

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
BRANCH OF SERVICE: ARMY

CASE: PD-2022-00035  
SEPARATION DATE: 20050504

**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Unit Supply Specialist, medically separated for “painful right foot due to bunion, right great toe, status post [s/p] chevron osteotomy” with a disability rating of 10%.

**CI CONTENTION:** Review requested of right foot pain and pedal neuralgia, as well as additional conditions not identified by the Medical Evaluation Board (MEB) and Physical Evaluation Board (PEB). The complete submission is at Exhibit A.

**SCOPE OF REVIEW:** The panel’s scope of review is defined in DoDI 6040.44. It is limited to review of disability ratings assigned to those conditions determined by the PEB to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the MEB, but determined by the PEB to be not unfitting or non-compensable. Any conditions outside the panel’s defined scope of review, and any contention not requested in this application, may remain eligible for future consideration by the Board for Correction of Military Records. The panel’s authority is limited to assessing the fairness and accuracy of PEB rating determinations and recommending corrections when appropriate. The panel gives consideration to VA evidence, particularly within 12 months of separation, but only to the extent that it reasonably reflects the severity of disability at the time of separation.

**RATING COMPARISON:**

SERVICE PEB - 20050405			VARD - 20050518			
Condition	Code	Rating	Condition	Code	Rating	Exam
Painful Right Foot...Bunion	5280	10%	Hallux Valgus...Right Great Toe	5280	10%	STR
Pedal Neuralgia	Not Unfitting					
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 20%</b>			

**ANALYSIS SUMMARY:**

**Right Foot Pain.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI underwent a bunionectomy in November 2002 to reduce pain caused by a right hallux valgus deformity. He continued to have pain post-surgery.

During the February 2005 MEB examination (recorded on DD Forms 2807-1 and 2808), 3 months prior to separation, the CI reported the bunionectomy but no specific complaints. The examiner noted “right medial great toe-skin incision status post bunionectomy,” left medial great toe bunion, and mild asymptomatic pes planus during clinical evaluation, and recorded “bilateral foot pain” and “right foot status post bunionectomy” in the summary of defects and diagnoses.

At an orthopedic visit on 3 February 2005, the CI complained of right foot pain and stiffness. The provider noted a subjective report of decreased sensation on the medial aspect of the right

great toe, but no clinical evidence of sensory abnormalities or peripheral neuropathy were found during physical examination. The incision scar was well-healed, and a palpable surgical screw caused mild tenderness. Range of motion (ROM) testing of the right first metatarsophalangeal joint revealed dorsiflexion to 20 degrees and plantar flexion to 5 degrees. The decreased ROM, along with mild to moderate stiffness, caused pain with weight bearing activities as well as running. The CI's gait was normal as were reflexes, and the examiner assessed "acquired deformity of toe-hallux valgus right."

The 5 March 2005 MEB NARSUM examination, 2 months before separation, noted complaints of continued right foot pain that prevented performance of duties. Physical examination showed "significant ROM deficit of the right great toe" with no painful motion observed. Mild tenderness was noted along the well-healed surgical incision. While no specific ROM was recorded, the examiner described it as "minimal" for both dorsiflexion and plantar flexion.

At the 30 August 2005 VA Compensation and Pension (C&P) examination, 4 months after separation, the CI described left great toe problems that started after the right toe bunionectomy. He stated that the left toe was painful with walking and standing, but did not mention any right toe or foot issues. The examiner noted a normal gait and no use of assistive device for walking. Physical findings revealed a non-tender right surgical scar with no abnormalities. Weight bearing was normal with no functional limitation on standing or walking.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the right foot pain 10%, coded 5280 (hallux valgus), citing persistent foot pain preventing effective duty in the primary military specialty. The VA also rated the right foot pain 10%, coded 5280, based on the STR, citing "10 percent is assigned for hallux valgus following surgery with resection of the metatarsal head. An evaluation of 10 percent is also granted for severe hallux valgus if equivalent to amputation of the great toe. This is the highest evaluation that can be assigned under current VA guidelines for unilateral hallux valgus." Panel members considered other VASRD codes, but all were less applicable and not advantageous for rating. There was therefore no higher rating than the 10% adjudicated by the PEB. After due deliberation, considering all the evidence and mindful of VASRD §4.3 (reasonable doubt), the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the right foot pain.

Contended PEB Condition: Pedal Neuralgia. The panel's main charge is to assess the fairness of the PEB determination that the contended condition was not unfitting. This condition was not profiled or implicated in the commander's statement and did not fail retention standards. There was no performance-based evidence from the record that the condition significantly interfered with satisfactory duty performance at separation. After due deliberation, the panel concluded there was insufficient cause to recommend a change in the PEB fitness determination for the contended condition, so no additional disability rating is recommended.

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**BOARD FINDINGS:** In the matter of the right foot pain and IAW VASRD §4.72, the panel recommends no change in the PEB adjudication. In the matter of the contended pedal neuralgia, the panel agrees it cannot recommend it for additional disability rating. There are no other conditions within the panel's scope of review for consideration.

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20220418, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

AR20230004643, XXXXXXXXXXX

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Dear XXXXXXXXXXXXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDBR) reviewed your application and found your separation disability rating and your separation from the Army for disability with severance pay to be accurate. I have reviewed the Board's recommendation and record of proceedings (copy enclosed), and I accept its recommendation. I regret to inform you that your application to the DoD PDBR is denied.

This decision is final. Recourse within the Department of Defense or the Department of the Army is exhausted; however, you have the option to seek relief by filing suit in a court of appropriate jurisdiction.