RATE MY VSO // VISUAL FIELD GUIDE

JOINT MOTION CLAIMS

ONE-PAGE GUIDE

A useful motion record shows where movement stops and what changes after use.

DEGREES // PAIN // FLARES

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01

WHAT THE CURRENT RATING FRAMEWORK ASKS FOR

RANGE OF MOTION IS JOINT-SPECIFIC AND FUNCTION-SPECIFIC

There is no single generic motion rating. Each joint has defined planes and diagnostic codes. VA examinations should test painful motion and describe additional functional loss from repeated use, flare-ups, weakness, fatigue, and incoordination.

MEASURE
Record the relevant plane in degrees and where pain or guarding begins.

TEST
Include active, passive, weight-bearing, nonweight-bearing, repetition, and comparison when feasible.

ESTIMATE
During flares or repeated use, describe additional loss from the veteran's report and available evidence.

02 SERVICE-CONNECTION PATHS

DIRECT	A joint injury or disease began in service and produced the current limitation.
SECONDARY	A service-connected disability caused or aggravated the joint condition through an explained mechanism.
UNDERLYING CONDITION	Arthritis, tendon injury, instability, surgery, fracture, or another diagnosis selects the rating framework.

03 SYMPTOMS

Medically recognized symptoms. A diagnosis still requires appropriate medical evaluation.

- Pain during movement
- Stiffness or blocked movement
- Weakness
- Excess fatigue
- Incoordination
- Swelling, instability, or guarding

04 BUILD THE RECORD

1. **EXACT JOINT AND SIDE**
   Identify the body segment, side, and dominant extremity where relevant.
2. **DEGREES**
   Record each required plane and the point where painful motion begins.
3. **TESTING CONDITIONS**
   Active, passive, weight-bearing, nonweight-bearing, and repetition.
4. **FLARE ESTIMATE**
   Frequency, duration, triggers, and expected additional motion loss.
5. **FUNCTIONAL TASKS**
   Reach, lift, grip, kneel, squat, climb, walk, sit, stand, or turn.
6. **SUPPORTING DIAGNOSIS**
   Imaging, instability, tendon or ligament findings, surgery, and treatment.

05 WHY CLAIMS BREAK DOWN

Recurring problems in the reviewed service-connection record, plus condition-specific rating gaps.

A — WRONG PLANE OR JOINT
The evidence did not match the diagnostic code used for the affected motion.

B — PAIN WITHOUT DEGREES
The record said movement hurt but did not show the measured endpoint or pain onset.

C — FLARES NOT ESTIMATED
A normal-day examination did not address additional loss during repeated use or flare-ups.

D — ANKYLOSIS OVERSTATED
The record used an ankylosis label even though the joint retained motion.

06 WHAT CAN RESTRICT MOTION AND WHAT RESTRICTION CAN AFFECT

The underlying diagnosis matters. Limited motion is a finding, not a complete diagnosis by itself.

CONDITIONS THAT CAN LIMIT JOINT MOTION

Arthritis // fracture // tendon or ligament injury // scar or adhesion // muscle or nerve injury // surgical residuals

FUNCTIONS LIMITED MOTION CAN DISRUPT

Reaching or lifting // grip // walking or stairs // sitting or standing // altered gait // compensatory overuse

07 DO THIS, NOT THAT

DO

- Measure each required plane.
- State where pain begins.
- Describe loss during real flares.

DO NOT

- Use 'limited' without degrees.
- Ignore repeated-use effects.
- Call painful motion ankylosis.

Medical and symptom source: 38 CFR 4.40, 4.45, 4.59 and VA joint DBQs. Rating rules: 38 CFR 4.40, 4.45, 4.59 and 4.71a. Claim-pattern research checked against the frozen RateMyVSO data snapshot dated Aug. 10, 2026; no counts or outcome predictions shown. Educational only, not legal or medical advice.