Department of Veterans Affairs

§ 4.71 Measurement of ankylosis and joint motion.

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

§ 4.70 Inadequate examinations.

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

§ 4.69 Dominant hand.

Handedness for the purpose of a dominant rating will be determined by the evidence of record, or by testing on VA examination. Only one hand shall be considered dominant. The injured hand, or the most severely injured hand, of an ambidextrous individual will be considered the dominant hand for rating purposes.

(Authority: 38 U.S.C. 1155)
§ 4.71

38 CFR Ch. 1 (7–1–14 Edition)

PLATE 1

The Shoulder Forward Elevation (Flexion)

The Shoulder Abduction

The Shoulder External Rotation

The Shoulder Internal Rotation

The Elbow Flexion

Forearm Pronation

Forearm Supination

The Wrist Dorsiflexion (Extension)

The Wrist Palmar Flexion

The Wrist Ulnar Deviation

The Wrist Radial Deviation
§ 4.71a Schedule of ratings—musculo-skeletal system.

### ACUTE, SUBACUTE, OR CHRONIC DISEASES—Continued

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

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