

EFFECTIVE DATE NOTE: At 62 FR 30237, June 3, 1997, § 4.47 was removed, effective July 3, 1997.

§ 4.48 Scars.

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

EFFECTIVE DATE NOTE: At 62 FR 30237, June 3, 1997, § 4.48 was removed, effective July 3, 1997.

§ 4.49 Deeper structures.

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

EFFECTIVE DATE NOTE: At 62 FR 30237, June 3, 1997, § 4.49 was removed, effective July 3, 1997.

§ 4.50 Muscle injuries.

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

EFFECTIVE DATE NOTE: At 62 FR 30237, June 3, 1997, § 4.50 was removed, effective July 3, 1997.

§ 4.51 Muscle weakness.

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