

RECORD OF PROCEEDINGS  
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX  
BRANCH OF SERVICE: NAVY

CASE: PD-2022-00079  
SEPARATION DATE: 20061106

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**SUMMARY OF CASE:** Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E5, Air Traffic Controller, medically separated for “tarsal tunnel system, left foot” with a disability rating of 10%.

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**CI CONTENTION:** “I was rated at 10% for Tarsal Tunnel (Left) and Plantar Fasciitis (Left) under Category 1 of the PEB proceedings form. The Plantar Fasciitis is diagnosed as Bilateral and is not rated as such. There were no Category 2 items listed. Category 3 shoes Pes Planus Deformity (bilateral). I believe this should be a Category 1 item as it was the primary cause of Tarsal Tunnel and the 10% PEB rating finding. The VA did service connect me for Pes Planus (Bilateral). There are also several other items that the VA did rate me as service connected for that may have also needed to be included in the PEB findings [sic].” The complete submission is at Exhibit A.

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**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 Physical Evaluation Board (PEB) to be unfitting for continued military service, and when specifically requested by the CI, those conditions identified by the Medical Evaluation Board (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.

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**RATING COMPARISON:**

SERVICE PEB - 29969731			VARD - 20061209			
Condition	Code	Rating	Condition	Code	Rating	Exam
Tarsal Tunnel Syndrome, Left Foot	8799-8725	10%	Left Tarsal Tunnel Syndrome	8525	10%	20060913
Plantar Fasciitis, Left		Cat II	Left Plantar Fasciitis	5284	0%	
Pes Planus Deformity, Bilateral		Cat III	Pes Planus Bilateral	5276	0%	
<b>COMBINED RATING: 10%</b>			<b>COMBINED RATING OF ALL VA CONDITIONS: 20%</b>			

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**ANALYSIS SUMMARY:**

**Left Foot Tarsal Tunnel Syndrome.** According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI’s left foot condition began in 2001 with no reported history, injury, or trauma. Initial symptoms started as pain along the inside of the heel and plantar fascia, but worsened over time and required a plantar fascial release in November 2002. Despite the surgery, the CI continued to complain of chronic pain in the left foot heel, which progressed to include symptoms suggestive of tarsal tunnel syndrome.

Controlled by: DAF Controlled by: SAF/MRBD CUI Categories: SP-MIL/SP-PRVCY Limited Dissemination Control: N/A POC: SAF.MRBD.Workflow@us.af.mil
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During the 10 May 2006 MEB examination (recorded on DD Forms 2807-1 and 2808), 5 months prior to separation, the CI reported left foot numbness and tingling after prolonged use, and listed “pes planus, plantar fascia, tarsal tunnel [sic].” Physical examination revealed a well-healed incision over the left heel and moderate symptomatic pes planus. The examiner recorded “history of” plantar fasciitis without complete resolution after conservative treatment and surgery. The next day, at the MEB NARSUM examination, the CI complained of continued symptoms with prolonged standing but that he was able to do normal activities and wear comfortable shoes with mild symptoms that were tolerable. Since the release surgery, the CI required orthotic support, physical therapy, anti-inflammatory medications, as well as a 6-month limited duty period. Physical examination of the lower extremities showed normal vascular, motor, and sensory findings. There was a positive Tinel’s sign along the tarsal tunnel of the left foot and tenderness along the plantar fascia and medial portion of the calcaneus over the abductor hallucis muscle. Heel raise testing was normal.

At the 13 September 2006 VA Compensation and Pension (C&P) examination, 2 months before separation, the examiner noted CI complaints of “pain inside the left ankle up into the calf, tingling with numbness, and loss of sensation on occasion.” Due to radiating pain from the heel to the calf, he was unable to stand, run, or walk for long periods. Physical findings showed normal gait, posture, and extremities with good Achilles tendon alignment and no abnormal weight bearing. There was tenderness along the soles near the heels, but motor and sensory tests were normal. Both ankles had full range of motion. The examiner noted the orthotics helped symptoms, and X-rays showed a small, right plantar heel spur and normal left plantar heel.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the left tarsal tunnel syndrome 10%, analogously coded 8799-8725 (neuralgia), and listed “plantar fasciitis, left” as a related diagnoses (Category II) contributing to the disability in this case. The PEB medical notes documented that the CI had a history of plantar fasciitis and fascia release surgery, which developed into tarsal tunnel syndrome. Panel members agreed that while the plantar fasciitis may have contributed to the disability of the tarsal tunnel syndrome, it could not be reasonably justified as separately unfitting; nor would separate ratings be achievable without violation of VASRD §4.14 (avoidance of pyramiding). The VA also rated the left tarsal tunnel syndrome 10%, but coded 8525 (paralysis of the tibial nerve (tarsal tunnel)), based on the C&P examination, citing “neuritis sensory distribution of numbness and tingling with pain.” The VA granted a 0% disability rating for the claimed left foot plantar fasciitis, noting no limitations with standing and walking, and negative X-ray findings. The panel agreed that a 10% rating, but no higher, was warranted under code 8725 for mild to moderate symptoms. When considering code 8525, panel members noted CI reports of pain radiating from the left ankle into the calf, with tingling and numbness, and occasional loss of sensation. However, there was no evidence of incomplete paralysis of foot movements to justify a higher 20% rating for severe nerve injury. 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 tarsal tunnel syndrome condition.

Contended PEB Condition: Bilateral Pes Planus Deformity. The panel’s main charge is to assess the fairness of the PEB determination that the contended condition was not unfitting. The contended condition was noted on limited duty forms but was not implicated in the non-medical assessment 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 left foot tarsal tunnel syndrome and IAW VASRD §4.124a, the panel recommends no change in the PEB adjudication. In the matter of the contended bilateral pes planus, 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. Therefore, the panel recommends no modification or re-characterization of the CI's disability and separation determination.

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The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20220812, w/atchs
- Exhibit B. Service Treatment Record
- Exhibit C. Department of Veterans Affairs Record

4/13/2023



**DEPARTMENT OF THE NAVY**  
SECRETARY OF THE NAVY COUNCIL OF REVIEW BOARDS  
720 KENNON STREET SE STE 309  
WASHINGTON NAVY YARD, DC 20374-5023

IN REPLY REFER TO  
6040  
CORB: 003  
28 Jun 23

From: Director, Secretary of the Navy Council of Review Boards

Subj: Physical Disability Board of Review Determination

Ref: (a) 6040.44(Series)

1. The Physical Disability Board of Review (PBDR) reviewed your case in accordance with reference (a) and forwarded their recommendation for action.
2. On 27 June 2023, the Assistant Secretary of the Navy (Manpower and Reserve Affairs) accepted the PBDR's recommendation of no change to your characterization of separation or disability rating assigned.
3. The PBDR determination is final and not subject to appeal or review.