

RECORD OF PROCEEDINGS
PHYSICAL DISABILITY BOARD OF REVIEW

NAME: XXXXXXXXXX
BRANCH OF SERVICE: ARMY

CASE: PD-2024-00003
SEPARATION DATE: 20050316

SUMMARY OF CASE: Data extracted from the available evidence of record reflects this covered individual (CI) was an active duty E4, Aviation Operations Specialist, medically separated for “plantar fasciitis, bilateral” with a disability rating of 0%. “Major depressive disorder [MDD]” was determined to have existed prior to service (EPTS) and was not rated.

CI CONTENTION: Review all conditions. 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 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.

RATING COMPARISON:

SERVICE PEB - 20050203			VARD - NA			
Condition	Code	Rating	Condition	Code	Rating	Exam
Plantar Fasciitis, Bilateral...	5399-5310	0%	No VA Examination in Evidence			
MDD	9434	EPTS				
Pes Planus	Not Unfitting					
COMBINED RATING: 0%			COMBINED RATING OF ALL VA CONDITIONS: NA			

ANALYSIS SUMMARY:

Bilateral Plantar Fasciitis. According to the service treatment record (STR) and MEB narrative summary (NARSUM), the CI developed right foot pain in August 2003 after running and altering his gait due to a blister. He was diagnosed with bilateral foot plantar fasciitis (right greater than left) in November 2003 and treated conservatively with physical therapy and orthotics.

The 8 November 2004 MEB podiatry examination, 4 months prior to separation, noted CI complaints of foot pain for over a year. The pain started with his first step in the morning and while it improved after stretching, he continued to have tolerable pain throughout the day. Physical examination showed an antalgic gait, but no disturbance in circulation, normal reflexes, and intact sensation about the feet. There was medial longitudinal arch tenderness bilaterally, and full range of motion (ROM) of both ankles and all toes.

At the 18 January 2005 MEB NARSUM examination, 2 months before separation, the CI reported pain in both feet, aggravated by weight bearing or impact activities. The pain increased after

standing or walking at his own pace and distance for more than 20 minutes. The examiner referred to the 8 November 2005 podiatry findings and noted foot X-rays on 13 January 2005, which showed pes planus, but were otherwise normal. Duty restrictions included no prolonged standing for greater than 30 minutes, and no running, marching or jumping. There was no VA examination proximate to separation in evidence.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the bilateral foot condition 0%, analogously coded 5399-5310 (Group X. function [muscle groups for the foot]) citing mild muscle injury. Panel members first considered whether each foot condition, having been de-coupled from the combined PEB adjudication, remained separately unfitting. The profile listed "chronic foot pain," the STR did not refer to separate right and left foot conditions, and the MEB forwarded "bilateral feet: Plantar fasciitis" to the PEB. Thus, the panel agreed there was a preponderance of evidence to conclude that that each foot could reasonably be considered separately unfitting at the time of separation.

Panel members considered the objective findings and associated disability for each foot to be identical and agreed the respective ratings should therefore be the same. Although the podiatrist recorded an antalgic gait, the 9 November 2004 commander's statement (1 day after the podiatry examination) noted, "The [CI] shows no signs of limping, favoring a leg or any physical inability to perform physically the duties within the scope of his MOS." The panel agreed the totality of evidence supported a finding of slight disability for both feet, which warrants a 0% rating for each foot condition under code 5310. However, these separate ratings afforded no benefit to the CI, and after due deliberation, considering all the evidence, the panel concluded there was insufficient cause to recommend a change in the PEB adjudication for the bilateral foot condition.

MDD. According to the STR and MEB NARSUM, the CI's mental health (MH) condition was first treated in October 2004, with no recorded precipitating event. He reported experiencing depression on and off since age 16, but there was no MH treatment documentation.

During the 9 November 2004 MEB examination (recorded on DD Forms 2807-1 and 2808), 4 months prior to separation, the CI stated that he took medication for sleep and suffered from depression. He reported thoughts of suicide and that he had attempted suicide "7 years ago." The CI also stated that he had admitted himself to the emergency room after fearing suicidal thoughts, but there was no report of a hospital admission for a MH condition. The examiner recorded a history of anxiety and depression.

The 14 December 2004 MEB psychological examination, 3 months before separation, noted CI complaints of depression and reports of "bad days most of the time and those were the days he thought about suicide." He endorsed difficulty getting out of bed in the morning to get ready for the day, and constantly worrying about 'what's going to happen today or 20 years from now,' and what others thought of him. The CI reported he 'hit rock bottom' at age 22 (4 years before entering the military) when he wrote a suicide note to his family and put a loaded gun in his mouth. The examiner noted a history of "two recent psychiatric hospitalizations for acute suicidality, as well as homicidal thoughts," but no associated records were available. The mental status examination was unremarkable, except for mood described as "very depressed." There was no evidence of suicidal/homicidal ideation or psychosis. The examiner opined that the MDD negatively impacted the CI's social and industrial adaptability for civilian life, and the condition did not "appear to have been permanently aggravated by his military service." He was assessed with moderate stress associated with limitations in functioning.

The panel directed attention to its rating recommendation based on the above evidence. The PEB rated the MDD as EPTS, coded 9434 (MDD), citing natural progression without service aggravation. Panel members first noted that although the CI reported having clinical features of MDD since age 16, there was no record of a MDD diagnosis before or at the time of service entry.

Of note, he failed to disclose his suicide attempt during the military entry examination, but reported its occurrence "7 years ago" at the MEB examination. Depression, whether treated or not, tends to recur in greater than a third of such cases. The CI reported depressed moods related to worrying about the present and future, and feeling worthless and that others thought negatively of him. The panel agreed there was not a preponderance of evidence that the MH condition was permanently aggravated by his military service, but rather, his symptoms reflected a natural progression of MDD. After due deliberation, in consideration of the preponderance of the evidence, the panel concluded there was insufficient cause to recommend a change in the PEB determination that the MDD was EPTS and not service aggravated, and therefore this condition could not be recommended for a disability rating.

Contended PEB Condition: Pes Planus. The panel's main charge is to assess the fairness of the PEB determination that the contended condition was not unfitting. The pes planus 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.

BOARD FINDINGS: In the matter of the bilateral plantar fasciitis and IAW VASRD §4.71a, the panel recommends no change in the PEB adjudication. In the matter of the MDD and IAW VASRD §4.130, the panel recommends no change in the PEB adjudication. In the matter of the contended 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.

The following documentary evidence was considered:

- Exhibit A. DD Form 294, dated 20240119, w/atchs
- Exhibit B. Service Treatment Record

AR20240006606

Dear XXXXXX:

The Department of Defense Physical Disability Board of Review (DoD PDDBR) 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 PDDBR 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.