RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX BRANCH OF SERVICE: ARMY
CASE NUMBER: PD1200346 SEPARATION DATE: 20030502
BOARD DATE: 20121119

SUMMARY OF CASE: Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty SPC/E-4 (31U/Signal Support Systems Specialist), medically separated for plantar fasciitis, left foot and mechanical thoracic spine pain. Since early in his enlistment, the CI had reported a history of back pain and painful feet without a history of trauma. Conservative management including orthotics, duty modification and medications was inadequate for the CI to meet the physical requirements of his Military Occupational Specialty (MOS) or satisfy physical fitness standards. He was issued a permanent U3/L3 profile and referred for a Medical Evaluation Board (MEB). The MEB determined the "mechanical thoracic spine pain secondary to mild thoracic scoliosis and arthritis/degenerative changes of the thoracic spine" and "plantar fasciitis, left foot" to be medically unacceptable and referred these conditions to the Physical Evaluation Board (PEB). The MEB forwarded no other conditions for PEB adjudication. The PEB adjudicated both conditions as unfitting. It rated the plantar fasciitis, left foot at 0% and the mechanical thoracic spine pain as existed prior to service (EPTS) with no rating applied with application of the Veteran's Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals and was medically separated with a 0% disability rating.

CI CONTENTION: "I was discharged because I have degenerative conditions in my back (spine), which causes me severe chronic pain on a daily basis, both physically and mentally. Which have affected my quality of life drastically, mentally and physically. I have noticed a major decrease in my range of motion and have trouble doing everyday tasks like bending over and standing up. It has effected my ability to keep employment. Regarding employment, this condition has caused me to attain a new injury to my back (spine), so now I have to deal with two different types of pain, I feel the second injury is worse than the first. I live with this pain on a daily basis. I need my spine to do anything and everything. I'm in pain simply sitting, laying down, standing, and naturally any type of movement. I feel this condition has cause me to be depressed and assist to the anxiety attacks I suffer from. Even though I feel I'm moving at a normal or fast physical pace, I have had work colleges complain that I'm physically slow. My work employment has suffered, causing me financial hardship and mental stress, in which I'm now forced to live with my parents. I have no college education. Tried to attain some type of school, but had to work at the same time, and this did not end well for me. It caused me to burn completely out, physically, mentally, and financially. I'm still recovering. I have had this condition well over ten years. I wanted to challenge the rating when I first received it, but I didn't want my discharged to be prolonged, and I suffer from any other or greater injuries, especially to my back (spinal column). I was also giving a rating for my feet, which also greatly affects my quality of life. Standing, especially for prolonged periods causes a great amount of pain, which I try to ignore but eventually causes me to limp around if the pain gets too great".

SCOPE OF REVIEW: The Board wishes to clarify that the scope of its review as defined in DoDI 6040.44, Enclosure 3, paragraph 5.e.(2) is limited to those conditions which were determined by the PEB to be specifically unfitting for continued military service; or, when requested by the CI, those condition(s) "identified but not determined to be unfitting by the PEB." The ratings for unfitting conditions will be reviewed in all cases. The conditions plantar fasciitis, left foot

and mechanical thoracic back pain, which are rated unfitting conditions and were requested for consideration, meet the criteria prescribed in DoDI 6040.44 for Board purview. The other requested condition, depression/anxiety attacks, is not within the Board's purview. Any conditions or contention not requested in this application, or otherwise outside the Board's defined scope of review, remain eligible for future consideration by the Army Board for Correction of Military Records.

RATING COMPARISON:

Service PEB – Dated 20030115			VA (3 Mos. Pre-Separation) – All Effective Date 20030503			
Condition	**Code**	**Rating**	**Condition**	**Code**	**Rating**	**Exam**
Plantar Fasciitis, Left Foot	5399-5310	0%	Bil Pes Planus w/ L Plantar Fasciitis	5276	10%	20030131
Mech Thoracic Back Pain	5299-5295	EPTS	Degenerative Changes T6-7	5291	10%	20030131
↓No Additional MEB/PEB Entries↓			0% X 1 / Not Service-Connected x 3			20030131
Combined: 0%			**Combined: 20%**			

The VA adjudication was upheld on subsequent reviews.

ANALYSIS SUMMARY: The Disability Evaluation System (DES) is responsible for maintaining a fit and vital fighting force. While the DES considers all of the member's medical conditions, compensation can only be offered for those medical conditions that cut short a member's career, and then only to the degree of severity present at the time of final disposition. The DES has neither the role nor the authority to compensate members for anticipated future severity or potential complications of conditions resulting in medical separation nor for conditions determined to be service-connected by the Department of Veterans Affairs (DVA) but not determined to be unfitting by the PEB. However the DVA, operating under a different set of laws (Title 38, United States Code), is empowered to compensate all service-connected conditions and to periodically re-evaluate said conditions for the purpose of adjusting the Veteran's disability rating should his degree of impairment vary over time. The Board's role is confined to the review of medical records and all evidence at hand to assess the fairness of PEB rating determinations, compared to VASRD standards, based on severity at the time of separation.

Plantar Fasciitis, Left Foot Condition. The CI was noted to have bilateral, asymptomatic flat feet (pes planus) on his entry physical. He was first recorded as being symptomatic from this on 31 January, 3 months after accession, when he presented with a 2 week history of bilateral feet pain. He was treated with medications and duty modification. He was again seen in early 1998 and diagnosed with bilateral plantar fasciitis. He was again managed conservatively. Over the next few years, he continued to be symptomatic from the plantar fasciitis thought to be secondary to the bilateral pes planus. On 30 July 2002, he was noted to have persistent left foot pain from plantar fasciitis and given a U3 L3 profile and referred to MEB. At a podiatry examination 2 weeks later, on 13 August 2002, the examiner noted a leg length discrepancy and recommend a left heel varus wedge. The CI was also noted to have tenderness of the left mid calcaneus (heel bone) and to have pes planus. The narrative summary (NARSUM) was dictated on 4 October 2002, 7 months prior to separation. The CI reported a one year history of atraumatic left foot pain unresponsive to duty limitations, medications or orthotic inserts. He had declined injections. The examiner noted tenderness to palpation at the approximate insertion of the plantar fascia into the calcaneus (heel bone) which reproduced his pain. X-rays were unremarkable. At the MEB examination performed on 31 October 2002, 6 months prior to separation, the CI reported an 8 month history of left foot pain refractory to medications and orthotics. The examiner noted tenderness to palpation at the left plantar arch, but that the arches were normal. The VA Compensation and Pension (C&P) exam was performed on 31 January 2003, 3 months prior to separation. The CI reported that he had had plantar fasciitis

since February 2002, that the pain was 8 ½ /10 and nothing relieved it, although he was less symptomatic is soft shoes. He was not using his orthotics at the time of the examination or taking any medications for pain control. He was noted to have a normal posture and gait. There was loss of the arch on both feet, left greater than right, and tenderness over the insertion of the plantar fascia. He was able to heel and toe walk although it was painful. Weight bearing X-rays of the feet (done to look at the arches) on 6 March 2003 were normal. The Board directs attention to its rating recommendation based on the above evidence. The PEB rated the plantar fasciitis at 0% for slight symptoms and coded it 5399-5310, analogous to the plantar aponeurosis (the plantar fascia). The VA coded bilateral pes planus with left plantar fasciitis as 5276, acquired flat foot, and rated it 10% for moderate symptoms. The Board noted that the CI had bilateral, mild pes planus on the entrance examination. The Board considered both coding options. It noted that the pes planus condition was present at accession and found intermittently on examination. Weight bearing X-rays proximate to separation were normal. The Board determined that the 5399-5310 coding option provided the best description of the underlying unfitting condition. It then considered the rating. The examination of the foot was essentially normal other than tenderness at the insertion of the plantar fascia and the intermittent finding of pes planus. The former finding was consistently present on examination. The Board considered if this best fit the description of a slight or moderate disability. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board recommends a disability rating of 10% for the plantar fasciitis condition for a moderate disability.

Mechanical Thoracic Back Pain Condition. The CI was first seen for back pain on 29 January 1996, 3 months after accession. He denied trauma and reported that it had been present for a year. He was thought to have mechanical back pain. He was again seen a month later after he strained his back while lifting. He continued to be seen for his back pain and was noted to have a slight scoliotic curve of his thoracic spine with some loss of height of the mid-thoracic vertebrae on 4 September 1997. On 20 November 1997, 13 months after accession, he gave a history of back pain for the past 4 years between the shoulder blades centered on the spine. Repeat X-rays on 25 October 2001 again showed the mild scoliosis and degenerative changes. At a Physical Medicine and Rehabilitation (PMR) note dated 30 July 2002, the CI reported pain along the entire thoracic spine. This could not be reproduced and there was no tenderness to palpation. He was referred to MEB at that time for mechanical thoracic spine pain. A computed tomography (CT) scan 2 weeks later on 14 August 2002 was normal without degenerative changes. The NARSUM was dictated on 4 October 2002, 7 months prior to separation. The CI reported a 5 to 6 year history of atraumatic thoracic back pain beginning soon after accession, unresponsive to duty limitations, medications and physical therapy. The severity was reported as 8-10/10. On examination, he had a mild left convex curvature of the thoracic spine, but otherwise it was unremarkable. There was no tenderness to palpation. Range-of-motion (ROM) was restricted for flexion to 60 degrees. Sensation, strength and reflexes were normal. At the MEB examination on 31 October 2002, 6 months prior to separation, the CI reported a 5 year history of mild but uncomfortable pain. The examiner noted that the spine was normal. The VA Compensation and Pension (C&P) exam was performed on 31 January 2003, 3 months prior to separation. The CI reported that he had a 5 to 6 year history of back pain which began after accession and was rated between 8-10/10 in intensity. His pain improved to 7/10 with rest. The gait and posture were normal. No scoliosis was observed. Sensation, strength and reflexes were normal. There was no tenderness to palpation. The ROM was normal, but there was a 5 degree loss in flexion and extension with repetition. However, there was a 5 degree gain in left rotation. All values remained or exceeded normal values after repetition other than the flexion. The PEB determined the thoracic spine condition to be EPTS without service aggravation. At most appointments, the CI reported the onset of the back pain as shortly after accession and it was attributed to the rigors of military duties. No trauma was ever documented. However, the CI clearly noted on 20 November 1997 that the pain had been present for 4 years, 3 years prior to accession. While

early imaging did document degenerative changes, these were not found on a more sensitive test, a CT scan, which was also more proximate to separation. It was, in fact, normal. The ROM on the VA examination was essentially normal. No tenderness was noted and the gait remained normal. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (reasonable doubt), the Board concluded that the preponderance of evidence did not support a change in the PEB adjudication for the thoracic spine condition as an EPTS condition without service aggravation. The Board concluded, therefore, that this condition could not be recommended for additional disability rating.

BOARD FINDINGS: IAW DoDI 6040.44, provisions of DoD or Military Department regulations or guidelines relied upon by the PEB will not be considered by the Board to the extent they were inconsistent with the VASRD in effect at the time of the adjudication. The Board did not surmise from the record or PEB ruling in this case that any prerogatives outside the VASRD were exercised. In the matter of the left plantar fasciitis condition, the Board unanimously recommends a disability rating of 10%, coded 5399-5310 IAW VASRD §4.71a. In the matter of the thoracic spine condition and IAW VASRD §4.71a, the Board unanimously recommends no change in the PEB adjudication. There were no other conditions within the Board's scope of review for consideration.

RECOMMENDATION: The Board recommends that the CI's prior determination be modified as follows, effective as of the date of his prior medical separation:

UNFITTING CONDITION	VASRD CODE	RATING
Left Plantar Fasciitis	5399-5310	10%
Mechanical Thoracic Spine Pain (EPTS)	5299-5295	---
	COMBINED	**10%**

The following documentary evidence was considered:

Exhibit A. DD Form 294, dated 20120411, w/atchs
Exhibit B. Service Treatment Record
Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXX, DAF
President
Physical Disability Board of Review

SFMR-RB

MEMORANDUM FOR Commander, US Army Physical Disability Agency
(TAPD-ZB / XXXXXX), 2900 Crystal Drive, Suite 300, Arlington, VA 22202-3557

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation
for XXXXXXXXXXXXXXXXXX, AR20120022715 (PD201200346)

1. I have reviewed the enclosed Department of Defense Physical Disability Board of Review (DoD PDBR) recommendation and record of proceedings pertaining to the subject individual. Under the authority of Title 10, United States Code, section 1554a, I accept the Board's recommendation to modify the individual's disability rating to 10% without recharacterization of the individual's separation. This decision is final.

2. I direct that all the Department of the Army records of the individual concerned be corrected accordingly no later than 120 days from the date of this memorandum.

3. I request that a copy of the corrections and any related correspondence be provided to the individual concerned, counsel (if any), any Members of Congress who have shown interest, and to the Army Review Boards Agency with a copy of this memorandum without enclosures.

BY ORDER OF THE SECRETARY OF THE ARMY:

Encl

XXXXXXXXXXXXXX
Deputy Assistant Secretary
(Army Review Boards)

CF:
( ) DoD PDBR
( ) DVA