

## Department of Veterans Affairs

## § 4.2

### THE CARDIOVASCULAR SYSTEM

4.100-4.103 [Reserved]

4.104 Schedule of ratings—cardiovascular system.

### THE DIGESTIVE SYSTEM

- 4.110 Ulcers.
- 4.111 Postgastroectomy syndromes.
- 4.112 Weight loss.
- 4.113 Coexisting abdominal conditions.
- 4.114 Schedule of ratings—digestive system.

### THE GENITOURINARY SYSTEM

- 4.115 Nephritis.
- 4.115a Ratings of the genitourinary system—dysfunctions.
- 4.115b Ratings of the genitourinary system—diagnoses.

### GYNECOLOGICAL CONDITIONS AND DISORDERS OF THE BREAST

4.116 Schedule of ratings—gynecological conditions and disorders of the breast.

### THE HEMIC AND LYMPHATIC SYSTEMS

4.117 Schedule of ratings—hemic and lymphatic systems.

### THE SKIN

4.118 Schedule of ratings—skin.

### THE ENDOCRINE SYSTEM

4.119 Schedule of ratings—endocrine system.

### NEUROLOGICAL CONDITIONS AND CONVULSIVE DISORDERS

- 4.120 Evaluations by comparison.
- 4.121 Identification of epilepsy.
- 4.122 Psychomotor epilepsy.
- 4.123 Neuritis, cranial or peripheral.
- 4.124 Neuralgia, cranial or peripheral.
- 4.124a Schedule of ratings—neurological conditions and convulsive disorders.

### MENTAL DISORDERS

- 4.125 Diagnosis of mental disorders.
- 4.126 Evaluation of disability from mental disorders.
- 4.127 Mental retardation and personality disorders.
- 4.128 Convalescence ratings following extended hospitalization.
- 4.129 Mental disorders due to traumatic stress.
- 4.130 Schedule of ratings—mental disorders.

### DENTAL AND ORAL CONDITIONS

- 4.149 [Reserved]
- 4.150 Schedule of ratings—dental and oral conditions.

APPENDIX A TO PART 4—TABLE OF AMENDMENTS AND EFFECTIVE DATES SINCE 1946

APPENDIX B TO PART 4—NUMERICAL INDEX OF DISABILITIES

APPENDIX C TO PART 4—ALPHABETICAL INDEX OF DISABILITIES

AUTHORITY: 38 U.S.C. 1155, unless otherwise noted.

SOURCE: 29 FR 6718, May 22, 1964, unless otherwise noted.

## Subpart A—General Policy in Rating

### § 4.1 Essentials of evaluative rating.

This rating schedule is primarily a guide in the evaluation of disability resulting from all types of diseases and injuries encountered as a result of or incident to military service. The percentage ratings represent as far as can practicably be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations. Generally, the degrees of disability specified are considered adequate to compensate for considerable loss of working time from exacerbations or illnesses proportionate to the severity of the several grades of disability. For the application of this schedule, accurate and fully descriptive medical examinations are required, with emphasis upon the limitation of activity imposed by the disabling condition. Over a period of many years, a veteran's disability claim may require reratings in accordance with changes in laws, medical knowledge and his or her physical or mental condition. It is thus essential, both in the examination and in the evaluation of disability, that each disability be viewed in relation to its history.

[41 FR 11292, Mar. 18, 1976]

### § 4.2 Interpretation of examination reports.

Different examiners, at different times, will not describe the same disability in the same language. Features of the disability which must have persisted unchanged may be overlooked or a change for the better or worse may not be accurately appreciated or described. It is the responsibility of the rating specialist to interpret reports of examination in the light of the whole

#### § 4.3

recorded history, reconciling the various reports into a consistent picture so that the current rating may accurately reflect the elements of disability present. Each disability must be considered from the point of view of the veteran working or seeking work. If a diagnosis is not supported by the findings on the examination report or if the report does not contain sufficient detail, it is incumbent upon the rating board to return the report as inadequate for evaluation purposes.

[41 FR 11292, Mar. 18, 1976]

#### § 4.3 Resolution of reasonable doubt.

It is the defined and consistently applied policy of the Department of Veterans Affairs to administer the law under a broad interpretation, consistent, however, with the facts shown in every case. When after careful consideration of all procurable and assembled data, a reasonable doubt arises regarding the degree of disability such doubt will be resolved in favor of the claimant. See § 3.102 of this chapter.

[40 FR 42535, Sept. 15, 1975]

#### § 4.6 Evaluation of evidence.

The element of the weight to be accorded the character of the veteran's service is but one factor entering into the considerations of the rating boards in arriving at determinations of the evaluation of disability. Every element in any way affecting the probative value to be assigned to the evidence in each individual claim must be thoroughly and conscientiously studied by each member of the rating board in the light of the established policies of the Department of Veterans Affairs to the end that decisions will be equitable and just as contemplated by the requirements of the law.

#### § 4.7 Higher of two evaluations.

Where there is a question as to which of two evaluations shall be applied, the higher evaluation will be assigned if the disability picture more nearly approximates the criteria required for that rating. Otherwise, the lower rating will be assigned.

#### 38 CFR Ch. I (7-1-05 Edition)

#### § 4.9 Congenital or developmental defects.

Mere congenital or developmental defects, absent, displaced or supernumerary parts, refractive error of the eye, personality disorder and mental deficiency are not diseases or injuries in the meaning of applicable legislation for disability compensation purposes.

[41 FR 11292, Mar. 18, 1976]

#### § 4.10 Functional impairment.

The basis of disability evaluations is the ability of the body as a whole, or of the psyche, or of a system or organ of the body to function under the ordinary conditions of daily life including employment. Whether the upper or lower extremities, the back or abdominal wall, the eyes or ears, or the cardiovascular, digestive, or other system, or psyche are affected, evaluations are based upon lack of usefulness, of these parts or systems, especially in self-support. This imposes upon the medical examiner the responsibility of furnishing, in addition to the etiological, anatomical, pathological, laboratory and prognostic data required for ordinary medical classification, full description of the effects of disability upon the person's ordinary activity. In this connection, it will be remembered that a person may be too disabled to engage in employment although he or she is up and about and fairly comfortable at home or upon limited activity.

[41 FR 11292, Mar. 18, 1976]

#### § 4.13 Effect of change of diagnosis.

The repercussion upon a current rating of service connection when change is made of a previously assigned diagnosis or etiology must be kept in mind. The aim should be the reconciliation and continuance of the diagnosis or etiology upon which service connection for the disability had been granted. The relevant principle enunciated in § 4.125, entitled "Diagnosis of mental disorders," should have careful attention in this connection. When any change in evaluation is to be made, the rating agency should assure itself that there has been an actual change in the conditions, for better or worse, and not