



Knee: VA Disability Rating Explained

The VA rates knee conditions based on the range of motion, stability, and the presence of specific symptoms such as pain, swelling, and functional limitations. Here are the common diagnostic codes and criteria used by the VA for rating knee conditions:

Diagnostic Codes and Rating Criteria

1. Diagnostic Code 5257: Knee Instability

- 10%: Slight recurrent subluxation or lateral instability.
- 20%: Moderate recurrent subluxation or lateral instability.
- 30%: Severe recurrent subluxation or lateral instability.

2. Diagnostic Code 5260: Limitation of Flexion of the Knee

- 0%: Flexion limited to 60 degrees.
- 10%: Flexion limited to 45 degrees.
- 20%: Flexion limited to 30 degrees.
- 30%: Flexion limited to 15 degrees.

3. Diagnostic Code 5261: Limitation of Extension of the Knee

- 0%: Extension limited to 5 degrees.
- 10%: Extension limited to 10 degrees..
- 20%: Extension limited to 15 degrees.
- 30%: Extension limited to 20 degrees.
- 40%: Extension limited to 30 degrees.
- 50%: Extension limited to 45 degrees.



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4. Diagnostic Code 5256: Ankylosis of the Knee

- 30%: Favorable angle in full extension, or in slight flexion between 0 and 10 degrees.
- 40%: In flexion between 10 and 20 degrees.
- 50%: In flexion between 20 and 45 degrees.
- 60%: Extremely unfavorable, in flexion at an angle of 45 degrees or more.

5. Diagnostic Code 5258: Dislocated Semilunar Cartilage

- 20%: Frequent episodes of "locking," pain, and effusion into the joint.

6. Diagnostic Code 5259: Removal of Semilunar Cartilage

- 10%: Symptomatic removal of the semilunar cartilage.

7. Diagnostic Code 5262: Impairment of the Tibia and Fibula

- 10%: Malunion with slight knee or ankle disability.
- 20%: Malunion with moderate knee or ankle disability.
- 30%: Malunion with marked knee or ankle disability.
- 40%: Nonunion, with loose motion requiring a brace.

8. Diagnostic Code 5263: Genu Recurvatum

- 10%: Acquired, traumatic genu recurvatum with weakness and insecurity in weight-bearing objectively demonstrated.



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Additional Considerations

- **Functional Loss and Pain:** The VA considers additional factors such as pain, swelling, weakness, and fatigability during repetitive use or flare-ups.

Combined Ratings: If a veteran has more than one condition affecting the knee (e.g., instability and limited motion), the VA may assign separate ratings for each condition if they result in distinct functional impairments.

g. Total Knee Replacement (Diagnostic Code 5055)

- **100%:** For 1 year following the implantation of the prosthesis.
- **30% to 60%:** Based on the residuals following the implantation period, such as chronic residuals consisting of severe painful motion or weakness.

Medical Evidence To support a claim for a knee condition, veterans need detailed medical evidence, including:

- Range of motion measurements.
- Medical history and treatment records.
- Doctor's notes on pain, stability, and functional limitations. Veterans should ensure that their medical examinations comprehensively document all symptoms and limitations related to their knee condition to support an accurate VA disability rating.