

THE FOOT—Continued

	Rating
Hammertoe with pain and calluses largely or completely relieved by, or not requiring, the use of appliances, orthoses, or orthopedic shoes, or by surgery, if that was done	0
Note (1): Evaluate each foot, but not each toe, separately, and combine the evaluations.	
Note (2): Do not assign an evaluation for the same foot both under diagnostic code 5282 and under diagnostic code 5278 (pes cavus (clawfoot)).	
5283 Malunion or nonunion of tarsal or metatarsal bones (except talus and calcaneus):	
Signs and symptoms (such as pain, calluses, abnormal or limited motion of affected bones or joints) that interfere with activities of daily living and that are not significantly relieved by appliances, orthoses, or orthopedic shoes, or by surgery, if that was done	30
Signs and symptoms (such as pain, calluses, abnormal or limited motion of affected bones or joints) that are partly relieved by appliances, orthoses, or orthopedic shoes, or by surgery, if that was done, but that interfere at times with activities of daily living and with most athletic activity	20
Signs and symptoms (such as pain, calluses, abnormal or limited motion of affected bones or joints) that are largely or completely relieved by appliances, orthoses, or orthopedic shoes, or by surgery, if that was done and that do not interfere with activities of daily living but that may at times prevent activities such as running and jumping	10
5284 Neurotrophic disorders of the foot (Charcot joint, diabetic foot, etc.):	
Chronic ulceration not controlled by the use of orthoses	30
Recurrent ulcers controlled by the use of orthoses	20
Pain not relieved by orthoses or shoe modification	10
Pain relieved by orthoses or shoe modification	0
Note (1): If osteomyelitis of the foot is present, evaluate under diagnostic code 5000 (osteomyelitis), and do not assign an evaluation under diagnostic code 5284.	
Note (2): A 20- or 30-percent evaluation under diagnostic code 5284 may be combined with an evaluation for pain under § 4.59.	
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THE SKULL

	Rating
5296 Loss of part of both inner and outer tables of skull without cranioplasty (covering of defect by bone, metal, or other material).	
With brain hernia	80
Without brain hernia:	
Area larger than 1.1 sq. inches (7.4 sq. cm.)	50
0.7 to 1.1 sq. inches (4.6 to 7.4 sq. cm.)	30
Area smaller than 0.7 sq. inches (4.6 sq. cm.)	10
Note (1): Rate intracranial complications, such as seizures or paralysis, separately.	
Note (2): Skull loss covered by bone or a prosthesis will not be used in calculating the area of skull loss.	

THE RIBS

	Rating
5297 Removal of ribs:	
More than six	50
Five or six	40
Three or four	30
Two	20
Removal of one, or resection of two or more ribs without regeneration	10
Note (1): Do not combine an evaluation under diagnostic code 5297 with an evaluation under diagnostic code 6844 (post-surgical residuals of lobectomy, pneumonectomy, etc.) or 6845 (chronic pleural effusion or fibrosis).	
Note (2): Evaluate rib resection as rib removal when thoracoplasty has been performed for collapse therapy or to obliterate space, and combine with the evaluation for lung collapse, lobectomy, pneumonectomy, or the graduated evaluations for pulmonary tuberculosis.	

THE COCCYX

	Rating
5298 Partial or complete removal of the coccyx:	
With painful residuals	10