

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.

