9.6	12.6
THE LUNGS AND PLEURA				
6701—T B, pulmonary, chronic, far advanced, active:				
100 percent	5,661	3,600	83.3	94.7
30 percent	1,300	720	16.6	21.7
6702—TB, pulmonary, chronic, moderate, advanced, active:				
100 percent	5,403	3,600	79.3	90.4
30 percent	523	720	6.6	8.7

THE RESPIRATORY SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE LUNGS AND PLEURA—Continued				
6703—TB, pulmonary, chronic, minimal, active:				
100 percent	$4,766	$3,600	70.0	79.7
30 percent	454	720	5.6	7.6
6704—TB, pulmonary, chronic, active, advanced, unspecified: 100 percent	3,939	3,600	58.5	65.9
6705—TB, with pneumothorax, induced or artificial:				
100 percent	6,297	3,600	80.7	105.3
30 percent	323	720	4.0	5.4
6706—TB, pulmonary, with thoracoplasty:				
80 percent	2,570	2,232	34.4	43.0
70 percent	2,985	1,932	39.8	49.9
60 percent	1,832	1,632	23.8	30.6
6721—TB, pulmonary, chronic, far advanced, inactive:				
100 percent	5,927	3,600	84.6	99.2
80 percent	2,360	2,232	30.6	39.5
70 percent	2,227	1,932	28.6	37.2
60 percent	3,002	1,632	38.9	50.2
50 percent	2,700	1,356	37.5	45.1
30 percent	1,982	720	24.8	33.1
6722—TB, pulmonary, chronic, moderate, advanced, inactive:				
100 percent	4,700	3,600	70.1	78.6
60 percent	2,277	1,632	29.1	38.1
50 percent	2,071	1,356	28.4	34.6
30 percent	1,275	720	15.9	21.3
20 percent	1,657	480	21.8	27.7
6723—TB, pulmonary, chronic, minimal, inactive:				
100 percent	4,390	3,600	64.5	73.4
50 percent	1,800	1,356	25.7	30.1
30 percent	1,125	720	13.8	18.8
6724—TB, pulmonary, chronic, inactive, advanced, unspecified: 30 percent	763	720	9.8	12.7
6732—Pleurisy, tuberculous:				
100 percent	4,578	3,600	73.6	76.6
50 percent	1,902	1,536	27.5	31.8
30 percent	1,300	720	16.2	21.7
10 percent	783	252	9.7	13.1
6802—Pneumoconiosis, unspecified:				
100 percent	6,001	3,600	85.8	100.4
30 percent	1,200	720	16.6	20.0
10 percent	1,321	252	18.0	22.1
6810—Pleurisy, serofibrinous: 10 percent	600	252	7.6	10.0
6811—Pleurisy, purulent (empyema):				
100 percent	2,674	3,600	38.2	44.7
60 percent	1,850	1,632	23.1	30.9
30 percent	777	720	10.3	13.0
10 percent	600	252	7.6	10.0
6813—Lung, permanent collapse of: 50 percent	1,830	1,356	25.0	30.6
6814—Pneumothorax, spontaneous:				
30 percent	892	720,	11.6	14.9
10 percent	1,339	252	16.7	22.4
6815—Pneumonectomy: 60 percent	2,503	1,632	34.7	41.8
6816—Lobectomy: 30 percent	810	720	10.1	13.5
6818—Pleural cavity, injuries, residuals of, including gunshot wounds:				
60 percent	1,035	1,632	14.7	17.3
40 percent	740	984	9.8	12.3
20 percent	300	480	3.9	5.0
6819—New growths, malignant, any specified part of respiratory system: 100 percent	4,834	3,600	69.0	80.9
6820—New growths, benign, any specified part of respiratory system:				
30 percent	862	720	10.9	14.4
10 percent	1,253	252	16.1	20.9
6821—Coccidioidomycosis: 30 percent	1,329	720	17.5	22.2

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE HEART				
7000—Rheumatic heart disease:				
100 percent	$5,666	$3,600	80.9	94.8
80 percent	5,081	2,232	66.4	85.0
60 percent	2,800	1,632	37.8	46.8
30 percent	959	720	12.3	16.0
10 percent	500	252	6.2	8.3
7001—Endocarditis, bacterial, subacute:				
30 percent	1,555	720	20.4	26.0
10 percent	373	252	4.6	6.2
7002—Pericarditis, bacterial or rheumatic, acute:				
30 percent	1,460	720	19.2	24.4
10 percent	361	252	4.6	6.0
7005—Arteriosclerotic heart disease:				
100 percent	5,717	3,600	81.2	95.6
80 percent	5,581	2,232	78.0	93.4
60 percent	4,449	1,632	61.7	74.4
30 percent	982	720	12.9	16.4
7006—Myocardium, infarction of, due to thrombosis or embolism:				
100 percent	5,945	3,600	79.2	99.5
80 percent	2,145	2,232	28.6	35.9
60 percent	3,000	1,632	41.6	50.2
30 percent	1,524	720	20.0	25.5
7007—Hypertensive heart disease:				
100 percent	5,633	3,600	83.4	94.2
80 percent	5,549	2,232	79.2	92.8
60 percent	4,663	1,632	66.6	78.0
30 percent	1,600	720	21.3	26.7
7010—Auricular flutter, paroxysmal				
7011—Auricular fibrillation, paroxysmal				
7013—Tachycardia, paroxysmal:				
30 percent	1,503	720	20.0	25.1
10 percent	312	252	4.0	5.2
7012—Auricular fibrillation, permanent: 10 percent	509	252	6.4	8.5
7014—Sinus tachycardia: 10 percent	200	252	2.5	3.3
7015—Auriculoventricular block:				
60 percent	1,159	1,632	15.5	19.4
30 percent	287	720	3.7	4.8
10 percent	766	252	9.5	12.8
THE ARTERIES AND VEINS				
7100—Arteriosclerosis, general: 20 percent	1,000	480	14.2	16.7
7101—Hypertensive vascular disease:				
40 percent	1,746	984	24.0	29.2
20 percent	1,421	480	18.9	23.7
10 percent	468	252	6.1	7.8
7113—Arteriovenous aneurysm, traumatic: 30 percent	1,280	720	16.4	21.4
7114—Arteriosclerosis obliterans:				
50 percent	1,628	1,356	22.4	27.2
40 percent	1,244	984	17.2	20.8
20 percent	568	480	7.5	9.8
7115—Thromboangiitis obliterans:				
100 percent	5,664	3,600	79.3	94.7
70 percent	1,569	1,932	20.7	26.2
60 percent	1,395	1,632	18.8	23.3
50 percent	1,301	1,356	17.8	21.7
40 percent	688	984	9.1	11.5
20 percent	227	480	3.0	3.8
7116—Claudication, intermittent:				
40 percent	−205	984	−2.7	−3.4
20 percent	591	480	7.6	9.8
7117—Raynaud's disease:				
60 percent	927	1,632	12.8	15.5
40 percent	894	984	12.1	14.9
20 percent	500	480	6.6	8.3
7118—Angioneurotic edema:				
40 percent	342	984	4.6	5.7
20 percent	598	480	7.7	10.0
10 percent	151	252	1.9	2.5
7119—Erythromelalgia:				
20 percent	−119	480	−1.5	−1.9
10 percent	1,900	252	23.7	31.8

THE CARDIOVASCULAR SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE ARTERIES AND VEINS—Continued				
7120—Varicose veins:				
60 percent	$3,097	$1,632	44.2	51.8
50 percent	2,060	1,356	29.1	34.4
40 percent	1,329	984	18.8	22.2
30 percent	912	720	12.5	15.2
20 percent	760	480	10.1	12.7
10 percent	500	252	6.6	8.3
7121—Phlebitis:				
100 percent	6,738	3,600	100.0	112.7
60 percent	2,528	1,632	35.1	42.3
30 percent	1,032	720	13.7	17.2
10 percent	512	252	6.5	8.5
7122—Frozen feet, residuals of:				
50 percent	1,278	1,356	16.8	21.3
30 percent	821	720	11.4	13.7
20 percent	325	480	4.3	5.4
10 percent	343	252	4.5	5.7
THE DIGESTIVE SYSTEM				
7203—Esophagus, stricture of				
7204—Esophagus, spasm of (cardiospasms)				
7205—Esophagus, diverticulum of, acquired: 30 percent	1,180	720	16.2	19.7
7301—Peritoneum, adhesions of:				
50 percent	1,447	1,356	19.4	24.2
30 percent	603	720	8.3	10.0
10 percent	700	252	9.3	11.7
7304—Ulcer, gastric				
7305—Ulcer, duodenal				
7306—Ulcer, marginal: 60 percent	2,297	1,632	31.9	38.4
7304—Ulcer, gastric:				
40 percent	1,559	984	23.3	26.0
20 percent	927	480	13.2	15.5
10 percent	634	252	8.7	10.6
7305—Ulcer, duodenal:		9		
40 percent	1,700	484	23.9	28.4
20 percent	600	80	8.3	10.0
10 percent	500	252	6.6	8.3
7306—Ulcer, marginal (gastrojejunal):				
40 percent	1,714	984	24.2	28.6
20 percent	238	480	3.2	3.9
10 percent	253	252	3.4	4.2
7307—Gastritis, hypertrophic:				
30 percent	436	720	6.2	7.3
10 percent	766	252	10.2	12.8
7308—Postgastrectomy syndromes:				
60 percent	3,263	1,632	46.1	54.6
40 percent	1,200	984	16.6	20.0
20 percent	959	480	13.1	16.0
7311—Liver, injury of: 10 percent	1,002	252	12.5	16.7
7312—Liver, cirrhosis of:				
60 percent	5,267	1,632	70.8	88.1
30 percent	2,253	720	31.0	37.7
7313—Liver, abscess of, residuals: 10 percent	1,279	252	16.1	21.4
7314—Cholecystitis, chronic				
7315—Cholelithiasis, chronic				
7316—Cholangitis, chronic:				
30 percent	1,090	720	15.0	18.2
10 percent	565	252	7.2	9.4
7318—Gall bladder, removal of:				
30 percent	686	720	9.0	11.4
10 percent	600	252	7.8	10.0
7319—Irritable colon syndrome (spastic colitis, mucous colitis, etc.)				
7325—Enteritis, chronic				
7326—Enterocolitis, chronic:				
30 percent	1,952	720	25.0	32.6
10 percent	500	252	6.2	8.3
7321—Amebiasis:				
30 percent	598	720	7.6	10.0
10 percent	342	252	4.2	5.7
7322—Dysentery, bacillary: 10 percent	0	252	0	0

THE DIGESTIVE SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE DIGESTIVE SYSTEM—Continued				
7323—Colitis, ulcerative:				
100 percent	$2,545	$3,600	30.0	42.5
60 percent	1,532	1,632	19.6	25.6
30 percent	994	720	12.4	16.6
10 percent	700	252	8.7	11.7
7324—Distomiasis, intestinal or hepatic: 10 percent	1,024	252	12.8	17.1
7327—Diverticulitis: 10 percent	867	252	11.5	14.5
7328—Intestine, small, resection of:				
60 percent	2,712	1,632	33.9	45.3
40 percent	800	984	10.2	13.3
20 percent	1,821	480	25.3	30.4
7329—Intestine, large, resection of:				
40 percent	1,160	984	15.1	19.4
20 percent	628	480	7.8	10.5
10 percent	546	252	6.8	9.1
7330—Intestine, fistula of: 100 percent	2,765	3,600	35.4	46.2
7331—Peritonitis, tuberculous: 30 percent	2,351	720	32.2	39.3
7332—Rectum and anus, impairment of sphincter control:				
100 percent	5,517	3,600	77.1	92.3
60 percent	5,766	1,632	76.7	96.5
50 percent	576	1,356	8.0	9.6
30 percent	1,122	720	15.8	18.7
10 percent	452	252	6.0	7.5
7333—Rectum and anus, stricture of:				
100 percent	2,769	3,600	34.6	46.3
50 percent	2,200	1,356	30.5	36.8
30 percent	645	720	9.1	10.7
7334—Rectum, persistent prolapse of:				
50 percent	1,292	1,356	18.4	21.6
30 percent	1,117	720	16.4	18.6
10 percent	562	252	7.4	9.4
7335—Ano, Fistula in:				
30 percent	2,321	720	30.9	38.8
10 percent	948	252	12.0	15.8
7336—Hemorrhoids, external or internal:				
20 percent	1,164	480	15.2	19.4
10 percent	640	252	8.2	10.7
7337—Pruritus ani: 10 percent	102	252	1.2	1.7
7338—Hernia, inguinal:				
60 percent	3,333	1,632	49.3	55.7
30 percent	1,210	720	17.2	20.2
20 percent	648	480	9.1	10.8
10 percent	808	252	10.9	13.5
7339—Hernia, ventral:				
40 percent	2,401	984	34.3	40.1
20 percent	1,867	480	19.5	22.8
10 percent	892	252	12.0	14.9
7341—Wounds, incised, healed abdominal wall: 10 percent	1,328	252	17.9	22.2
7342—Visceroptosis: 10 percent	639	252	8.3	10.6
7343—New growths, malignant, any specified part of digestive system: 100 percent	3,950	3,600	53.3	66.1
7345—Hepatitis, infectious:				
60 percent	3,960	1,632	55.0	66.2
30 percent	1,494	720	18.7	25.0
10 percent	576	252	7.2	9.6
7346—Hernia, hiatal:				
30 percent	2,587	720	32.3	43.3
10 percent	300	252	3.7	5.0
THE GENITOURINARY SYSTEM				
7500—Kidney, removal of:				
100 percent	5,358	3,600	76.5	89.6
60 percent	1,442	1,632	19.5	24.1
30 percent	556	720	7.4	9.3
7502—Nephritis, chronic:				
100 percent	5,057	3,600	70.2	84.6
80 percent	2,582	2,232	34.0	43.2
60 percent	3,125	1,632	42.2	52.3
30 percent	708	720	9.3	11.8
10 percent	741	252	9.5	12.4

THE GENITOURINARY SYSTEM—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
7505—Kidney, tuberculosis of:				
100 percent	$2,493	$3,600	31.9	41.7
50 percent	635	1,356	9.0	10.6
30 percent	2,000	720	25.0	33.4
7508—Nephrolithiasis				
7509—Hydronephrosis				
7510—Ureterolithiasis				
7511—Ureter, stricture of:				
60 percent	1,205	1,632	16.2	20.1
30 percent	916	720	12.2	15.3
20 percent	400	480	5.4	6.6
10 percent	500	252	6.4	8.3
7512—Cystitis, chronic				
7513—Cystitis, interstitial (Hunner), submucous or elusive ulcer: 60 percent	3,591	1,632	50.5	60.1
7512—Cystitis, chronic:				
40 percent	2,469	984	35.2	41.3
20 percent	1,500	480	20.0	25.1
10 percent	760	252	10.1	12.7
7518—Urethra, stricture of:				
30 percent	1,330	720	18.1	22.2
10 percent	981	252	13.2	16.4
7519—Urethra, fistula of: 10 percent	1,230	252	16.3	20.5
7521—Penis, removal of glans				
7522—Penis, deformity, with loss of erectile power				
7523—Testis, atrophy, complete: 20 percent	500	480	6.2	8.3
7524—Testis, removal of:				
30 percent	689	720	9.1	11.5
20 percent	1,189	480	14.8	19.9
10 percent	1,011	252	13.0	16.9
7525—Epididymo-orchitis tuberculous:				
30 percent	1,604	720	21.0	26.8
10 percent	1,750	252	22.5	29.2
7526—Prostate gland, resection or removal: 20 percent	1,163	480	15.3	19.4
7527—Prostate gland injuries, infections, hypertrophy, postoperative:				
20 percent	781	480	10.8	13.0
10 percent	865	252	11.5	14.4
THE HEMIC AND LYMPHATIC SYSTEMS				
7700—Anemia, pernicious:				
60 percent	1,796	1,632	25.3	30.0
30 percent	1,058	720	14.1	17.7
7705—Purpura hemorrhagica:				
60 percent	899	1,632	11.5	15.0
30 percent	1,728	720	21.6	28.9
7706—Splenctomy: 30 percent	784	720	10.2	13.1
7709—Lymphogranulomatosis (Hodgkin's disease):				
100 percent	4,741	3,600	68.5	79.3
60 percent	2,640	1,632	36.1	44.1
30 percent	742	720	9.8	12.4
7710—Adenitis, cervical, tuberculous:				
50 percent	1,400	1,356	20.2	23.4
30 percent	2,311	720	29.2	38.6
10 percent	1,000	252	13.6	16.7
7711—Adenitis, axillary, tuberculous: 30 percent	1,800	720	23.0	30.1
7713—Adenitis, secondary: 10 percent	981	252	12.6	16.4
THE SKIN				
7800—Scars, disfiguring, head, face or neck:				
80 percent	2,720	2,232	37.7	45.5
50 percent	700	1,356	9.4	11.7
30 percent	782	720	10.3	13.0
10 percent	300	252	3.9	5.0
7801—Scars, burns, third degree:				
40 percent	930	984	12.5	15.0
30 percent	1,000	720	13.3	16.7
20 percent	878	480	11.7	14.6
10 percent	500	252	6.6	8.3
7802—Scars, burns, second degree: 10 percent	500	252	6.6	8.3

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
7803—Scars, superficial, poorly nourished: 10 percent	$642	$252	8.3	10.7
7804—Scars, superficial, tender and painful: 10 percent	500	252	6.6	8.3
7805—Scars, others:				
30 percent	751	720	10.2	12.5
10 percent	423	252	5.6	7.0
7806—Eczema:				
50 percent	1,815	1,356	25.3	30.3
30 percent	921	720	12.2	15.4
10 percent	325	252	4.1	5.4
7809—Lupus erythematosus discoid:				
50 percent	1,444	1,356	19.8	24.1
30 percent	806	720	10.7	13.4
10 percent	237	252	2.9	3.9
7812—Verruga peruana: 10 percent	76	252	.9	1.2
7813—Dermatophytosis:				
50 percent	2,375	1,356	33.9	39.7
30 percent	818	720	10.8	13.6
10 percent	594	252	7.6	9.9
7814—Tinea barbae: 10 percent	815	252	10.1	13.4
7815—Pemphigus: 10 percent	−386	252	−5.1	−6.4
7816—Psoriasis:				
50 percent	1,574	1,356	20.9	26.3
30 percent	800	720	10.2	13.3
10 percent	300	252	3.8	5.0
7817—Dermatitis exfoliativa:				
50 percent	1,192	1,356	16.0	19.9
30 percent	900	720	12.1	15.0
10 percent	608	252	7.9	10.1
7818—New growths, malignant, skin:				
30 percent	1,697	720	22.0	28.4
10 percent	200	252	2.5	3.3
7819—New growths, benign, skin:				
30 percent	2,000	720	27.7	33.4
10 percnet	657	252	8.4	11.0
THE ENDOCRINE SVSTEM				
7900—Hyperthyroidism				
7901—Thyroid gland, toxic adenoma of:				
100 percent	6,369	3,600	93.6	106.5
60 percent	3,272	1,632	46.7	54.7
30 percent	1,300	720	17.8	21.7
10 percent	259	252	3.3	4.3
7902—Thyroid gland, nontoxic adenoma of: 10 percent	1,357	252	18.2	22.7
7903—Hypothyroidism:				
30 percent	206	720	2.8	3.4
10 percent	480	252	5.8	8.0
7908—Hyperpituitarism (acromegaly or gigantism): 30 percent	1,881	720	22.6	31.4
7909—Hypopituitarism (diabetes insipidus):				
30 percent	2,500	720	32.4	41.8
10 percent	1,556	252	20.9	26.0
7911—Addison's disease: 60 percent	2,205	1,632	25.9	36.9
7913—Diabetes mellitus:				
100 percent	5,565	3,600	79.1	93.1
60 percent	2,700	1,632	36.0	45.1
40 percent	1,457	984	18.9	24.3
20 percent	815	480	10.7	13.6
10 percent	800	252	10.6	13.3
NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS				
8000—Encephalitis, epidemic, chronic:				
100 percent	7,000	3,600	100.0	117.1
50 percent	1,434	1,356	19.1	24.0
30 percent	1,189	720	15.2	19.9
10 percent	1,000	252	12.5	16.7
8001—Encephalopathy, traumatic:				
100 percent	6,233	3,600	87.7	104.3
70 percent	1,527	1,932	21.2	25.5
50 percent	1,660	1,356	22.5	27.7
30 percent	211	252	3.0	3.5

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
Brain, new growth of:				
8002—Malignant: 100 percent	$5,782	$3,600	80.3	96.7
8003—Benign:				
100 percent	6,308	3,600	86.4	105.5
60 percent	1,713	1,632	22.2	28.6
8004—Paralysis agitans:				
100 percent	6,126	3,600	87.5	102.5
60 percent	4,968	1,632	63.7	83.1
50 percent	2,406	1,356	32.5	40.2
30 percent	1,397	720	19.4	23.3
8008—Brain, vessels, embolism of:				
100 percent	5,986	3,600	85.5	100.1
30 percent	1,503	720	20.0	25.1
8009—Brain, vessels, hemorrhage from:				
100 percent	6,140	3,600	86.4	102.7
50 percent	3,815	1,356	50.8	63.8
30 percent	1,234	720	17.3	20.6
10 percent	957	252	12.3	16.0
8010—Myelitis:				
100 percent	6,559	3,600	87.1	109.7
50 percent	1,815	1,356	23.2	30.3
30 percent	1,310	720	16.7	21.9
10 percent	400	252	4.7	6.6
8011—Poliomyelitis, anterior:				
100 percent	4,299	3,600	47.7	71.9
70 percent	2,919	1,932	32.9	48.8
60 percent	1,754	1,632	19.4	29.3
50 percent	965	1,356	10.7	16.1
40 percent	615	984	6.9	10.2
30 percent	605	720	6.9	10.1
20 percent	207	480	2.3	3.4
10 percent	37	252	0.4	.6
8017—Amyotrophic lateral sclerosis: 100 percent	6,086	3,600	81.1	101.8
8018—Multiple sclerosis:				
100 percent	6,609	3,600	83.2	110.6
80 percent	5,197	2,232	66.0	86.9
70 percent	4,506	1,932	56.3	75.4
60 percent	5,137	1,632	66.2	85.9
50 percenf	1,976	1,356	24.7	33.0
30 percent	638	720	7.7	10.6
8019—Meningitis, cerebrospinal, epidemic:				
100 percent	6,260	3,600	86.6	104.7
50 percent	3,897	1,356	51.9	65.2
30 percent	1,058	720	14.4	17.7
10 percent	720	252	9.3	12.0
8023—Progressive muscular atrophy:				
100 percent	6,142	3,600	81.8	102.7
50 percent	1,848	1,356	23.1	30.9
30 percent	618	720	7.9	10.3
8024—Syringomyelia:				
100 percent	6,020	3,600	84.3	100.7
30 percent	1,205	720	15.0	20.1
8025—Myasthenia gravis:				
100 percent	6,645	3,600	85.1	111.2
30 percent	1,182	720	14.8	19.7
8045—Brain disease due to trauma:				
100 percent	6,249	3,600	92.0	104.5
30 percent	2,815	720	38.4	47.1
10 percent	799	252	10.9	13.3
8100—Migraine:				
50 percent	2,958	1,356	38.9	49.5
30 percent	941	720	11.7	15.7
10 percent	362	252	4.5	6.0
8103—Tic, convulsive: 10 percent	406	252	5.4	6.7
8106—Chorea, Huntington's: 100 percent	6,480	3,600	86.4	108.4
8108—Narcolepsy:				
60 percent	6,127	1,632	82.4	102.5
30 percent	4,779	720	59.8	79.9
10 percent	3,243	252	44.1	54.2

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
THE CRANIAL NERVES				
8205—5th (trigeminal) cranial nerve, paralysis of:				
30 percent	$398	$720	5.6	6.6
10 percent	633	252	8.2	10.5
8305—5th (trigeminal) cranial nerve, neuritis				
8405—5th (trigeminal) cranial nerve, neuralgia:				
30 percent	715	720	8.8	11.9
10 percent	600	252	7.6	10.0
8207—7th (facial) cranial nerve, paralysis of:				
30 percent	311	720	4.2	5.2
20 percent	668	480	8.8	11.1
10 percent	339	252	4.3	5.6
8307—7th (facial) cranial nerve, neuritis				
8407—7th (facial) cranial nerve, neuralgia: 10 percent	644	252	8.4	10.7
8210—10th (pneumogastric, vagus) cranial nerve paralysis of:				
30 percent	977	720	13.0	16.3
10 percent	−1,069	252	−13.3	−17.8
8211—11th (spinal accessory, external branch) cranial nerve, paralysis of				
8311—11th (spinal accessory, external branch) cranial nerve, neuritis				
8411—11th (spinal accessory, external branch) cranial nerve, neuralgia: 10 percent	320	252	4.0	5.3
PERIPHERAL NERVES: PARALYSIS				
8510—Upper radicular group (5th and 6th cervicals), paralysis of:				
70 percent	2,409	1,932	34.4	40.3
60 percent	3,331	1,632	47.5	55.7
50 percent	1,862	1,356	24.8	31.1
40 percent	576	984	7.6	9.6
30 percent	1,503	720	19.2	25.1
20 percent	758	480	9.6	12.6
8610—Upper radicular group (5th and 6th cervicals, neuritis)				
8710—Upper radicular group (5th and 6th cervicals), neuralgia: 10 percent	37	252	.4	.6
8511—Paralysis, middle radicular group				
8611—Middle radicular group, neuritis				
8711—Middle radicular group, neuralgia:				
50 percent	1,031	1,356	13.7	17.2
40 percent	−28	984	−.3	−.4
30 percent	1,004	720	12.8	16.8
20 percent	600	480	7.8	10.0
8512—Paralysis, lower radicular group				
8612—Lower radicular group, neuritis				
8712—Lower radicular group, neuralgia:				
70 percent	2,242	1,932	29.8	37.5
60 percent	1,344	1,632	17.9	22.4
50 percent	760	1,356	10.7	12.7
40 percent	407	984	5.5	6.8
30 percent	845	720	10.8	14.1
20 percent	464	480	6.1	7.7
8513—Paralysis, all radicular groups:				
90 percent	2,350	2,508	31.3	39.3
80 percent	2,669	2,232	35.5	44.6
70 percent	2,690	1,932	35.8	45.0
60 percent	1,583	1,632	21.8	26.4
40 percent	1,200	984	16.6	20.0
30 percent	1,350	720	18.2	22.5
20 percent	1,138	480	14.0	19.0
8613—All radicular groups, neuritis				
8713—All radicular groups, neuralgia: 20 percent	−458	480	−5.8	−7.6
8514—Paralysis, the musculospiral nerve:				
70 percent	2,123	1,932	28.9	35.5
60 percent	1,086	1,632	14.4	18.1
50 percent	1,500	1,356	20.0	25.1
40 percent	590	984	7.8	9.8
30 percent	606	720	7.7	10.1
20 percent	341	480	4.5	5.7
8614—The musculospiral nerve, neuritis				
8714—The musculospiral nerve, neuralgia: 20 percent	339	480	4.5	5.6

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
PERIPHERAL NERVES: PARALYSIS—Continued				
8515—Paralysis, the median nerve:				
70 percent	$1,315	$1,932	18.2	22.0
60 percent	1,724	1,632	23.5	28.8
50 percent	765	1,356	10.6	12.8
40 percent	789	984	10.9	13.2
30 percent	695	720	9.3	11.6
20 percent	261	480	3.5	4.3
10 percent	362	252	4.7	6.0
8615—The median nerve, neuritis				
8715—The median nerve, neuralgia:				
30 percent	−100	720	−1.3	−1.6
20 percent	1,700	480	22.2	28.4
10 percent	289	252	3.8	4.8
8516—Paralysis, the ulnar nerve:				
60 percent	1,046	1,632	14.5	17.5
50 percent	965	1,356	13.3	16.1
40 percent	317	984	4.3	5.3
30 percent	697	720	9.3	11.6
20 percent	850	480	11.4	14.2
10 percent	413	252	5.4	6.9
8616—The ulnar nerve, neuritis				
8716—The ulnar nerve, neuralgia:				
30 percent	333	720	4.2	5.5
20 percent	650	480	8.6	10.8
10 percent	339	252	4.4	5.6
8517—Paralysis, musculocutaneous nerve				
8617—Musculocutaneous nerve, neuritis				
8717—Musculocutaneous nerve, neuralgia:				
20 percent	1,005	480	13.9	16.8
10 percent	1,115	252	15.2	18.6
8518—Paralysis, circumflex nerve				
8618—Circumflex nerve, neuritis				
8718—Circumflex nerve, neuralgia: 10 percent	518	252	6.8	8.6
8519—Paralysis, long thoracic nerve				
8619—Long thoracic nerve, neuritis				
8719—Long thoracic nerve, neuralgia:				
30 percent	1,730	720	23.0	28.9
20 percent	70	480	0.9	1.1
10 percent	499	252	6.2	8.3
8520—Paralysis, the sciatic nerve:				
80 percent	1,600	2,232	21.6	26.7
60 percent	1,213	1,632	16.1	20.3
40 percent	1,109	984	14.7	18.5
20 percent	415	480	5.5	6.9
10 percent	350	252	4.6	5.8
8620—The sciatic nerve, neuritis				
8720—The sciatic nerve, neuralgia:				
30 percent	−900	720	−12.6	−15.0
20 percent	300	480	4.0	5.0
10 percent	197	252	2.5	3.3
8521—Paralysis, external popliteal nerve:				
40 percent	914	984	12.3	15.3
30 percent	779	720	10.2	13.0
20 percent	500	480	6.6	8.3
10 percent	452	252	5.9	7.5
8621—External popliteal nerve, neuritis				
8721—External popliteal nerve, neuralgia:				
20 percent	612	480	8.7	10.2
10 percent	113	252	1.5	1.8
8522—Paralysis, musculocutaneous nerve				
8622—Musculocutaneous nerve, neuritis				
8722—Musculocutaneous nerve, neuralgia:				
20 percent	935	480	11.9	15.6
10 percent	−195	252	−2.5	−3.2
8523—Paralysis, anterior tibial nerve				
8623—Anterior tibial nerve, neuritis				
8723—Anterior tibial nerve, neuralgia:				
30 percent	919	720	12.6	15.3
20 percent	708	480	9.4	11.8
10 percent	547	252	7.2	9.1
8524—Paralysis, internal popliteal nerve				
8624—Internal popliteal nerve, neuritis				

NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
PERIPHERAL NERVES: PARALYSIS—Continued				
8724—Internal popliteal nerve, neuralgia:				
40 percent	$1,549	$984	20.6	25.9
30 percent	30	720	.3	.5
20 percent	188	480	2.4	3.1
10 percent	1,009	252	13.0	16.8
8525—Paralysis, posterior tibial nerve				
8625—Posterior tibial nerve, neuritis				
8725—Posterior tibial nerve, neuralgia:				
30 percent	200	720	2.6	3.3
20 percent	624	480	8.0	10.4
10 percent	577	252	7.6	9.6
8526—Paralysis, anterior crural nerve				
8626—Anterior crural nerve, neuritis				
8726—Anterior crural nerve, neuralgia:				
30 percent	193	720	2.5	3.2
20 percent	518	480	6.9	8.6
10 percent	674	252	8.8	11.2
8527—Paralysis, internal saphenous nerve				
8627—Internal saphenous nerve, neuritis				
8727—Internal saphenous nerve, neuralgia: 10 percent	1,048	252	13.4	17.5
8528—Paralysis, obturator nerve				
8628—Obturator nerve, neuritis				
8728—Obturator nerve, neuralgia: 10 percent	−314	252	−4.0	−5.2
8529—Paralysis, external cutaneous nerve of thigh				
8629—External cutaneous nerve of thigh, neuritis				
8729—External cutaneous nerve of thigh, neuralgia: 10 percent	391	252	5.4	6.5
8530—Paralysis, ilioinguinal nerve				
8630—Ilio-inguinal nerve, neuritis				
8730—Ilio-inguinal nerve, neuralgia: 10 percent	1,283	252	17.6	21.4
THE EPILEPSIES				
8900—Epilepsy, grand mal:				
100 percent	6,375	3,600	91.0	106.6
80 percent	4,469	2,232	59.7	74.7
60 percent	3,240	1,632	43.7	54.2
30 percent	1,469	720	19.4	19.5
10 percent	910	252	11.5	15.2
8910—Epilepsy, grand mal:				
100 percent	6,061	3,600	87.8	101.4
80 percent	5,949	2,232	84.9	99.5
60 percent	5,487	1,632	78.1	91.8
30 percent	2,800	720	40.0	46.8
10 percent	1,689	252	23.4	28.2
8911—Epilepsy, petit mal:				
60 percent	6,096	1,632	84.6	102.0
30 percent	2,362	720	31.3	39.5
10 percent	1,541	252	21.4	25.7
8912—Epilepsy, Jacksonian:				
30 percent	2,143	720	28.7	35.8
10 percent	2,013	252	27.1	33.6
8914—Epilepsy, psychomotor:				
100 percent	5,710	3,600	83.7	95.5
60 percent	6,038	1,632	83.8	101.0
30 percent	3,339	720	46.0	55.8
10 percent	1,384	252	18.8	23.1
MENTAL DISORDERS				
PSYCHOTIC DISORDERS				
9000—Dementia praecox, simple				
9001—Dementia praecox, catatonic				
9002—Dementia praecox, hebephrenic				
9003—Dementia praecox, paranoid				
9004—Dementia praecox, mixed:				
100 percent	7,100	3,600	100.0	118.8
70 percent	6,600	1,932	91.6	110.4
50 percent	4,620	1,356	64.7	77.3
30 percent	2,259	720	31.1	37.8
10 percent	1,419	252	18.9	23.7

MENTAL DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	In 1967 dollars— Annual compensation paid	Median loss as percent— Control group income	Median loss as percent— 1967 average earnings of production workers in manufacturing industry
PSYCHOTIC DISORDERS—Continued				
9005—Manic depressive psychosis:				
100 percent	$6,650	$3,600	92.3	111.3
70 percent	6,771	1,932	96.7	113.3
50 percent	3,657	1,356	50.7	61.2
30 percent	1,331	720	18.2	22.2
10 percent	1,093	252	14.0	18.2
9200—Schizophrenic reaction, simple				
9201—Schizophrenic reaction, hebephrenic				
9202—Schizophrenic reaction, catatonic				
9203—Schizophrenic reaction, paranoid				
9204—Schizophrenic reaction, chronic undifferentiated				
9205—Schizophrenic reaction, other:				
100 percent	6,748	3,600	93.5	112.9
70 percent	6,199	1,932	85.1	103.7
50 percent	4,741	1,356	65.3	79.3
30 percent	2,931	720	40.7	49.0
10 percent	2,000	252	27.7	33.4
9206—Manic depressive reaction:				
100 percent	6,495	3,600	83.2	108.7
70 percent	6,093	1,932	76.1	101.9
50 percent	4,168	1,356	51.1	69.7
30 percent	2,667	720	33.3	44.6
10 percent	1,659	252	20.9	27.7
9207—Psychotic depressive reaction				
9208—Paranoid reaction (specify)				
9209—Involutional psychotic reaction				
9210—Psychotic reaction, other:				
100 percent	6,068	3,600	85.9	101.5
70 percent	5,573	1,932	77.4	93.2
50 percent	4,314	1,356	60.3	72.2
30 percent	3,493	720	49.9	58.4
10 percent	2,130	252	30.2	35.6
ORGANIC BRAIN DISORDERS				
9301—Chronic brain syndrome associated with central nervous system syphilis (all forms)				
9302—Chronic brain syndrome associated with intracranial infections other than syphilis				
9303—Chronic brain syndrome associated with intoxication				
9305—Chronic brain syndrome associated with cerebral arteriosclerosis				
9306—Chronic brain syndrome associated with circulatory disturbance other than cerebral arteriosclerosis				
9307—Chronic brain syndrome associated with convulsive disorder (idiopathic epilepsy)				
9308—Chronic brain syndrome associated with disturbance of metabolism, growth or nutrition				
9309—Chronic brain syndrome associated with intracranial neoplasm				
9310—Chronic brain syndrome associated with diseases of unknown or uncertain cause				
9311—Chronic brain syndrome of unknown cause:				
100 percent	6,025	3,600	86.0	100.8
70 percent	6,015	1,932	85.8	100.6
50 percent	4,077	1,356	56.3	68.2
30 percent	2,476	720	34.2	41.4
10 percent	1,200	252	16.6	20.0
9304—Chronic brain syndrome associated with brain trauma:				
100 percent	6,058	3,600	88.0	101.3
70 percent	5,800	1,932	82.8	97.0
50 percent	4,330	1,356	61.8	72.4
30 percent	1,958	720	27.9	32.7
10 percent	1,033	252	13.9	17.2
PSYCHONEUROTIC DISORDERS				
9100—Hysteria (conversion) (specify type):				
50 percent	4,594	1,356	65.6	76.8
30 percent	1,970	720	27.7	32.9
10 percent	850	252	11.8	14.2
9105—Anxiety state:				
50 percent	3,100	1,356	44.2	51.8
30 percent	1,200	720	16.6	20.0
10 percent	636	252	8.5	10.6

MENTAL DISORDERS—Continued

Diagnostic code number and diagnosis	In 1967 dollars— Annual median loss	Annual compensation paid	Median loss as percent— Control group income	1967 average earnings of production workers in manufacturing industry
PSYCHONEUROTIC DISORDERS—Continued				
9400—Anxiety reaction:				
100 percent	$6,188	$3,600	86.3	103.5
70 percent	5,895	1,932	84.2	98.6
50 percent	5,308	1,356	75.8	88.8
30 percent	3,168	720	45.2	53.0
10 percent	1,900	252	27.1	31.8
9401—Dissociative reaction				
9403—Phobic reaction				
9404—Obsessive compulsive reaction				
9405—Depressive reaction				
9406—Psychoneurotic reaction, other:				
100 percent	6,350	3,600	85.0	106.2
70 percent	5,948	1,932	83.3	99.5
50 percent	5,200	1,356	72.2	87.0
30 percent	3,000	720	42.8	50.2
10 percent	2,161	252	30.8	36.1
9402—Conversion reaction:				
100 percent	6,156	3,600	87.9	103.0
70 percent	6,030	1,932	86.5	100.9
50 percent	5,480	1,356	78.5	91.7
30 percent	3,899	720	56.5	65.2
10 percent	2,254	252	32.2	37.7
PSYCHOPHYSIOLOGIC DISORDERS				
9500—Psychophysiologic skin reaction				
9504—Psychophysiologic reaction, other:				
50 percent	5,869	1,356	83.6	98.2
30 percent	3,452	720	49.6	57.7
10 percent	1,909	252	27.2	31.9
9501—Psychophysiologic cardiovascular reaction:				
50 percent	5,855	1,356	87.3	97.9
30 percent	2,821	720	40.3	47.2
10 percent	1,816	252	25.2	30.3
9502—Psychophysiologic gastrointestinal reaction:				
50 percent	5,965	1,356	85.2	99.8
30 percent	3,000	720	42.8	50.2
10 percent	1,623	252	22.5	27.1
9503—Psychophysiologic nervous system reaction:				
50 percent	6,056	1,356	90.3	101.3
30 percent	4,250	720	64.3	71.1
10 percent	2,091	252	29.8	35.0
DENTAL AND ORAL CONDITIONS				
9904—Mandible, malunion of:				
20 percent	1,009	480	13.8	16.8
10 percent	962	252	12.3	16.1
9905—Temporomandibular articulation, limited motion of:				
20 percent	−22	480	−.2	−.3
10 percent	798	252	9.9	13.3

Definitions

Standardization I.—Tabulations involving comparison of data about control group and test group in which similarity of the two groups as to education is assured by equating them on the basis of their pre-service level of formal educational attainment.

Standardization II.—Tabulations involving comparison of data about control group and test group in which similarity of the two groups as to education is assured by equating them on the basis of their 1967 level of formal educational attainment.

Formal Education.—This refers to standard levels based on years of schooling and does not include vocational or apprenticeship training.

Test Group.—A sample of veterans with the same single compensable service-connected disability rated at the same percentage level who have responded to the questionnaire in the study.

Control Group.—A sample of non-compensated veterans used as "normal" for comparative purposes. In tabulations for ECVARS replies are weighted to assure a control group of the same relative conformation as the pertinent test group as to age, formal education and area of residence.

Age.—For ECVARS tabulations age groupings were adopted as follows: Under age 30; ages 30 to 49; ages 50 to 64; age 65 and over.

Educational Attainment Groupings.—For ECVARS tabulations educational attainment was grouped as follows: less than high school graduate; high school graduate; more than high school.

Diagnostic Entity.—An independently existing disability.

Study Estimate.—The value expressed in percent and dollars of the difference in earnings between the disabled group and the control group.

Extra-Schedular Evaluation.—When in an exceptional case, the schedular evaluations are found to be excessive or inadequate, VA officials are authorized to apply a rating commensurate with real impairment. (VAR 1321(B)(1)).

Special Monthly Compensation.—Benefits provided by law as an addition to or instead of those resulting from regular evaluations 10% through 100%.

Stigmatizing Disabilities.—Those residuals of disease or injury which evoke strong negative emotions in persons with whom the disabled individual comes in contact.

Economic Impairment.—Loss or reduction in earning capacity flowing from disease or injury or combinations of these.

Reduction in Earning Capacity.—The loss or lowering of average income from wages or employment.

Median.—The middle value in a distribution above and below which lie an equal number of values.

Mean.—Average. The arithmetical value attained by ascertaining the sum of the values of the set and dividing by the number of values in the set.

Pilot Study.—A limited study conducted in 1963 to determine whether the methodology adopted was adequate to accomplish the main study.

Main Study.—The primary validation study involving 1967 income of about one-half million veterans.

ECVARS.—The economic validation of the rating schedule. The pilot study, the main study and analysis.

Economic Study.—This is ECVARS involving impairment in earning capacity of disabled veterans with little reference to other losses.

Shortened Life Expectancy.—The loss of normal life expectancy or average ability of individuals to continue life.

Loss of Social Adaptability.—Social inadaptability is the effect of disease or injury in interfering with normal interpersonal relationships or in materially handicapping him in normal social activity within his peer group.

Loss of Physical Integrity.—Tissue loss, loss of body parts or any disease or injury which makes an individual less functionally whole.

Major Extremity.—The right upper extremity of a right handed individual or the left upper extremity of a left handed individual.

Minor Extremity.—The left upper extremity of a right handed individual or the right upper extremity of a left handed individual.

1919 SCHEDULE FOR RATING DISABILITIES

[In percent]

Thigh: Loss of—	
Disarticulation	79.5
Upper 3d (amputation)	70.0
Middle 3d, (amputation)	63.0
Lower 3d, (amputation)	58.0
Legs: Loss of—	
Lower ⅔	44.0
Upper ⅓	49.0
At tarso-metatarsal joints	40.0
Toes: Loss of—	
Large	10.0
1st	2.0
2d	2.0
3d	2.0
4th	2.0
All toes	20.0

[In percent]

	Favorable angle	Unfavorable angle
Ankylosis of—		
Shoulder:		
Major	36	40
Minor	28	31
Elbow:		
Major	44	48
Minor	32	40
Wrist:		
Major	23	25
Minor	10	21
Fingers:		
Little	2	3
Ring	4	5
Middle	5	7
Index	6	8
Thumb	10	12
Hip	36	39
Knee	30	33
Ankle	23	25

Note: In bilateral injuries involving the loss to the same function 20 percent of the sum of percentages of disabilities existing is to be added to the sum of the rating for the disabilities.

Example:	Percent
Loss of right hand	64.0
Loss of left index finger	7.0
Total	71.0
20 percent of 71	14.2
Total (disability)	85.2

1921 Schedule for Rating Disabilities

Ratings of amputations, fractures, and their sequelae

In general, loss of muscle substance, cicatrices and atrophies, when having an effect upon function from 10% to 25% should be added to the specific rating.

	Favorable angle	Unfavorable angle
SHOULDER		
Bony ankylosis:		
Major	36	45
Minor	28	36
Limitation of motion from full flexion to 90° extension	(1)	(1)
Inability to raise arm above 90°	30	
ELBOW		
Bony ankylosis:		
Major	35	50
Minor	30	45
Limitation of motion:		
160°–110°:		
Major	35	50
Minor	30	45
160°–90°:		
Major	20	20
Minor	20	20
180°–70°:		
Major	5	5
Minor	5	5
WRIST		
Bony ankylosis:		
Major	23	35
Minor	19	31
Limitation of motion:		
Loss of more than 10° dorsal extension, or Palmer flexion:		
Major	20	25
Minor	15	20
Less than 10°:		
Major, Minor	10	10
Painful movement with loss of motion:		
Major, Minor	(2)	(2)
FINGERS		
Bony ankylosis:		
1st (thumb)	10	25
2d	5	8
3d	5	8
4th	3	3

[1] Same as ankylosis.
[2] Full amount for bony ankylosis.

1925 Schedule for Rating Disabilities
Table II.—DISABILITY RATINGS

Injury	Occupational variants									Notes
	1	2	3	4	5	6	7	8	9	
Shoulder:										
Ankylosis, bony—										
Favorable angle—										
Major	19	23	27	31	36	41	46	52	57	Ratings in this table of disabilities from amputations, fractures, deformities, and their sequelæ are for permanency, except when otherwise stated.
Minor	14	17	20	24	28	33	38	43	48	
Unfavorable angle—										
Major	26	30	35	40	45	50	56	61	66	
Minor	19	23	27	31	36	41	46	52	57	
Limitation of motion—										
Inability to raise arm above level of shoulder, on active or passive motion—										
Major	9	11	14	17	20	24	28	33	38	
Minor	6	8	10	12	15	18	22	26	31	
Inability to raise arm to angle midway between level of shoulder and side of body—										
Major	17	21	25	29	34	39	44	49	55	
Minor	12	15	18	22	26	31	35	40	45	
Inability to raise arm from side of body—										
Major	Rate as for ankylosis of shoulder joint									
Minor										
Elbow:										
Ankylosis, bony—										
Favorable angle—										
Major	18	22	26	30	35	40	45	50	56	
Minor	13	16	19	23	27	32	36	41	46	
Unfavorable angle—										
Major	30	35	40	45	50	56	61	66	70	
Minor	22	26	31	35	40	45	51	56	61	
Limitation of flexion of forearm—										
From 180 to 110—										
Major	12	14	18	21	25	29	34	39	44	
Minor	9	11	14	17	20	24	28	33	38	
From 180 to 90—										
Major	9	11	14	17	20	24	28	33	38	
Minor	6	8	10	12	15	18	22	26	31	
From 180 to 70—										
Major	1	2	3	4	5	6	8	10	13	
Minor	1	1	2	2	3	4	5	7	9	

Table I.—OCCUPATIONAL RATINGS—Continued

Occupations	Injury variants																
	Eye	Ear	Nose and throat	Nervous system	Head and neck	Chest	Back and perineum	Abdomen and pelvis	Arm	Forearm	Hand	Thumb	Fingers	Thigh	Leg	Foot	Systemic
Assessor, real estate, etc	5	4	4	5	2	3	2	3	2	2	1	1	2	3	3	3	2
Athlete or acrobat	7	7	8	9	9	9	9	9	9	9	8	8	9	9	9	9	7
Attendant, bath	2	5	7	3	6	6	6	5	7	7	5	3	3	4	4	4	4
Auctioneer	5	7	9	6	7	5	3	3	2	2	2	2	1	3	3	4	4
Auditor	8	4	5	8	5	4	3	4	4	3	4	4	5	1	1	1	3
Traveling	8	5	6	8	5	4	3	5	4	4	4	4	6	3	3	4	4
Author	8	1	2	7	2	1	2	2	3	4	3	4	5	1	1	1	1
Awning maker	5	4	5	4	6	5	7	5	5	5	5	6	6	6	6	6	5
Bacteriologist	9	1	4	7	4	2	3	3	3	3	5	4	5	2	2	2	1
Bag and purse maker, leather	6	4	3	3	5	5	5	5	5	6	6	6	6	4	4	4	5
Baggageman, railroad	5	6	6	5	6	6	7	7	7	6	6	6	6	7	7	7	7
Baker	3	3	4	4	4	7	5	5	5	5	5	5	3	5	6	6	6
Baker man, pulp mill	4	4	4	4	3	5	5	5	4	4	4	5	4	5	5	5	6
Barber or hairdresser	7	6	5	7	7	6	6	5	9	9	9	9	9	6	7	7	5
Bar man, blast furnace	5	5	5	4	6	7	7	7	6	6	6	6	6	7	7	7	8
Barrel driller, gun factory	7	6	4	6	6	5	5	5	6	5	6	6	6	5	5	5	6
Basket maker	2	1	1	2	4	3	5	4	6	6	6	6	6	4	4	4	4
Batch mixer, chemicals	4	4	4	4	3	5	5	6	5	5	5	5	5	5	5	5	4
Battery repairman, automobile	5	5	6	4	6	7	5	6	6	6	6	6	6	5	5	5	6
Beater and slasher, shoe	5	3	2	4	5	4	6	5	5	5	6	5	5	5	5	5	6
Barker, pulp mill	4	5	4	4	5	5	5	6	4	5	4	4	4	5	6	6	6
Bedstead maker	4	4	3	3	5	5	6	6	6	6	5	6	5	6	6	6	6
Bellboy, chore boy, etc	3	6	5	2	5	4	6	5	3	3	3	2	3	7	7	7	5
Bell hanger	4	4	4	6	6	6	7	6	6	6	6	6	6	7	8	8	6
Bell molder, foundry	5	5	5	5	6	7	6	7	6	6	6	6	6	7	7	7	8
Belt maker, rubber	4	5	4	3	4	5	5	4	5	5	5	5	5	4	4	4	5
Bench worker, optical goods	7	3	4	6	5	4	4	3	6	6	6	6	6	3	3	3	4
Bender, tube mill	4	5	4	6	6	7	6	6	6	6	6	6	4	6	6	6	7
Beveler, glass manufacturing	5	4	3	5	2	6	5	5	5	5	5	5	5	5	5	5	5
Bicycle repairman	5	5	4	5	6	4	5	4	5	6	7	7	7	4	4	4	4
Bill poster	5	4	3	2	6	5	7	6	6	7	7	6	6	7	7	7	6
Billiard or pool room keeper	5	6	6	3	2	3	3	2	5	5	5	6	6	4	4	4	2
Bindery worker	3	4	5	5	5	4	6	6	5	5	5	5	5	5	4	5	5
Blacksmith	6	5	6	5	7	8	9	9	8	9	8	8	8	7	7	7	8
Blastman, quarry	5	7	5	5	5	4	6	6	6	4	4	4	3	6	7	7	6
Bleach, boiler, pulp mill	3	5	4	4	4	7	4	5	5	4	4	4	3	5	5	5	6
Bleacher, leather	3	4	4	4	5	6	6	6	5	4	4	5	5	4	4	4	5
Bloom boy, steel mill	4	6	4	6	6	6	8	8	7	6	7	6	6	6	6	6	7
Blower, blast furnace	5	6	5	5	6	8	6	7	4	4	4	4	4	6	6	6	7
Blue print machine operator	4	4	2	4	6	3	4	4	4	4	4	4	5	4	4	4	5

		Rating	
		Major	Minor
1793	Ankylosis, favorable	30	20
	(Note: The scapula and humerus move as 1 piece, free motion in abduction up to the shoulder level, limited forward elevation and rotation, full adduction to side.)		
1794	Ankylosis unfavorable, limitation in shoulder movements, in abduction, outward rotation, and forward elevation	50	40
1795	Limitation of motion at shoulder level	20	10
1931	Limitation of motion midway between side of body and shoulder level, or marked loss in outward and inward rotation	30	20
1932	Limitation of motion to 25° from side of body	50	40
3140	Dislocation, recurrent, at sternoclavicular joints	40	30
3141	Dislocation, recurrent, at acromioclavicular joints	30	20
3142	Dislocation, recurrent, at scapulohumeral joint with weakness in outward rotation of arm, infrequent episodes of redislocation, guarding of movements only above shoulder level	20	10
3143	Dislocation, recurrent, of shoulder as above with frequent episodes and marked guarding in all arm movements	30	20
3144	Flail shoulder joint, or nonunion of humerus with flail false joint	60	50
3145	Nonunion of humerus without flail false joint	30	20
3146	Faulty union of humerus, overriding or bad alinement, impairing function	20	10
3147	Faulty union of humerus, with extreme deformity and impaired function	30	20
3148	Nonunion of clavicle with loose movement	10	10
3149	Fracture of clavicle or scapula with faulty union	0	0

THE ELBOW

1796	Ankylosis, favorable	30	20
1797	Ankylosis, unfavorable, or with complete loss of supination or pronation	50	40
1798	Limitation of flexion of forearm:		
	(Note: Motion is retained in the arc specified.)		
	180° to 135°	50	40
	180° to 110°	30	20
	180° to 90°	20	10
	180° to 70°	0	0
1799	Limitation of extension of forearm:		
	(Note: Motion is lost through the arc specified.)		
	75° to 180°	50	40
	90° to 180°	30	20
	105° to 180°	20	10
	120° to 180°	10	10
	135° to 180°	10	0
1800	Flail elbow joint	60	50
3150	Joint fracture (elbow) with marked cubitus varus or cubitus valgus deformity or with ununited fracture of head of radius	20	10
3151	Nonunion of both radius and ulna with false flail joint	40	30

		Rating
5172	Toe, other amputation of:	
	With removal of metatarsal head	20
	Without metatarsal involvement	0
5173	Toes, 3 or more, amputation of, not including great toe	10

THE SHOULDER AND ARM

		Rating	
		Major	Minor
5200	Scapulohumeral articulation, ankylosis of		
	Note.—The scapula and humerus move as 1 piece.		
	Unfavorable, abduction limited to 25° from side	50	40
	Intermediate between favorable and unfavorable	40	30
	Favorable, abduction to 60°, can reach mouth and head	30	20
5201	Arm, limitation of motion of:		
	To 25° from side	40	30
	Midway between side and shoulder level	30	20
	At shoulder level	20	20

THE SHOULDER AND ARM—Continued

		Rating	
		Major	Minor
5202	Humerus, other impairment of:		
	Loss of head of (flail shoulder)	80	70
	Nonunion of (false flail joint)	60	50
	Fibrous union of	50	40
	Recurrent dislocation of, at scapulohumeral joint:		
	With frequent episodes and guarding of all arm movements	30	20
	With infrequent episodes, and guarding of movement only at shoulder level	20	20
	Malunion of:		
	Marked deformity	30	20
	Moderate deformity	20	20
5203	Clavicle or scapula, impairment of:		
	Dislocation of	20	20
	Nonunion of:		
	With loose movement	20	20
	Without loose movement	10	10
	Malunion of (or rate on impairment of function of contiguous joint)	10	10

THE ELBOW AND FOREARM

5205	Elbow, ankylosis of:		
	Unfavorable, in extension of more than 130° or with complete loss of supination or pronation	60	50

1957 LOOSELEAF EDITION 1945 RATING SCHEDULE

		Rating
5170	Toes, all, amputation of, without metatarsal loss	30
5171	Toe, great, amputation of:	
	With removal of metatarsal head	30
	Without metatarsal involvement	10
5172	[Toes, other than great, amputation of, with removal of metatarsal head:	
	1 or 2	20
	Without metatarsal involvement	0
	Effective July 6, 1950.]	
5173	[Toes, three or four, amputation of, without metatarsal involvement:	
	Including great toe	20
	Not including great toe	10
	Effective June 9, 1952.]	

THE SHOULDER AND ARM

		Rating	
		Major	Minor
5200	Scapulohumeral articulation, ankylosis of:		
	Note.—The scapula and humerus move as one piece.		
	Unfavorable, abduction limited to 25° from side	50	40
	Intermediate between favorable and unfavorable	40	30
	Favorable, abduction to 60°, can reach mouth and head	30	20
5201	Arm, limitation of motion of:		
	To 25° from side	40	30
	Midway between side and shoulder level	30	20
	At shoulder level	20	20
5202	Humerus, other impairment of:		
	Loss of head of (flail shoulder)	80	70
	Nonunion of (false flail joint)	60	50
	Fibrous union of	50	40
	Recurrent dislocation of, at scapulohumeral joint:		
	With frequent episodes and guarding of all arm movements	30	20
	With infrequent episodes, and guarding of movement only at shoulder level	20	20
	Malunion of:		
	Marked deformity	30	20
	Moderate deformity	20	20
5203	Clavicle or scapula, impairment of:		
	Dislocation of	20	20
	Nonunion of:		
	With loose movement	20	20
	Without loose movement	10	10
	Malunion of (Or rate on impairment of function of contiguous joint)	10	10

VETERANS RECEIVING COMPENSATION BY STATE OF RESIDENCE—100 PERCENT DISABLED SERVICE-CONNECTED VETERANS ON ROLL AS OF JUNE 1970

State	Total (A)	World War I (B)	World War II (C)	Korean conflict (D)	Vietnam (E)	Regular establishment peacetime rates (F)	Regular establishment wartime rates (G)	Spanish-American War (H)
Total	124,467	11,318	63,029	16,307	17,642	15,857	293	21
United States—State total	118,133	11,133	59,935	15,040	16,823	14,891	290	21
Alabama	2,115	192	1,074	305	264	277	3	----
Alaska	61	1	21	5	19	15	----	----
Arizona	1,620	305	766	205	138	198	6	2
Arkansas	2,270	226	1,247	290	198	306	3	----
California	10,395	1,309	4,589	1,422	1,521	1,521	37	2
Colorado	1,692	316	702	201	213	256	4	----
Connecticut	1,463	139	743	156	253	166	6	----
Delaware	226	10	104	40	33	37	2	----
District of Columbia	709	50	296	110	94	158	1	----
Florida	5,649	598	2,968	734	627	696	23	3
Georgia	2,523	185	1,234	333	408	356	7	----
Hawaii	245	12	95	52	51	34	1	----
Idaho	373	45	217	29	43	38	1	----
Illinois	3,755	304	1,951	436	581	472	10	1
Indiana	1,922	188	880	219	383	245	5	2
Iowa	1,629	174	880	174	206	188	6	1
Kansas	1,308	120	669	199	144	174	1	1
Kentucky	2,106	206	1,129	242	257	271	----	1
Louisiana	2,288	213	1,238	313	239	280	5	----
Maine	807	76	414	108	110	99	----	----
Maryland	1,795	143	893	258	248	245	8	----
Massachusetts	5,117	492	2,762	673	638	544	7	1
Michigan	4,251	212	2,124	572	799	535	9	----
Minnesota	2,270	403	1,098	252	311	201	5	----
Mississippi	1,565	184	868	184	139	186	3	1
Missouri	2,515	288	1,262	352	284	321	7	1
Montana	387	58	208	36	49	36	----	----
Nebraska	737	93	393	97	66	82	6	----
Nevada	240	24	118	30	28	39	1	----
New Hampshire	469	55	212	61	81	58	2	----
New Jersey	3,207	184	1,688	390	607	332	6	----
New Mexico	1,124	118	579	156	148	122	1	----
New York	11,147	705	6,251	1,354	1,590	1,232	14	1
North Carolina	3,030	212	1,527	419	441	418	12	1
North Dakota	210	39	102	25	17	27	----	----
Ohio	5,455	486	2,668	616	1,054	619	11	1
Oklahoma	2,117	193	1,057	285	318	259	5	----
Oregon	1,153	137	525	128	206	151	5	1
Pennsylvania	6,931	589	3,692	831	920	890	9	----

Rhode Island	730	50	413	91	102	72	2
South Carolina	1,246	73	609	187	204	165	8
South Dakota	359	39	173	50	48	48	1
Tennessee	2,371	221	1,172	297	343	331	7
Texas	7,232	668	3,782	897	937	925	22
Utah	454	56	225	59	54	60	1
Vermont	319	37	172	38	35	37	
Virginia	2,701	161	1,250	369	524	390	7
Washington	2,209	197	985	304	373	347	3
West Virginia	1,212	99	636	181	163	132	1
Wisconsin	2,199	221	1,161	248	286	279	4
Wyoming	225	27	113	27	28	27	3
Outside United States, total	6,334	185	3,094	1,267	819	966	3
Territories and possessions, total	3,091	40	924	995	634	495	3
Canal Zone	2	0	1	0	1	0	0
Puerto Rico	3,065	40	914	991	627	490	3
Virgin Islands	16		6	1	5	4	0
Other	8	0	3	3	1	1	0
Foreign, total	3,243	145	2,170	272	185	471	0
Philippines	1,906	27	1,514	50	51	264	0
Other	1,337	118	656	222	134	207	0

DISABILITY COMPENSATION

100 PERCENT—COMBINED DEGREE

CLASS OF MAJOR DISABILITY—BY ENTITLEMENT

Diag disability	Total	World War I	World War II	Korean conflict	Vietnam era	Regular establishment peacetime	Regular establishment wartime	Spanish American War
67 TB, lungs and pleura	5,868	1,663	2,195	284	1,077	642	6	1
Subtotal	5,868	1,663	2,195	284	1,077	642	6	1
Psychiatric and neurologic:								
90 and 92 Psychotic disorder	54,114	3,547	29,205	8,024	5,001	8,286	48	3
91 and 93 Org. brain disorder	4,491	378	1,879	539	946	737	12	----
94 and 95 Psychoneuro disorder	4,375	179	3,267	409	244	273	3	----
80–87 Org. dis cent nev	17,256	652	9,184	3,123	2,115	2,126	55	1
89 Epilepsies	2,109	472	999	256	80	298	3	1
Subtotal	82,345	5,228	44,534	12,351	8,386	11,720	121	5
Gen. medical and surgical:								
50 Bones and joints dis	4,881	1,064	2,579	393	435	402	5	3
51 Amputations	7,199	276	3,373	821	2,326	348	55	----
52 Other impair B and J	4,987	202	1,617	437	2,062	624	45	----
53 Muscle injuries	1,058	87	419	71	474	6	1	----
60 Eye and visual acuity	3,394	366	1,840	381	479	296	30	2
62 Ear, smell, and taste	409	278	81	11	22	15	1	1
63 Systemic diseases	322	12	130	27	95	57	1	----
65 Nose and throat	242	31	81	20	62	48	----	----
66 Trachea and bronchi	1,975	667	996	108	44	154	6	----
68 Non-TB diseases	859	128	339	85	205	101	----	1
70 Heart diseases	3,000	649	1,416	308	296	321	3	7
71 Arteries and veins	873	143	488	103	58	81	----	----
72 and 73 Digestive system	3,194	267	1,444	422	543	512	5	1
75 Genitourinary system	1,440	120	535	169	383	232	1	----
76 Gynecological	24	1	6	3	8	6	----	----
77 Hemic and lymphatic	645	19	74	60	421	80	----	----
78 Skin	627	37	329	62	136	51	12	----
79 Endocrine system	1,058	88	524	185	104	157	----	----
99 Dental and oral	59	1	26	6	23	2	1	----
Subtotal	36,246	4,427	16,297	3,672	8,176	3,493	166	15
No disability	7	----	3	----	2	2	----	----
Grand total	124,466	11,318	63,029	16,307	17,641	15,857	293	21

DISABILITY COMPENSATION, BY GROUP AGE AND 100 PERCENT DISABILITY COMPENSATION, AS OF JUNE 1970

Age groups	Total		World War I		World War II		Korean conflict		Vietnam era		Regular establishment (peacetime)		Regular establishment (wartime)		Spanish-American War	
	Total on rolls	Disability 100 percent	Total on rolls	Disability 100 percent	Total on rolls	Disability 100 percent	Total on rolls	Disability 100 percent	Total on rolls	Disability 100 percent	Total on rolls	Disability 100 percent	Total	Disability	Total	Disability
15 to 19	269	77	----------	----------	----------	----------	1	1	263	76	3	----------	53	4	----------	----------
20 to 24	80,083	9,455	----------	----------	----------	----------	7	1	79,701	9,417	298	32	542	32	----------	----------
25 to 29	74,109	6,609	----------	----------	----------	----------	5	----------	53,674	4,889	19,870	1,685	679	56	----------	----------
30 to 34	56,431	4,840	----------	----------	----------	----------	2,475	232	8,442	1,057	44,831	3,495	505	51	----------	----------
35 to 39	123,348	8,799	----------	----------	43	6	84,947	5,527	3,814	635	34,039	2,580	698	43	----------	----------
40 to 44	207,172	12,960	1	----------	76,073	3,805	97,926	6,376	7,536	712	24,986	2,028	335	34	----------	----------
45 to 49	535,031	24,088	3	----------	492,478	20,515	22,886	1,906	5,563	393	13,766	1,240	416	39	----------	----------
50 to 54	476,085	21,997	4	1	439,744	19,133	14,746	1,173	4,837	235	16,338	1,416	179	18	----------	----------
55 to 59	258,013	12,375	10	----------	237,322	10,673	7,995	546	2,552	148	9,955	993	103	6	----------	----------
60 to 64	140,514	6,844	1	----------	128,780	5,800	4,309	281	643	37	6,713	720	55	4	----------	----------
65 to 69	35,975	2,675	441	50	27,794	1,719	1,906	144	153	10	5,626	747	50	4	----------	----------
70 to 74	47,440	5,372	32,813	3,830	10,347	907	950	81	13	2	3,267	548	19	1	----------	----------
75 to 79	44,608	6,057	40,931	5,490	2,281	327	341	29	3	----------	943	210	10	----------	----------	----------
80 to 84	10,709	1,930	9,504	1,727	546	100	46	5	----------	----------	605	98	6	----------	4	4
85 to 89	1,127	235	741	173	84	19	3	1	----------	----------	289	38	----------	----------	26	14
90 to 94	203	65	116	30	17	6	0	0	----------	----------	43	14	----------	----------	4	3
95 to 99	32	18	18	11	3	2	0	0	----------	----------	4	2	----------	----------	----------	----------
100 to 104	38	6	4	2	3	2	----------	----------	0	----------	----------	----------	----------	----------	----------	----------
105	2	0	0	0	0	0	0	0	0	----------	----------	----------	----------	----------	----------	----------
Grand total	2,091,189	124,402	84,587	11,314	1,415,515	63,014	238,633	16,303	167,194	17,611	181,576	15,846	3,650	293	34	21

DISABILITY COMPENSATION INCREASES VERSUS CONSUMER PRICE INDEX (JULY 1933 TO DATE)

Law and effective date	Monthly rate		Consumer Price Index	Percent of change in—	
	Percent disability	Amount		Compensation rate since July 7, 1933	Cost of living since July 1, 1933
VR1(a), July 1, 1933	10	$9.00			
	20	18.00			
	30	27.00			
	40	36.00			
	50	45.00	39.2		
	60	54.00			
	70	63.00			
	80	72.00			
	90	81.00			
	100	90.00			
VR1(c), Jan. 19, 1934	10	10.00		11.1	
	20	20.00		11.1	
	30	30.00		11.1	
	40	40.00		11.1	
	50	50.00	39.6	11.1	1.0
	60	60.00		11.1	
	70	70.00		11.1	
	80	80.00		11.1	
	90	90.00		11.1	
	100	100.00		11.1	
Public Law 312, 79C, June 1, 1944	10	11.50		27.8	
	20	23.00		27.8	
	30	34.50		27.8	
	40	46.00		27.8	
	50	57.50	52.5	27.8	33.9
	60	69.00		27.8	
	70	80.50		27.8	
	80	92.00		27.8	
	90	103.50		27.8	
	100	115.00		27.8	
Public Law 662, 79C, Sept. 1, 1946	10	13.80		53.3	
	20	27.60		53.3	
	30	41.40		53.3	
	40	55.20		53.3	
	50	69.00	61.2	53.3	56.1
	60	82.80		53.3	
	70	96.60		53.3	
	80	110.40		53.3	
	90	124.20		53.3	
	100	138.00		53.3	
Public Law 339, 81C, Dec. 1, 1949	10	15.00		66.7	
	20	30.00		66.7	
	30,	45.00		66.7	
	40	60.00		66.7	
	50	75.00	70.8	66.7	80.6
	60	90.00		66.7	
	70	105.00		66.7	
	80	120.00		66.7	
	90	135.00		66.7	
	100	150.00		66.7	
Public Law 356, 82C, July 1, 1952	10	15.75		75.0	
	20	31.30		73.9	
	30	47.25		75.0	
	40	63.00		99.0	
	50	86.25	80.0	91.7	104.1
	60	103.50		91.7	
	70	120.75		91.7	
	80	138.00		91.7	
	90	155.25		91.7	
	100	172.50		91.7	
Public Law 695, 83C, Oct. 1, 1954	10	17.00		88.9	
	20	33.00		83.3	
	30	50.00		85.2	
	40	66.00		83.3	
	50	91.00	80.2	102.2	104.6
	60	109.00		101.9	
	70	127.00		101.6	
	80	145.00		101.4	
	90	163.00		101.2	
	100	181.00		101.1	
Public Law 85, 168, Oct. 1, 1957	10	19.00		111.1	
	20	36.00		100.0	
	30	55.00		103.7	
	40	73.00		102.8	
	50	100.00	84.9	122.2	116.6
	60	120.00		122.2	
	70	140.00		122.2	
	80	160.00		122.2	
	90	179.00		121.0	
	100	225.00		150.0	

DISABILITY COMPENSATION INCREASES VERSUS CONSUMER PRICE INDEX (JULY 1933 TO DATE)—Continued

Law and effective date	Monthly rate: Percent disability	Monthly rate: Amount	Consumer Price Index	Percent of change in—: Compensation rate since July 7, 1933	Percent of change in—: Cost of living since July 1, 1933
Public Law 87-645, Oct. 1, 1962	10	$20.00	91.1	122.2	132.4
	20	38.00		111.1	
	30	58.00		114.8	
	40	77.00		113.9	
	50	107.00		137.8	
	60	128.00		137.0	
	70	149.00		136.5	
	80	170.00		136.1	
	90	191.00		135.8	
	100	250.00		177.8	
Public Law 89-311, Dec. 1, 1965	10	21.00	95.1	133.3	142.6
	20	40.00		122.2	
	30	60.00		122.2	
	40	82.00		127.8	
	50	113.00		151.1	
	60	136.00		151.9	
	70	161.00		155.6	
	80	186.00		158.3	
	90	209.00		158.0	
	100	300.00		233.3	
Public Law 90C-493, Jan. 1, 1969	10	23.00	106.4	155.6	171.4
	20	43.00		138.9	
	30	65.00		140.7	
	40	89.00		147.2	
	50	122.00		171.1	
	60	147.00		172.2	
	70	174.00		176.2	
	80	201.00		179.2	
	90	226.00		179.0	
	100	400.00		344.4	
Public Law 91C-376, July 1 1970	10	25.00	116.3	177.8	196.7
	20	46.00		155.6	
	30	70.00		159.3	
	40	96.00		166.7	
	50	135.00		200.0	
	60	163.00		201.9	
	70	193.00		206.3	
	80	223.00		209.7	
	90	250.00		208.6	
	100	450.00		400.0	

DISABILITY COMPENSATION PROGRAM—NUMBERS RECEIVING BENEFITS

[In thousands]

	Fiscal year— 1970	1971	1972	1973	1974	1975	1976
A. Compensation for veterans disabilities:							
1. 0 percent degree of impairment	16	16	14	15	15	16	16
2. 10 percent degree of impairment	818	843	869	896	919	939	952
3. 20 percent degree of impairment	321	331	340	351	360	368	372
4. 30 percent degree of impairment	313	323	328	338	346	353	356
5. 40 percent degree of impairment	167	173	179	184	189	193	196
6. 50 percent degree of impairment	105	108	112	116	119	122	123
7. 60 percent degree of impairment	102	105	108	112	115	117	119
8. 70 percent degree of impairment	59	61	63	65	67	68	69
9. 80 percent degree of impairment	32	33	34	35	36	36	37
10. 90 percent degree of impairment	10	10	11	11	12	12	12
11. 100 percent degree of impairment	122	126	130	134	137	140	142
Total, compensation for veterans disabilities	2,065	2,129	2,188	2,257	2,315	2,364	2,394
B. Veterans compensation for specific injuries and losses:							
1. Single loss, specific injuries (38 USC 314 (k))	79	83	72	77	81	83	85
2. Multiple loss, specific injuries (38 USC 314 (1)-(p))	13	15	15	17	17	18	18
3. Minimum compensation for arrested TB (38 USC 314(q))	55	54	54	53	52	51	51
4. Housebound (38 USC 314(s))	7	7	7	8	8	9	9
5. Aid and attendance for maximum rate cases (38 USC 314(r))	8	8	9	9	10	10	10
Total, veterans compensation for specific injuries and losses (included in category "A")	(162)	(167)	(157)	(164)	(168)	(171)	(173)

DISABILITY COMPENSATION PROGRAM AMOUNTS PAID

[Rounded to tenths of millions]

	Fiscal year—						
	1970	1971	1972	1973	1974	1975	1976
A. Compensation for veterans' disabilities--Degree of Impairment:							
1. 0 percent	$11.6	$11.6	$10.8	$11.2	$11.5	$11.8	$11.9
2. 10 percent	228.4	253.0	262.3	273.1	283.1	292.0	298.7
3. 20 percent	169.9	185.3	192.6	200.8	208.2	214.5	219.2
4. 30 percent	250.4	275.3	283.4	294.0	303.4	311.7	317.5
5. 40 percent	186.3	205.1	214.3	223.3	231.4	238.7	244.1
6. 50 percent	183.5	216.9	236.3	255.8	270.9	286.0	297.1
7. 60 percent	279.6	331.1	360.2	390.5	412.3	432.7	447.4
8. 70 percent	198.5	250.6	271.4	292.9	308.3	322.7	333.2
9. 80 percent	116.6	138.2	150.1	161.9	170.3	178.2	184.5
10. 90 percent	43.5	51.4	56.2	60.5	63.5	66.4	68.5
11. 100 percent	724.5	867.2	938.2	1,012.3	1,065.9	1,118.6	1,161.3
Total, compensation for veterans' disabilities	2,392.8	2,785.7	2,975.8	3,176.3	3,328.8	3,473.3	3,583.4
B. Veterans' compensation for specific injuries and losses:							
1. Single loss, specific injuries (38 U.S.C. 314 (k))	44.4	46.7	40.4	43.6	45.3	46.8	47.7
2. Multiple loss, specific injuries (38 U.S.C. 314 (l)-(p))	85.6	103.1	108.6	117.9	123.7	128.6	131.9
3. Minimum compensation for arrested TB (38 U.S.C. 314 (q))	43.4	42.3	42.9	42.3	41.7	41.0	40.4
4. Housebound (38 U.S.C. 314 (s))	33.8	40.6	43.6	47.1	49.5	51.1	52.3
5. Aid and attendance for maximum rate cases (38 U.S.C. 314 (r))	89.8	106.7	113.3	122.1	127.6	132.2	135.1
Total, veterans' compensation for specific injuries and losses (included in category A)	(297.0)	(339.4)	(348.8)	(373.0)	(387.8)	(399.7)	(407.4)

U.S. DEPARTMENT OF COMMERCE,
BUREAU OF THE CENSUS,
Washington, D.C.

DEAR FRIEND: The Bureau of the Census, at the request of the Veterans Administration, is conducting a survey to obtain facts about the nation's veterans. These facts will be used to review various veterans' programs, especially those which concern service-disabled veterans. It is expected that the findings of this survey will help identify ways in which these programs might be improved.

Your answers will be treated as confidential by the Bureau of the Census and the Veterans Administration and will be used only in statistical totals that will prevent any kind of individual disclosure.

Since this study is based on a sample of all veterans, it is important that each person who has been selected fill out and return his questionnaire. Please mail the questionnaire, within five days, in the enclosed pre-addressed envelope which requires no postage.

Thank you for your cooperation in this survey.

Sincerely yours,

A. ROSS ECKLER,
Director, Bureau of the Census.

Page 2

1. Sex – *Fill one circle*
Male Female

2. Race – *Fill one circle*
White Other – *Specify*
Negro

3. In what month and year were you born?
Month Year

4. Are you: – *Fill one circle*
Married? Divorced?
Separated? Single (never married)?
Widowed?

5. Do you have any dependent children, age 22 or younger?
Yes – *Write in number in each age group* No – *Skip to 6*

	Number	OFFICE USE
5 years or younger		
6 – 13 years		
14 – 18 years		
19 – 22 years – *Count only if child is in school or college*		

6. Where do you live? – *Fill one circle*
On a farm or ranch
In the country, not on a farm or ranch
In a town or small city
In a suburb of a large city
In a city of 25,000 – 100,000
In a large city (over 100,000).

7. Fill the proper circle(s) for each period in which you served on active duty in the U.S. Armed Forces.
1. Before World War I (before April 6, 1917)
2. World War I (April 6, 1917 – November 11, 1918; or April 11, 1920, if served in Russia)
3. Between World Wars I and II (November 12, 1918 – September 15, 1940)
4. World War II (September 16, 1940 – July 25, 1947)
5. Between World War II and Korean Conflict (July 26, 1947 – June 26, 1950)
6. Korean Conflict (June 27, 1950 – January 31, 1955)
7. After the Korean Conflict (after January 31, 1955) → *Skip to 8*

How much of this service was for Reserve or National Guard Training?
None of it
All of it
Part of it

How many months was your longest period of CONTINUOUS ACTIVE DUTY in the U.S. Armed Forces? _____ (Months)

8. When were you separated from active duty in the Armed Forces? – *Fill one circle*
Before Aug. 1964
Between Aug. 1964 and Dec. 1966
1967 or later

9. Do you have a disability which has been rated as SERVICE-CONNECTED by VA?
Yes – *Go to 10* No – *Skip to 13 on page 3*

10. In 1967, did your SERVICE-CONNECTED disability cause you to spend OUT OF YOUR OWN POCKET as much as $50 total for all special expenses made necessary by this disability and NOT REPAID by VA?
Yes – *Show below the cost to you of these items* No – *Skip to 11*

	Amount
1. Special transportation	$
2. Special food	$
3. Special clothing or shoes	$
4. Medicine	$
5. Prosthetic appliances	$
6. Hospital and doctor bills	$
7. Other *(Specify)*	$

11. Does your SERVICE-CONNECTED disability limit any of your activities?
Yes – *Go to 11a* No – *Skip to 12*

11a. How much does your SERVICE-CONNECTED disability limit the following activities? –

Fill one circle for EACH activity, a through e	My service-connected disability limits me			
	Not at all	Very little	A moderate amount	Very much
a. Choice of jobs				
b. Amount of work you can do on the job				
c. Amount of work you do around your dwelling or yard				
d. Recreational activities				
e. Social activities outside your family				

12. Does your SERVICE-CONNECTED disability involve your shoulder, hand, or arm?
Yes – *Go to 12a* No – *Skip to 13*

12a. Which side does it involve?
Right side Left side Both sides

12b. Before service were you:
Right handed? Left handed?

PLEASE CONTINUE WITH QUESTIONS ON PAGE 3

13. Did you work for pay or profit during any part of 1967?
Yes – *Go to 13a* No – *Skip to 14*

13a. In how many different weeks did you work during 1967? (Include vacation and sick leave as time worked, if you were paid for it.) – *Fill one circle*
- 48 – 52 weeks
- 26 – 47 weeks
- 13 – 25 weeks
- 5 – 12 weeks
- 1 – 4 weeks

13b. In the weeks that you worked, did you usually work full time or part time?
- Full time (35 hours or more per week)
- Part time (less than 35 hours per week)

14. Were you married during all of 1967?
- Yes – *Answer 14a for yourself and your wife*
- No – *Answer 14a for yourself only*

14a. This question concerns the income received by you (and your wife) in 1967. Write in the amount, to the nearest dollar, in EACH of items (1) through (6) below or fill the "None" circle if you received no income from that source. *If you had a net loss, write "Loss" above the amount.*

15. Which of the following kinds of retirement income do you or your wife EXPECT TO RECEIVE ANY TIME AFTER RETIREMENT? *(If ALREADY RETIRED, indicate present and future sources of retirement income)*

	Yourself	Your wife
None	○	○
Social Security	○	○
Railroad retirement	○	○
Armed Forces retirement	○	○
Federal, State, county, or local Government retirement	○	○
Company or union pension	○	○
Other	○	○

16. Do you receive monthly payments now from the Veterans Administration or the Armed Forces for a disability?
○ Yes – *enter monthly amount opposite source below* ○ No – *Skip to 17 on page 4*

	Monthly amount
(1) VA compensation for disability rated as service-connected by VA	$
(2) VA pension for non-service-connected disability	$
(3) Armed Forces military disability retirement	$

PLEASE CONTINUE ON PAGE 4.

	Income to the nearest dollar		*OFFICE USE ONLY*
	Yourself	Your wife	
(1) EARNED INCOME — In 1967, how much did you receive in wages or salary, before deductions for taxes or for anything else? Include commissions, bonuses, tips, and net income from business, profession, or farm.	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○ L ○
(2) PAYMENTS FROM VETERANS ADMINISTRATION — In 1967, how much did you receive from Veterans Administration in compensation, pension, or other payments?	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○
(3) PAYMENTS FROM SOCIAL SECURITY — In 1967, how much did you receive in Social Security payments?	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○
(4) PUBLIC RETIREMENT INCOME — In 1967, how much did you receive in Federal, State, or local government retirement payments? (Include railroad retirement. Do not include Social Security.)	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○
(5) PRIVATE RETIREMENT INCOME — In 1967, how much did you receive in retirement payments from private companies, unions, etc.?	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○
(6) ALL OTHER INCOME — In 1967, how much did you receive from all other sources of income? (Include dividends, rental income, interest, unemployment insurance, workmen's compensation, public assistance or welfare and Armed Forces dependency.)	$ *(Yearly amount)* None ○	$ *(Yearly amount)* None ○	N ○ L ○

PLEASE CONTINUE WITH QUESTIONS 15 AND 16 ABOVE

Page 4

17. For whom did you work at your longest job in 1967?

Did not work in 1967 – *Skip to 18*

(Name of company, organization, or other employer)

17a. What kind of business or industry is this? *(For example: TV and radio manufacturer, retail shoe store, State Labor Department, farm, etc.)*

17b. What kind of work were you doing? *(For example: Civil engineer, stock clerk, typist, farmer, etc.)*

17c. Were you:

- An employee of private company, business, or individual for wages, salary, or commission?
- A Government employee (Federal, State, county or local)?
- Self-employed in own business, professional practice or farm?

  Is this business incorporated?

  Yes No
- Working without pay in family business or farm?

Make no mark in this margin

18. AFTER your Armed Forces service, did you receive vocational or educational counseling to help you make plans for vocational training, education, or work?

Yes – *Go to 18a* No – *Skip to 19*

18a. Did the VA arrange for the counseling and guidance?

Yes No

19. AFTER your Armed Forces service, did you GO TO SCHOOL (College; high school; vocational, technical, or business school) or TAKE TRAINING (on the job, farm, or apprentice)?

Yes – *Go to 19a* No – *Skip to 20*

19a. How long did you go to school or take training after your Armed Forces service? – *Fill in number of months and indicate last year in training for as many as are applicable*

	Months	Last year in training
(1) Under the GI Bill		19
(2) Under the VA Vocational Rehabilitation Program for service-disabled veterans		19
(3) Without VA financial assistance		19

19b. AFTER your Armed Forces service, did you FINISH a course of schooling or training and receive a certificate of completion, license, diploma, or degree?

Yes – *Skip to 19c*

No – What was the main reason you didn't finish? *Fill in one reason*

- Financial problems
- Difficulty with studies or training
- Family problems interfered or didn't leave me enough time
- My health interfered
- I am still in training or going to school
- Other reason – *Specify*

19c. AFTER your Armed Forces service, what kind of schooling or training did you have? – *Fill in as many as are applicable*

- On-the-farm
- Apprentice training
- Other on-the-job training
- Vocational, technical, or business school
- High school
- Junior college
- College, undergraduate
- College, professional school
- College, graduate school

19d. Have the skills you acquired through your VA EDUCATION OR TRAINING (GI Bill or Vocational Rehabilitation) been useful to you in your work? – *Fill one circle*

Essential Fairly useful Quite useful Not useful

20. What is the highest grade or year of regular school you have EVER FINISHED or for which you have an equivalency certificate? – *Fill one circle*

	1	2	3	4	5	6	7	8
Elementary school								

	1	2	3	4
High school				

	1	2	3	4	5	6	7 or more
College							

21. What grade or year of school had you finished when you FIRST ENTERED the Armed Forces? – *Fill one circle*

	1	2	3	4	5	6	7	8
Elementary school								

	1	2	3	4
High school				

	1	2	3	4	5	6	7 or more
College							

22. In 1967, did you receive medical treatment or care from a doctor, clinic, or hospital?

Yes – *Go to 23* No – *Skip to 26*

23. In 1967, did you stay overnight as a patient in a VA hospital or at VA expense in a non-VA hospital?

Yes – *Go to 23a* No – *Skip to 24*

23a. How many days altogether in 1967? – *Fill one circle*

1 – 6 days 7 – 13 days 14 – 20 days 21 – 30 days 31 – 60 days 61 – 180 days 181 – 364 days All year

24. In 1967, did you stay overnight as a patient in a hospital, not at VA expense?

Yes – *Go to 24a* No – *Skip to 25*

24a. How many days altogether in 1967? – *Fill one circle*

1 – 6 days 7 – 13 days 14 – 20 days 21 – 30 days 31 – 60 days 61 – 180 days 181 – 364 days All year

25. In 1967, did you receive any medical treatment while you were NOT a hospital patient?

Yes – *Go to 25a* No – *Skip to 26*

25a. How many of these treatments in 1967, were at a VA hospital, VA clinic, or to a private doctor at VA expense?

None 1 – 2 3 – 4 5 – 6 7 – 8 9 or more

25b. How many of these treatments in 1967 were not at VA expense?

None 1 – 2 3 – 4 5 – 6 7 – 8 9 or more

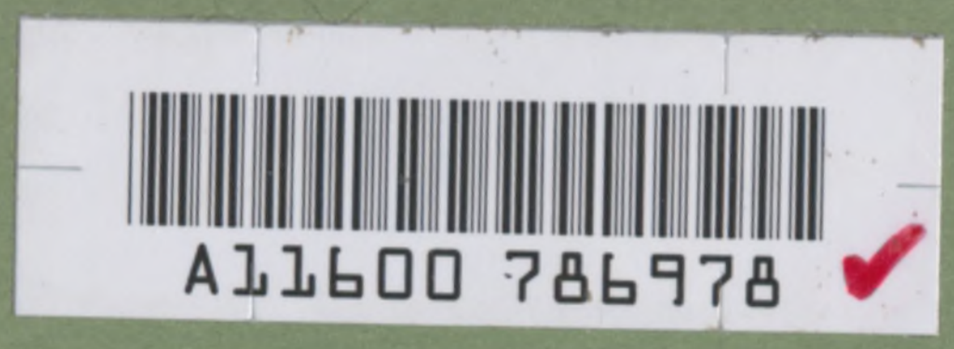
26. THIS IS THE END OF THE QUESTIONNAIRE. Please check to make sure you have answered all the questions that apply to you. Then mail the questionnaire in the pre-addressed postage paid envelope. Thank you for your cooperation.

17. INDUSTRY / OCCUPATION

19a. No. Months (1) (2) (3)

19A. (3) Last year

GPO : 1967 O—281-288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