

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXXXXXXXXXXXX  
CASE NUMBER: PD1200566  
BOARD DATE: 20130125

BRANCH OF SERVICE: ARMY  
SEPARATION DATE: 20030611

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects that this covered individual (CI) was an active duty Soldier, SGT/E-5(52D/Power Generation Equipment Repair), medically separated for stiffness of the right ankle and calcific tendonitis of the Achilles tendon. In 1999, the CI injured his right ankle while in organized physical fitness. He developed chronic pain which was refractory to conservative management and three surgical procedures; it precluded him from meeting the physical requirements of his Military Occupational Specialty (MOS) or satisfying physical fitness standards. He was issued a permanent L4 profile and referred for a Medical Evaluation Board (MEB). The MEB forwarded right ankle stiffness status post (s/p) ankle arthroscopy x3, and right calcific Achilles tendonitis as medically unacceptable IAW AR 40-501. Three other conditions, identified in the rating chart below, were also identified and forwarded by the MEB as not disqualifying. The Physical Evaluation Board (PEB) adjudicated the stiffness of the right ankle with calcific tendonitis of the Achilles tendon as unfitting, rated 10%, with application of the Veterans Affairs Schedule for Rating Disabilities (VASRD). The CI made no appeals and was medically separated with a 10% disability rating.

**CI CONTENTION:** The CI elaborated no specific contention in his application.

**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. 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 20030210			VA (3 Mos. Pre-Separation) – All Effective Date 20030612			
Condition	Code	Rating	Condition	Code	Rating	Exam
Stiffness of the R Ankle...Achilles Tendon	5271	10%	Post Op Residual...R Ankle	5010-5270	30%	20030324
			Bilateral Achilles Tendonitis	Not Service-Connected		
GERD	Not Unfitting		No VA Entry			
Hypercholesterolemia	Not Unfitting		No VA Entry			
HFHL, Left Ear	Not Unfitting		Hearing Loss, L Ear	6100	0%	20030325
↓No Additional MEB/PEB Entries↓			0% X 3 / Not Service-Connected x 3			20030324
<b>Combined: 10%</b>			<b>Combined: 30%</b>			

**ANALYSIS SUMMARY:**

Stiffness of the Right Ankle and Calcific Tendonitis of the Achilles Tendon. There were two goniometric range-of-motion (ROM) evaluations in evidence, with documentation of additional

ratable criteria, which the Board weighed in arriving at its rating recommendation; as summarized in the chart below.

Right Ankle ROM	MEB (PT)~6 Mo. Pre-Sep (20021205), pg. 39	VA C&P ~3 Mo. Pre-Sep* (20030324), pg. 88
Dorsiflexion (0-20)	0	10
Plantar Flexion (0-45)	30	--
Comment	Active and Passive motion the same	Examiner noted "essentially completely ankylosed". + DeLuca
§4.71a Rating	10%	20%

The CI was first seen for his right ankle in 1996. He responded to conservative management although he was also found to have shin splints for which he was prescribed orthotics. He was seen again for chronic right ankle pain on 30 November 1999. The narrative summary (NARSUM) notes that he had injured it while deployed the previous month, but this record is not in evidence. His symptoms persisted despite conservative management. In early 2000, a bone scan showed increased uptake at the tibio-talar junction. Conservative management, including casting, did not relieve his symptoms. He did, however, have complete relief with an anesthetic injection at the medial ankle. On 24 July 2000, an arthroscopy showed osteochondritis dissecans (OCD). Despite rehabilitation, he continued to have difficulty with his ankle. A bone scan performed on 12 January 2001 was suggestive of bilateral Achilles tendonitis and of OCD of the right medial talar dome. He had a second arthroscopy in late March 2001 with drilling of the joint surface. Recovery was again incomplete. A trial of Synvisc (an artificial joint lubricant) was unsuccessful. A second diagnostic injection again provided relief, but only 80% as compared to the prior 100%. Again, he underwent rehabilitation without adequate recovery and had a third and final arthroscopy in September 2001, again, without adequate improvement for full duty. X-rays, 2 months after surgery showed an intact ankle joint with a small effusion. A repeat X-ray, a year later, on 9 December 2002, showed a lucency of the medial talar dome consistent with an osteochondral defect, but the ankle mortise was again intact. No arthritic changes were documented. Multiple examinations after surgery showed reduced dorsiflexion. At the MEB examination on 21 November 2002, the CI reported the above surgeries and that he was unable to flex his ankle with reduced ROM. The examiner noted that the ROM was decreased. The NARSUM dictated on 3 December 2002, 6 months prior to separation. The CI reported that he was unable to stand for prolonged periods of time and was noted to walk with a limp. He was able to meet some of his MOS requirements, but could not carry heavy components or his tool box. All ankle motion was noted to be painful and reduced. Formal measurements are above. There was no edema, but tenderness was present bilaterally and at the insertion of the Achilles tendon. The commander's assessment was also dictated 3 December 2002. The CI was noted to use crutches when the pain became unbearable. Despite the constant pain, he was able to work a full day with the aid of one of his soldiers who carried his tool box. He continued to participate in daily physical therapy within his profile restrictions. At the VA Compensation and Pension (C&P) examination on 24 March 2003, just under 3 months prior to separation, the CI reported the use of crutches when his ankle became too painful for weight bearing. However, he was able to sustain heavy physical activities without immediate distress. Under the neurological examination, the examiner documented normal gait, sensation, motor function and reflexes. Later in the report, the posture was noted to be normal, but the gait abnormal. The examiner noted that the ROM was restricted and "hard to identify any movement that is not primarily from the right foot." The scars were well healed. Atrophy of the calf and thigh muscles was noted with a reduction in strength. Again, this contradicts the neurological examination by the same examiner noted above. The examiner also wrote "the ankle is essentially completely ankylosed and at most might considered as having ten degrees of flexion from the fixed position." Examination of the Achilles tendon showed no pathology. On X-ray, the CI was

found to have moderate posttraumatic arthritic changes to the right ankle without instability and with localized osteochondritis of the medial dome of the talus. The final clinical visit, on 11 April 2003, 2 months prior to separation noted no movement in the ankle and assessed a fused joint, but was in context of an acute injury after slipping in the backroom. The ankle was painful to touch and movement and rated at 8/10 for pain.

The Board directs attention to its rating recommendation based on the above evidence. The PEB coded the stiffness in the right ankle and calcific tendonitis condition as 5271, limitation in motion, and rated it 10% for a moderate limitation. The VA coded the ankle as 5270 for ankylosis and rated it at 30%, but determined the Achilles tendonitis to be not service-connected and did not rate this condition. The Board considered if the Achilles tendonitis was a separately unfitting condition. Achilles tendonitis is a condition primarily manifested by pain. The C&P, the most proximate examination to separation, showed no pathology and that the NARSUM showed only bilateral tenderness. The surgical treatment was of the right ankle joint itself, not the Achilles tendon or its insertion. The record does not support a determination that a significant impairment from the Achilles tendonitis was present at separation and that it was separately unfitting. The Board then considered the ankle condition and noted that ankylosis of a joint indicates fusion and that there is no motion with joint fusion. The comment by the C&P examiner "at most might considered as having ten degrees of flexion from the fixed position" is not consistent with fusion, but rather indicates restricted ROM. The final clinical note did document an absence of motion, but was written in the context of an acute injury reducing the probative value. No X-ray showed bony fusion and one X-ray, 13 months after the final surgery, noted that the ankle mortise was intact implying a normal joint space. The Board determined that the evidence does not support the presence of ankylosis of the ankle at separation. It then considered the limitations in ROM. It noted that the PEB based its adjudication on values obtained 6 months prior to separation. While the C&P examination was internally contradictory and the final clinical visit was in the context of an acute injury, both imply a worsening of the ankle ROM. After due deliberation, considering all of the evidence and mindful of VASRD §4.3 (Resolution of reasonable doubt), the Board recommends a disability rating of 20% for the right ankle condition.

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**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 right ankle condition, the Board unanimously recommends a disability rating of 20%, coded 5271 IAW VASRD §4.71a. 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:

<b>UNFITTING CONDITION</b>	<b>VASRD CODE</b>	<b>RATING</b>
Stiffness of the Right Ankle with Three Surgical Procedures	5271	20%
	<b>COMBINED</b>	<b>20%</b>

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20120604, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans' Affairs Treatment Record

XXXXXXXXXXXXXXXXXXXX, DAF  
Director  
Physical Disability Board of Review

SFMR-RB

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

SUBJECT: Department of Defense Physical Disability Board of Review Recommendation  
for XXXXXXXXXXXXXXXXXXXX, AR20130002006 (PD201200566)

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 20% 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

XXXXXXXXXXXXX  
Deputy Assistant Secretary  
(Army Review Boards)

CF:  
 DoD PDBR  
 DVA