

Retention Medical Standards Analytics and Research (RMSAR)



2023
Annual
Report



Report at a Glance

Retention Medical Standard Evaluation Metrics

In September 2020, DoD-wide retention medical standards were codified under DoDI 6130.03 Volume 2. This report offers a comprehensive overview of the DoD retention evaluation process and provides key insights on the rates and characteristics of Service members evaluated for medical retainability between fiscal years 2017 to 2022.

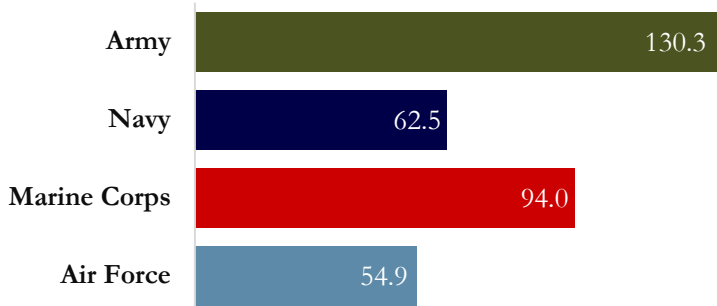
DoD Retention Medical Standard Evaluation Process



PEB Evaluation Rates

From fiscal years 2017-2022, retention medical standard evaluation rates, using PEB data as a proxy, were relatively rare (<1.5% of the total force per Military Service)

By-Service PEB Evaluation Rates (per 10,000)



Most Commonly PEB-Evaluated Retention Medical Standards

- **Generalized Conditions of the Musculoskeletal System**
 - Degenerative arthritis
 - Invertebral disc disorder
- **Behavioral Health**
 - Post Traumatic Stress Disorder (PTSD)
 - Major depressive disorder
- **Lower Extremity**
 - Leg flexion limitation
 - Ankle limitation

DES Evaluation Metrics

>90%

Had conditions that did not meet retention standards and were entitled to DoD disability benefits

Median time in service to first DES retention evaluation

Marine Corps – 4 years
Navy – 6 years
Army – 7 years
Air Force – 8 years



Little to no concordance between condition at PEB evaluation and any pre-accession medical waiver (0-5%)

CONTRIBUTORS

Natalya Weber, MD, MPH
Acting Chief, MSAR
Director, Statistics and
Epidemiology Branch

Amanda L. Kelley, MPH
Program Manager, MSAR
Contractor, ManTech Health

Timothy Powers, MS
Lead Statistician, MSAR
Contractor, ManTech Health

Sarah Knop, MS
Public Health Analyst, MSAR
Contractor, ManTech Health

Alyssa Lowry, MPH
Data Analyst, MSAR
Contractor, ManTech Health

Reema Singh
Project Coordinator, MSAR
Contractor, ManTech Health

CPT Jared Egbert, MD, MPH
Associate Chief, MSAR
Associate Director, Statistics and
Epidemiology Branch

Caitlin Rushin, MPH
Deputy Program Manager, MSAR
Contractor, ManTech Health

Harihar Bahattarai, MPH
Data Analyst, MSAR
Contractor, ManTech Health

Darrah Edwards, MPH
Public Health Analyst, MSAR
Contractor, ManTech Health

Rhonda Jackson, MPH
Regulatory Coordinator, MSAR
Contractor, ManTech Health

Statistics and Epidemiology Branch
Walter Reed Army Institute of Research
(WRAIR)

503 Robert Grant Road, Forest Glen Annex
Silver Spring, MD 20910

<https://wrair.health.mil/Collaborate/Medical-Standards-Analytics-and-Research/>

Material has been reviewed by the Walter Reed Army Institute of Research. There is no objection to its publication. The opinions or assertions contained herein are the private views of the authors, and are not to be construed as official, or as reflecting true views of the Department of the Army or the Department of Defense. The investigators have adhered to the policies for protection of human subjects as prescribed in Army Regulation (AR) 70–25.

MISSION AND OBJECTIVES

MISSION

Execute advanced analytics and epidemiological research to inform DoD medical retention and disability policy decisions to improve readiness and resilience by reducing attrition, streamlining the disability evaluation process, and decreasing replacement time and cost.

OBJECTIVES

- Provide key descriptive data metrics on retention medical standards
- Evaluate the retention medical standards process
- Design and execute epidemiologic studies to identify indicators and factors associated with the retention medical standards process



TABLE OF CONTENTS

i.

Executive Summary

1.

Introduction

Background • Retention Medical Process • Data Sources
• Key Terms, Definitions, and Elements

11.

Descriptive Data Metrics

Retention Evaluation Rates • Most Common Conditions
• Final Retainability Determination Category • Time in Service
to Retention Medical Standard Evaluation • Pre-accession
Medical History

35.

Acronyms and Limitations

37.

References

EXECUTIVE SUMMARY

In 2017, the Secretary of Defense directed the Office of the Under Secretary of Defense for Personnel and Readiness to establish and maintain DoD-wide retention medical standards. As a result, the Retention Medical Standards Working Group (RMSWG) was formed. Upon publication of DoDI 6130.03 Volume 2 (DoDI 6130.03, V2), Medical Standards for Military Service: Retention, the RMSWG tasked the MSAR team to provide advanced analytics and epidemiologic research to support these evidence-based retention medical standards. The objective of the Retention Medical Standards Annual Report (RMSAR) is to describe data metrics of Service members evaluated under the retention medical standards, utilizing Service-specific PEB data as the most standardized and relevant proxy for such evaluations.



This report contains two sections:

Section 1, *Introduction*, describes the MSAR program, the retention medical standards, the retention evaluation processes, and this report's key terms and definitions.

Section 2, *Descriptive Data Metrics*, highlights yearly rates and patterns of retention medical standard evaluations both overall and by DoDI subsection, identifies the most common medical conditions within each DoDI subsection, and assesses pre-accession medical history and time in service from accession to first retention medical standard evaluation.

Key findings from Section 2: *Descriptive Data Metrics* are as follows:



DESCRIPTIVE DATA METRICS KEY FINDINGS

Evaluation of Service member medical conditions against the retention medical standards is a multi-stage process, typically beginning with a military medical provider. For those conditions deemed potentially unfitting, further evaluation is conducted through the Disability Evaluation System (DES). The first stage of DES is review against the retention medical standards by a Service Medical Evaluation Board (MEB). When warranted, the case is forwarded for further review and adjudication by a Service Physical Evaluation Board (PEB). Throughout this report, DESAR uses records from these PEB evaluations to represent retention medical standard evaluations, as they are the most complete, standardized and relevant data currently available to DESAR.

FIGURE 2 AND TABLES 3A-D: PEB EVALUATION RATES FOR CONDITIONS POTENTIALLY NOT MEETING RETENTION MEDICAL STANDARDS, OVERALL AND BY DODI SUBSECTION

Between FYs 2017-2022, rates of retention medical standard evaluations, using PEB records as a proxy, were relatively rare (<1.5% of the total force per Service).

- The Army (130.3 per 10,000 Soldiers) and Marine Corps (94.0 per 10,000 Marines) had substantially higher rates of retention medical standard evaluation than the Navy (62.5 per 10,000 Sailors), and the Air Force (54.9 per 10,000 Airmen).
 - Inter-Service differences may be influenced by several factors, including but not limited to, Service-specific retention evaluation processes and historical medical standards, and differences in occupational requirements and stressors.
- The Army had the highest rate of retention medical standards evaluation for most DoDI subsections.
- Musculoskeletal conditions (including spine and sacroiliac joint, upper extremity, lower extremity, and other generalized conditions of the Musculoskeletal System subsections), Behavioral health and neurological disorders were the major contributors to retention medical standards evaluations, with rates more than 10-fold higher than for other conditions.

TABLES 4A-D: MOST COMMON CONDITIONS EVALUATED BY A PEB, BY DODI SUBSECTION

Although over 800 conditions are listed in the Veterans Administration Schedule for Rating Disabilities (VASRD), the top one to two conditions per DoDI subsection generally accounted for a large proportion of unfitting conditions associated with retention medical standard evaluations overall.

- For most DoDI subsections, the two most common conditions within each DoDI subsection were similar across all Military Services.
- For roughly one-third of the DoDI retention subsections, a single unfitting condition contributed to more than one-half of the retention evaluations within that specific subsection.
- Half of all DoDI subsections showed a broader distribution among unfitting conditions indicating that the conditions driving retention medical standard evaluation were much more diverse. However, these results should be interpreted with caution because some of the DoDI subsections are small and the number of VASRDs mapped to each DoDI subsection differs widely (Table 2).

TABLES 5A-D: FINAL PEB RETAINABILITY DETERMINATION CATEGORY, OVERALL AND BY DoDI SUBSECTION

To describe the outcome of the retainability evaluation, RMSAR categorized all Service-specific PEB dispositions into three (3) retainability determinations (non-retainable: disability discharge, non-retainable: administrative separation, and fit for continued duty).

- More than 90% of Service members evaluated under the retention medical standards were determined to be non-retainable and entitled to DoD disability benefits.
- Between 1.1% (Navy) and 5% (Air Force) of evaluated Service members were determined to be non-retainable and were administratively separated, while less than 3% were found fit for continued service.

TABLES 6A-D: TIME IN SERVICE TO RETENTION MEDICAL STANDARD EVALUATION

To identify time frames when Service members were most likely to undergo retention medical standard evaluations, RMSAR examined quartiles of time served until MEB evaluation, by DoDI subsection.

- Overall, the median time in service until retention medical standard evaluation was longest among Airmen (7.5 years) and Soldiers (7.0 years) and shortest among Marines (4.0 years).
- Time in service until retention medical standard evaluation varied by DoDI subsection. Median time in service across DoDI subsections for Army evaluations ranged from 4.3 to 13.5 years; Navy evaluations from 5.6 to 10.6 years; Marine Corps evaluations from 2.6 to 8.5 years, and Air Force from 6.7 to 16.6 years.
 - There was no clear consistency across Services in the length of time served by DoDI subsection.

TABLES 7A-D: PRE-ACCESSION MEDICAL HISTORY

To examine whether pre-accession disqualifications impact a Service member's medical retainability, RMSAR traced retainability evaluations back to accession medical standards waivers and evaluated the concordance, or match rate, between the subsections listed for the accession and retention medical standards.

- Generally, less than 11% of Service members evaluated under the retention medical standards had a history of accession medical waiver, which aligns with the proportion of all military accessions who entered a Military Service via an approved medical waiver (approximately 8% in FY 2022).
- Across all Services and DoDI subsections, very few retention medical standard evaluations had a related accession medical waiver (0-5%).



INTRODUCTION

BACKGROUND

I. Medical Standards Analytics and Research (MSAR)

Dedicated analytic and scientific support of evidence-based military medical standards began over 25 years ago with the chartering of the Accession Medical Standards Analysis and Research Activity (AMSARA) in 1995. The first few years were primarily dedicated to identifying and acquiring data sources that would allow longitudinal study of the medical standards, including applicant physical exams, accession medical waivers, accession, medical encounters, and separations. Since acquiring those data, AMSARA has conducted data analyses and epidemiologic research in support of the accession medical process.

In 2010, AMSARA became AMSARA/Disability Evaluation Standards Analysis and Research (DESAR), with its mission augmented to include research on Military Service disability discharge policies and processes. Since disability discharge data were already a part of AMSARA's data portfolio, DESAR was able to begin producing analyses soon after inception.

In 2020 with the establishment of DoD-wide retention medical standards, AMSARA/DESAR's scope was expanded to include scientific study of these new standards. With this expansion in scope, the program was renamed as the MSAR. This encompasses AMSARA, DESAR, and the newly commissioned RMSAR. With its expanded mission, MSAR provides more complete support of military medical processes including beginning of service (accession medical), service continuation (retention medical), and end of service medical outcomes (disability).

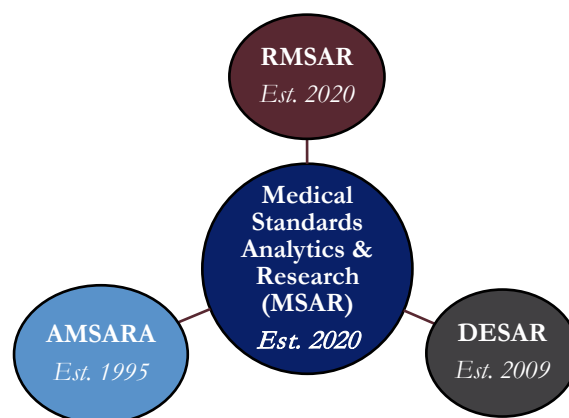


Figure 1: MSAR's Missions

II. Retention Medical Standards History

Historically, retention medical standards for members of the United States military have been set separately by each of the Military Service branches, subject to their own needs. These Service-specific standards have varied considerably in form, if not in function. For example, the Army retention medical standards, Army Regulation (AR) 40-501: Standards of Medical Fitness (June, 2019)¹, and Air Force retention medical standards, Department of the Air Force Manual (DAFMAN) 48-123: Medical Examinations and Standards (December, 2020)² specified categories of unfitting medical conditions. In contrast, the retention medical standards for the Navy/Marines, Secretary of the Navy Manual (SECNAV M)-1850.1: Department of the Navy Disability Evaluation System Manual (September,

2019)³, did not specify any unfitting medical conditions, but rather focused on the nature, length, and prognosis of any condition that hindered service.

In July 2017, the Secretary of Defense directed the Office of the Under Secretary of Defense for Personnel and Readiness to review military personnel policies related to the retention and separation of permanently non-deployable Service members. This review identified the need for DoD-wide retention medical standards and the RMSWG was established. The RMSWG published the first iteration of the DoD-wide retention medical standards in September, 2020⁴. These standards superseded all prior Service-specific standards by establishing baseline retention criteria applicable to all Service members. The Military Services could then add any more stringent criteria subject to Service-specific needs. In 2022, the RMSWG was combined with the Accession Medical Standards Working Group, forming the Accession and Retention Medical Standards Working Group (ARMSWG) which conducts regular reviews and updates of the accession and retention medical standards.

III. DoD-wide Retention Medical Standards

DoDI 6130.03, V2 (“Medical Standards for Military Service: Retention”) establishes retention medical standards, with corresponding policy and procedures for all Military Services⁴. This document, supported by the Medical and Personnel Executive Steering Committee (MEDPERS) with a publication date of September 4, 2020, was the first promulgation of DoD-wide retention medical standards. These standards now serve as the core medical standards for retention in the military and supersede all prior retention medical standards promulgated by the individual Service branches. The medical standards are classified into 29 subsections containing specific disqualifying conditions. If a condition does not meet these retention medical standards after reasonable treatment, with or without appropriate limitations to duty, the Service member will either be referred to the DES for review or processed administratively, as applicable.

As with the Service-specific standards that preceded them, the DoD retention medical standards are focused on the ability to serve effectively without need of excessive treatment or accommodations that are not readily available in most service settings. Unlike the accession medical standards, the mere existence of a medical condition typically does not necessarily require a review against the retention standards. Rather, these standards specify that a condition “must persist despite appropriate treatment and impair function to preclude satisfactory performance of required military duties of the Service member’s office, grade, rank, or rating.”

IV. Service-Specific Retention Medical Standards Instructions

Prior to the establishment of DoDI 6130.03, V2 on September 4, 2020⁴, each Military Service was responsible for its own retention medical standards. However, once the DoDI 6130.03 V2⁴ was published, Service members and examiners were expected to adhere to the stricter standard (either Service-specific^{1,2,3} or DoDI 6130.03, V2⁴). Below, for readers’ reference, we highlight the documents that outlined Service-specific policies until the DoD-wide standards took effect.



Army

Primary document: AR 40-501: Standards of Medical Fitness (June, 2019)¹

Chapter 3 of AR 40-501 is titled “Medical Fitness Standards for Retention and Separation, Including Retirement”¹. This document pre-dates the DoD standards, and accordingly reflects the entirety of Army retention medical standards for Army medical separations at least until the publication of DoDI 6130.03, V2⁴. Chapter 3 lists “medical conditions and/or physical defects that may render a Soldier unfit for further military service”¹, the circumstances under which the standards do and do not apply, and the basic procedures for handling a soldier who does not meet the standards.



Navy/**Marine Corps**

Primary document: SECNAV M-1850.1: Department of the Navy Disability Evaluation System Manual (September, 2019)³

Unlike the other two Services, the Navy and Marine Corps only had functional standards in the case that a Service member is unable to reasonably perform duties, represents a decided medical risk to the health of the member, or to the welfare/safety of the other members before the introduction of the retention medical standards listed in DoDI 6130.03, V2⁴. Chapter 3: “Medical Evaluation Board (MEB)” of SECNAV M-1850.1 defines the role that the MEB has in documenting medical conditions that will prevent Service members from reasonably performing the duties of their office, grade, rank, or rating and can recommend retention (through assignment to Limited Duty /Temporary Limited Duty) or refer cases to the PEB for further DES evaluation.



Air Force

Primary documents: DAFMAN 48-123: Medical Examinations and Standards (December, 2020)² and the Air Force Medical Standards Directory (February, 2022)⁵

Chapter 4 entitled “Medical Standards for Continued Military Service (Retention)” and Chapter 5 entitled “Flying and Special Operational Duty” of DAFMAN 48-123 contain the applicability and the medical standards that limit a Service member’s ability to complete their assigned duty². The Medical Standards Directory⁵ further expands on the DAFMAN 48-123². The regulation predates DoDI 6130.03, V2⁴, but the Medical Standards Directory has adapted to work in tandem with DoDI 6130.03, V2 and details the required actions for each retention medical disqualifying condition⁵.



RETENTION MEDICAL PROCESS

I. Initiation of the Retention Medical Process

Service-hindering medical issues may arise, or be noticed, at any point in a Service member's career. Retention medical process initiation points for identifying medical conditions which may not meet retention medical standards include healthcare provider visits and/or health and performance assessments. An example initiation point is when a Service member presents to a medical provider with a condition listed in the retention medical standards, either at Service member's initiative or at the behest of the Service member's chain of command.

Another way the retention medical process can be initiated is through the Periodic Health Assessment (PHA). All Service members are required, at minimum, to undergo a performance and physical health assessment at regular and relatively frequent intervals. There is also regular physical fitness testing that occurs as part of maintaining force readiness, for re-enlistment or change of occupational specialty, and other similar situations⁶.

Regardless of how it is first noticed, if a medical condition may render the Service member unfit for duty or non-deployable for more than 12 months (as per DoDI 1332.45, "Retention Determinations for Non-Deployable Service Members")⁷, documentation of the Service member's medical condition will be forwarded to the proper branch authority which will initiate the retention medical process.

II. Service Application of the Retention Medical Standards

Once a medical issue has been flagged as potentially requiring a review against retention medical standards, there are several outcomes that may occur. The Service member may be found fit to continue service, either with or without accommodations such as rest and recovery time, treatment, or in some cases, a change of primary military occupation. Alternatively, a Service member deemed unfit to continue service may be evaluated through the DES process. This process may begin with review and documentation of the pertinent information by a MEB, although medical documentation can be collected in earlier pre-MEB processes. After review, the MEB will typically refer the case to a PEB, which will determine a disposition of the case (see 'PEB Disability Disposition Categories' for possible PEB dispositions)⁸.

In some cases, a Service member may be administratively separated without referral to the DES process. There are many circumstances that could lead to such a separation. Examples include when the medical condition was acquired through willful neglect or intentional misconduct, or during excessive or unexcused leave⁹. Another situation that may lead to administrative separation is when the condition pre-existed service, was identified during the first 180 days of service, and was not

exacerbated by service⁸. One other situation explicitly allowed for in section 1.2.b(2) of DoDI 6130.03 Vol 2 is that the medical condition at issue does not constitute a disability⁴.

If a condition is found to be unfitting, the *Army*, *Navy/Marine Corps*, and *Air Force*, each have their own Service-specific policies for how each Service member's case is to be handled^{1,2,3}. The primary documents outlining those policies are identified in the *Publications* section of this report. Additional documentation can be found in the *Additional Supporting Publications* section. It is important to note that when examining data on any aspect of the retention medical process that the Services may have different rules for how unfitting conditions are handled. For example, cases referred for processing through DES may differ by Military Service based on the range of severity, and features that affect benefits determinations, such as how the condition was acquired, whether it pre-existed service, etc. For these reasons, comparisons of retention medical standards outcomes must be interpreted with caution and considerable nuance.

DATA SOURCES

I. Data Sources Used in RMSAR Descriptive Data Metrics

Through data collected from each Military Service's DES used to support MSAR's DESAR mission, MSAR currently receives data at the PEB level for Service members of each DoD branch. These evaluations are compiled separately for each Military Service. The **U.S. Army Physical Disability Agency (PDA)** provides data on *Army* disability evaluations, the **Secretary of the Navy Council of Review Board (CORB)** provides disability evaluation data for the *Navy* and *Marine Corps*, and the **Air Force Personnel Center (AFPC)** provides data on *Air Force* disability evaluations. MSAR is working to expand these data sources to include data at the MEB and pre-MEB level.

The **Defense Manpower Data Center (DMDC)** provides data on Service members at accession (Social Security Number (SSN), gain date) and the total service population as of September 30 of the fiscal year in question. SSN was used to link a Service member to their PEB record. Gain date was used to calculate the total service length from first accession to initial MEB retainability evaluation.

Pre-accession medical waiver records, required for accession by those applicants with an identified medical disqualification, were received by MSAR from each of the **Service Medical Waiver Review Authorities** (SMWRAs). To assess the concordance between non-retainable conditions and pre-accession medical disqualifications, the most recent accession medical waiver record was selected among the report population.

II. MSAR Data Pursuits Relevant to Retention Medical Standards

This report consists of data on only a subset of Service members who are evaluated against retention medical standards – specifically, those whose cases were processed through the DES and were adjudicated by a PEB. DES evaluation and subsequent entrance into the DES is only one possible outcome of the retention medical process. However, MSAR currently only has access to this PEB-level retention medical data that supports their mission to provide research on Military Service disability discharge policies and processes. MSAR is actively working to acquire direct data on the application of retention medical standards. **Table 1** presents a summary of other data that may assist MSAR in evaluating this process.

Table 1: Potential Sources of Useful Information Relevant to Retention Medical Standards.

Potential Sources of Useful Information
Retention Medical Initiating Event
<i>MTF Referrals to a MEB</i>
<i>PHAs</i>
<i>Physical Fitness Assessments</i>
<i>Performance Assessment</i>
<i>Re-Enlistment Assessment</i>
<i>Change of MOS</i>
<i>Deployment Assessment</i>
<i>Flying Duty Medical Examination</i>
<i>Other Retention Medical Initiating Examinations</i>
Deployment Medical Waivers
Pre-MEBs
MEBs
PEBs
Administrative Separation Data for Medical Conditions Not Amounting to a Disability

1. MSAR's current window into the application of retention standards consists primarily of data from the Military Services' PEBs.

KEY TERMS, DEFINITIONS, AND ELEMENTS

Disability Evaluation System (DES): The DES, as defined in DoDI 1332.18, establishes policy, assigns responsibilities, and provides procedures for referral, evaluation, return to duty, separation, or retirement of Service members because of a medical condition causing inability to serve effectively in the military⁸. The DES also defines the role of the MEB and the PEB in the medical discharge of Service members.

1. **Medical Evaluation Board (MEB):** The MEB documents the medical status and duty limitations of Service members who meet referral eligibility criteria to be admitted to the DES². After documentation is complete, if the Service member cannot perform the duties of his office, grade, rank, or rating, the case is sent to the PEB for a disability disposition determination.
2. **Physical Evaluation Board (PEB):** Using documentation gathered by the MEB, the PEB determine fitness to perform military duties and eligibility for benefits. For those deemed unfit for continued duty, the PEB determines disability ratings for each medical condition involved, an overall rating based on all individual condition ratings, and a disposition which indicates the amount and type of disability benefit to be provided to the Service member, if any. RMSAR categorized the Service-specific disability dispositions into **retainability determination categories**.

DoDI Subsection: For this report, selected VASRD codes were mapped to the associated subsection of the Retention Standards outlined in DoDI 6130.03, V2⁴ (**Table 2**). The DoDI subsections are not mutually exclusive, so VASRDs may have been placed into more than one subsection. For example, VASRD code 6066 for anatomical loss of an eye could be an issue relative to the retention standards for both Eyes and Vision, and is therefore mapped to both of these DoDI subsections.

Retainability Determination Category: The three retainability determination categories identify the outcome of the PEB evaluation and were based on the six broad disability disposition categories utilized in DESAR's Annual Report¹¹. Definitions of DoD or Service-specific dispositions can be found in DoDI 1332.18⁸, AR 635.40¹, SECNAV M-1850.1³, or Air Force Instruction (AFI) 36-3212².

1. **Non-Retainable: Disability Discharge:** A discharge where a Service member has a Service-connected medical condition which does not meet retention standards, is entitled to DoD disability benefits, and is assigned a VASRD code. The disability dispositions included in this category are as follows:

Permanent Disability Retirement List (PDRL): A Service member is placed on the PDRL if they meet the following conditions: when medical condition(s) are considered stable enough to be rated for long-term impairment, and when either or both of the following apply: 1) the combined disability rating is 30 percent or higher; or 2) the Service member has completed at least 20 years of service.

Temporary Disability Retirement List (TDRL): TDRL is a temporary classification given when an unfitting condition has not sufficiently stabilized to assess long-term disability severity. This

disposition is directed under 'Regulars and members on active duty for more than 30 days: temporary disability retired list', 10 United States Code (U.S.C.) § 1202 (December, 2011)¹² or 'Members on active duty for 30 days or less: temporary disability retired list', 10 U.S.C., 10 U.S.C. § 1205 (December, 2011)¹³, as applicable, when the years of service or percentage requirements for permanent disability retirement are met, but the disabilities are not determined to be permanent and stable. Re-evaluation of TDRL cases should occur every 6-18 months until the condition stabilizes, or the Service member has been on the TDRL for three years. Since prior MSAR analyses have found that over 90% of Service members placed on the TDRL convert to the PDRL [6, 7], Service members placed on the TDRL were included in this 'non-retainable: disability discharge' category.

Separation with Severance Pay (SWSP): This disposition applies when at least one medical condition does not meet retention standards, the combined disability rating incorporating all medical conditions is less than 30 percent, and the Service member has completed less than 20 years of service⁸.

2. **Non-Retainable: Administrative Separation:** A discharge where a Service member was determined to be no longer medically retainable, was not entitled to disability benefits from the DoD, or was administratively removed from the DES and assigned a VASRD code. This category includes Service members assigned the following disability dispositions:

Separated without DoD Disability Benefits (SWODDB): This category encompasses all dispositions where a Service member is no longer retainable and is not entitled to disability benefits from the DoD (e.g. separated without entitlement to benefits, discharge pursuant to other than Chapter 61 of 10 U.S.C.¹⁴, revert to retired status without disability benefits, nonduty unfit, not physically qualified, miscellaneous administrative removal, and administrative removal off the TDRL). Circumstances leading to this disposition include medical conditions that were acquired during unauthorized absence, conditions acquired due to intentional misconduct or willful neglect, or conditions proven to have existed prior to service, were not exacerbated by service and service time was less than 8 years. Most Service members separated without DoD disability benefit are not assigned a VASRD code. However, a small number may be assigned an unrated VASRD code which indicates the Service member had an unfitting condition but was not eligible for DoD benefits¹. Since the purpose of this report is to provide descriptive statistics by retention medical standard, only those assigned a VASRD which could be mapped to the DoDI were included.

Other: This category comprises a set of diverse administrative dispositions including transfer to retired reserve, revert to retired status, no action, reboard, deceased, and dual-action term.

3. **Fit for Continued Duty:** This category includes all Service members judged medically retainable and allowed to continue service. The following disability dispositions are included in this category: fit, limited duty, continuation on active duty, and physically qualified to continue reserve status. A Service member determined to have unfitting conditions may continue service at the discretion of the Secretary of the Military Department based on the needs of the Service. Therefore, a small proportion of 'Fit for Continued Duty' Service members have an assigned VASRD code.

Retention Medical Standard Evaluation: For this report, a retention medical standard evaluation is defined as evaluation by both the MEB and PEB between FY 2017-2022, during which a VASRD code was assigned.

Veterans Affairs Schedule for Rating Disabilities (VASRD) Codes: VASRD codes are assigned by the PEB and translate specific medical conditions into disability ratings in 10-percentage point intervals¹⁰. Disability ratings are used to determine disability disposition and benefits. When a Service member has a medical condition without a directly associated VASRD code, the VASRD code which best approximates the Service member's medical impairment and duty limitation is assigned.



Table 2: DoDI Subsection to VASRD Code Mapping

DoDI Subsection	Mapped VASRD Codes
Head	5296, 9901, 9902
Eyes	6000-6022, 6025, 6027-6035, 6037, 6040, 6042, 6061, 6063, 6066, 6080, 6090-6092
Vision	6036, 6062, 6064-6081
Ears	6200, 6201, 6204, 6205, 6207, 6208, 6209, 6210
Hearing	6202, 6211, 6260, 6100
Nose, Sinuses, Mouth, and Larynx (NSML)	6502, 6504, 6510-6516, 6518-6524, 7200-7202, 9911
Dental	9900-9905, 9908, 9909, 9913-9918
Neck	5287, 5290, 5322, 5323
Lungs, Chest Wall, Pleura, Mediastinum (Respiratory)*	6600-6604, 6732, 6825-6833, 6840-6846
Heart	7000-7012, 7015-7018, 7020
Abdominal Organs and Gastrointestinal System (Abdominal & GI)	7203-7205, 7301, 7304-7312, 7314-7319, 7321-7340, 7342, 7345-7348, 7351, 7354
Female Genital System (Female Genital)	7610-7615, 7617-7621, 7624-7632
Male Genital System (Male Genital)	7520-7525, 7527
Urinary System (Urinary)	7500-7502, 7504, 7505, 7507-7509, 7511, 7512, 7515-7519, 7530-7542
Spine and Sacroiliac Joint Conditions (Spine & SI Joint)	5235-5241, 5244, 5286-5292, 5294, 5295, 5002, 5009, 5298, 5319, 5320
Upper Extremity Conditions (Upper Extremity)	5104-5106, 5108, 5109, 5111, 5120-5155, 5200-5203, 5205-5209, 5211-5230, 5301-5309
Lower Extremity Conditions (Lower Extremity)	5104, 5105, 5107, 5108, 5110, 5111, 5156, 5160-5167, 5170-5173, 5250-5263, 5270-5272, 5274-5276, 5278-5282, 5284, 5285, 5310-5318
Generalized Conditions of the Musculoskeletal System (General MSK)	5000, 5001, 5003-5008, 5010, 5013, 5014, 5016, 5018-5020, 5022-5024, 5051-5056, 5209, 5210, 5242, 5243, 5254, 5273, 5277, 5283, 5293, 5304, 5319-5321
Vascular System (Vascular)	6817, 7100, 7101, 7110-7115, 7119-7121
Skin and Soft Tissue Conditions (Skin & Soft Tissues)	6834-6839, 7118, 7800-7802, 7804-7809, 7811, 7813, 7815-7818, 7820-7822, 7824-7829, 7832, 7833
Blood and Blood Forming Conditions (Blood)	7702-7707, 7709, 7710, 7712, 7714-7725
Systemic Conditions (Systemic)*	5330, 6010, 6300-6302, 6304-6312, 6316-6320, 6325, 6326, 6329-6331, 6333-6335, 6351, 6701-6704, 6721-6724, 6730, 6731, 6822-6824, 6828, 6846, 7118, 7321, 7354, 7505, 7525, 7539, 7612, 7614, 7717, 7807, 7808, 7811, 7820, 8000, 8011, 8013-8015, 8019, 8020
Endocrine and Metabolic Conditions (Endocrine & Metabolic)	5013, 5014, 5016, 5017, 6313-6315, 7008, 7900-7919
Rheumatologic Conditions (Rheumatologic)	5002, 5009, 5021, 5025, 6350, 7117, 7124, 7821, 7826
Neurologic Conditions (Neurologic)	6026, 6046, 6275, 6276, 6841, 8000, 8002-8005, 8007-8015, 8017-8025, 8045, 8046, 8100, 8103-8107, 8205, 8207, 8209-8212, 8305, 8307, 8309-8312, 8405, 8407, 8409-8412, 8510-8530, 8540, 8610-8630, 8710-8730, 8910-8914, 9300, 9301, 9304, 9305, 9310, 9312, 9326
Sleep Disorders	6847, 8108
Behavioral Health	9201, 9208, 9210, 9211, 9400, 9403, 9404, 9410-9413, 9416, 9417, 9421-9425, 9431-9435, 9440, 9520, 9521
Tumors and Malignancies (Tumors)	5012, 5015, 5327-5329, 6014, 6015, 6208, 6209, 6819, 6820, 7123, 7343, 7344, 7528, 7529, 7627, 7628, 7630, 7631, 7703, 7709, 7712, 7715, 7719, 7724, 7725, 7818, 7819, 7833, 7914, 7915, 8002, 8003, 8021, 8022, 8540, 9917, 9918
Miscellaneous Conditions (Misc. Conditions)	5011, 6844, 7019, 7122, 7351, 7531, 7815

* Some VASRD codes are applicable to, and thus are mapped to, more than one DoDI subsection. For example, VASRD code 6066 indicates anatomical loss of an eye, and is mapped to both the Eyes and Vision DoDI Subsections.

DESCRIPTIVE DATA METRICS

PEB evaluations and discharges represent important outcomes among Service members who are evaluated against retention medical standards. Disability discharge is not the only possible outcome when a Service member is evaluated against retention medical standards, since not all retention medical issues involve disabling conditions. However, process stakeholders have indicated that the PEB adjudicates most retention medical standards evaluations. Therefore, this report assesses PEB evaluations as a proxy for retention medical evaluations.

To assess the DoD-wide retention medical standards, MSAR identified all Service members evaluated by a PEB for conditions potentially not meeting at least one retention medical standard, with initial referral into the DES between October 1, 2017 and September 30, 2022 (FY 2017-2022). To assess reasons for non-retainability, MSAR selected those Service members who were determined to be non-retainable and assigned a VASRD code. All DoD Services (Army, Navy, Marine Corps, and Air Force), ranks, and components (active duty, reserves, and National Guard) were included in these analyses. All references to FY throughout this report are based on the date of initial MEB evaluation. All VASRD codes and dispositions were selected from the most recent PEB evaluation record.

To assess the specific retention medical standards for which Service members were most often evaluated by a PEB, MSAR mapped all assigned VASRD codes to the 29 subsections listed in the DoD Retention Medical Standards (DoDI 6130.03, V2, see section III⁴). All rates, based on total Service population as of September 30 of the FY in question, were calculated per 10,000 Service members.

VASRD codes were not designed to be comprehensive of all medical conditions that may lead to disability, but rather to provide a framework for consistent ratings of disabilities in terms of the nature and extent. Therefore, the distribution of medical conditions should be interpreted with caution as they pertain to retention medical standards.



I. PEB Evaluation Rates for Conditions Potentially not Meeting Retention Medical Standards, Overall and by DoDI Subsection

Figure 2 presents the temporal patterns of retention medical standard evaluation rates by Service from FY 2017-2022.

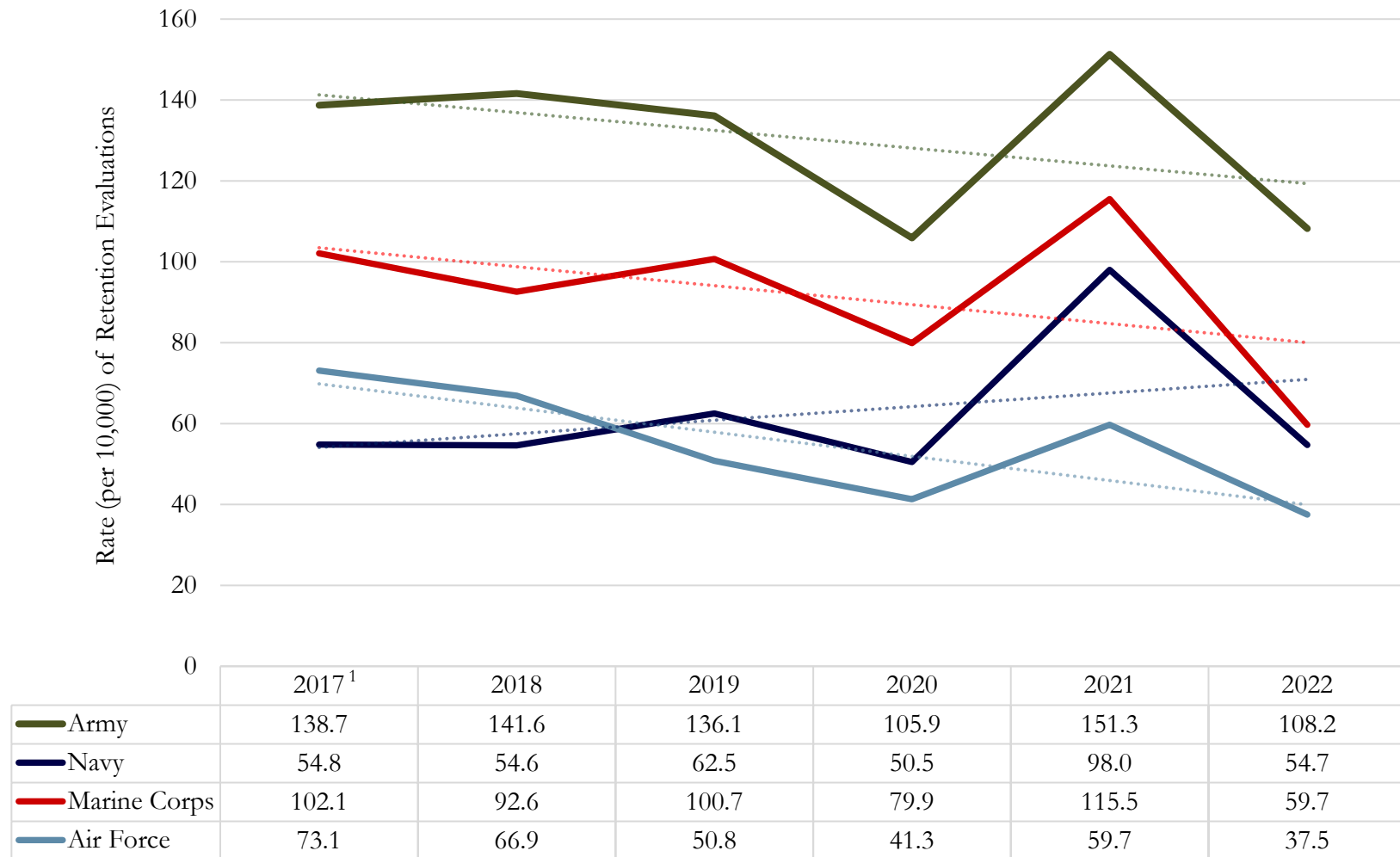
Rate calculations throughout this report were based on the FY of the Service member's first MEB evaluation.

Figure 2 Key Findings

- Overall, rates of retention medical standard evaluations, using PEB evaluations as a proxy, were relatively small (<1.5% of the total force per Service).
- Rates of retention medical standard evaluations were highest for the Army (106-142 per 10,000 Soldiers), followed by Marine Corps (60-116 per 10,000 Marines), Navy (50-98 per 10,000 Sailors), and Air Force (38-73 per 10,000 Airmen).
 - Variations may reflect any of several important inter-Service differences, including but not limited to, Service-specific retention evaluation processes and historical standards for retainability, and differences in occupational requirements and stressors.
 - FY 2022 data may be incomplete as a time lag exists between first MEB referral and a final PEB determination. Thus, these results should be considered as an undercount.
- For every Service, a notable drop in retention medical standard evaluations occurred in FY 2020, followed by a sharp uptick in FY 2021. Patterns over this period may have been driven by the COVID-19 pandemic's impact on PEB processing and case deferments.



Figure 2: Temporal Pattern of Overall PEB Retention Medical Standard Evaluation Rates, by Service



1. Number of evaluations in 2017 may be underestimated due to missing or incomplete FY 2017 Army PEB data received by MSAR.

To assess the most common retention standard categories for which Service members were evaluated for non-retainability, **Tables 3A-D** present the rate of retention medical standards evaluation (per 10,000 Service members) per DoDI subsection. For reference, DoDI subsections are described in Table 2.

Tables 3A-D Key Findings

- MSK-related categories (including the Spine, Upper Extremity, Lower Extremity, General MSK subsections), Behavioral Health and Neurological disorders contributed to most retention medical standards evaluations.
 - This finding is in alignment with both the FY 2023 DESAR Annual Report and the previous inaugural FY 2022 RMSAR Annual Report.
- The Army had the highest rate of retention medical standards evaluation for most DoDI subsections.



Table 3A: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection:
Army, FY 2017-2022

DoDI Subsection	Army					
	2017 ¹	2018	2019	2020	2021	2022
Head	0.1	<0.1	<0.1	<0.1	0.1	<0.1
Eyes	0.9	1.1	0.9	0.6	1.1	0.7
Vision	0.8	1.0	0.7	0.4	0.7	0.6
Ears	0.6	0.6	0.5	0.4	0.5	0.4
Hearing	0.8	0.9	0.8	0.5	0.6	0.4
NSML	0.2	0.4	0.4	0.3	0.5	0.3
Dental	0.1	0.2	0.1	0.1	0.2	0.1
Neck	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Respiratory	2.9	3.2	3.1	2.1	2.7	1.9
Heart	2.4	2.1	2.5	1.9	3.2	2.0
Abdominal & GI	2.9	3.7	2.8	2.4	3.8	2.7
Female Genital	0.5	0.5	0.5	0.5	0.6	0.4
Male Genital	0.7	0.8	0.9	0.6	0.6	0.3
Urinary	1.2	1.3	1.1	0.9	1.4	0.8
Spine & SI Joint	21.6	19.5	18.2	12.9	18.1	12.4
Upper Extremity	18.2	17.8	16.2	13.2	18.8	11.9
Lower Extremity	44.1	43.8	42.4	33.5	45.2	30.8
General MSK	50.9	50.7	45.9	35.0	48.1	34.3
Vascular	1.3	1.6	1.7	1.3	2.2	1.4
Skin & Soft Tissue	3.1	2.5	2.5	2.0	3.0	2.2
Blood	0.7	0.7	1.0	0.6	0.8	0.6
Systemic	0.6	0.6	0.7	0.6	1.2	0.8
Endocrine & Metabolic	3.7	4.0	3.4	2.3	4.1	3.0
Rheumatologic	3.9	4.0	3.8	2.5	4.0	2.8
Neurologic	33.5	33.5	31.2	24.3	39.3	27.6
Sleep Disorders	1.6	1.7	1.5	1.1	1.6	1.1
Behavioral Health	49.2	49.3	49.4	36.7	52.2	36.8
Tumors	1.6	1.4	1.6	1.2	1.8	1.5
Misc. Conditions	0.1	0.1	0.2	0.1	0.2	0.1

1. Number of evaluations in 2017 may be underestimated due to missing or incomplete FY 2017 Army PEB data received by MSAR.

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated.

Table 3B: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection:
Navy, FY 2017-2022

Navy						
DoDI Subsection	2017	2018	2019	2020	2021	2022
Head	<0.1	-	<0.1	-	<0.1	<0.1
Eyes	0.4	0.8	0.9	0.5	1.0	0.5
Vision	0.4	0.7	0.6	0.4	0.7	0.3
Ears	0.3	0.3	0.4	0.2	0.7	0.3
Hearing	0.1	0.1	0.1	<0.1	0.2	0.1
NSML	0.2	0.1	0.1	<0.1	0.2	0.1
Dental	0.1	0.1	0.1	<0.1	0.2	0.1
Neck	-	<0.1	<0.1	-	<0.1	-
Respiratory	0.5	0.5	0.9	0.5	1.3	0.7
Heart	0.8	0.8	1.2	0.8	1.4	0.8
Abdominal & GI	2.3	2.5	2.9	2.2	3.9	2.5
Female Genital	0.2	0.4	0.3	0.2	0.4	0.9
Male Genital	0.2	0.2	0.3	0.2	0.2	0.1
Urinary	0.5	0.5	0.7	0.5	1.0	0.5
Spine & SI Joint	4.2	3.7	3.8	3.1	6.4	3.8
Upper Extremity	3.7	4.0	4.5	4.1	6.5	3.7
Lower Extremity	10.5	10.1	10.2	9.1	15.2	7.4
General MSK	10.7	12.0	10.8	9.4	14.3	7.3
Vascular	0.5	0.4	0.9	0.8	1.6	0.8
Skin & Soft Tissue	0.6	0.6	0.8	0.9	1.7	1.2
Blood	0.3	0.4	0.3	0.5	0.8	0.4
Systemic	0.3	0.1	0.3	0.2	0.6	0.2
Endocrine & Metabolic	1.2	1.4	1.4	1.3	2.4	1.0
Rheumatologic	2.2	2.4	2.8	1.9	3.1	1.7
Neurologic	10.4	11.4	11.0	7.8	16.4	9.3
Sleep Disorders	0.3	0.5	0.9	0.6	1.4	0.9
Behavioral Health	19.2	18.7	24.8	21.1	50.5	30.0
Tumors	1.2	1.1	1.0	0.9	1.7	1.0
Misc. Conditions	0.1	0.1	0.1	<0.1	0.1	0.1

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous
(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated.

Table 3C: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection: Marine Corps, FY 2017-2022

DoDI Subsection	Marine Corps					
	2017	2018	2019	2020	2021	2022
Head	-	<0.1	-	-	-	-
Eyes	0.8	0.4	0.8	0.5	0.9	0.5
Vision	0.6	0.3	0.6	0.3	0.7	0.3
Ears	0.4	0.3	0.1	0.1	0.2	0.1
Hearing	0.5	0.2	0.2	0.1	0.1	<0.1
NSML	0.2	0.1	0.3	0.1	<0.1	0.2
Dental	0.1	<0.1	0.1	-	-	<0.1
Neck	<0.1	-	<0.1	-	<0.1	<0.1
Respiratory	1.8	2.1	2.7	2.8	3.3	1.6
Heart	0.9	1.2	1.0	0.9	1.4	0.8
Abdominal & GI	3.2	2.8	3.4	2.0	3.7	2.3
Female Genital	0.3	0.2	0.2	0.3	0.4	<0.1
Male Genital	0.8	0.7	0.6	0.5	0.7	0.6
Urinary	0.5	0.7	0.5	0.4	0.7	0.6
Spine & SI Joint	10.6	6.4	10.3	8.0	11.9	8.6
Upper Extremity	12.6	11.0	12.8	9.8	15.3	9.6
Lower Extremity	37.5	36.4	37.5	30.8	41.2	25.7
General MSK	29.3	25.1	26.9	20.5	32.5	20.7
Vascular	0.7	0.8	0.8	0.8	1.1	0.4
Skin & Soft Tissue	1.1	0.9	1.0	0.9	1.8	0.8
Blood	0.4	0.4	0.5	0.5	0.5	0.4
Systemic	0.5	0.3	0.6	0.2	0.7	0.4
Endocrine & Metabolic	1.4	1.4	1.2	0.9	1.4	0.8
Rheumatologic	2.2	2.0	1.9	1.9	1.4	1.2
Neurologic	13.3	13.1	13.8	11.6	18.4	11.2
Sleep Disorders	0.2	0.3	0.8	0.6	0.8	0.5
Behavioral Health	15.0	13.0	14.5	11.6	19.7	14.5
Tumors	1.2	0.8	1.0	0.7	1.6	1.2
Misc. Conditions	0.2	<0.1	0.1	0.1	0.2	-

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous
 (-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated.

Table 3D: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection: Air Force, FY 2017-2022

DoDI Subsection	Air Force					
	2017	2018	2019	2020	2021	2022
Head	0.1	<0.1	-	-	<0.1	<0.1
Eyes	0.5	0.7	0.6	0.4	0.6	0.4
Vision	0.6	0.5	0.4	0.2	0.4	0.3
Ears	0.8	0.7	0.5	0.3	0.6	0.4
Hearing	0.1	0.1	0.1	0.1	0.1	<0.1
NSML	0.3	0.2	0.2	0.1	0.1	0.2
Dental	0.1	0.1	0.1	<0.1	<0.1	0.1
Neck	<0.1	-	<0.1	-	-	<0.1
Respiratory	3.7	3.2	1.9	1.7	2.6	1.4
Heart	2.0	1.9	1.4	1.1	2.0	1.3
Abdominal & GI	2.6	2.5	1.8	2.0	2.8	1.8
Female Genital	0.4	0.5	0.4	0.4	0.4	0.2
Male Genital	0.2	0.2	0.2	0.1	0.1	0.1
Urinary	0.6	0.9	0.5	0.6	0.6	0.4
Spine & SI Joint	7.7	6.3	5.0	4.0	6.2	3.6
Upper Extremity	5.5	4.2	3.1	2.1	3.2	1.8
Lower Extremity	13.4	10.8	7.3	4.9	6.2	3.8
General MSK	20.3	16.3	10.5	7.5	9.6	4.9
Vascular	1.0	1.1	0.7	0.8	1.1	0.7
Skin & Soft Tissue	2.1	1.7	1.1	1.1	2.4	1.7
Blood	0.9	0.5	0.4	0.6	0.6	0.4
Systemic	0.7	0.6	0.3	0.2	0.4	0.4
Endocrine & Metabolic	1.7	1.4	1.2	1.0	1.8	0.8
Rheumatologic	4.2	3.3	2.2	2.2	2.6	1.7
Neurologic	17.3	17.5	12.5	10.0	14.6	9.2
Sleep Disorders	1.9	1.7	1.1	0.6	0.9	0.6
Behavioral Health	20.9	22.9	21.1	16.3	25.5	18.1
Tumors	1.6	1.3	1.2	1.1	1.4	0.7
Misc. Conditions	0.1	0.1	0.1	0.1	0.1	<0.1

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous
(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated.

II. Most Common Conditions Evaluated by a PEB, by DoDI Subsection

Tables 4A-D identify the top two specific conditions, based on the assigned VASRD codes, within each of the 29 subsections identified in DoDI 6130.03, V2. The objective of these tables is to describe the specific conditions most frequently involved in retention medical standards evaluations across the Services. Service members with more than one condition within a specific subsection can be counted more than once. For example, Service members evaluated for hearing loss and tinnitus would be counted under each condition but would only be counted once under the Hearing subsection. We also note that some conditions may appear under more than one subsection. For example, VASRD code 6066 indicating anatomical loss of an eye appears in both the Eyes and Vision subsections.

Tables 4A-D Key Findings

- For many of the DoDI subsections, a substantial proportion of Service members were evaluated for at least one of the top two conditions.
 - For each Service, most Service members evaluated under the Hearing subsection had hearing loss (53-94%).
 - Approximately 70-87% of Service members evaluated under the Endocrine & Metabolic subsection had diabetes mellitus.
 - Approximately 72-91% of Service members evaluated under the Respiratory subsection had bronchial asthma.
- Generally, the two most common conditions within each DoDI subsection were similar between all Services, with a few notable differences.
 - Among Service members evaluated under the Skin & Soft Tissue subsection, the most common condition among Soldiers and Marines were unstable/painful scars, while the most common conditions among Sailors and Airmen were dermatitis, eczema, and psoriasis.
 - The most common conditions under the Heart subsection were ventricular and supraventricular arrhythmias in the Navy, Marine Corps, and Air Force. However, the most common heart condition in the Army was arteriosclerotic heart disease (22%), closely followed by supraventricular arrhythmias (21%).
- A few of the larger general subsections, particularly Lower Extremity and Neurologic, are much less concentrated in the top two codes. However, these findings should be interpreted with caution since the number of VASRDs mapped to each DoDI subsection differ widely (Table 2).

Table 4A: Top Two Unfitting Medical Conditions per DoDI Subsection: Army, FY 2017-2022**Army**

Head (N=31)	n	%	Upper Extremity (N=10,529)	n	%
5296: Loss of part of the skull	23	74.2	5201: Arm, limitation of motion	8,130	77.2
9902: Mandible loss of, including ramus, unilaterally or bilaterally	8	25.8	5215: Wrist, limitation of motion	1,544	14.7
Eyes (N=601)			Lower Extremity (N=26,306)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	239	39.8	5260: Leg, limitation of flexion	10,110	38.4
6080: Field vision, impairment	147	24.5	5252: Thigh, limitation of flexion	6,890	26.2
Vision (N=456)			General MSK (N=29,012)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	239	52.4	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	11,713	40.4
6080: Field vision, impairment	147	32.2	5243: Intervertebral disc syndrome	11,498	39.6
Ears (N=325)			Vascular (N=1,041)		
6204: Peripheral vestibular disorders	239	73.5	6817: Pulmonary vascular disease	388	37.3
6205: Meniere's syndrome	87	26.8	7121: Post-phlebitic syndrome	379	36.4
Hearing (N=444)			Skin & Soft Tissue (N=1,669)		
6100: Hearing loss	416	93.7	7804: Scar(s), unstable or painful	376	22.5
6260: Tinnitus, recurrent	98	22.1	7802: Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are not associated with underlying soft tissue damage	311	18.6
NSML (N=237)			Blood (N=482)		
6516: Laryngitis, chronic	92	38.8	7715: Non-Hodgkin's lymphoma.	72	14.9
6522: Allergic or vasomotor rhinitis	50	21.1	7709: Hodgkin's lymphoma.	64	13.3
Dental (N=92)			Systemic (N=488)		
9905: Temporomandibular disorder (TMD)	72	78.3	7525: Epididymo-orchitis, chronic only	117	24.0
9902: Mandible loss of, including ramus, unilaterally or bilaterally	8	8.7	6846: Sarcoidosis	84	17.2
Neck (N=12)			Endocrine & Metabolic (N=2,251)		
5322: Group XXII function: rotary and forward movements, head	8	66.7	7913: Diabetes mellitus	1,950	86.6
5323: Group XXIII function: movements of head	4	33.3	5017: Gout	75	3.3
Respiratory (N=1,756)			Rheumatologic (N=2,297)		
6602: Asthma, bronchial	1,425	81.2	5025: Fibromyalgia	1,341	58.4
6846: Sarcoidosis	84	4.8	5002: Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process	374	16.3
Heart (N=1,541)			Neurologic (N=20,767)		
7005: Arteriosclerotic heart disease	331	21.5	8520: Sciatic nerve, paralysis	7,869	37.9
7010: Supraventricular arrhythmias	330	21.4	8045: Residuals of traumatic brain injury (TBI)	4,335	20.9
Abdominal & GI (N=2,022)			Sleep Disorders (N=950)		
7323: Colitis, ulcerative	630	31.2	6847: Sleep apnea syndromes	572	60.2
7319: Colon, irritable syndrome	456	22.6	8108: Narcolepsy	386	40.6
Female Genital (N=329)			Behavioral Health (N=29,996)		
7629: Endometriosis	115	35.0	9411: Posttraumatic stress disorder	19,388	64.6
7626: Breast, surgery	61	18.5	9434: Major depressive disorder	5,217	17.4
Male Genital (N=431)			Tumors (N=1,001)		
7523: Testis, atrophy, complete	213	49.4	7343: Neoplasms, malignant	116	11.6
7525: Epididymo-orchitis, chronic only	117	27.1	8003: Benign	107	10.7
Urinary (N=730)			Misc. Conditions (N=97)		
7542: Neurogenic bladder	212	29.0	7122: Cold injury residuals	33	34.0
7530: Renal disease, chronic	124	17.0	6844: Post-surgical residual	23	23.7
Spine & SI Joint (N=11,235)					
5237: Lumbosacral or cervical strain	8,724	77.7			
5239: Spondylolisthesis or segmental instability	823	7.3			

N = Number of Service members disability discharged under the DoDI subsection; NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous

% denotes the proportion of disability discharged Service members with the specific unfitting condition (e.g. hearing loss) out of the number of Service members disability discharged within the applicable DoDI subsection (e.g. Hearing).

Table 4B: Top Two Unfitting Medical Conditions per DoDI Subsection: Navy, FY 2017-2022**Navy**

Head (N=5)			Upper Extremity (N=1,135)		
5296: Loss of part of the skull	3	60	5201: Arm, limitation of motion	724	63.8
9902: Mandible loss of, including ramus, unilaterally or bilaterally	2	40	5215: Wrist, limitation of motion	216	19.0
Eyes (N=175)			Lower Extremity (N=2,666)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	59	33.7	5260: Leg, limitation of flexion	1,075	40.3
6080: Field vision, impairment	34	19.4	5271: Ankle, limited motion	451	16.9
Vision (N=133)			General MSK (N=2,746)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	59	44.4	5243: Intervertebral disc syndrome	964	35.1
6080: Field vision, impairment	34	25.6	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010)	945	34.4
Ears (N=96)			Vascular (N=212)		
6204: Peripheral vestibular disorders	67	69.8	6817: Pulmonary vascular disease	87	41.0
6205: Meniere's syndrome	26	27.1	7121: Post-phlebitic syndrome	68	32.1
Hearing (N=26)			Skin & Soft Tissue (N=247)		
6100: Hearing loss	19	73.1	7806: Dermatitis or eczema	62	25.1
6260: Tinnitus, recurrent	4	15.4	7816: Psoriasis	45	18.2
NSML (N=34)			Blood (N=118)		
6516: Laryngitis, chronic	11	32.4	7703: Leukemia.	28	23.7
6521: Pharynx, injuries to	5	14.7	7709: Hodgkin's lymphoma.	21	17.8
Dental (N=24)			Systemic (N=76)		
9905: Temporomandibular disorder (TMD)	17	70.8	6846: Sarcoidosis	13	17.1
9918: Neoplasm, hard and soft tissue, malignant	3	12.5	8000: Encephalitis, epidemic, chronic	12	15.8
Neck (N=4)			Endocrine & Metabolic (N=376)		
5322: Group XXII function: rotary and forward movements, head	2	50	7913: Diabetes mellitus	299	79.5
5323: Group XXIII function: movements of head	2	50	7900: Hyperthyroidism	11	2.9
Respiratory (N=191)			Rheumatologic (N=605)		
6602: Asthma, bronchial	137	71.7	5025: Fibromyalgia	370	61.2
6846: Sarcoidosis	13	6.8	5002: Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process	94	15.5
Heart (N=244)			Neurologic (N=2,833)		
7011: Ventricular arrhythmias	77	31.6	8100: Migraine	794	28.0
7010: Supraventricular arrhythmias	56	23.0	8045: Residuals of traumatic brain injury (TBI)	429	15.1
Abdominal & GI (N=699)			Sleep Disorders (N=196)		
7323: Colitis, ulcerative	338	48.4	8108: Narcolepsy	123	62.8
7319: Colon, irritable syndrome	163	23.3	6847: Sleep apnea syndromes	74	37.8
Female Genital (N=101)			Behavioral Health (N=7,071)		
7629: Endometriosis	33	32.7	9411: Posttraumatic stress disorder	2,732	38.6
7615: Ovary, disease or injury	15	14.9	9434: Major depressive disorder	2,120	30.0
Male Genital (N=49)			Tumors (N=291)		
7523: Testis, atrophy, complete	20	40.8	8003: Benign	38	13.1
7524: Testis, removal	12	24.5	8002: Malignant	37	12.7
Urinary (N=159)			Misc. Conditions (N=20)		
7542: Neurogenic bladder	63	39.6	7531: Kidney transplant	6	30
7530: Renal disease, chronic	24	15.1	6844: Post-surgical residual	5	25
Spine & SI Joint (N=1,065)					
5237: Lumbosacral or cervical strain	623	58.5			
5239: Spondylolisthesis or segmental instability	146	13.7			

N = Number of Service members disability discharged under the DoDI subsection; NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous

% denotes the proportion of disability discharged Service members with the specific unfitting condition (e.g. hearing loss) out of the number of Service members disability discharged within the applicable DoDI subsection (e.g. Hearing).

Table 4C: Top Two Unfitting Medical Conditions per DoDI Subsection: Marine Corps, FY 2017-2022**Marine Corps**

Head (N=1)	n	%	Upper Extremity (N=1,808)	n	%
5296: Loss of part of the skull	1	100	5201: Arm, limitation of motion	1,299	71.8
			5215: Wrist, limitation of motion	220	12.2
Eyes (N=98)			Lower Extremity (N=5,322)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	31	31.6	5260: Leg, limitation of flexion	1,839	34.6
6080: Field vision, impairment	19	19.4	5252: Thigh, limitation of flexion	948	17.8
Vision (N=71)			General MSK (N=3,340)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	31	43.7	5243: Intervertebral disc syndrome	1,298	32.9
6080: Field vision, impairment	19	26.8	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010)	1,170	29.7
Ears (N=30)			Vascular (N=118)		
6204: Peripheral vestibular disorders	21	70.0	7121: Post-phlebotic syndrome	33	28.0
6205: Meniere's syndrome	8	26.7	6817: Pulmonary vascular disease	31	26.3
Hearing (N=29)			Skin & Soft Tissue (N=166)		
6100: Hearing loss	26	89.7	7804: Scar(s), unstable or painful	40	24.1
6260: Tinnitus, recurrent	3	10.3	7825: Chronic urticaria	32	19.3
NSML (N=23)			Blood (N=70)		
6516: Laryngitis, chronic	10	43.5	7703: Leukemia.	19	27.1
6522: Allergic or vasomotor rhinitis	4	17.4	7709: Hodgkin's lymphoma.	14	20.0
Dental (N=6)			Systemic (N=72)		
9905: Temporomandibular disorder (TMD)	5	83.3	7525: Epididymo-orchitis, chronic only	26	36.1
9916: Maxilla, malunion or nonunion of	1	16.7	5330: Rhabdomyolysis, residuals of	11	15.3
Neck (N=4)			Endocrine & Metabolic (N=181)		
5322: Group XXII function: rotary and forward movements, head	2	50	7913: Diabetes mellitus	126	69.6
5323: Group XXIII function: movements of head	2	50	7903: Hypothyroidism	10	5.5
Respiratory (N=368)			Rheumatologic (N=271)		
6602: Asthma, bronchial	326	88.6	5025: Fibromyalgia	126	46.5
6846: Sarcoidosis	8	2.2	5009: Other specified forms of arthropathy (excluding gout)	64	23.6
Heart (N=156)			Neurologic (N=2,076)		
7010: Supraventricular arrhythmias	36	23.1	8045: Residuals of traumatic brain injury (TBI)	428	20.6
7011: Ventricular arrhythmias	32	20.5	8100: Migraine	412	19.8
Abdominal & GI (N=443)			Sleep Disorders (N=83)		
7323: Colitis, ulcerative	217	49.0	8108: Narcolepsy	50	60.2
7319: Colon, irritable syndrome	83	18.7	6847: Sleep apnea syndromes	33	39.8
Female Genital (N=35)			Behavioral Health (N=2,247)		
7629: Endometriosis	19	54.3	9411: Posttraumatic stress disorder	1,054	46.9
7613: Uterus, disease or injury	5	14.3	9434: Major depressive disorder	506	22.5
Male Genital (N=98)			Tumors (N=165)		
7523: Testis, atrophy, complete	55	56.1	8003: Benign	20	12.1
7525: Epididymo-orchitis, chronic only	26	26.5	7703: Leukemia.	19	11.5
Urinary (N=85)			Misc. Conditions (N=16)		
7542: Neurogenic bladder	30	35.3	6844: Post-surgical residual	5	31.3
7530: Renal disease, chronic	17	20.0	7351: Liver transplant	3	18.8
Spine & SI Joint (N=1,415)					
5237: Lumbosacral or cervical strain	908	64.2			
5239: Spondylolisthesis or segmental instability	211	14.9			

N = Number of Service members disability discharged under the DoDI subsection; NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous

% denotes the proportion of disability discharged Service members with the specific unfitting condition (e.g. hearing loss) out of the number of Service members disability discharged within the applicable DoDI subsection (e.g. Hearing).

Table 4D: Top Two Unfitting Medical Conditions per DoDI Subsection: Air Force, FY 2017-2022**Air Force**

Head (N=9)			Upper Extremity (N=1,041)		
5296: Loss of part of the skull	7	77.8	5201: Arm, limitation of motion	662	63.6
9902: Mandible loss of, including ramus, unilaterally or bilaterally	1	11.1	5215: Wrist, limitation of motion	186	17.9
Eyes (N=172)			Lower Extremity (N=2,433)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	62	36.0	5260: Leg, limitation of flexion	834	34.3
6080: Field vision, impairment	29	16.9	5271: Ankle, limited motion	451	18.5
Vision (N=122)			General MSK (N=3,620)		
6066: Anatomical loss of 1 eye with visual acuity of other eye 20/40 (6/12)	62	50.8	5243: Intervertebral disc syndrome	1,892	52.3
6080: Field vision, impairment	29	23.8	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome (also, see either DC 5003 or 5010)	1,424	39.3
Ears (N=171)			Vascular (N=288)		
6204: Peripheral vestibular disorders	111	64.9	6817: Pulmonary vascular disease	117	40.6
6205: Meniere's syndrome	62	36.3	7121: Post-phlebotic syndrome	85	29.5
Hearing (N=32)			Skin & Soft Tissue (N=535)		
6100: Hearing loss	17	53.1	7806: Dermatitis or eczema	99	18.5
6260: Tinnitus, recurrent	16	50.0	7816: Psoriasis	99	18.5
NSML (N=64)			Blood (N=180)		
6516: Laryngitis, chronic	22	34.4	7703: Leukemia	38	21.1
6522: Allergic or vasomotor rhinitis	16	25.0	7715: Non-Hodgkin's lymphoma	37	20.6
Dental (N=17)			Systemic (N=133)		
9905: Temporomandibular disorder (TMD)	11	64.7	6351: HIV-Related Illness	49	36.8
9913: Teeth, loss of	2	11.8	7820: Infections of the skin	20	15.0
Neck (N=3)			Endocrine & Metabolic (N=424)		
5287: Spine, ankylosis of, cervical	2	66.7	7913: Diabetes mellitus	339	80.0
5322: Group XXII function: rotary and forward movements, head	1	33.3	7903: Hypothyroidism	19	4.5
Respiratory (N=767)			Rheumatologic (N=844)		
6602: Asthma, bronchial	695	90.6	5025: Fibromyalgia	493	58.4
6604: Chronic obstructive pulmonary disease	16	2.1	6350: Lupus erythematosus	120	14.2
Heart (N=519)			Neurologic (N=4,291)		
7010: Supraventricular arrhythmias	166	32.0	8520: Sciatic nerve, paralysis	1,102	25.7
7011: Ventricular arrhythmias	97	18.7	8100: Migraine	1,017	23.7
Abdominal & GI (N=713)			Sleep Disorders (N=356)		
7323: Colitis, ulcerative	314	44.0	6847: Sleep apnea syndromes	232	65.2
7319: Colon, irritable syndrome	183	25.7	8108: Narcolepsy	125	35.1
Female Genital (N=121)			Behavioral Health (N=6,655)		
7629: Endometriosis	45	37.2	9411: Posttraumatic stress disorder	2,996	45.0
7627: Malignant neoplasms of gynecological system	17	14.0	9434: Major depressive disorder	1,768	26.6
Male Genital (N=57)			Tumors (N=388)		
7523: Testis, atrophy, complete	27	47.4	7343: Neoplasms, malignant	53	13.7
7525: Epididymo-orchitis, chronic only	10	17.5	8003: Benign	50	12.9
Urinary (N=193)			Misc. Conditions (N=22)		
7542: Neurogenic bladder	65	33.7	7531: Kidney transplant	9	40.9
7530: Renal disease, chronic	23	11.9	7351: Liver transplant	5	22.7
Spine and SI Joint (N=1,732)					
5237: Lumbosacral or cervical strain	1,040	60.0			
5239: Spondylolisthesis or segmental instability	223	12.9			

N = Number of Service members disability discharged under the DoDI subsection; NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous

% denotes the proportion of disability discharged Service members with the specific unfitting condition (e.g. hearing loss) out of the number of Service members disability discharged within the applicable DoDI subsection (e.g. Hearing).

III. Final PEB Retainability Determination Category, Overall and by DoDI Subsection

To assess the outcomes of the retention medical standard evaluations, **Tables 5A-D** present the distribution of the PEBs' final retainability determination category per Service. Definitions for the three retainability determination categories can be found in the *Key Terms, Definitions and Elements* section of this report.



Tables 5A-D Key Findings

- Over 90% of Service members evaluated under the retention medical standards had conditions that were determined to be non-retainable and entitled to DoD disability benefits.
 - The Air Force had the highest proportion found fit for continued duty (3.0%), when compared to the other Services (<0.4%).
 - Notably, approximately 23% of Airmen evaluated for conditions under the Male Genital subsection were found to be retainable by a PEB.
 - Overall, between 1.1% (Navy) and 5.0% (Air Force) had conditions that were determined to be non-retainable but were administratively discharged.

Table 5A: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Army, FY 2017-2022

Army			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head (<i>n</i> =31)	96.8	3.2	-
Eyes (<i>n</i> =601)	92.2	6.7	1.2
Vision (<i>n</i> =456)	93.0	5.9	1.1
Ears (<i>n</i> =325)	97.5	2.2	0.3
Hearing (<i>n</i> =444)	91.9	7.0	1.1
NSML (<i>n</i> =237)	95.8	3.4	0.8
Dental (<i>n</i> =92)	95.7	3.3	1.1
Neck (<i>n</i> =12)	100.0	-	-
Respiratory (<i>n</i> =1,756)	97.5	2.0	0.5
Heart (<i>n</i> =1,541)	94.0	5.1	0.9
Abdominal & GI (<i>n</i> =2,022)	96.5	2.6	0.8
Female Genital (<i>n</i> =329)	96.4	3.6	-
Male Genital (<i>n</i> =431)	97.9	2.1	-
Urinary (<i>n</i> =730)	96.3	3.4	0.3
Spine & SI Joint (<i>n</i> =11,235)	98.4	1.3	0.3
Upper Extremity (<i>n</i> =10,529)	98.3	1.4	0.3
Lower Extremity (<i>n</i> =26,306)	98.3	1.4	0.3
General MSK (<i>n</i> =29,012)	98.4	1.3	0.4
Vascular (<i>n</i> =1,041)	94.7	4.9	0.4
Skin & Soft Tissue (<i>n</i> =1,669)	96.9	2.6	0.5
Blood (<i>n</i> =482)	92.5	6.8	0.6
Systemic (<i>n</i> =488)	95.1	4.3	0.6
Endocrine & Metabolic (<i>n</i> =2,251)	90.8	4.4	4.7
Rheumatologic (<i>n</i> =2,297)	98.8	0.7	0.5
Neurologic (<i>n</i> =20,767)	98.7	1.0	0.3
Sleep Disorders (<i>n</i> =950)	97.1	2.3	0.6
Behavioral Health (<i>n</i> =29,996)	98.6	1.3	0.1
Tumors (<i>n</i> =1,001)	95.8	3.8	0.4
Misc. Conditions (<i>n</i> =97)	97.9	1.0	1.0
Overall	97.7	1.9	0.4

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 (-) indicates that no Service members were assigned within that retainability determination category

Table 5B: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Navy, FY 2017-2022

Navy			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head (<i>n</i> =5)	100.0	-	-
Eyes (<i>n</i> =175)	98.9	0.6	0.6
Vision (<i>n</i> =133)	97.7	1.5	0.8
Ears (<i>n</i> =96)	93.8	5.2	1.0
Hearing (<i>n</i> =26)	100.0	-	-
NSML (<i>n</i> =34)	97.1	2.9	-
Dental (<i>n</i> =24)	95.8	4.2	-
Neck (<i>n</i> =4)	100.0	-	-
Respiratory (<i>n</i> =191)	98.4	1.6	-
Heart (<i>n</i> =244)	98.0	1.6	0.4
Abdominal & GI (<i>n</i> =699)	98.3	1.6	0.1
Female Genital (<i>n</i> =101)	100.0	-	-
Male Genital (<i>n</i> =49)	100.0	-	-
Urinary (<i>n</i> =159)	99.4	0.6	-
Spine & SI Joint (<i>n</i> =1,065)	99.5	0.5	-
Upper Extremity (<i>n</i> =1,135)	99.5	0.4	0.2
Lower Extremity (<i>n</i> =2,666)	99.1	0.9	<0.1
General MSK (<i>n</i> =2,746)	99.2	0.8	<0.1
Vascular (<i>n</i> =212)	99.1	0.9	-
Skin & Soft Tissue (<i>n</i> =247)	99.6	0.4	-
Blood (<i>n</i> =118)	100.0	-	-
Systemic (<i>n</i> =76)	100.0	-	-
Endocrine & Metabolic (<i>n</i> =376)	98.7	1.1	0.3
Rheumatologic (<i>n</i> =605)	99.3	0.7	-
Neurologic (<i>n</i> =2,833)	98.9	1.0	0.1
Sleep Disorders (<i>n</i> =196)	100.0	-	-
Behavioral Health (<i>n</i> =7,071)	98.6	1.4	<0.1
Tumors (<i>n</i> =291)	97.3	2.7	-
Misc. Conditions (<i>n</i> =20)	100.0	-	-
Overall	98.8	1.1	0.1

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
(-) indicates that no Service members were assigned within that retainability determination category

Table 5C: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Marine Corps, FY 2017-2022

Marine Corps			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head (<i>n</i> =1)	100.0	-	-
Eyes (<i>n</i> =98)	98.0	2.0	-
Vision (<i>n</i> =71)	95.8	4.2	-
Ears (<i>n</i> =30)	86.7	13.3	-
Hearing (<i>n</i> =29)	96.6	3.4	-
NSML (<i>n</i> =23)	95.7	4.3	-
Dental (<i>n</i> =6)	100.0	-	-
Neck (<i>n</i> =4)	75.0	25.0	-
Respiratory (<i>n</i> =368)	98.4	1.6	-
Heart (<i>n</i> =156)	95.5	3.2	1.3
Abdominal & GI (<i>n</i> =443)	97.1	2.9	-
Female Genital (<i>n</i> =35)	97.1	2.9	-
Male Genital (<i>n</i> =98)	96.9	3.1	-
Urinary (<i>n</i> =85)	98.8	1.2	-
Spine & SI Joint (<i>n</i> =1,415)	95.9	4.0	0.1
Upper Extremity (<i>n</i> =1,808)	96.4	3.5	0.1
Lower Extremity (<i>n</i> =5,322)	97.4	2.6	-
General MSK (<i>n</i> =3,940)	96.6	3.4	0.1
Vascular (<i>n</i> =118)	94.9	5.1	-
Skin & Soft Tissue (<i>n</i> =166)	97.0	2.4	0.6
Blood (<i>n</i> =70)	98.6	1.4	-
Systemic (<i>n</i> =72)	97.2	2.8	-
Endocrine & Metabolic (<i>n</i> =181)	96.7	2.8	0.6
Rheumatologic (<i>n</i> =271)	95.9	4.1	-
Neurologic (<i>n</i> =2,076)	95.6	4.2	0.2
Sleep Disorders (<i>n</i> =83)	96.4	3.6	-
Behavioral Health (<i>n</i> =2,247)	94.3	5.7	-
Tumors (<i>n</i> =165)	97.6	2.4	-
Misc. Conditions (<i>n</i> =16)	93.8	6.3	-
Overall	96.7	3.2	0.1

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 (-) indicates that no Service members were assigned within that retainability determination category

Table 5D: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Air Force, FY 2017-2022

Air Force			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head (<i>n</i> =9)	100.0	-	-
Eyes (<i>n</i> =172)	85.5	7.6	7.0
Vision (<i>n</i> =122)	90.2	5.7	4.1
Ears (<i>n</i> =171)	94.7	5.3	-
Hearing (<i>n</i> =32)	93.8	6.3	-
NSML (<i>n</i> =64)	95.3	4.7	-
Dental (<i>n</i> =17)	94.1	5.9	-
Neck (<i>n</i> =3)	66.7	-	33.3
Respiratory (<i>n</i> =767)	91.8	5.0	3.3
Heart (<i>n</i> =519)	84.2	11.0	4.8
Abdominal & GI (<i>n</i> =713)	90.6	5.6	3.8
Female Genital (<i>n</i> =121)	89.3	5.0	5.8
Male Genital (<i>n</i> =57)	71.9	5.3	22.8
Urinary (<i>n</i> =193)	87.6	8.3	4.1
Spine & SI Joint (<i>n</i> =1,732)	93.5	3.9	2.7
Upper Extremity (<i>n</i> =1,041)	95.4	2.7	1.9
Lower Extremity (<i>n</i> =2,433)	95.1	2.4	2.5
General MSK (<i>n</i> =3,620)	93.6	3.9	2.5
Vascular (<i>n</i> =288)	83.3	7.6	9.0
Skin & Soft Tissue (<i>n</i> =535)	93.3	2.8	3.9
Blood (<i>n</i> =180)	73.3	14.4	12.2
Systemic (<i>n</i> =133)	85.7	1.5	12.8
Endocrine & Metabolic (<i>n</i> =424)	82.3	10.4	7.3
Rheumatologic (<i>n</i> =844)	91.7	5.6	2.7
Neurologic (<i>n</i> =4,291)	94.2	3.7	2.1
Sleep Disorders (<i>n</i> =356)	88.5	4.5	7.0
Behavioral Health (<i>n</i> =6,655)	95.3	3.9	0.8
Tumors (<i>n</i> =388)	79.6	12.9	7.5
Misc. Conditions (<i>n</i> =22)	72.7	27.3	-
Overall	92.2	5.0	2.8

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
(-) indicates that no Service members were assigned within that retainability determination category

IV. Time in Service to Retention Medical Standard Evaluation

To assess time in service to retention medical standard evaluation per DoDI subsection, **Tables 6A-D** describe time from accession until first MEB evaluation by three defined intervals: the first 25th percentile (lower quartile, Q1), 50% (median), and the 75th percentile (upper quartile, Q3) of the population. The purpose of these tables was to characterize the duration of time Service members had contributed prior to undergoing a medical retainability assessment. Higher median times in service may suggest that the unfitting condition(s) was related to cumulative damage or exposure over a long period, or was a chronic disease related to ageing. Conversely, shorter median times in service may suggest that the unfitting condition was typically related to a distinct event or exposure which resulted in immediate or near-term disability. Time in service metrics may be impacted by factors related to service length, such as Service component and rank. For reference, DoDI subsections are described in Table 2.

Tables 6A-D Key Findings

- Overall, the median time in service until first retention medical standard evaluation was longest among Airmen (7.5 years) and Soldiers (7.0 years) and shortest among Marines (4.0 years).
- Median time until first retention medical standard evaluation widely varied by DoDI subsection for each Service:
 - 4.3 years (Head) to 13.5 years (Endocrine & Metabolic) for Soldiers
 - 5.4 years (Systemic) to 10.6 years (Vascular) for Sailors
 - 3.3 years (NSML) to 8.5 years (Neck) for Marines
 - 6.7 years (NSML) to 16.6 years (Neck) for Airmen



Table 6A: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Army, FY 2017-2022

Army							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head (<i>n</i> =31)	3.1	4.3	13.4	Upper Extremity (<i>n</i> =10,529)	3.9	8.0	13.7
Eyes (<i>n</i> =601)	3.6	8.8	14.6	Lower Extremity (<i>n</i> =26,306)	3.0	5.7	11.0
Vision (<i>n</i> =456)	3.5	8.5	14.6	General MSK (<i>n</i> =29,012)	4.5	9.0	14.8
Ears (<i>n</i> =325)	4.6	9.8	15.9	Vascular (<i>n</i> =1,041)	5.1	11.1	17.6
Hearing (<i>n</i> =444)	3.4	6.7	12.1	Skin & Soft Tissue (<i>n</i> =1,669)	3.6	6.9	12.0
NSML (<i>n</i> =237)	3.3	5.8	10.3	Blood (<i>n</i> =482)	3.5	7.9	13.8
Dental (<i>n</i> =92)	3.4	5.8	12.0	Systemic (<i>n</i> =488)	3.0	5.9	11.7
Neck (<i>n</i> =12)	6.5	10.1	12.0	Endocrine & Metabolic (<i>n</i> =2,251)	7.3	13.5	19.5
Respiratory (<i>n</i> =1,756)	2.9	5.9	11.4	Rheumatologic (<i>n</i> =2,297)	4.7	9.2	15.2
Heart (<i>n</i> =1,541)	3.6	8.6	15.6	Neurologic (<i>n</i> =20,767)	4.7	9.4	15.2
Abdominal & GI (<i>n</i> =2,022)	3.6	7.6	13.3	Sleep Disorders (<i>n</i> =950)	4.4	9.1	15.1
Female Genital (<i>n</i> =329)	3.6	7.5	12.7	Behavioral Health (<i>n</i> =29,996)	4.5	9.6	15.0
Male Genital (<i>n</i> =431)	2.8	5.1	9.7	Tumors (<i>n</i> =1,001)	4.7	10.4	16.4
Urinary (<i>n</i> =730)	3.6	8.2	14.8	Misc. Conditions (<i>n</i> =97)	3.3	9.5	14.8
Spine & SI Joint (<i>n</i> =11,235)	3.9	7.8	13.5	Overall	3.4	7.0	12.7

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 Service members missing an accession record were excluded from time in service calculations.

Table 6B: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Navy, FY 2017-2022

Navy							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head (<i>n</i> =5)	4.0	6.0	8.1	Upper Extremity (<i>n</i> =1,135)	3.5	5.9	10.2
Eyes (<i>n</i> =175)	3.8	7.2	11.2	Lower Extremity (<i>n</i> =2,666)	3.3	5.6	9.9
Vision (<i>n</i> =133)	4.2	7.8	12.3	General MSK (<i>n</i> =2,746)	4.5	8.1	12.3
Ears (<i>n</i> =96)	4.7	9.3	15.4	Vascular (<i>n</i> =212)	5.3	10.6	15.1
Hearing (<i>n</i> =26)	5.0	7.6	11.6	Skin & Soft Tissue (<i>n</i> =247)	3.9	5.9	10.2
NSML (<i>n</i> =34)	6.0	9.0	13.2	Blood (<i>n</i> =118)	4.2	7.2	12.5
Dental (<i>n</i> =24)	4.0	5.8	8.3	Systemic (<i>n</i> =76)	3.2	5.4	9.8
Neck (<i>n</i> =4)	7.4	8.8	9.7	Endocrine & Metabolic (<i>n</i> =376)	4.5	8.2	13.2
Respiratory (<i>n</i> =191)	3.8	6.9	11.9	Rheumatologic (<i>n</i> =605)	4.1	6.7	11.6
Heart (<i>n</i> =244)	4.7	9.3	15.7	Neurologic (<i>n</i> =2,833)	3.9	7.1	11.9
Abdominal & GI (<i>n</i> =699)	3.9	6.2	10.6	Sleep Disorders (<i>n</i> =196)	4.6	8.4	13.0
Female Genital (<i>n</i> =101)	3.8	5.8	11.6	Behavioral Health (<i>n</i> =7,071)	3.5	5.6	10.2
Male Genital (<i>n</i> =49)	4.0	7.5	10.1	Tumors (<i>n</i> =291)	4.5	7.8	14.9
Urinary (<i>n</i> =159)	4.5	7.4	12.4	Misc. Conditions (<i>n</i> =20)	3.9	6.3	9.7
Spine & SI Joint (<i>n</i> =1,065)	4.0	7.3	11.2	Overall	3.5	5.9	10.4

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 Service members missing an accession record were excluded from time in service calculations.

Table 6C: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Marine Corps, FY 2017-2022

Marine Corps							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head (<i>n</i> =1)	4.2	4.2	4.2	Upper Extremity (<i>n</i> =1,808)	2.9	4.1	8.6
Eyes (<i>n</i> =98)	2.6	4.0	9.9	Lower Extremity (<i>n</i> =5,322)	2.6	3.6	6.6
Vision (<i>n</i> =71)	2.5	5.0	11.1	General MSK (<i>n</i> =3,940)	3.2	5.1	10.1
Ears (<i>n</i> =30)	4.3	7.6	14.6	Vascular (<i>n</i> =118)	2.8	4.9	12.1
Hearing (<i>n</i> =29)	2.2	4.6	7.4	Skin & Soft Tissue (<i>n</i> =166)	2.8	4.1	7.9
NSML (<i>n</i> =23)	2.7	3.3	5.3	Blood (<i>n</i> =70)	3.0	4.0	5.6
Dental (<i>n</i> =6)	2.5	4.2	6.3	Systemic (<i>n</i> =72)	2.6	3.6	7.9
Neck (<i>n</i> =4)	1.7	8.5	14.7	Endocrine & Metabolic (<i>n</i> =181)	2.6	4.0	9.3
Respiratory (<i>n</i> =368)	2.4	3.6	6.5	Rheumatologic (<i>n</i> =271)	3.0	5.8	10.6
Heart (<i>n</i> =156)	2.7	4.5	11.9	Neurologic (<i>n</i> =2,076)	3.0	5.0	11.2
Abdominal & GI (<i>n</i> =443)	2.7	4.1	8.4	Sleep Disorders (<i>n</i> =83)	3.5	5.3	10.1
Female Genital (<i>n</i> =35)	2.9	4.0	7.0	Behavioral Health (<i>n</i> =2,247)	3.1	6.5	11.9
Male Genital (<i>n</i> =98)	3.1	3.9	6.3	Tumors (<i>n</i> =165)	3.0	4.4	8.8
Urinary (<i>n</i> =85)	3.1	4.6	9.6	Misc. Conditions (<i>n</i> =16)	2.7	4.6	13.1
Spine & SI Joint (<i>n</i> =1,415)	3.1	4.7	9.9	Overall	2.7	4.0	8.1

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
Service members missing an accession record were excluded from time in service calculations.

Table 6D: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Air Force, FY 2017-2022

Air Force							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head (<i>n</i> =9)	5.0	7.7	12.6	Upper Extremity (<i>n</i> =1,041)	5.0	8.5	13.9
Eyes (<i>n</i> =172)	4.7	8.9	14.1	Lower Extremity (<i>n</i> =2,433)	4.5	7.8	13.1
Vision (<i>n</i> =122)	4.3	8.9	14.0	General MSK (<i>n</i> =3,620)	5.8	10.3	15.0
Ears (<i>n</i> =171)	5.6	10.3	15.0	Vascular (<i>n</i> =288)	5.4	10.5	16.2
Hearing (<i>n</i> =32)	4.7	8.5	13.3	Skin & Soft Tissue (<i>n</i> =535)	4.6	7.9	12.8
NSML (<i>n</i> =64)	4.4	6.7	11.6	Blood (<i>n</i> =180)	4.7	10.2	14.9
Dental (<i>n</i> =17)	3.0	7.1	9.2	Systemic (<i>n</i> =133)	3.8	7.4	12.3
Neck (<i>n</i> =3)	7.2	16.6	21.7	Endocrine & Metabolic (<i>n</i> =424)	4.3	8.4	14.9
Respiratory (<i>n</i> =767)	4.2	7.6	13.9	Rheumatologic (<i>n</i> =844)	5.0	9.0	14.8
Heart (<i>n</i> =519)	4.4	7.8	14.7	Neurologic (<i>n</i> =4,291)	5.2	9.2	14.5
Abdominal & GI (<i>n</i> =713)	4.2	7.7	13.4	Sleep Disorders (<i>n</i> =356)	5.6	10.1	15.5
Female Genital (<i>n</i> =121)	4.9	9.2	15.1	Behavioral Health (<i>n</i> =6,655)	3.9	7.0	13.0
Male Genital (<i>n</i> =57)	5.4	9.6	15.2	Tumors (<i>n</i> =388)	5.8	11.2	16.6
Urinary (<i>n</i> =193)	5.4	10.2	15.8	Misc. Conditions (<i>n</i> =22)	10.1	12.5	18.1
Spine & SI Joint (<i>n</i> =1,732)	4.8	8.2	13.3	Overall	4.3	7.5	13.3

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
Service members missing an accession record were excluded from time in service calculations.

V. Pre-accession Medical History

To examine whether pre-accession disqualifications impact eventual medical retainability, RMSAR traced PEB evaluations back to accession medical standards waivers. Any conditions for which a substantial proportion of retention medical standard evaluations were preceded by a related accession medical waiver may warrant consideration for tighter restrictions at accession.

Tables 7A-D show the percentages of retention medical standard evaluations with history of an accession medical waiver. The first percentage shown (in the “% Any Waiver” column) indicates the proportion of Service members who entered service via any approved accession medical waiver. The “% Subsection Waiver” column indicates the DoDI subsection concordance, or match rate, between the subsections listed for the accession and retention medical standards.

For reference, DoDI subsections are provided in Table 2. Results should be interpreted with caution since small numbers of retention medical standard evaluations, and of corresponding waivers, render many of the individual numbers unstable.

Tables 7A-D Key Findings

- Generally, less than 11% of Service members evaluated under the retention medical standards had a history of accession medical waiver for any reason. This finding is in alignment with the proportion of all military accessions who entered a Military Service via an approved medical waiver (approximately 8% in FY 2022).
- Across all Services, there was little to no concordance (0.0-4.8%) between the medical conditions involved in the retainability evaluation versus an accession waiver.
- The highest concordance with accession medical waivers among retention medical standards evaluations were seen among Soldiers and Airmen evaluated under the Eyes and Vision subsections.



Table 7A: Prevalence of Accession Medical Waiver History Among Soldiers PEB-Evaluated under the Retention Medical Standards, by DoDI Subsection, FY 2017-2022

Army					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head	3.2	-	Upper Extremity	8.6	0.9
Eyes	10.0	4.8	Lower Extremity	8.7	1.2
Vision	8.8	3.3	General MSK	7.8	1.2
Ears	7.1	0.3	Vascular	8.4	0.2
Hearing	10.1	0.2	Skin & Soft Tissue	8.9	1.3
NSML	8.4	-	Blood	6.8	-
Dental	9.8	-	Systemic	8.6	-
Neck	-	-	Endocrine & Metabolic	5.9	0.2
Respiratory	8.5	0.7	Rheumatologic	8.0	0.2
Heart	8.4	0.6	Neurologic	7.3	0.2
Abdominal & GI	8.6	0.2	Sleep Disorders	6.5	-
Female Genital	6.1	-	Behavioral Health	6.7	0.5
Male Genital	9.7	1.4	Tumors	6.5	-
Urinary	9.7	0.5	Misc. Conditions	8.2	-
Spine & SI Joint	7.6	0.5			

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 (-) indicates that no Service members received a pre-accession medical waiver of interest.

Table 7B: Prevalence of Accession Medical Waiver History Among Sailors PEB-Evaluated under the Retention Medical Standards, by DoDI Subsection, FY 2017-2022

Navy					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head	-	-	Upper Extremity	13.2	0.6
Eyes	6.9	1.7	Lower Extremity	11.4	0.9
Vision	7.5	1.5	General MSK	9.5	1.5
Ears	10.4	-	Vascular	9.4	-
Hearing	11.5	-	Skin & Soft Tissue	6.5	-
NSML	-	-	Blood	5.1	-
Dental	4.2	-	Systemic	13.2	-
Neck	-	-	Endocrine & Metabolic	6.4	-
Respiratory	11.0	0.5	Rheumatologic	6.4	0.2
Heart	10.7	0.4	Neurologic	9.7	0.1
Abdominal & GI	9.4	0.3	Sleep Disorders	4.6	-
Female Genital	9.9	1.0	Behavioral Health	8.2	0.6
Male Genital	10.2	-	Tumors	7.9	-
Urinary	8.8	-	Misc. Conditions	5.0	-
Spine & SI Joint	10.4	0.1			

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
 (-) indicates that no Service members received a pre-accession medical waiver of interest.

Table 7C: Prevalence of Accession Medical Waiver History Among Marines PEB-Evaluated under the Retention Medical Standards, by DoDI Subsection, FY 2017-2022

Marine Corps					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head	-	-	Upper Extremity	7.3	0.1
Eyes	6.1	-	Lower Extremity	8.1	0.9
Vision	4.2	-	General MSK	7.9	1.0
Ears	10.0	-	Vascular	3.4	0.8
Hearing	10.3	-	Skin & Soft Tissue	6.6	0.6
NSML	4.3	-	Blood	5.7	-
Dental	-	-	Systemic	2.8	-
Neck	25.0	-	Endocrine & Metabolic	10.5	1.1
Respiratory	5.7	0.8	Rheumatologic	8.5	-
Heart	5.1	1.3	Neurologic	7.5	0.1
Abdominal & GI	5.4	-	Sleep Disorders	7.2	-
Female Genital	5.7	-	Behavioral Health	7.0	1.6
Male Genital	5.1	-	Tumors	9.1	-
Urinary	7.1	-	Misc. Conditions	-	-
Spine & SI Joint	6.5	0.8			

NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
(-) indicates that no Service members received a pre-accession medical waiver of interest.

Table 7D: Prevalence of Accession Medical Waiver History Among Airmen PEB-Evaluated under the Retention Medical Standards, by DoDI Subsection, FY 2017-2022

Air Force					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head	-	-	Upper Extremity	5.5	1.6
Eyes	11.6	4.7	Lower Extremity	6.9	1.0
Vision	13.1	4.1	General MSK	4.8	0.6
Ears	5.8	0.6	Vascular	4.9	-
Hearing	-	-	Skin & Soft Tissue	6.9	0.6
NSML	4.7	-	Blood	10.0	0.6
Dental	5.9	-	Systemic	5.3	0.8
Neck	-	-	Endocrine & Metabolic	4.7	0.5
Respiratory	4.7	1.0	Rheumatologic	5.3	-
Heart	7.5	0.6	Neurologic	5.6	0.2
Abdominal & GI	5.9	0.6	Sleep Disorders	5.1	-
Female Genital	4.1	-	Behavioral Health	6.2	1.1
Male Genital	7.0	-	Tumors	4.1	0.5
Urinary	4.7	0.5	Misc. Conditions	-	-
Spine & SI Joint	5.5	0.4			

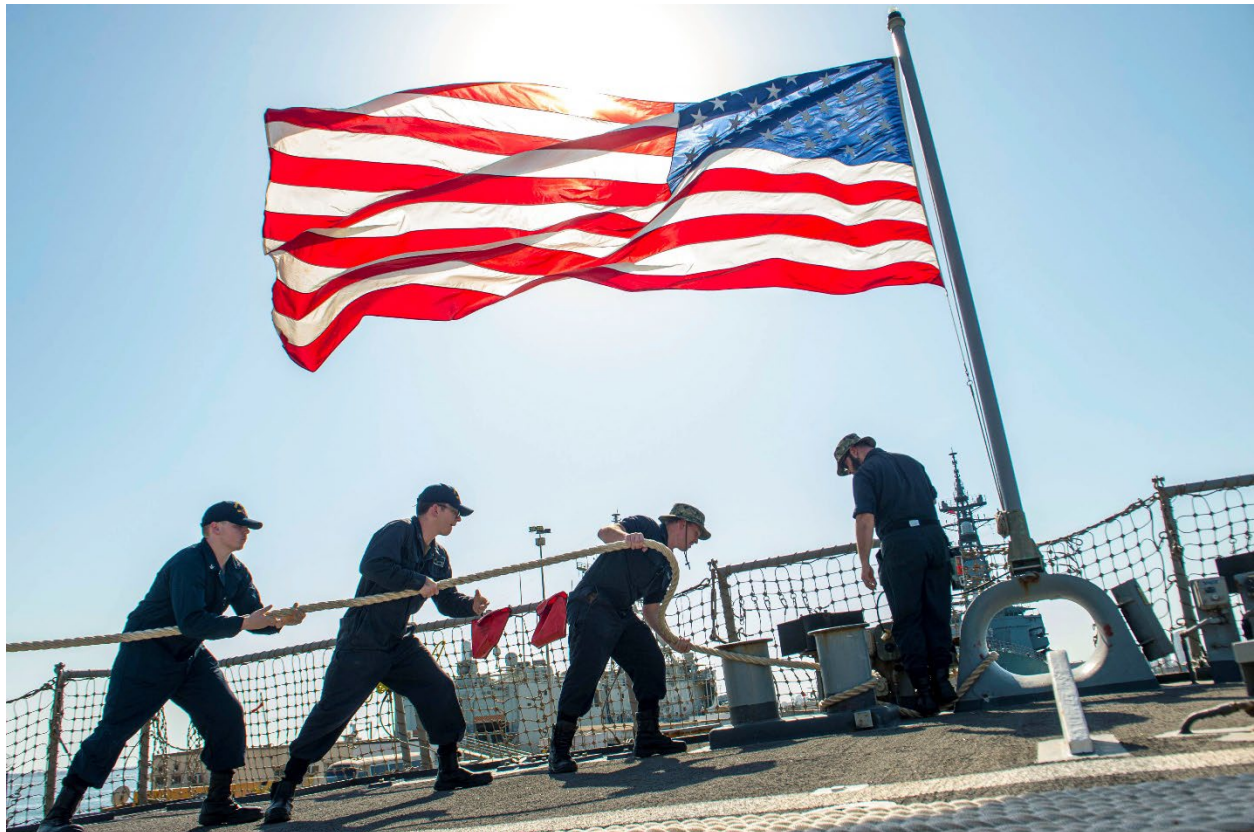
NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal, Misc: Miscellaneous
(-) indicates that no Service members received a pre-accession medical waiver of interest.

ACRONYMS AND LIMITATIONS

AFI	Air Force Instruction
AFPC	Air Force Personnel Center
AMSARA	Accession Medical Standards Analysis and Research Activity
AR	Army Regulation
ARMSWG	Accession and Retention Medical Standards Working Group
CORB	Navy Council of Review Board
DAFMAN	Department of the Air Force Manual
DES	Disability Evaluation System
DESAR	Disability Evaluation Standards Analysis and Research
DoD	Department of Defense
DoDI	Department of Defense Instruction
DMDC	Defense Manpower Data Center
FY	Fiscal Year
GI	Gastrointestinal
ICD	International Classification of Diseases
MEDPERS	Medical and Personnel Executive Steering Committee
MEB	Medical Evaluation Board
Misc.	Miscellaneous
MOS	Military Occupational Specialty
MSAR	Medical Standards Analytics and Research
MSK	Musculoskeletal
MTF	Medical Treatment Facility
NSML	Nose, Sinuses, Mouth and Larynx (DoDI subsection)
PDA	Physical Disability Agency
PDRL	Permanent Disability Retirement List
PEB	Physical Evaluation Board
PHA	Periodic Health Assessment
PTSD	Post-traumatic Stress Disorder
RMSAR	Retention Medical Standards Analytics and Research
RMSWG	Retention Medical Standards Working Group
SECNAV. M	Secretary of the Navy Manual
SI	Sacroiliac Joint
SMWRAs	Service Medical Waiver Review Authorities
SSN	Social Security Number
SWODDB	Separated Without DoD Disability Benefits
SWSP	Separated with Severance Pay
TBI	Traumatic Brain Injury
TDRL	Temporary Disability Retirement List
TMD	Temporomandibular Disorder
U.S.C.	United States Codes
VASRD	Veterans Administration Schedule for Rating Disabilities
WRAIR	Walter Reed Army Institute of Research

The following limitations should be considered when interpreting the results of this report:

1. As of publication of this report, MSAR did not receive MEB or pre-MEB level data. Without these data, MSAR cannot form full conclusions about retention, as PEB evaluations represent only one of several possible outcomes of retention medical standards application.
2. VASRD codes give an indication of the unfitting conditions referred to the PEB, but do not contain the level of detail available when diagnoses are coded using International Classification Diseases (ICD)-9/10 codes¹⁵. Due to the nature of retention standards and the general VASRD descriptions, some VASRD codes were mapped to more than one DoDI subsection.
3. The Service branches differ in how they handle retention medical standards issues^{1,2,3}, which may result in substantive differences in the populations examined by each Service in the DES process. Therefore, great caution should be taken when using PEB level data to make comparisons of retention between Services.
4. Retention medical standards are reviewed on a regular basis by the Accession and Retention Medical Standards Working Group (ARMSWG), and may be modified as a result. Caution should be taken when comparing results from more than one annual report.



REFERENCES

I. Publications

1. AR 40-501 (June, 2019) [Standards of Medical Fitness]
2. DAFMAN 48-123 (December, 2020) [Medical Examinations And Standards]
3. SECNAV M-1850.1 (September, 2019) [Department of the Navy Disability Evaluation System Manual]
4. DoDI 6130.03 Vol 2 (September, 2020) [Medical Standards for Military Service: Retention]
5. Air Force MSD (February, 2022) [Medical Standards Directory]
6. DoDI 6200.06 (September, 2016) [Periodic Health Assessment (PHA) Program]
7. DoDI 1332.45 (April, 2021) [Retention Determinations for Non-Deployable Service Members]
8. DoD Manual 1332.18, Volume 1 (August, 2020) [Disability Evaluation System (DES) Manual: General Information and Legacy Disability Evaluation System (LDES) Time Standards]
9. DoDI 1332.14, Change 6 (Enlisted) and DoDI 1332.30 (Officer) (September, 2021) [Enlisted (Officer) Administrative Separations]
10. Department of Veteran Affairs, 38 CFR Book, Schedule for Rating Disabilities. 2022.
11. Washington W, Weber N, Kelley A, et. al. Disability Evaluation System Analysis and Research (DESAR) 2021 Annual Report. Silver Spring, MD: Walter Reed Army Institute of Research.
12. Regulars and members on active duty for more than 30 days: temporary disability retired list, 10 U.S.C. § 1202 (December, 2011).
<https://www.govinfo.gov/app/details/USCODE-2011-title10/USCODE-2011-title10-subtitleA-partII-chap61-sec1202>
13. Members on active duty for 30 days or less: temporary disability retired list, 10 United States Code, 10 U.S.C. § 1205 (December, 2011).
<https://www.govinfo.gov/app/details/USCODE-2011-title10/USCODE-2011-title10-subtitleA-partII-chap61-sec1205>
14. Retirement or Separation for Physical Disability, 10 United States Code Chapter 61.
<https://www.law.cornell.edu/uscode/text/10/subtitle-A/part-II/chapter-61>
15. The World Health Organization. International classification of diseases. Vol. 10. 2016. 2016.
<https://icd.who.int/browse10/2016/en#/>

II. Additional Supporting Publications

16. DoDI 6025.19 (June, 2014) [Individual Medical Readiness, IMR]
17. AR 635-200 (June, 2021) [Active Duty Enlisted Administrative Separations]
18. AR 40-502 (July, 2019)[Medical Readiness]
19. DA PAM 40-502 (June, 2019) [Medical Readiness Procedures]
20. Army Regulation 635-40 (June, 2017) [Disability Evaluation for Retention, Retirement, or Separation] NAVPERS 15S60D (August, 2002) [Navy Military Personnel Manual]
21. OPNAVINST 1300.20 (September, 2018) [Deployability Assessment and Assignment Program]
22. AFRPD 36-32; (August, 2018) [Military Retirements and Separations]
23. AFI 36-3203 (January, 2021) [Service Requirements]
24. AFI 10-250 (July, 2020) [Individual Medical Readiness]

25. DAFM 48-108 (August, 2021) [Physical Evaluation Board Liaison Officer (PEBLO) Functions: Pre-Disability Evaluation System (DES) and Medical Evaluation Board (MEB) Processing]
26. AFI 48-133 (August, 2020) [Duty Limiting Conditions]
27. AFI 48-122 (October, 2020) [Deployment Health]
28. AFI 36-2110 (October, 2018) [Total Force Assignments]
29. AFMAN 36-2100 (April, 2021) [Military Utilization and Classification]
30. AFI 36-3212 (July, 2019) [Physical Evaluation for Retention, Retirement, and Separation; Medical Examinations and Standards]

III. Pictures

Archer, P. (2023). Tinker Angels [Photograph]. VIRIN 230630-N-DM308-1731Y. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003279163/>

Bakerian, M. (2023). Rough Replenishment [Photograph]. VIRIN 230718-N-FI026-1299. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003265752/>

Carter, D. (2023). Rainer Views [Photograph]. VIRIN 230717-F-IH091-2008C. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003271993/>

Daniel, B. (2023). On Patrol [Photograph]. VIRIN 230701-M-RA094-1006Y. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003265028/>

Foster, M. (2023). Tank Team [Photograph]. VIRIN 230404-Z-YU201-1119Y. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003194689/>

Hirano, L. (2023). Howitzer Blast [Photograph]. VIRIN 230315-Z-UF566-1183. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003182121/>

Lagadi, K. (2023). Single File [Photograph]. VIRIN 230702-N-ZQ263-1096M. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003255225/>

McElroy, D. (2023). Ready to Land [Photograph]. VIRIN 230706-F-PJ703-1147Y. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003260758/>

Mort, T. (2023). Patient Care [Photograph]. VIRIN 230604-A-YQ762-1047. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003241331/>

Rosso, D. (2023). Glacier Flight [Photograph]. VIRIN 230531-Z-PB632-1018F. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003239276/>

Schaudt, E. (2023). Patriots at Work [Photograph]. VIRIN 230701-N-NH257-1088M. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003253564/>

Sena, L. (2023). Hood Flyover [Photograph]. VIRIN 230627-F-WH061-1425. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003250441/>

Sjoberg, T. (2023). Florida Launch [Photograph]. VIRIN 230118-X-QO603-1142C. U.S. Dept of Defense. <https://www.defense.gov/Multimedia/Photos/igphoto/2003146880/>