

## PROSTHETIC IMPLANTS

	Rating	
	Dominant	Nondominant
<b>Note:</b> The 100-percent evaluation for implantation of Prosthesis (diagnostic codes 5051 through 5056) will be assigned as of the date of hospital admission. Six months following the date of hospital discharge, the appropriate disability evaluation shall be determined on the basis of a VA examination, or on available medical records if sufficient for evaluation. Any reduction in evaluation based upon that or any subsequent examination is subject to the provisions of § 3.105(e) of this chapter. The same method of evaluation will be applied when an arthroplasty is revised or redone.		
5051 Total or partial shoulder arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....	100	100
With inability to abduct (move the arm away from the body) more than 45 degrees .....	60	50
Minimum evaluation following arthroplasty .....	30	20
<b>Note (1):</b> If there is ankylosis of the glenohumeral joint, evaluate under diagnostic code 5200 (ankylosis of glenohumeral articulation (shoulder joint)).		
<b>Note (2):</b> Separately evaluate complications, such as peripheral neuropathy, causalgia, and reflex sympathetic dystrophy, under an appropriate diagnostic code. An evaluation for a complication may be combined with an evaluation under diagnostic code 5051 that is less than total, as long as limitation of abduction is not used to support an evaluation for a complication.		
<b>Note (3):</b> Combine an evaluation under diagnostic code 5051 with an evaluation for pain under § 4.59 when appropriate.		
5052 Total or partial elbow arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....	100	100
Evaluate residuals based on ankylosis of elbow (under diagnostic code 5205), limitation of flexion of elbow (under diagnostic code 5206), limitation of extension of elbow (under diagnostic code 5207), or for limitation of flexion and extension of elbow (under diagnostic code 5208), whichever results in the highest evaluation, combining this evaluation with an evaluation for pain under § 4.59 when appropriate.		
Minimum evaluation following arthroplasty .....	30	20
5053 Total or partial wrist arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....	100	100
Evaluate residuals based on ankylosis (under diagnostic code 5214) or limitation of motion (under diagnostic code 5215), whichever results in a higher evaluation, combining this evaluation with an evaluation for pain under § 4.59 when appropriate.		
Minimum evaluation following arthroplasty .....	20	20
5054 Total or partial hip arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....		100
Requiring use of two crutches or a walker for ambulation .....		<sup>1</sup> 90
Requiring use of one crutch or two canes for most ambulation, due to pain, instability, or weakness (muscle strength grade zero to 2 out of 5) .....		70
Requiring use of one crutch or two canes only for ambulating long distances (500 feet or more), due to pain, instability, or weakness (muscle strength grade 3 to 4 out of 5) .....		50
Requiring use of one cane for ambulation, due to pain, instability, or weakness; or with recalcitrant thigh pain of longer than 2 years' duration .....		40
Minimum evaluation following arthroplasty .....		30
<b>Note:</b> Do not combine an evaluation under this diagnostic code with an evaluation for pain under § 4.59.		
5055 Total or partial knee arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....		100
Requiring use of two crutches or a walker for ambulation .....		<sup>1</sup> 90
Requiring use of one crutch or two canes for most ambulation, due to pain, instability, or weakness (muscle strength grade zero to 2 out of 5); or with loss of more than 40 degrees of the full arc of motion .....		70
Requiring use of one crutch or two canes only for ambulating long distances (500 feet or more), due to pain, instability, or weakness (muscle strength grade 3 to 4 out of 5); or with loss of 21 to 40 degrees of the full arc of motion .....		50
Requiring use of one cane or brace for ambulation, due to pain, instability, or weakness; or with loss of 10 to 20 degrees of the full arc of motion .....		40
Minimum evaluation following arthroplasty .....		30
<b>Note (1):</b> A full arc of motion of the knee after arthroplasty is a range of motion of 0 to 110 degrees.		
<b>Note (2):</b> Do not combine an evaluation under this diagnostic code with an evaluation for pain under § 4.59.		
5056 Total or partial ankle arthroplasty or replacement (with prosthesis):		
From date of hospital admission for arthroplasty, either initial or revision .....		100
Evaluate residuals based on ankylosis (under diagnostic code 5270) or limitation of motion (under diagnostic code 5271), whichever results in a higher evaluation, combining this evaluation with an evaluation for pain under § 4.59 when appropriate.		
Minimum evaluation following arthroplasty .....		20

<sup>1</sup> Review for entitlement to special monthly compensation. Refer to § 3.350 for specific instructions regarding claims involving loss of loss of use of limbs.