Veteran Medical Opinions

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Independent Medical Opinion: Aggravation

Sample opinion. The Veteran and all case facts are fictional.

Claim	Service connection for bilateral pes planus (flat feet) by aggravation of a condition noted at entry
Veteran	Thomas R. Miller, U.S. Army, 1977 to 1981
Condition	Bilateral pes planus, noted on the enlistment examination
Submitted to	Department of Veterans Affairs

Opinion

It is at least as likely as not (a 50 percent or greater probability) that the Veteran's bilateral pes planus, which was noted on his enlistment examination, permanently increased in severity during his active service, and that this increase was beyond the natural progress of the condition.

The opinion has two parts, each held to that same standard:

1. **Increase in severity during service.** He entered service with moderate flat feet that caused no symptoms. He left service with severe, painful flat feet that required arch supports and a profile limiting marching and running.
2. **Beyond natural progress.** The increase came during three years of infantry duty with repeated heavy loading of the feet. It is not the expected course of painless, moderate flat feet in a man aged 18 to 22.

These findings address the aggravation standard of 38 C.F.R. § 3.306(a) and (b).

Qualifications

I am a board-certified Family Nurse Practitioner (MSN, APRN, FNP-C), NPI 1275200149. I worked as a VA Compensation and Pension examiner for three years and know VA's standards for medical opinions. Evaluating and managing musculoskeletal and foot conditions is within my training and scope of practice.

Records reviewed

I reviewed the full claims file provided to me, including:

- Report of Medical Examination for enlistment dated February 8, 1977: "Pes planus, moderate, asymptomatic, bilateral." Qualified for enlistment.
- Report of Medical History dated February 8, 1977, reporting no foot pain or foot trouble.
- Service treatment records, 1977 to 1981, including sick call notes for bilateral foot pain dated October 1977, June 1978 and March 1979, a podiatry consultation dated April 1979, and a temporary physical profile dated August 1980.
- Report of Medical Examination for separation dated January 12, 1981: "Pes planus, severe, symptomatic, bilateral."

- VA treatment records, 2015 to 2026: podiatry notes, orthotic prescriptions, and bilateral weight-bearing foot x-rays dated March 2024.
- The Veteran's written statement dated February 2026.
- VA rating decision dated July 15, 2026, denying service connection on the basis that the condition existed before service and was not aggravated by service.

Relevant history

The Veteran entered service with painless flat feet and left with severe, painful flat feet.

Year	Event
1977	February: enlistment examination notes moderate flat feet with no symptoms. Qualified for enlistment as an infantryman.
1977	October: during infantry training, seen at sick call for pain in both arches after road marches.
1978	June: seen for foot pain and swelling after field exercises. Treated with rest and anti-inflammatory medication.
1979	March: seen again for arch pain. April: podiatry finds flexible flatfoot, now symptomatic, with pain on manipulation. Arch supports issued.
1980	August: temporary profile limiting marching and running because of foot pain.
1981	January: separation examination records severe, symptomatic flat feet in both feet.
1981 to 2014	Used store-bought arch supports. No foot injury or foot surgery recorded.
2015	VA podiatry: severe bilateral pes planus with pain on use. Custom orthotics prescribed.
2024	Weight-bearing x-rays: bilateral pes planus with reduced arch height. No fracture or other cause found.
2026	VA denies service connection, finding the condition existed before service and was not aggravated.

Other conditions: none affecting the feet. He has no diabetes, inflammatory arthritis, or neurologic disease that would cause flat feet to worsen on their own.

Rationale

The records document the condition at entry, its worsening in service, and a cause for that worsening other than natural progress.

1. **The condition was noted at entry.** The enlistment examiner recorded moderate flat feet that caused no symptoms. That record sets the baseline: present, but painless and not limiting.
2. **It got worse during service, and stayed worse.** Within eight months he was on sick call for arch pain. Over the next three years the record shows repeated visits, arch supports and a profile limiting marching. The separation examiner recorded severe, symptomatic flat feet. This was not a temporary flare. The condition never returned to its entrance baseline, and his records since 1981 describe the same severe, painful feet.
3. **Infantry duty explains the change.** Road marches with a loaded pack, running in boots, and long hours on his feet place repeated load on the posterior tibial tendon and the plantar fascia, the structures that hold up the

arch. Overload and failure of the posterior tibial tendon is a recognized path to a worsening, painful flatfoot in adults (1). In military trainees, arches that collapse under load are a risk factor for overuse injury of the lower extremity (2).

4. **Natural progress does not account for it.** Moderate flat feet that cause no symptoms at age 18 are not expected to become severe and painful by 22 without an added cause. Here the added cause is documented: three years of infantry duty, with the first complaints during training itself. I find no evidence in the record that the increase was due to the natural progress of the condition.
5. **Nothing else explains it.** No foot injury, foot surgery, or condition that weakens the arch is recorded after service. His course since 1981 continues the severity recorded at separation.

Taken together, the evidence meets the at-least-as-likely-as-not standard. The Veteran's preexisting bilateral pes planus increased in severity during service, beyond its natural progress.

References

1. Myerson MS. Adult acquired flatfoot deformity: treatment of dysfunction of the posterior tibial tendon. J Bone Joint Surg Am. 1996;78(5):780-792.
2. Kaufman KR, Brodine SK, Shaffer RA, Johnson CW, Cullison TR. The effect of foot structure and range of motion on musculoskeletal overuse injuries. Am J Sports Med. 1999;27(5):585-593. doi:10.1177/03635465990270050701
3. 38 C.F.R. § 3.306, Aggravation of preservice disability.

Certification

This opinion rests on my review of the records listed above, my clinical training and experience, and the cited medical literature. I did not treat or examine the Veteran. The statements above are true and correct to the best of my knowledge.



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Signed electronically on November 3, 2026