RATEMYVSO VISUAL GUIDE

KNEE CLAIM IN ONE PAGE

KNEE CLAIMS

ORTHOPEDIC LOAD FILE

A knee claim may involve several distinct impairments. Identify the diagnosis, service path, functional loss, and every separately ratable manifestation.

01 Build the knee disability picture

01 CURRENT DIAGNOSIS
Identify arthritis, strain, instability, meniscal disease, replacement, or another knee condition.

02 SERVICE-CONNECTION PATH
Show direct onset, secondary causation, secondary aggravation, or another supported route.

03 FUNCTIONAL LOSS
Document painful motion, repeated use, flare-ups, weakness, fatigability, and interference with standing or walking.

04 SEPARATE MANIFESTATIONS
Flexion, extension, instability, and meniscal symptoms may require separate analysis without duplicate compensation.

02 What the examination should measure

FLEXION
Measure active and passive motion and identify where pain causes functional loss.

EXTENSION
Measure loss of extension separately from limited flexion.

INSTABILITY
Document ligament diagnosis, prescribed brace or assistive device, and recurrent instability or patellar instability.

MENISCUS
Record locking, pain, effusion, dislocation, or symptomatic removal and avoid overlapping compensation.

03 Build one connected evidence record

1. **IMAGING AND DIAGNOSES** — Use X-ray, MRI, operative reports, and orthopedic assessments.
2. **RANGE-OF-MOTION FINDINGS** — Include initial motion, repeated use, flare estimates, painful motion, and weight-bearing observations.
3. **INSTABILITY EVIDENCE** — Medical testing and competent lay descriptions can both matter under the applicable code.
4. **TREATMENT HISTORY** — Document injections, therapy, braces, assistive devices, surgery, replacement, and response.
5. **DAILY FUNCTION** — Describe stairs, kneeling, squatting, standing, walking, driving, sleep, and work effects.

THE RECORD SHOULD EXPLAIN

Why these facts support this veteran's claim

- What evidence was reviewed
- When the condition and limitations began
- Which legal or medical pathway applies
- How competing explanations were addressed

Do not rate every knee under one code. Apply the criteria in effect during the rating period and avoid compensating the same manifestation twice.

04 Knee rating map

5260
Limitation of flexion.

5261
Limitation of extension.

5257
Recurrent subluxation, instability, or patellar instability under current criteria.

5258/5259
Dislocated or removed semilunar cartilage with qualifying symptoms.

05 Before you file

- ✓ Exact knee diagnoses listed
- ✓ Both knees identified correctly
- ✓ Flare-up estimate addressed
- ✓ Meniscal symptoms separated
- ✓ Service path documented
- ✓ Flexion and extension measured
- ✓ Instability evidence included
- ✓ Replacement and surgical history reviewed

38 C.F.R. 4.40, 4.45, 4.59, and knee diagnostic codes. Rules checked July 2026. Educational use only. Not legal or medical advice. Individual facts determine outcomes.