FOR YOUR EYES ONLY

EDIT ALL HIGHLIGHTED PORTIONS and whatever else necessary in order to be truthful.

CLICK [HERE](https://www.vba.va.gov/pubs/forms/VBA-21-4138-ARE.pdf) TO DOWNLOAD THE OFFICIAL PERSONAL STATEMENT FORM 21-4138

<https://www.va.gov/find-forms/about-form-21-4138/>

**INTEL BRIEFING**: 38CFR states: “The **30 percent** rating for pes planus is appropriate for **bilateral flat feet** with objective evidence of marked deformity (pronation, abduction, etc.), pain on manipulation and use accentuated, indication of swelling on use, characteristic callosities (yellow calluses).”

\*\*REMOVE THE COLORS ON YOUR FINAL DRAFT\*\*

--------------------------------------------------------------------------------------------------------------------------------------------DO NOT INCLUDE ANYTHING ABOVE THIS BREAK-------------------------------------------------------------------------------------------------------------------------------------------

Dear Sir/Madam,

I am writing to share my story and the daily challenges I face due to my service-related bilateral pes planus. My condition developed during my military service from [Your Service Dates], attributable to the high-intensity physical conditions I endured.

Before joining the service, I had no recorded foot conditions. However, as my service progressed, the strain from regular, forceful marches and runs led to the emergence and worsening of my flatfoot condition. I have tenderness on the bottom of my feet and continuously get painful yellow calluses on my cracked heels. This change directly impacted my mobility and pain levels, causing significant disruption to my everyday life due to swelling after any prolonged activity.

Simple routine activities now result in severe discomfort. Standing or walking for even short periods leads to foot swelling and unbearable pain. As a result, activities I used to relish, like hiking and jogging, are now beyond my reach due to the discomfort, which fosters feelings of isolation and disconnection.

As prescribed by my physician, I've tried managing my symptoms using orthotic devices, regular physical therapy, and pain medication. Although these treatments offer temporary relief, they do not eliminate the constant pain I endure or the limitations it imposes on my daily life.

By submitting this claim, I hope you will consider the severity of my condition and its significant impact on my life. I am ready to attend any necessary Compensation & Pension (C&P) exams and provide further medical information to support my claim.

I appreciate your commitment to serving veterans and look forward to a positive resolution for my case. Thank you for your time and understanding.

Sincerely,

[Your Name]