

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

