

How the VA Rates Hip Conditions

Regulatory Source: 38 CFR § 4.71a – Diagnostic Codes 5250–5255

VA Source: <https://ecfr.gov>

Summary:

The VA rates hip conditions based on flexion, abduction, and internal/external rotation. Higher ratings apply to joint replacements, fusion, or chronic flare-ups. Arthritis and bursitis are rated under limited motion codes.

VA Rating Table:

Rating	Explanation
10%	Limitation of hip flexion to 45° or painful motion documented. Mild arthritis or bursitis causing discomfort with activity.
20%	Flexion limited to 30° or abduction lost beyond 10°, interfering with walking or climbing. May show frequent flare-ups.
30%–40%	More severe limitation of flexion or motion in multiple directions. Bursitis, arthritis, or degeneration with instability or tenderness.
60%–90%	Ankylosis or joint replacement with chronic residuals. Inability to bear weight or stand independently for long periods.

Required Evidence:

- Diagnosis of arthritis, bursitis, or labral tear of the hip
- Range of motion tests (flexion, abduction, rotation)
- Imaging: MRI or X-ray showing degeneration or joint space narrowing
- Treatment records showing injections, PT, or flare-ups
- Functional statements about mobility, work, or sleep impact

Pro Tip:

Describe how hip pain affects sitting, standing, and lifting. Even if you don't meet a motion threshold, painful motion or flare-ups can still earn a rating.