

(UNCLASSIFIED)

## INFORMATION PAPER

JALS-OSC  
1 December 2023

**SUBJECT: Back and Neck Pain and the Disability Evaluation and Rating of Injuries/Conditions of the Spine in the Medical Evaluation Board/Physical Evaluation Board (MEB/PEB) Process**

1. Purpose: To provide information to Soldiers in the Integrated Disability Evaluation System (IDES) as it relates to injuries and/or conditions of the spine.

2. Conditions: Back and neck pain are very common conditions impacting Soldiers. Back and neck pain can be caused by several physical conditions, including, but not limited to, vertebral fracture or dislocation, strain, degenerative arthritis, degenerative disc disease, and spinal stenosis. You may also experience a condition that can occur in the spine called radiculopathy, which affects the peripheral nerves that run from the spine (see OSC Information Paper on Radiculopathy). It is important to identify back and neck injuries and conditions in the early stages of the MEB/PEB process to make sure that they receive the proper diagnosis and appropriate Veterans Affairs (VA) percentage rating.

3. Evidence Reviewed by the MEB and PEB. The MEB and PEB will review the Soldier's medical treatment records and VA examinations to determine whether the Soldier suffers from a neck or back injury that causes them to be unable to perform their duties at the Soldier's rank and MOS. Those records will often include general physical examinations, focused evaluations, x-rays or other imaging studies, and any range of motion evaluations. The MEB/PEB will also review when and how the injury occurred and if there is a Line of Duty (LOD) determination for injuries that occurred when the Soldier was on active duty of less than 30 days. If the injury existed prior to service, the MEB/PEB will determine whether the condition was permanently aggravated during service beyond its natural progression.

a. Radiographic Evidence (includes, but not limited to): MRIs and x-rays provide evidence of degenerative disc disease, bulging discs, ruptured discs, and compressed vertebrae.

b. Range of Motion (ROM) Exams: ROM exams can be performed by doctors, physical therapists, and chiropractors. The ROM exams provide evidence of limited motion in the back and/or neck which may be caused by pain, nerve damage, and/or mechanical blocks. For disability determinations, the limitations must be measured using a goniometer and the measurements must be documented in the medical records. It is important that the provider documents in the record a goniometer was used for all range of motion exams. It is also important that there is an initial range of motion followed by a range of motion on repetitive use (*i.e.*, the ROM is measured three or

(UNCLASSIFIED)

(UNCLASSIFIED)

more times in a row) and during flare-ups. Ranges of motion include: forward flexion; extension; right and left lateral flexion; and right and left lateral rotation. Providers also explain how the condition impacts functional ability. If the limitations have changed significantly since a prior ROM test, it is helpful to ask the provider to explain the bases for the change. The VA evaluates back and neck conditions based on the criteria listed in the table below.

The SPINE - General Rating Formula for Diseases and Injuries of the Spine  (For diagnostic codes 5235 to 5243 unless 5243 is evaluated under the Formula for Rating Intervertebral Disc Syndrome Based on Incapacitating Episodes): With or without symptoms such as pain (whether or not it radiates), stiffness, or aching in the area of the spine affected by residuals of injury or disease	Rating
Unfavorable ankylosis of the entire spine	100%
Unfavorable ankylosis of the entire thoracolumbar spine	50%
Unfavorable ankylosis of the entire cervical spine; or, forward flexion of the thoracolumbar spine 30 degrees or less; or, favorable ankylosis of the entire thoracolumbar spine	40%
Forward flexion of the cervical spine 15 degrees or less; or, favorable ankylosis of the entire cervical spine	30%
Forward flexion of the thoracolumbar spine greater than 30 degrees but not greater than 60 degrees; or, forward flexion of the cervical spine greater than 15 degrees but not greater than 30 degrees; or, the combined range of motion of the thoracolumbar spine not greater than 120 degrees; or, the combined range of motion of the cervical spine not greater than 170 degrees; or, muscle spasm or guarding severe enough to result in an abnormal gait or abnormal spinal contour such as scoliosis, reversed lordosis, or abnormal kyphosis	20%
Forward flexion of the thoracolumbar spine greater than 60 degrees but not greater than 85 degrees; or, forward flexion of the cervical spine greater than 30 degrees but not greater than 40 degrees; or, combined range of motion of the thoracolumbar spine greater than 120 degrees but not greater than 235 degrees; or, combined range of motion of the cervical spine greater than 170 degrees but not greater than 335 degrees; or, muscle spasm, guarding, or localized tenderness not resulting in abnormal gait or abnormal spinal contour; or, vertebral body fracture with loss of 50 percent or more of the height	10%
PLEASE NOTE: There is different rating criteria for certain other spinal conditions such as Intervertebral Disc Syndrome based on Incapacitating Episodes, Traumatic Paralysis, Degenerative Arthritis. Please see the Code of Federal Regulations, Title 38, Chapter 1, Part 4.	

c. If a back or neck condition is found unfit by the PEB, a Soldier may appeal the VA's rating. Please consult an OSC attorney.

4. MEB/PEB Determination. The MEB evaluates the Soldier's condition and determines if the condition meets or fails retention standards in accordance with AR 40-501. The PEB evaluates the Soldier's condition and determines whether the Soldier is fit or unfit for continued military service. More specifically, the PEB determines whether one or more medical conditions may, individually or collectively, prevent the Soldier from:

(UNCLASSIFIED)

(UNCLASSIFIED)

a. Performing military occupational specialty (MOS) duties at the current rank, skill level and duty position as required (See DA PAM 611-21), especially if substantiated by the Soldier's Commander or supervisor and/or their medical provider (including any previous physical profiles);

b. Performing basic Soldier skills such as carrying and firing a weapon, riding in a military vehicle wearing usual protective gear, wearing helmet, body armor, and load bearing equipment, moving greater than forty pounds while wearing usual protective gear, and living and functioning in any geographical or climatic area, especially if substantiated by the Soldier's Commander or Supervisor and/or their medical provider; (including any previous physical profiles);

c. Passing an Army Combat Fitness Test;

d. Service that does not compromise or aggravate the Soldier's health or well-being without dependence on medications, appliances, severe dietary restrictions, frequent special treatments, or a requirement for frequent clinical monitoring; and

e. Continued service without adversely compromising the health or well-being of other Soldiers.

5. This Information Paper is provided as a service to Soldiers in the MEB/PEB process and is intended as general information only. A Soldiers' Counsel is available to provide specific legal advice to Soldiers involved in the MEB/PEB process. Contact your local Office of Soldiers' Counsel for more information. If you don't know how to reach your local OSC, please contact your PEBLO.

Approved by: Lakandula (Duke) Dorotheo  
Director, Office of Soldiers' Counsel

(UNCLASSIFIED)