Disability Evaluation System Analytics and Research (DESAR)

FY 2024 Annual Report

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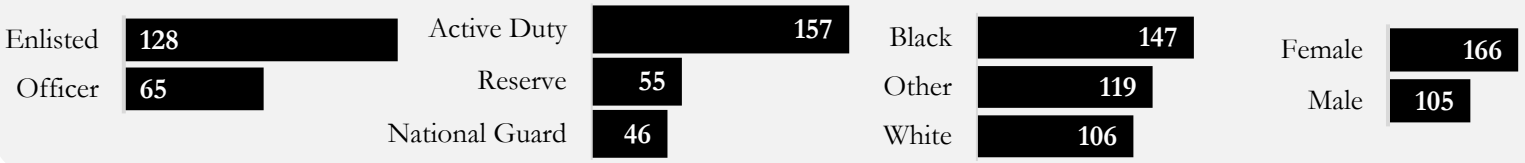
Disability Evaluation System Analytics and Research (DESAR)

2024 Annual Report at a Glance

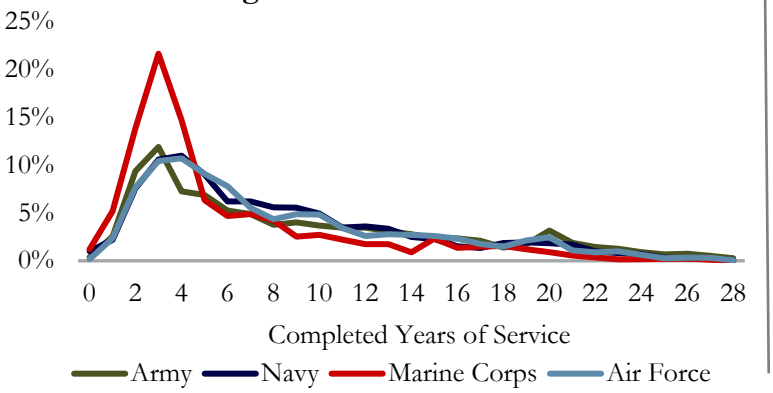
To celebrate DESAR's *15th anniversary,* our Annual Report was redesigned with an increased focus on key medical factors influencing referrals for initial Physical Evaluation Board (PEB) evaluations in fiscal year (FY) 2023.

Baseline Metrics

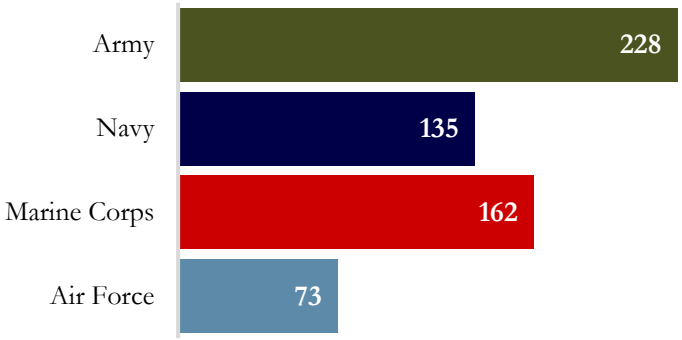
Rates of Initial PEB Evaluations per 10,000 Service Members, All Services, FY 2023



Timing to Initial PEB Evaluation



Rates per 10,000 Active-Duty Service Members, by Service



Medical Characteristics

Leading Medical Categories and Conditions at Initial PEB Evaluation

Army

1. **Behavioral Health (35%)**
   PTSD
2. **General MSK (34%)**
   Degenerative disc disorder
3. **Lower Extremity (29%)**
   Limitation of flexion of leg

Navy

1. **Behavioral Health (45%)**
   PTSD
2. **Neurologic (20%)**
   Paralysis of sciatic nerve
3. **General MSK (16%)**
   Degenerative disc disorder

Marine Corps

1. **Lower Extremity (36%)**
   Limitation of flexion of leg
2. **General MSK (28%)**
   Degenerative disc disorder
3. **Neurologic (20%)**
   Paralysis of sciatic nerve

Air Force

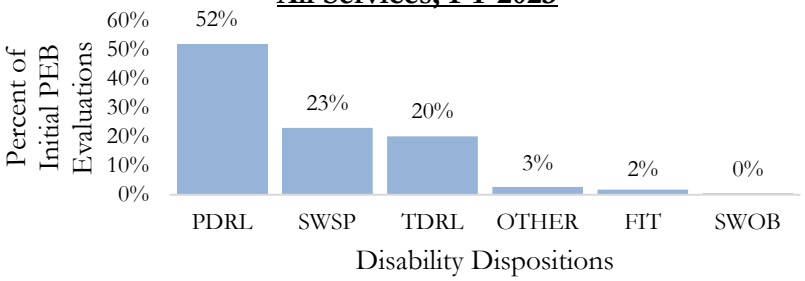
1. **Behavioral Health (47%)**
   PTSD
2. **Neurologic (24%)**
   Migraine
3. **General MSK (14%)**
   Degenerative disc disorder

*PTSD: Post-traumatic Stress Disorder; TBI: Traumatic Brain Injury; MSK: Musculoskeletal

Disability Outcome Metrics

OVERALL

Dispositions Assigned at Initial PEB Evaluation All Services, FY 2023

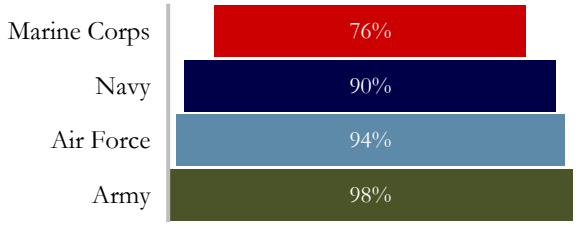


Median Assigned Disability Ratings

Army	Navy	Marine Corps	Air Force
50%	50%	40%	60%

MEDICAL CATEGORY

% of TDRL Placements with Behavioral Health Conditions



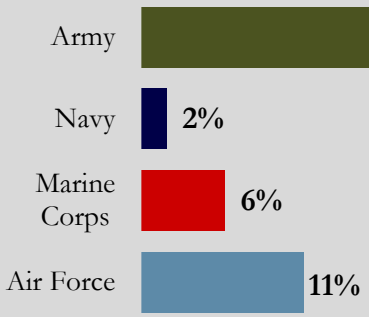
Highest median disability ratings were among evaluations for Behavioral Health (70%)

Lowest ratings were among evaluations for Lower Extremity (20-40%)

*PDRL: Permanent Disability Retirement List; TDRL: Temporary Disability Retirement List; SWSP: Separated with Severance Pay; SWOB: Separated without DoD Benefits

Combat-Related Unfitting Conditions

% of Evaluations with a Combat-Related Unfitting Condition



PTSD, Residuals of TBI, and Migraine were more common in evaluations with a combat-related unfitting condition.

Medical History (All Services)

6-7% had pre-accession DQs
- Similar to all accessions

<5% unfitting conditions with concordant pre-accession DQs

<15% unfitting conditions with concordant primary diagnosis for hospital admission

Special Study: TDRL History among Finalized Evaluations in FY 2023

This Special Study utilized a retrospective approach to examine TDRL history and outcomes among PEB evaluations assigned a final disposition (finalized cases) in FY 2023.

Overall, 26% of finalized cases were TDRL re-evaluations, though this percentage varied widely by Service and medical category

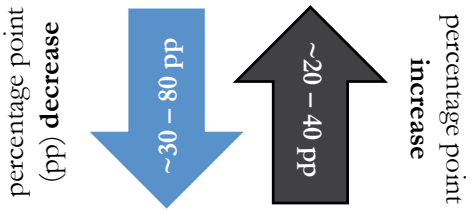
Overall, over 50% of finalized cases involving a Behavioral Health condition had history of TDRL

VS.

<20% of finalized cases involving an MSK condition had history of TDRL

Generally, 30-60% had a rating change from TDRL placement to final disposition, with most changes being downward

Downward rating changes tended to be larger than upward changes



Contributors

Natalya Weber, MD, MPH
Chief, Medical Standards Analytics and Research (MSAR)
Director, Statistics and Epidemiology Branch

MAJ Jared Egbert
Associate Chief, MSAR
Associate Director, Statistics and Epidemiology Branch

Caitlin Rushin, MPH
Deputy Chief, MSAR
Statistics and Epidemiology Branch

Timothy Powers, MS
Lead Statistician,
Statistics and Epidemiology Branch

Amanda Kelley, MPH
Program Manager,
Contractor, ManTech Health

Lily Trofimovich, MS
Deputy Program Manager,
Contractor, ManTech Health

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

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

Desiree Tupas, MPH
Public Health Analyst,
Contractor, ManTech Health

Harihar Bhattarai, MPH
Senior Data Analyst
Contractor, ManTech Health

Madeline Laslo, MS
Data Analyst
Contractor, ManTech Health

Rhonda Jackson, MPH
Regulatory Coordinator,
Contractor, ManTech Health

Reema Singh
Project Coordinator,
Contractor, ManTech Health

Statistics and Epidemiology Branch
Walter Reed Army Institute of Research
503 Robert Grant Road, Forest Glen Annex
Silver Spring, MD 20910
https://wrair.health.mil/Collaborate/Medical-Standards-Analytics-and-Research/

Objectives

REPORT OBJECTIVES

- Quantify the contribution of medical issues to total disability
- Evaluate the influence of service time and prior combat on disability
- Describe the usage of Temporary Disability Retirement List, and the ultimate impact on ratings

Executive Summary

At the request of the Assistant Secretary of Defense (Health Affairs) (ASD(HA)), the Disability Evaluation System Analysis and Research (DESAR) team has conducted audits and studies of the disability evaluation process since 2009, utilizing epidemiological research and analytics to inform retention and disability policy decisions aimed at enhancing Service member readiness and resilience.

The DESAR Annual Report, tailored for policymakers and medical professionals involved in medical retainability assessments, have historically offered detailed analyses of all Physical Evaluation Board (PEB) disability evaluations. **In commemoration of 15 years supporting the Disability Advisory Council (DAC), the DESAR team redesigned the Annual Report with an increased focus on the medical aspects of PEB disability evaluations.** It aims to provide actionable insights for informed decision-making by identifying key medical conditions and demographic and Service-related characteristics most frequently associated with initial PEB evaluations. Four major changes to this report include the following:

- **Sharper Focus:** Refined the study population to include only initial PEB evaluations occurring in FY2023, providing clearer insights into the reasons for disability evaluation referrals and evaluation outcomes.
- **Expanded Condition Categories:** Increased the number of condition categories from 16 to 24 to align more closely with 38 Code of Federal Regulations Part 4[1] and Department of Defense Instruction (DoDI) 6130.03 Volume 2,[2] and to ensure a more balanced distribution of Veterans Affairs Schedule for Rating Disabilities (VASRD) codes per medical category.
- **Special Study Addition:** Designed a special study describing outcomes, including final disposition and ratings, among Service members placed on the temporary disability retirement list (TDRL).
- **Enhanced Visuals**: Integrated impactful data visualizations for easier translation from data point to decision.

This revamped methodology allows the DESAR team to:

- **Profile Disability Evaluation System (DES) Referrals:** Describe demographic and service-related characteristics of Service members referred for a PEB evaluation.
- **Assess PEB Determinations:** Analyze how PEBs manage initial cases, including dispositions and ratings.
- **Evaluate TDRL Patterns:** Track TDRL placement trends over time and variations in placement rates by medical condition/category, and describe final dispositions and ratings changes among prior TDRL placements.
- **Identify Top Contributors to Disability Discharge**: Determine which medical conditions are driving disability discharge and identify patterns among new referrals.

The report is divided into two sections, with key findings spotlighted as follows:

KEY FINDINGS

Section I - Characteristics of Initial PEB Evaluations in FY 2023

A. BASELINE METRICS

In Fiscal Year (FY) 2023, the Army, Navy, Marine Corps, and Air Force PEBs conducted approximately 26,500 initial disability evaluations.

- Overall, the initial PEB evaluation rate for FY 2023 was 117 per 10,000 Service members.
- The Army had the highest PEB evaluation rates (per 10,000 Soldiers) across all components – 228 for active duty, 74 for Reserves, and 55 for National Guard.
- The Services had different time-in-service to initial PEB evaluation profiles.
    - About 30% of initial PEB evaluations occurred in the first four years of Service for the Army, Navy and Air Force, whereas, about 57% of Marine Corps evaluations occurred in this time frame.

B. UNFITTING CONDITIONS

In all Services, the six leading medical categories involved in initial PEB evaluations included Behavioral Health, General Musculoskeletal (MSK), Lower Extremity, Neurologic, Spine and Sacroiliac Joint, and Upper Extremity. All other medical categories contributed to less than 5% involvement in FY 2023 initial PEB evaluations.

- **Behavioral Health** conditions were involved in 35-47% of initial PEB evaluations. Initial PEB evaluations involving a Behavioral Health condition had the highest median disability ratings (70%) and the highest percentage of TDRL placements (50-59%). Post-traumatic stress disorder (PTSD) was the most frequently evaluated unfitting condition involved in 18-24% of PEB evaluations.
- **General MSK:** The General MSK category includes conditions that could not be mapped to another MSK medical category, such as multi-joint arthritis or tenosynovitis. These conditions were involved in 14-34% of initial PEB evaluations and were relatively rare in early in service evaluations but increased in frequency as service time increased. Median assigned disability ratings for this medical category ranged from 40-50%, with 60-70% of evaluations resulting in a Permanent Disability Retirement List (PDRL) disposition. The most common unfitting condition was degenerative arthritis, which was involved in 7-15% of all FY 2023 initial PEB evaluations.
- **Lower Extremity**: Initial PEB evaluations involving a Lower Extremity condition (14-29% of all evaluations) had the lowest median disability ratings (20-40%) and the highest percentage separated with severance pay (30-59%). The percentages of initial PEB evaluations involving Lower Extremity conditions were highest in the first two years of service and decreased as service time increased. The most common unfitting conditions evaluated in this category were limitations or impairments of the leg or thigh.

- **Neurologic:** Neurologic conditions were involved in 20-26% of initial PEB evaluations and were most commonly involved in evaluations occurring late in service. Median assigned disability ratings for this medical category ranged from 50-60%, with 67-75% of evaluations resulting in a PDRL disposition. Paralysis of the sciatic nerve ranked among the top unfitting conditions for all Services, exhibiting notable increases in the evaluations in FY 2023 when compared to FY 2022, with the Navy and Marine Corps increasing by 2.9 and 3.8 percentage points, respectively.

C. TEMPORARY DISABILITY RETIREMENT LIST (TDRL)

The PEB places Service members on the TDRL when they meet the requirements for permanent disability retirement and their unfitting condition has not stabilized sufficiently enough to accurately assess the degree of disability.[3] In addition, the Code of Federal Regulations, (38.C.F.R.§ 4.129) mandates TDRL placement "when a mental disorder that develops in service as a result of a highly stressful event is severe enough to bring about the veteran's release from active military service."

Once on the TDRL, the Service member is re-evaluated every 6-18 months for up to three years.[3] This section details the percentage of initial PEB evaluations with unfitting conditions deemed unstable for rating purposes and placed on the TDRL, both overall and by medical category.

- Overall, roughly 20-50% of FY2019-2023 initial PEB evaluations resulted in placement on the TDRL. Inter-service differences in placements and trends may be partly explained by the unfitting conditions involved and Service-specific policies.
- Most (76-98%) initial evaluations which resulted in a TDRL placement involved a Behavioral Health condition. The Navy and Air Force had higher percentages of evaluations for Behavioral Health conditions (Tables 3A-3D of this report), which could partly explain the higher percentage of TDRL placements.
    - For all Service, PTSD accounted for the majority of TDRL placements (57-69%).
- A noticeable decrease in initial TDRL placements occurred between FY 2021 to FY 2022 in the Navy and Marine Corps, which could be related to updated Limited Duty policies beginning in December 2020.[4]

D. INITIAL PEB EVALUATIONS EARLY IN SERVICE

This section examines characteristics of initial PEB evaluations which occurred in the first four years of service, or roughly prior to completion of the first term of service.

- Most early PEB evaluations occurred between years three and four, or towards the end of the first term of service. However, approximately 10% occurred in the first two years of service, which is typically during the training period or shortly thereafter.
- Nearly all early PEB evaluations involved Musculoskeletal (Upper Extremity, Lower Extremity, and General MSK), Neurologic, or Behavioral Health conditions.
- Timing of early PEB evaluations varied by unfitting condition and Service. PTSD and major depressive disorder were the leading unfitting conditions evaluated by the PEB during the first two years of service for the Navy and Air Force, while the leading conditions in the same time period for the Army and Marine Corps were Lower Extremity-related.

E. COMBAT RELATION

Unfitting conditions may be considered combat-related if sustained as a direct result of armed combat, while engaged in hazardous services, during war-simulating conditions, or caused by an instrumentality of war.[3] This section compares the medical characteristics of initial PEB evaluations in FY 2023 by combat-related determination (combat-related versus not combat-related).

- The Army had the highest proportion of initial PEB evaluations involving at least one unfitting condition deemed combat-related (32%), while the Navy, Marine Corps, and Air Force reported substantially smaller proportions of combat-related evaluations (2-12%).
- The leading unfitting conditions are within the Behavioral Health or General MSK medical categories regardless of combat-related determination.
- PTSD, residuals of traumatic brain injury, migraine, and paralysis of the sciatic nerve were more common among initial PEB evaluations with at least one unfitting condition deemed combat-related, while MSK conditions were generally more prevalent among those deemed unrelated to combat.
    - PTSD was also common among Army, Navy and Air Force PEB evaluations with no conditions deemed combat-related (19-21%), however, at a lower frequency than among combat-related evaluations (30-62%).

F. MEDICAL HISTORY PRIOR TO PEB EVALUATION

To evaluate potential early indicators for PEB evaluation referral, this section examines the relationship between unfitting conditions at initial PEB evaluation with pre-accession medical disqualifications (DQ), and medical conditions leading to hospitalization at any military treatment facility (MTF) within one year prior to PEB referral.

- The overall proportion of initial PEB disability evaluated Service members with history of a pre-accession DQ ranged from 6% (Marine Corps) to 7% (Navy).
    - There was less than 1% concordance between medical category at initial PEB evaluation and pre-accession DQ, except for Eyes/Vision in all Services (3-5%) and Genital for the Marine Corps (5%).
- Overall, 5-7% of Service members initially evaluated by the PEB in FY 2023 were hospitalized at an MTF within the year preceding their evaluation.
    - Concordance between medical category at initial PEB evaluation and at hospitalization did not exceed 15% across all Services and medical categories with the most common values clustered below 5%.

Section II - Special Study: TDRL History Among Final Dispositions in FY 2023

Placement on the TDRL is a temporary disposition, which highlights the need to describe DES outcomes among Service members placed on the TDRL, including final dispositions and changes in disability rating. Since Service members may remain on the TDRL for up to three years,[3] this special study utilizes a retrospective approach to examine TDRL history among **finalized FY 2023 PEB evaluations**, defined as those assigned a final disposition (PDRL, Fit/Limited Duty, Separated with Severance Pay (SWSP), Separated Without DoD Benefits (SWODDB), Other).

- Finalized PEB evaluations assigned a PDRL disposition were very frequently TDRL re-evaluations for the Army (27%), Navy (48%) and Marine Corps (39%). In contrast, PEB evaluations assigned a disposition of SWSP, SWODDB or Fit/Limited Duty were most frequently initial evaluations with no prior TDRL placement.
- The percentage of finalized PEB evaluations with history of TDRL placement was highly related to the medical categories involved.
    - Evaluations involving Behavioral Health conditions had the highest percentage, with TDRL re-evaluations constituting one-half (Army) to nearly two-thirds (Navy, Marine Corps). In contrast, less than 20% of finalized PEB evaluations involving a musculoskeletal condition were a TDRL re-evaluation.
- Ratings changes from initial TDRL placement to final disposition were common, generally ranging from 30-60% of cases across Services and medical conditions involved. Ratings changes were more likely to be downward than upward, perhaps reflecting policy or procedure for assigning initial ratings in TDRL cases.

Background

INTRODUCTION

The Medical Standards Analytics and Research (MSAR) program at the Walter Reed Army Institute of Research (WRAIR) is commissioned to provide epidemiologic research, vital data analytics and reporting capabilities to the **Medical and Personnel Executive Steering Committee (MEDPERS)**, co-chaired by the Deputy Assistant Secretary of Defense, Military Personnel Policy and the Principal Deputy Assistant Secretary of Defense, Health Affairs. As part of MSAR, the DESAR team, initiated in 2009, supports the DAC by providing key data metrics on the DES and conducting advanced epidemiologic studies to identify risk factors associated with disability discharge.

Historically, the DESAR Annual Report has been an audit of all PEB evaluations with a specified period. This redesigned FY 2024 DESAR Annual Report evaluates only initial PEB evaluations to provide clearer insights for PEB disability evaluation referrals and evaluation outcomes. This report also includes a Special Study describing medical conditions and disability outcomes among Service members previously placed on the TDRL.

KEY TERMS AND DEFINITIONS

Unless otherwise noted, these terms and definitions are for the purpose of this Annual Report.

Accession: An applicant who signs an oath of enlistment.

Applicant: An individual who has completed a Military Entrance Processing Station (MEPS) physical exam in pursuit of enlistment in any of the Military Services.

Application: An individual's request to enlist in a specific Service.

Accession Medical Disqualification (DQ): U.S. Medical Entrance Processing Command (USMEPCOM) designation at the time of application based on current or verified past medical history of a condition which does not meet the medical standards for accession into military service – see the FY 2024 Accession Medical Standards Analysis and Research Activity (AMSARA) Special Report[5] for more information.

Accession Medical Qualification Status: Medical qualification decision given by USMEPCOM prior to accession based on the presence or absence of a DQ for a condition failing to meet the accession medical standards[6] found during the MEPS medical review.

The two categories of accession medical qualification status among applicants are as follows:

1. ***Medically Qualified:*** An applicant who meets the accession medical standards. Note that this designation does not imply compliance with administrative standards (e.g., body weight standards).

2. ***Medically Disqualified (Pre-accession DQ):*** An applicant determined by USMEPCOM to not meet at least one medical standard.

Accession Physical Examination (Physical Examination): Assessment performed at MEPS where applicants are evaluated for their physical qualification to enter the military. This assessment includes a physical examination and interview, medical history review, height/weight measurements, hearing and vision examinations, urine and blood screenings, and other qualification tests, such as the Armed Forces Qualification Test (AFQT).

Combat-Related Unfitting Condition: A PEB designation indicating that the unfitting condition (see *Unfitting Condition* definition) was incurred in combat with an enemy of the United States, the result of armed conflict, the preparation or training for armed conflict, or caused by an instrumentality of war[3]. Individual combat designators received by DESAR reflect differences between each Military Service's PEB.

Disability Discharge: A medical separation processed through the DES resulting from one or more service-connected medical conditions rendering a Service member unfit for duty.

DES: A DoD process for determining a Service member's fitness for duty, separation, or disability discharge.

DoDI 1332.18[3]: A Department of Defense Instruction, issued in November 2022, implementing DoD disability policy and procedures for the DES.

DoDI 6130.03 Volume 2 (DoDI 6130.03 V2)[2]: A Department of Defense Instruction, first issued on September 9, 2020, to establish retention medical standards with corresponding policy and procedures for all Military Services. A Service member is referred to the PEB when determined to not meet one or more of these standards. For more information, see FY 2023 Retention Medical Standards Analytics and Research (RMSAR) Annual Report.[7]

Hospitalization: Admission into a Military Health System (MHS) hospital for medical treatment.

PEB: A panel of medical professionals that determines whether a Service member's medical condition renders him or her unfit for duty according to retention medical standards issued in DoDI 6130.03 V2, along with the extent of their disability. The Army, Navy/Marine Corps, and Air Force each have their own PEBs.

PEB Disability Evaluation (PEB Evaluation): An assessment of a Service member's ability to reasonably perform the duties of his or her office, grade, rank or rating. The PEB assigns a disability disposition, and, where applicable, unfitting conditions transcribed as VASRD codes[1] and a disability rating for each unfitting condition.[8]

1.) **Disability Dispositions:** Although the main PEB disability outcome categories, or "dispositions", are generally similar across services, small differences exist among some categories. To enable inter-service comparability, DESAR grouped dispositions into the categories listed below. For detailed definitions on DoD or service-specific dispositions, please refer to DoD Manual 1332.18,[3] Army Regulation (AR) 635.40,[9] Secretary of the Navy (SECNAV) Manual 1850.1,[10] or Air Force Instruction (AFI) 36-3212.[11]

   a. **Permanent Disability Retirement List (PDRL):** This disposition is assigned when the Service member is found unfit with a condition that is considered stable (unlikely to change within three years) and has either a combined disability rating of 30 percent or higher or has a length of service greater than 20 years.[3] Service members assigned this disposition are eligible to receive ongoing payments and care throughout their lifetime.

   b. **Temporary Disability Retirement List (TDRL):** A Service member is placed on the TDRL when their condition has not stabilized sufficiently enough to accurately assess the degree of disability. To be eligible for this interim disposition, the Service member must be determined to be unfit for continued service due to a temporary or unstable condition (i.e., may improve or worsen within three years).[3] Service members on the TDRL are re-evaluated every 6-18 months for up to three years.[3] A re-evaluation may result in a Service member returning to duty, converting to another disposition, or in cases when the condition remains unstable, retained on the TDRL. This report focuses on initial DES evaluations; therefore, only initial placement on TDRL will be captured in our analyses.

   c. **Separation with Severance Pay (SWSP):** This disposition is assigned when at least one condition is found to be unfitting, the combined disability rating is less than 30 percent, and the Service member has fewer than 20 years of service.[3] Service members assigned this disposition will be given a one-time severance payment but limited or no ongoing benefits.

   d. **Separated without DoD Disability Benefits (SWODDB):** SWODDB is an MSAR-created category which includes the 7 unretainable and not eligible for benefits dispositions, including, but not limited to, separation without benefits (SWOB). This category encompasses all separations for which the Service member is not entitled to disability benefits from the DoD. This category includes the following dispositions: separated without entitlement to benefits, discharge pursuant to other than Chapter 61 of 10 United States Code (U.S.C.),[12] revert to retired status without disability benefits, nonduty unfit, not physically qualified, miscellaneous administrative removal, and administrative removal off the TDRL.

   e. **Fit/Limited Duty:** This category encompasses all Service members allowed to continue service, and includes the following dispositions: fit, limited duty, continuation on active duty, and physically qualified to continue Reserve status.

f. **Other:** This disposition category differs by service and is comprised of administrative actions or separations, including transfer to retired Reserve, revert to retired status, no action, reboard, deceased, and concurrent processing for both disability evaluation and non-disability administrative separation (dual-action processing).

2.) Unfitting Condition: A service-connected medical condition which prevents the Service member from reasonably performing the duties of their office, grade, rank, or rating due to physical disability; and meets the criteria for disability benefits.[8] Unfitting conditions are identified using VASRD codes.

a. **Veterans Affairs Schedule for Rating Disabilities (VASRD) codes:** VASRD codes, developed by the United States Department of Veterans Affairs and detailed in the 38 Code of Federal Regulations (CFR) Part 4,[1] standardize the disability ratings process based on the nature and severity of the unfitting condition.[1] These codes identify unfitting conditions evaluated by the PEB, but lack the detailed diagnostic information found in International Classification Diseases (ICD)-9/10[13] codes. Each VASRD code has specific associated criteria for assigning a disability rating. Service members may be evaluated for multiple unfitting conditions; therefore, disability evaluation records can have multiple VASRD codes.

b. **Medical Categories**: Since there are more than 800 VASRD codes, DESAR grouped VASRD codes into 'medical categories' in alignment with 38 CFR Part 4,[1] as well as the subsections listed in DoDI 6130.03 V2.[2] To ensure both mutual exclusivity and a balanced distribution of VASRD codes per category, some medical categories based on DoDI 6130.03 V2 subsections were combined. For example, DESAR combined the Eyes and Vision subsections into an Eyes/Vision medical category to eliminate overcounting conditions listed in both subsections. Further, VASRD codes associated with specific tumors were placed in their corresponding medical category and the Tumors subsection was eliminated. Medical categories and their associated VASRD codes are listed in **Table 1**.

3.) Disability Rating: For each unfitting and compensable condition, a percentage is assigned based on 38 CFR Part 4[1] "representing as far as can practically be determined the average impairment in earning capacity resulting from such diseases and injuries and their residual conditions in civil occupations."[14] DESAR reports the combined disability percentage rating representing the total impairment across all medical conditions.

TABLE 1: Medical Categories to VASRD Code Mapping

Medical Category	Abbreviation	Mapped VASRD Codes
Head/Neck	Head/Neck	5296, 5322, 5323
Eyes/Vision	Eyes/Vision	6000-6025, 6027-6037, 6040, 6042, 6061-6081, 6090-6092
Ears/Hearing	Ears/Hearing	6100, 6200-6202, 6204-6211, 6260
Nose, Sinuses, Mouth, and Larynx	NSML	6275, 6276, 6502, 6504, 6510-6516, 6518-6524, 7200-7202, 9911
Dental	Dental	9900-9905, 9908, 9909, 9913-9918
Lungs, Chest Wall, Pleura, Mediastinum	Respiratory	6600-6604, 6732, 6819, 6820, 6822-6846
Heart	Heart	7000-7012, 7015-7018, 7020
Abdominal Organs and Gastrointestinal System	Abdominal & GI	7203-7205, 7301, 7304-7312, 7314-7319, 7321-7340, 7342-7348, 7351, 7354
Female Genital System/ Male Genital System	Genital	7520-7525, 7527, 7543, 7610-7615, 7617-7632
Urinary System	Urinary	7500-7502, 7504, 7505, 7507-7512, 7515-7519, 7528-7542, 7544, 7545
Spine and Sacroiliac Joint Conditions	Spine & SI Joint	5002, 5009, 5235-5241, 5244, 5286-5292, 5294, 5295, 5298, 5319, 5320
Upper Extremity Conditions	Upper Extremity	5106, 5109, 5120-5155, 5200-5203, 5205-5209, 5211-5230, 5301-5309
Lower Extremity Conditions	Lower Extremity	5107, 5110, 5156, 5160-5167, 5170- 5173, 5250-5263, 5269-5272, 5274-5282, 5284-5285, 5310-5318
Generalized Conditions of the Musculoskeletal System	General MSK	5000, 5001, 5003-5008, 5010, 5012-5016, 5018-5020, 5022-5024, 5051-5056, 5104, 5105, 5108, 5111, 5210, 5242, 5243, 5273, 5277, 5283, 5293, 5297, 5321, 5324-5329, 5331
Vascular System	Vascular	6817, 7100, 7101, 7110-7115, 7118-7121, 7123
Skin and Soft Tissue Conditions	Skin & Soft Tissue	7800-7802, 7804-7809, 7811, 7813, 7815-7833
Blood and Blood Forming Conditions	Blood	7700, 7702-7707, 7709, 7710, 7712, 7714-7725
Systemic Conditions	Systemic	5330, 6300-6302, 6304-6312, 6316-6320, 6325, 6326, 6329-6331, 6333-6335, 6354, 6701-6704, 6721-6724, 6730,6731
Endocrine and Metabolic Conditions	Endocrine & Metabolic	5017, 6313-6315, 7900-7919
Rheumatologic Conditions	Rheumatologic	5021, 5025, 6350, 7117, 7124
Neurologic Conditions	Neurologic	6026, 6046, 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, 9312, 9326
Sleep Disorders	Sleep Disorders	6847, 8108
Behavioral Health	Behavioral Health	9201, 9208, 9210, 9211, 9400, 9403-9405, 9410-9413, 9416, 9417, 9421-9425, 9431-9435, 9440, 9520, 9521
Miscellaneous Conditions	Misc. Conditions	5011, 7019, 7122

Methods

POPULATION

The population for Section 1 is all active duty, Reserve Component or National Guard Service members in the Army, Navy, Marine Corps or Air Force, including both enlisted and officer ranks, who were evaluated by a PEB for a disability discharge pursuant to Chapter 61 of 10 U.S.C.[12] for the first time in FY 2023. The Air Force PEBs began processing Space Force PEB evaluations in 2021; however, at this time MSAR cannot distinguish between Air Force and Space Force records. Therefore, throughout this report Air Force results include PEB evaluations for both Airmen and Guardians.

This report focuses exclusively on initial PEB evaluations, which is different from previous DESAR Annual Reports that analyzed total evaluation workload, including initial evaluations and re-evaluations. By examining only initial evaluations, this report provides clearer insights into the demographic, service-related and medical characteristics of Service members referred for PEB evaluations as well as how PEBs handle these initial evaluations.

DATA SOURCES AND ELEMENTS

Disability Data

PEB data are provided to DESAR by each Service-specific PEB (U.S. Army Physical Disability Agency, Air Force Personnel Center, Secretary of the Navy Council of Review Board) and contain several key data elements regarding the PEB disability evaluation, including demographic and Service-related characteristics, date of PEB, VASRD codes, disability rating, disposition, disposition date, and combat-related determination.

Inter-service differences exist in the PEB data received by DESAR due to different data collection systems. For example, the Army and Navy sends all PEB disability evaluation records per Service member per year, while the Air Force sends only the most recent evaluation record per Service member per year.

Complementary Data Sources

In addition to disability data, DESAR has access to several data sources complementary to the PEB disability evaluations data to allow richer understanding of the demographic, service and medical backgrounds of Service members evaluated for disability discharge. For each of the datasets listed below, DESAR's access dates back to 1995, thus covering roughly 29 years of historical information on Service members evaluated by the PEB in 2023.

Application for Military Service

DESAR receives data on all applicants who undergo an accession medical examination at any of the 65 MEPS sites. These data, provided via the USMEPCOM Integrated Resource System 1.0 (USMIRS), contain demographic, medical, and administrative elements on enlisted applicants for each applicable component (active duty, Reserve Components, National Guard) of the Air Force, Army, Marine Corps, and Navy. The MEPS records provide extensive medical examination information, including date of examination, screening test results, medical qualification status, and, when applicable, medical DQs observed by or reported to MEPS physicians. A military applicant's medical qualification status is determined during the physical examination at MEPS per DoDI 6130.03 V1.[2]

Accession and Discharge Records

The Defense Manpower Data Center (DMDC) provides data on individuals entering military service (gain or accession) and all Service members separated from military service (loss or discharge). From these data, DESAR can examine important aspects of service history such as total service time prior to disability evaluation, which can play an important role in determining a disability disposition. Most notably, Service members determined to have a disabling condition after at least 20 years of service are entitled to permanent disability retirement benefits, regardless of degree of disability.[3] In addition, active duty Service members with at least 8 years of service are entitled to disability benefits even if the unfitting condition was related to a pre-service condition for which an accession medical was granted to enter Military Service.[3]

Hospitalization

To assess medical history prior to initial PEB evaluation, DESAR retrieves hospitalization records from the Military Health System Data Repository (MDR). These data include only hospitalizations for active duty Service members and eligible Reserves treated at an MTF. Only the primary diagnosis on admission listed in the Service member's hospitalization record was evaluated for the purposes of this report.

I. Initial PEB Evaluations

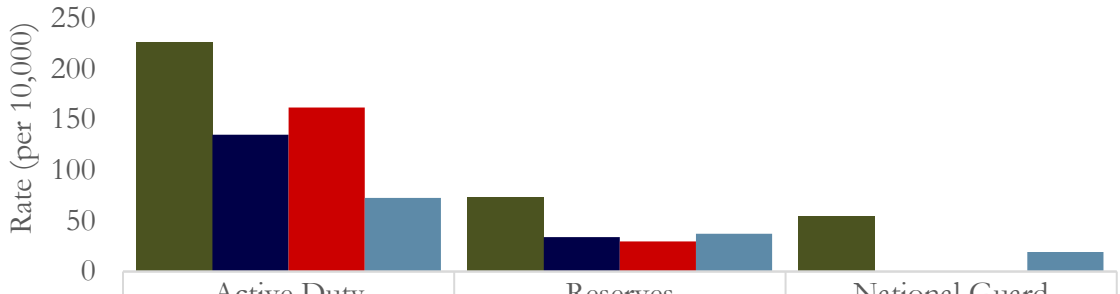
A. Baseline Metrics

This section describes rates of initial PEB evaluation across Services and components and offers a detailed profile of demographic and Service-related characteristics of Service members referred for an initial PEB evaluation. **Figure 1** describes initial PEB evaluation rates for FY 2023 by Service and component. PEB evaluation rates were calculated per 10,000 Service members and are based on the total number of Service members per Service as of September 30, 2023.

Figure 1 Key Findings

- The Army had the highest PEB evaluation rates (per 10,000 Soldiers) across all components – 227.7 for active duty, 74.0 for Reserves, and 54.6 for National Guard.
- The Navy (135 per 10,000 Sailors) and the Marine Corps (162 per 10,000 Marines) had a higher rate of disability for active personnel compared to the Air Force (73 per 10,000 Airmen) but these Services had lower rates for the Reserves compared to the Air Force.
- Inter-Service variations may reflect any of several important differences, including but not limited to, Service-specific disability evaluation processes[9,10,11] as well as occupational requirements and stressors.

Figure 1: Rate (per 10,000 Service members) of Initial PEB Evaluations by Service and Component, FY 2023



	Active Duty	Reserves	National Guard
Army	227.2	74.0	54.6
Navy	135.3	34.1	-
Marine Corps	162.2	29.7	-
Air Force	72.8	37.3	19.3

Table 2 presents Service-related and demographic characteristics for Service members initially evaluated by the PEB in FY 2023. Percentages provide information on the distribution of Service members across various categories, while rates provide the magnitude of initial PEB evaluations per 10,000 Service members within the relevant demographic categories. Any demographic characteristics, which were unavailable from PEB data, were supplemented through data collected from the Service member's application, accession, and discharge records.

Figure 2 presents the percentage distribution of completed time served (in years) prior to initial PEB evaluation, separately by Service. The time-served categories are based on total years completed. For instance, a Service member who served 1.4 years by their initial PEB evaluation were classified under the '1 year' category. Similarly, Service members in the '0 years' category completed less than a year prior to their initial PEB evaluation.

Table 2 & Figure 2 Key Findings

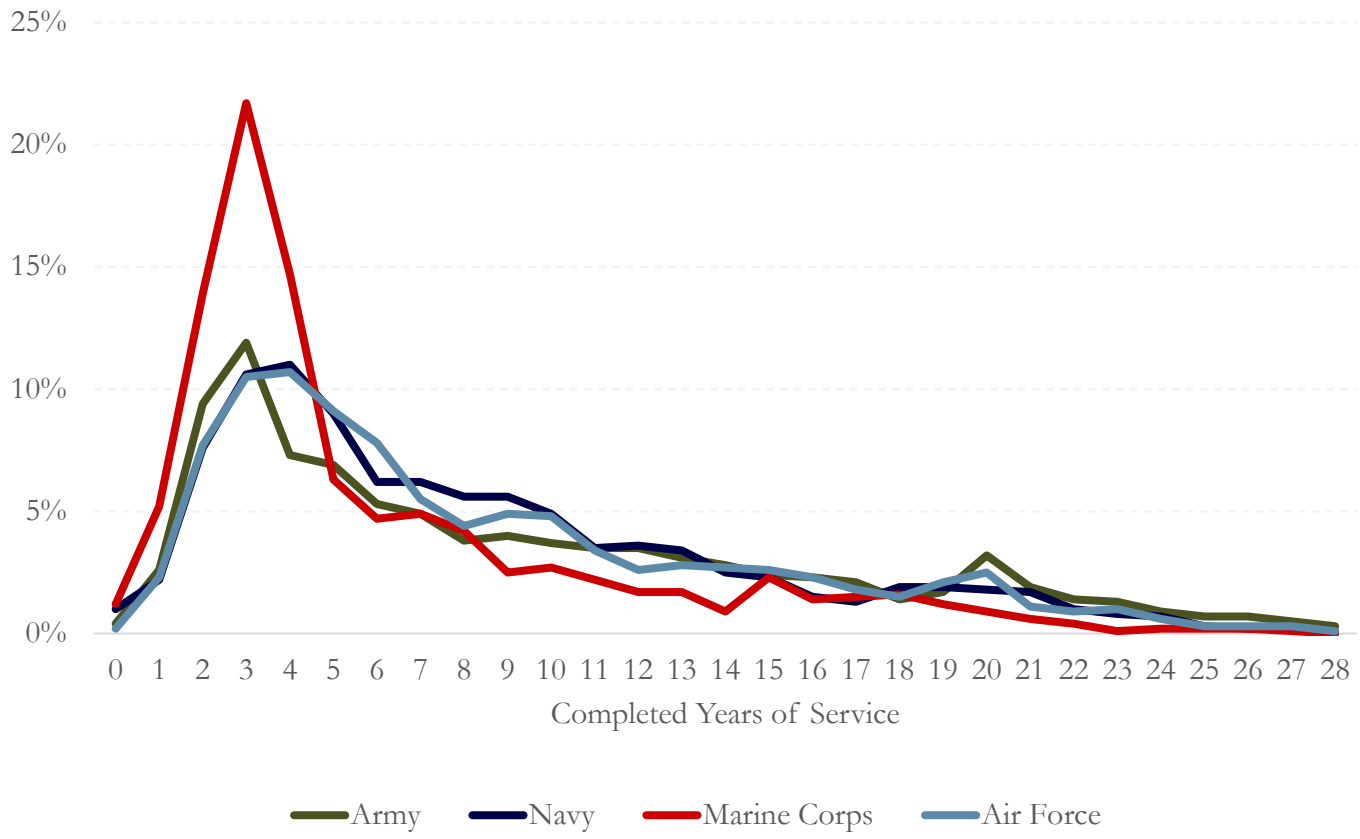
- Most Service members referred for an initial PEB evaluation were male (73%), aged 20-34 years (70%), or identified as White (64%). This distribution is generally consistent with the demographic composition of the total force.
- Overall PEB evaluation rates (per 10,000 Service members) differed by Service-related and demographic characteristics.
- Approximately 30% of initial PEB evaluations occurred in the first four years of Service for the Army, Navy and Air Force, whereas, about 57% of Marine Corps evaluations occurred in this time frame.

Table 2: Demographic Characteristics of Service Members Referred for an Initial PEB Evaluation by Service, FY 2023

Characteristics	DoD		Army		Navy		Marine Corps		Air Force	
	%	Rate[1]	%	Rate[1]	%	Rate[1]	%	Rate[1]	%	Rate[1]
Total Service Members	**26,521**		**14,899**		**5,219**		**3,391**		**3,012**	
Rank										
Enlisted	90.5	127.9	88.2	151.2	93.0	135.2	95.5	150.8	91.8	63.8
Officer	9.5	65.3	11.8	93.9	7.0	49.8	4.5	55.7	8.0	24.9
Missing	<0.1	-	<0.1	-	<0.1	-	<0.1	-	0.1	-
Sex										
Male	72.5	105.2	75.4	131.2	64.6	99.5	80.6	123.9	62.7	46.0
Female	27.3	166.3	24.6	183.7	35.4	197.5	19.4	306.6	34.9	87.9
Missing	0.3	-	<0.1	-	<0.1	-	<0.1	-	2.3	-
Race										
White	63.5	106.4	61.0	123.0	56.2	108.3	81.5	142.3	68.4	54.4
Black	21.8	147.2	24.7	174.7	21.8	145.4	12.0	150.5	18.6	72.7
Other	10.1	118.8	8.6	160.1	18.5	144.1	4.6	86.0	8.7	44.2
Missing	4.6	-	5.7	-	3.5	-	2.0	-	4.4	-
Age										
<25	26.5	81.4	21.3	79.8	24.7	83.8	52.7	115.9	25.7	49.3
25-34	43.3	139.3	41.8	161.0	50.2	156.3	36.2	200.2	46.5	67.3
34+	27.3	126.2	32.4	177.7	25.0	118.1	11.1	142.2	24.2	44.2
Missing	2.9	-	4.5	-	<0.1	-	<0.1	-	3.5	-

[1]Rate calculated per 10,000 Service members in the indicated demographic group in each relevant Service (e.g., Army males).

Figure 2: Completed Time in Service (Years) at Initial PEB Evaluation by Service, FY 2023



B. Unfitting Conditions

This section describes the medical nature of initial PEB evaluations, focusing on medical conditions which are "either singularly, collectively, or through combined effect, potentially unfitting."[3]

Tables 3A-D describe the percentage distribution and rate of initial PEB evaluations by medical category for each Service. Any given evaluation will be counted once in each relevant medical category, based on the VASRD codes appearing in the record. For example, a Service member with VASRD code(s) from both the 'Eyes' and the 'Heart' categories would be counted once in each categories. Hyphenated VASRDs (e.g., 8045-9411) may be assigned by the VA to accurately rate complex conditions where there is a primary condition and a related secondary condition caused by or related to the primary condition. To provide a comprehensive view of all conditions leading to an initial PEB evaluation, hyphenated VASRD codes were separated into individual components and counted as distinct conditions. All VASRD codes were deduplicated to ensure that each code appeared only once per evaluation, which removes any bilateral conditions.

Tables 4A-D detail the prevalence and rate of initial PEB evaluations for the most common unfitting conditions for each Service. Service members were counted once for each condition listed on their initial evaluation record.

Additionally, **Tables 3A-D** and **Tables 4A-D** examine the year-over-year change in evaluation percentages. For example, in FY 2023, the Navy had four (4) percentage point increase in initial PEB evaluations for Neurologic conditions and a four (4) percentage point decrease in PEB evaluations in Behavioral Health conditions compared to FY 2022. These results highlight short-term trends in medical conditions considered for disability benefits each year.

Tables 3A-D and 4A-D Key Findings

- In all Services, the six (6) leading medical categories considered in FY 2023 initial PEB evaluations were Behavioral Health, General Musculoskeletal (MSK), Lower Extremity, Neurologic, Spine and Sacroiliac Joint, and Upper Extremity.
    - All other medical categories were involved in less than 5% of initial PEB evaluations each.
- The percentages of initial PEB evaluations across most medical categories remained stable from FY 2022 to FY 2023, with two notable exceptions:
    - The percentage of Navy evaluations involving a Behavioral Health condition or Neurologic condition decreased by four (4) or five (5) percentage points, respectively. The percentage of Marine Corps evaluations involving a Neurologic condition decreased by four (4) percentage points.
- Post-traumatic stress disorder is the most frequently evaluated condition, involved in 18-24% of all initial PEB evaluations for the Army, Navy and Air Force. In the Marine Corps, musculoskeletal conditions comprised four out of the top five evaluated conditions.

Table 3A: Medical Categories Evaluated during Initial PEB Evaluations, Army, FY 2023

Army			
Medical Category	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
Behavioral Health	34.5	48.6	0.7
General MSK	33.9	47.9	1.1
Lower Extremity	29.0	41.0	-0.5
Neurologic	26.2	37.0	0.3
Spine & SI Joint	11.6	16.3	<0.1
Upper Extremity	11.3	15.9	<0.1
Abdominal & GI	2.4	3.5	-0.3
Endocrine & Metabolic	2.2	3.1	-0.4
Respiratory	2.0	2.8	0.2
Heart	1.9	2.7	-0.1
Skin & Soft Tissue	1.7	2.4	-0.2
Rheumatologic	1.6	2.3	-0.4
Vascular	1.3	1.9	-0.2
Sleep Disorders	1.3	1.8	0.3
Eyes/Vision	0.8	1.1	<0.1
Genital	0.8	1.1	<0.1
Urinary	0.8	1.2	-0.1
Ears/Hearing	0.7	1.0	<0.1
Blood	0.5	0.7	<0.1
Systemic	0.5	0.6	0.1
NSML	0.3	0.4	<0.1
Dental	0.1	0.1	<0.1
Misc. Conditions	0.1	0.1	0.1
Head/Neck	<0.1	<0.1	-0.1

[1] The percentage of initial PEB evaluations which involve at least one condition in the indicated Medical Category.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Soldiers.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).
[4] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 3B: Medical Categories Evaluated during Initial PEB Evaluations, Navy, FY 2023

Navy			
Medical Category	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
Behavioral Health	44.9	54.2	-4.2
Neurologic	19.8	23.9	4.1
General MSK	16.3	19.7	3.1
Lower Extremity	14.8	17.8	1.3
Spine & SI Joint	7.3	8.8	0.9
Upper Extremity	6.7	8.0	0.7
Abdominal & GI	4.3	5.2	0.4
Skin & Soft Tissue	2.7	3.3	1.0
Rheumatologic	2.3	2.8	0.3
Heart	1.9	2.3	0.4
Respiratory	1.9	2.3	0.7
Endocrine & Metabolic	1.8	2.2	-0.2
Genital	1.7	2.1	0.6
Vascular	1.6	2.0	0.1
Sleep Disorders	1.5	1.8	<0.1
Eyes/Vision	1.2	1.4	0.2
Urinary	1.1	1.3	0.1
Ears/Hearing	0.9	1.1	0.3
Blood	0.7	0.8	<0.1
NSML	0.2	0.3	<0.1
Systemic	0.2	0.3	<0.1
Dental	0.1	0.1	<0.1
Head/Neck	0.1	0.1	<0.1
Misc. Conditions	0.1	0.1	<0.1

[1] The percentage of initial PEB evaluations in the year that involve at least one condition in the indicated Medical Category.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Sailors.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).
[4] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 3C: Medical Categories Evaluated during Initial PEB Evaluations, Marine Corps, FY 2023

Marine Corps			
Medical Category	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
Lower Extremity	35.7	50.0	1.7
General MSK	27.7	38.7	-0.2
Neurologic	20.0	28.0	5.2
Behavioral Health	19.0	26.6	1.0
Upper Extremity	13.2	18.5	0.5
Spine & SI Joint	12.4	17.3	1.0
Abdominal & GI	3.0	4.2	-0.2
Respiratory	2.3	3.3	0.1
Skin & Soft Tissue	1.6	2.2	0.3
Heart	1.5	2.1	0.6
Genital	1.3	1.8	0.3
Eyes/Vision	1.1	1.5	0.5
Sleep Disorders	1.1	1.5	0.4
Endocrine & Metabolic	1.0	1.4	<0.1
Rheumatologic	1.0	1.4	0.1
Urinary	0.9	1.3	0.1
Vascular	0.9	1.3	0.2
Blood	0.7	1.0	0.1
Ears/Hearing	0.5	0.7	0.3
NSML	0.4	0.5	0.3
Systemic	0.1	0.2	-0.1
Dental	0.1	0.1	0.1
Head/Neck	0.1	0.1	<0.1
Misc. Conditions	<0.1	<0.1	<0.1

[1] The percentage of initial PEB evaluations in the year that involve at least one condition in the indicated Medical Category.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Marines.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).
[4] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 3D: Medical Categories Evaluated during Initial PEB Evaluations, Air Force, FY 2023

Air Force			
Medical Category	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
Behavioral Health	47.1	26.7	2.8
Neurologic	23.8	13.5	1.3
General MSK	14.4	8.2	1.5
Lower Extremity	10.5	6.0	0.8
Spine & SI Joint	8.3	4.7	-0.7
Upper Extremity	4.8	2.8	0.4
Abdominal & GI	4.4	2.5	-0.4
Skin & Soft Tissue	3.4	1.9	-0.7
Respiratory	3.2	1.8	-0.3
Heart	3.1	1.8	-0.3
Rheumatologic	3.0.	1.7	<0.1
Endocrine & Metabolic	2.2	1.2	-0.2
Sleep Disorders	1.5	0.8	0.1
Vascular	1.4	0.8	-0.4
Eyes/Vision	1.2	0.7	0.1
Ears/Hearing	1.1	0.6	<0.1
Urinary	1.1	0.6	<0.1
Blood	1.1	0.6	<0.1
Genital	0.9	0.5	0.1
NSML	0.3	0.2	-0.1
Systemic	0.3	0.2	-0.3
Dental	0.1	0.1	<0.1
Head/Neck	<0.1	<0.1	<0.1
Misc. Conditions	<0.1	<0.1	<0.1

[1] The percentage of initial PEB evaluations in the year that involve at least one condition in the indicated Medical Category.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Airmen.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).
[4] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 4A: Leading Unfitting Conditions Evaluated during Initial PEB Evaluations, Army, FY 2023

Army			
Unfitting Conditions	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
9411: Post-traumatic stress disorder	22.6	31.9	0.7
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	14.9	21.0	1.5
5260: Leg, limitation of flexion of	10.7	15.1	0.1
5243: Intervertebral disc syndrome	10.6	14.9	-0.9
8520: Sciatic nerve, paralysis of	9.9	14.0	-0.2
5201: Arm, limitation of motion of	8.3	11.8	-0.2
5237: Lumbosacral or cervical strain	8.3	11.7	-0.2
5252: Thigh, limitation of flexion of	7.8	11.1	<0.1
5253: Thigh, impairment of	7.1	10.1	<0.1
8045: Residuals of Traumatic Brain Injury (TBI)	7.1	10.0	0.7

[1] The percentage of initial PEB evaluations in the year that involve the indicated unfitting condition.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Soldiers.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).

Table 4B: Leading Unfitting Conditions Evaluated during Initial PEB Evaluations, Navy, FY 2023

Navy			
Unfitting Conditions	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
9411: Post-traumatic stress disorder	18.4	22.2	-2.8
9434: Major depressive disorder	12.1	14.7	-2.2
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	7.8	9.4	2.6
5260: Leg, limitation of flexion of	6.0	7.2	0.1
8520: Sciatic nerve, paralysis of	5.1	6.1	2.9
8100: Migraine	4.9	5.9	0.1
5237: Lumbosacral or cervical strain	4.8	5.8	0.4
5243: Intervertebral disc syndrome	4.5	5.5	0.8
5201: Arm, limitation of motion of	4.3	5.3	0.2
8045: Residuals of TBI	3.8	4.6	0.6

[1] The percentage of initial PEB evaluations in the year that involve the indicated unfitting condition.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Sailors.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).

Table 4C: Leading Unfitting Conditions Evaluated during Initial PEB Evaluations, Marine Corps, FY2023

Marine Corps			
Unfitting Conditions	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
5260: Leg, limitation of flexion of	12.6	17.7	0.1
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	11.0	15.4	0.2
5201: Arm, limitation of motion of	10.0	14.0	1.0
9411: Post-traumatic stress disorder	9.3	13.1	1.0
5252: Thigh, limitation of flexion of	9.3	13.1	0.5
5237: Lumbosacral or cervical strain	8.7	12.2	1.3
8520: Sciatic nerve, paralysis of	6.8	9.5	3.8
5243: Intervertebral disc syndrome	6.5	9.1	-0.1
5253: Thigh, impairment of	6.5	9.1	1.1
5024: Tenosynovitis, tendinitis, tendinosis or tendinopathy	6.5	9.1	0.4

[1] The percentage of initial PEB evaluations in the year that involve the indicated unfitting condition.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Marines.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %).

Table 4D: Leading Unfitting Conditions Evaluated during Initial PEB Evaluations, Air Force, FY2023

Air Force			
Unfitting Conditions	**%[1]**	**Rate[2]**	**1 yr %Δ[3]**
9411: Post-traumatic stress disorder	23.5	13.3	1.9
9434: Major depressive disorder	12.8	7.3	1.3
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	7.4	4.2	0.7
8100: Migraine	6.8	3.8	0.4
8520: Sciatic nerve, paralysis of	5.7	3.2	0.5
5243: Intervertebral disc syndrome	5.6	3.2	1.0
5237: Lumbosacral or cervical strain	5.1	2.9	-0.1
9432: Bipolar disorder	3.8	2.1	0.2
5260: Leg, limitation of flexion of	3.6	2.0	0.9
8045: Residuals of TBI	3.5	2.0	0.5

[1] The percentage of initial PEB evaluations in the year that involve the indicated unfitting condition.
[2] The rate of initial PEB evaluations involving at least one condition in the indicated medical category, per 10,000 Airmen.
[3] The absolute change in evaluation percentage relative to prior year (i.e., current year % - prior year %)

Tables 5A-D outline time from accession until initial PEB evaluation for each medical category by Service. Time categories were generally based on significant milestones in a Service member's career progression. The first-time category, 0-2 years, represents training period,[15] while 2-4 years covers the period from post-training to completion of the first term of service. Years 4-6 and 6-8 correspond to the end of a Service member's initial military service obligation,[16] or the first term for those who signed a 5 to 6 year contract. After 8 years of service, all unfitting conditions are presumed connected to Service, regardless of whether the conditions existed prior to Service.[3] After 20 years, Service members qualify for permanent disability retirement benefits regardless of their disability rating.[3] In the following tables, if a Service member's initial PEB evaluation includes multiple medical conditions across different medical categories, the Service member will be counted once per medical category.

Tables 5A-D Key Findings

- The percentages of initial PEB evaluations involving Lower Extremity conditions were highest in the first two years of service and decreased as service time increased. Conversely, the percentage of initial PEB evaluations involving General MSK conditions was low early in service but increased across the time categories.
    - This could reflect the progression from musculoskeletal injuries early in service to chronic musculoskeletal issues, such as degenerative arthritis, later in service.
- Similar to General MSK, the percentages of initial PEB evaluations involving Neurologic conditions increased with more time in service.
    - This is most notable for the Army and Marine Corps, where Neurologic conditions were involved in less than 20% of PEB evaluations within the first 2 years of service but were involved in approximately 40% of all initial PEB evaluations occurring after 20 years of service.

Table 5A: Medical Categories of Initial PEB Evaluations by Time in Service, Army, FY 2023

Army						
Medical Category	**0-2 years**	**2-4 years**	**4-6 years**	**6-8 years**	**8-20 years**	**20+ years**
	%[1]	**%[1]**	**%[1]**	**%[1]**	**%[1]**	**%[1]**
Head/Neck	0.2	<0.1	<0.1	<0.1	0.1	<0.1
Eyes/Vision	0.7	0.8	0.9	0.5	0.7	1.2
Ears/Hearing	0.7	0.6	0.4	0.4	0.8	1.0
NSML	0.2	0.2	0.3	0.2	0.3	0.3
Dental	0.2	0.1	0.2	0.1	0.1	0.1
Respiratory	2.1	2.3	1.9	1.7	1.9	1.8
Heart	2.1	1.7	1.4	1.4	2.1	2.3
Abdominal & GI	3.2	2.2	1.9	2.8	2.5	3.0
Genital	<0.1	0.8	1.1	0.7	1.0	0.4
Urinary	0.9	0.7	0.6	0.3	0.7	1.8
Spine & SI Joint	6.7	9.4	10.8	11.6	12.9	12.0
Upper Extremity	6.4	9.4	10.2	10.8	11.6	14.9
Lower Extremity	36.1	35.8	31.2	30.2	25.4	24.6
General MSK	16.3	25.3	28.8	30.6	37.5	49.1
Vascular	0.7	0.8	0.8	1.0	1.7	2.2
Skin & Soft Tissue	2.5	1.6	2.0	2.0	1.6	1.8
Blood	0.5	0.8	0.3	0.3	0.5	0.3
Systemic	0.7	0.5	0.5	0.5	0.4	0.2
Endocrine & Metabolic	2.5	1.1	1.3	1.1	2.5	4.1
Rheumatologic	0.9	1.6	1.6	1.7	1.4	2.5
Neurologic	16.1	18.1	20.9	23.1	29.7	39.6
Sleep Disorders	0.2	1.2	0.8	1.1	1.4	1.9
Behavioral Health	32.0	27.2	30.3	31.7	38.3	41.4
Misc. Conditions	0.5	0.1	<0.1	0.1	0.1	<0.1

[1] The percentage of initial PEB evaluations within a given timeframe that involve at least one condition in the indicated medical category.
[2] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 5B: Medical Categories of Initial PEB Evaluations by Time in Service, Navy, FY 2023

Navy						
Medical Category	**0-2 years**	**2-4 years**	**4-6 years**	**6-8 years**	**8-20 years**	**20+ years**
	%[1]	**%[1]**	**%[1]**	**%[1]**	**%[1]**	**%[1]**
Head/Neck	<0.1	<0.1	<0.1	<0.1	0.1	<0.1
Eyes/Vision	1.2	0.9	0.6	1.4	1.6	1.4
Ears/Hearing	1.8	0.5	0.9	0.8	1.2	0.8
NSML	0.6	0.2	0.2	0.2	0.3	0.3
Dental	<0.1	0.1	0.1	0.2	0.1	<0.1
Respiratory	2.4	1.6	2.0	1.5	2.2	2.0
Heart	4.8	1.5	1.4	1.5	2.0	2.8
Abdominal & GI	6.0	4.0	5.0	4.2	3.5	6.1
Genital	<0.1	1.9	1.7	1.5	1.7	3.1
Urinary	<0.1	1.1	0.9	1.1	1.3	1.7
Spine & SI Joint	3.6	5.4	6.3	8.3	8.6	8.7
Upper Extremity	3.6	5.5	7.6	6.2	7.3	7.3
Lower Extremity	15.5	16.1	15.9	15.0	13.8	13.7
General MSK	8.3	11.4	14.4	14.8	19.8	24.6
Vascular	0.6	0.6	1.0	1.5	2.1	4.5
Skin & Soft Tissue	1.2	2.7	2.9	3.7	2.6	2.0
Blood	0.6	0.6	0.3	0.8	0.9	1.1
Systemic	<0.1	0.2	0.3	0.6	0.2	<0.1
Endocrine & Metabolic	2.4	0.8	1.2	1.5	2.4	2.0
Rheumatologic	1.8	1.7	1.8	2.2	3.2	1.4
Neurologic	16.1	16.8	18.6	20.5	22.2	21.2
Sleep Disorders	<0.1	0.8	1.1	1.9	1.9	1.7
Behavioral Health	38.1	47.7	48.8	49.2	42.7	33.8
Misc. Conditions	<0.1	0.1	<0.1	<0.1	0.1	0.3

[1]The percentage of initial PEB evaluations within a given timeframe that involve at least one condition in the indicated medical category.
[2] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 5C: Medical Categories of Initial PEB Evaluations by Time in Service, Marine Corps, FY 2023

Marine Corps						
Medical Category	**0-2 years**	**2-4 years**	**4-6 years**	**6-8 years**	**8-20 years**	**20+ years**
	%[1]	**%[1]**	**%[1]**	**%[1]**	**%[1]**	**%[1]**
Head/Neck	<0.1	0.1	<0.1	<0.1	0.1	<0.1
Eyes/Vision	1.4	0.8	1.4	0.3	1.5	1.1
Ears/Hearing	0.9	0.3	0.6	0.3	0.4	1.1
NSML	<0.1	0.2	0.6	0.3	0.6	<0.1
Dental	<0.1	0.1	0.1	<0.1	0.1	<0.1
Respiratory	1.8	2.6	2.4	1.5	2.5	2.2
Heart	1.8	1.4	2.2	1.8	1.1	<0.1
Abdominal & GI	3.7	2.4	3.9	1.5	3.2	6.5
Genital	0.5	1.3	1.7	1.2	1.2	<0.1
Urinary	0.5	0.8	1.1	1.5	0.9	1.1
Spine & SI Joint	1.8	11.4	12.0	15.4	15.5	14.1
Upper Extremity	7.4	13.5	12.0	15.4	14.1	15.2
Lower Extremity	46.1	38.6	38.5	35.7	28.3	22.8
General MSK	7.8	23.6	29.0	30.5	35.3	39.1
Vascular	0.5	0.5	0.3	0.6	2.3	1.1
Skin & Soft Tissue	0.5	1.3	1.8	1.5	2.0	2.2
Blood	1.4	0.3	1.1	0.6	0.7	1.1
Systemic	<0.1	0.2	0.1	<0.1	0.1	<0.1
Endocrine & Metabolic	2.3	0.7	1.3	0.6	1.4	<0.1
Rheumatologic	0.5	0.8	0.6	1.8	1.2	3.3
Neurologic	10.1	14.4	18.5	18.8	30.5	40.2
Sleep Disorders	0.5	0.9	0.6	1.5	1.7	<0.1
Behavioral Health	18.4	16.3	13.7	19.7	26.1	28.3
Misc. Conditions	0.5	<0.1	<0.1	<0.1	<0.1	<0.1

[1]The percentage of initial PEB evaluations within a given timeframe that involve at least one condition in the indicated medical category.
[2] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Table 5D: Medical Categories of Initial PEB Evaluations by Time in Service, Air Force, FY 2023

Air Force						
Medical Category	**0-2 years**	**2-4 years**	**4-6 years**	**6-8 years**	**8-20 years**	**20+ years**
	%[1]	**%[1]**	**%[1]**	**%[1]**	**%[1]**	**%[1]**
Head/Neck	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1
Eyes/Vision	1.3	0.7	0.7	1.2	1.4	1.4
Ears/Hearing	<0.1	1.5	0.7	0.7	1.1	1.9
NSML	1.3	0.4	0.3	<0.1	0.3	<0.1
Dental	<0.1	<0.1	0.2	0.2	0.1	<0.1
Respiratory	2.6	3.5	3.2	3.5	3.0	2.4
Heart	3.9	3.7	2.7	2.5	2.9	3.8
Abdominal & GI	7.9	3.3	4.0	5.2	4.4	4.2
Genital	<0.1	0.2	0.3	1.7	0.9	2.8
Urinary	1.3	1.3	0.3	<0.1	1.2	1.9
Spine & SI Joint	7.9	8.4	6.9	9.7	8.7	9.0
Upper Extremity	3.9	4.0	6.0	5.0	4.4	6.6
Lower Extremity	7.9	9.9	12.4	8.5	11.0	9.9
General MSK	3.9	8.8	10.9	13.2	18.6	21.7
Vascular	3.9	0.4	1.7	1.5	1.7	1.4
Skin & Soft Tissue	1.3	2.6	4.9	3.0	3.4	3.3
Blood	1.3	0.9	0.5	1.7	1.2	<0.1
Systemic	<0.1	0.5	0.2	0.2	0.4	0.5
Endocrine & Metabolic	<0.1	1.6	1.5	3.2	2.0	3.3
Rheumatologic	2.6	1.5	3.4	3.2	2.9	7.1
Neurologic	19.7	20.8	22.8	25.9	24.2	29.7
Sleep Disorders	<0.1	1.6	1.5	1.5	1.3	2.4
Behavioral Health	55.3	49.5	49.9	49.3	45.1	42.9
Misc. Conditions	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1

[1]The percentage of initial PEB evaluations within a given timeframe that involve at least one condition in the indicated medical category.
[2] NSML: Nose, Sinus, Mouth and Larynx; GI: Gastrointestinal; SI: Sacroiliac; MSK: Musculoskeletal; Misc: Miscellaneous

Tables 6A-D present dispositions and the median assigned disability rating associated with disability discharge given to first-time PEB evaluated Service members in FY 2023 and compared to FY 2022 (1 year percentage point change) by medical category. Evaluations assigned a fit or limited duty disposition were excluded because these Service members were deemed medically retainable and, therefore, did not receive VASRD codes and disability ratings.

Tables 6A-D Key Findings

- Initial dispositions were predominantly PDRL for almost all medical categories and Services.
    - The Army had the highest percentage of PDRL placement for 13 out of the 24 medical categories, while the Marine Corps had the highest percentage of SWSP for 18 out of the 24 medical categories.
- The Marine Corps had lower median assigned disability ratings than the other Services across almost all medical categories.
- Initial PEB evaluations involving a Heart (30-40%), Abdominal and GI (30%), or a Lower Extremity (20-40%) condition received the lowest median disability ratings.
- Initial PEB evaluations involving a Behavioral Health condition had the highest median ratings (70%) and the highest percentage of TDRL placements (50-59%).
    - These findings are in alignment with 38 U.S.C. 1155[17] and DoDI 1332.18[3] policy requiring placement on the TDRL at a disability rating of 50% or greater for Service members with unfitting, unstable behavioral health conditions which developed due to a stressful event during active duty.

Table 6A: Dispositions Among Initial PEB Evaluations by Medical Category, Army, FY 2023

Army									
Medical Category	Initial Evaluation Dispositions								Median Assigned Rating
	PDRL		TDRL		SWSP		SWODDB		
	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	
Head/Neck[3]	60.0	-10.0	40.0	30.0	<0.1	-10.0	<0.1	-10.0	60
Eyes/Vision	72.7	-2.9	7.4	3.2	14.9	1.4	2.5	-3.4	60
Ears/Hearing	56.9	4.1	10.8	-0.3	21.6	-5.3	<0.1	<0.1	40
NSML	77.5	10.8	<0.1	-7.8	22.5	4.9	<0.1	<0.1	40
Dental[3]	78.6	-0.3	<0.1	<0.1	21.4	5.6	<0.1	-5.3	55
Respiratory	83.3	3.8	3.7	-3.9	9.5	-0.9	1.7	1.0	40
Heart	69.6	4.0	2.8	-4.6	21.7	-0.5	1.0	-0.9	30
Abdominal & GI	75.3	1.6	4.1	-3.2	17.8	2.8	0.8	-0.3	30
Genital	45.4	-1.5	7.6	-4.0	46.2	6.2	<0.1	<0.1	30
Urinary	68.3	-2.6	11.1	4.2	15.9	-2.2	0.8	-1.3	70
Spine & SI Joint	70.1	0.5	5.8	-0.9	22.2	-0.2	0.3	0.1	40
Upper Extremity	65.7	0.4	5.8	0.2	26.4	-0.8	0.4	<0.1	40
Lower Extremity	50.9	0.4	4.8	-0.4	42.5	-0.2	0.2	<0.1	30
General MSK	68.9	0.5	5.6	-1.3	23.9	0.8	0.1	-0.1	40
Vascular	72.2	0.6	4.0	-1.6	18.7	2.3	1.0	-0.7	50
Skin & Soft Tissue	78.2	5.0	4.3	-1.7	14.4	-2.3	1.2	-1.2	60
Blood	46.7	-10.1	26.7	3.7	14.7	1.2	6.7	1.3	60
Systemic	64.7	17.1	5.9	-8.4	27.9	-7.0	<0.1	-1.6	60
Endocrine & Metabolic	66.3	4.0	6.3	0.8	19.0	-2.6	0.3	-0.2	40
Rheumatologic	78.5	2.5	11.6	-4.0	9.1	1.3	<0.1	<0.1	50
Neurologic	74.9	0.8	18.2	0.3	5.6	-1.2	0.3	<0.1	50
Sleep Disorders	76.8	-3.2	7.4	-0.4	12.1	-0.2	0.5	0.5	50
Behavioral Health	48.6	-0.7	49.7	0.5	0.4	-0.1	0.2	-0.1	70
Misc. Conditions[3]	72.7	-27.3	<0.1	<0.1	27.3	27.3	<0.1	<0.1	50

[1]The percentage of initial PEB evaluations within each medical category that resulted in the indicated disposition. Note that the percentages in a single row (i.e., for a specific medical category) may not sum to 100%, as some dispositions, such as "Fit/Limited Duty", do not receive VASRD codes are therefore not shown.

[2]The absolute change in percentage of evaluations in the medical category having the indicated disposition relative to prior year (i.e., current year % - prior year %).

[3]Percentage distributions are based on relatively small numbers.

Table 6B: Dispositions Among Initial PEB Evaluations by Medical Category, Navy, FY 2023

Navy									
Medical Category	Initial Evaluation Dispositions								Median Assigned Rating
	PDRL		TDRL		SWSP		SWODDB		
	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	
Head/Neck[3]	100	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	80
Eyes/Vision	75.8	25.8	8.1	-4.4	16.1	-19.3	<0.1	<0.1	50
Ears/Hearing	61.2	-5.5	16.3	3.0	22.4	5.8	<0.1	<0.1	50
NSML[3]	30.8	-29.2	38.5	38.5	30.8	-9.2	<0.1	<0.1	50
Dental[3]	60.0	-25.7	20.0	5.7	20.0	20	<0.1	<0.1	60
Respiratory	69.0	0.7	16.0	-5.7	14.0	4.0	<0.1	<0.1	50
Heart	55.4	10.4	12.9	-6.8	30.7	-4.5	<0.1	<0.1	40
Abdominal & GI	68.9	12.6	9.3	-19.6	20.0	5.8	<0.1	<0.1	30
Genital	47.3	7.6	19.8	-10.4	31.9	1.7	<0.1	<0.1	50
Urinary	71.9	7.3	10.5	-12.4	15.8	7.5	<0.1	<0.1	80
Spine & SI Joint	72.4	11.1	8.9	-10.2	18.4	-1.1	<0.1	<0.1	40
Upper Extremity	60.1	9.4	9.2	-4.8	30.7	-4.3	<0.1	<0.1	40
Lower Extremity	48.0	11	9.3	-2.4	41.8	-8.9	<0.1	<0.1	30
General MSK	64.9	7.7	12.3	0.3	22.3	-8.0	<0.1	<0.1	40
Vascular	68.2	2	9.4	-4.7	21.2	1.5	<0.1	<0.1	60
Skin & Soft Tissue	75.2	11.3	10.6	-12.3	12.8	0.7	<0.1	<0.1	60
Blood[3]	41.7	-3.8	47.2	4.8	8.3	-3.8	<0.1	<0.1	100
Systemic[3]	83.3	38.9	8.3	8.3	8.3	-47.2	<0.1	<0.1	50
Endocrine & Metabolic	41.9	6.5	25.8	-6.5	29.0	-2.3	<0.1	<0.1	40
Rheumatologic	76	9.4	12.4	-12.6	11.6	3.3	<0.1	<0.1	40
Neurologic	67.1	11	22.1	-10.9	10.0	-0.2	<0.1	<0.1	50
Sleep Disorders	77.9	17.4	11.7	-3.8	9.1	-14.9	<0.1	<0.1	50
Behavioral Health	46.4	8.2	52.3	-8.3	0.9	0.1	<0.1	<0.1	70
Misc. Conditions[3]	100	33.3	<0.1	-33.3	<0.1	<0.1	<0.1	<0.1	75

[1]The percentage of initial PEB evaluations within each medical category that resulted in the indicated disposition. Note that the percentages in a single row (i.e., for a specific medical category) may not sum to 100%, as some dispositions, such as "Fit/Limited Duty", do not receive VASRD codes are therefore not shown.

[2]The absolute change in percentage of evaluations in the medical category having the indicated disposition relative to prior year (i.e., current year % - prior year %).

[3]Percentage distributions are based on relatively small numbers.

Table 6C: Dispositions Among Initial PEB Evaluations by Medical Category, Marine Corps, FY 2023

Marine Corps									
Medical Category	Initial Evaluation Dispositions								Median Assigned Rating
	PDRL		TDRL		SWSP		SWODDB		
	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	
Head/Neck[3]	100.0	50.0	<0.1	<0.1	<0.1	-50.0	<0.1	<0.1	95
Eyes/Vision	70.3	27.4	16.2	-7.6	13.5	-19.8	<0.1	<0.1	40
Ears/Hearing[3]	62.5	5.4	6.3	-36.6	31.3	31.3	<0.1	<0.1	35
NSML[3]	33.3	13.3	33.3	13.3	33.3	-26.7	<0.1	<0.1	55
Dental[3]	100.0	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	40
Respiratory	72.2	12.2	15.2	-12.8	12.7	0.7	<0.1	<0.1	30
Heart	42.3	-4.6	15.4	-3.4	40.4	6.0	<0.1	<0.1	30
Abdominal & GI	58.8	11.2	16.7	-8.6	24.5	-2.6	<0.1	<0.1	30
Genital	39.5	10.1	9.3	6.4	51.2	-16.5	<0.1	<0.1	20
Urinary	43.8	-25.5	9.4	1.7	46.9	23.8	<0.1	<0.1	30
Spine & SI Joint	63.0	12.5	6.4	-4.2	30.1	-8.3	<0.1	<0.1	40
Upper Extremity	49.2	0.4	7.4	1.3	42.5	-1.4	<0.1	<0.1	30
Lower Extremity	35.0	5.0	6.0	1.0	58.7	-5.3	<0.1	<0.1	20
General MSK	58.5	9.5	5.3	-3.1	35.7	-6.4	<0.1	<0.1	40
Vascular	61.3	25.3	<0.1	-16.0	38.7	-9.3	<0.1	<0.1	30
Skin & Soft Tissue	64.2	7.3	7.5	-12.9	28.3	5.6	<0.1	<0.1	40
Blood[3]	25.0	-22.6	50.0	2.4	20.8	16.1	<0.1	<0.1	60
Systemic[3]	60.0	-2.5	<0.1	-12.5	40.0	15.0	<0.1	<0.1	70
Endocrine & Metabolic	28.6	2.9	25.7	2.9	45.7	-5.7	<0.1	<0.1	30
Rheumatologic	76.5	19.8	5.9	-14.1	17.6	-5.7	<0.1	<0.1	40
Neurologic	66.9	11.1	20.9	-4.9	11.8	-5.8	<0.1	<0.1	50
Sleep Disorders	61.1	19.4	11.1	-13.9	27.8	-5.6	<0.1	<0.1	45
Behavioral Health	42.9	3.3	56.5	-2.9	0.5	<0.1	<0.1	<0.1	70
Misc. Conditions[3]	100.0	100.0	<0.1	-100.0	<0.1	<0.1	<0.1	<0.1	30

[1]The percentage of initial PEB evaluations within each medical category that resulted in the indicated disposition. Note that the percentages in a single row (i.e., for a specific medical category) may not sum to 100%, as some dispositions, such as "Fit/Limited Duty", do not receive VASRD codes are therefore not shown.

[2] The absolute change in percentage of evaluations in the medical category having the indicated disposition relative to prior year (i.e., current year % - prior year %).

[3]Percentage distributions are based on relatively small numbers.

Table 6D: Dispositions Among Initial PEB Evaluations by Medical Category, Air Force, FY 2023

Air Force									
Medical Category	Initial Evaluation Dispositions								Median Assigned Rating
	PDRL		TDRL		SWSP		SWODDB		
	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	%[1]	1 yr Δ[2]	
Head/Neck[3]	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	-
Eyes/Vision	74.3	24.3	11.4	11.4	8.6	-16.4	<0.1	-7.1	60
Ears/Hearing	79.4	-2.1	8.8	8.8	8.8	-9.7	<0.1	<0.1	60
NSML[3]	77.8	14.1	22.2	22.2	<0.1	-36.4	<0.1	<0.1	80
Dental[3]	100.0	33.3	<0.1	<0.1	<0.1	-33.3	<0.1	<0.1	40
Respiratory	66.7	-3.7	17.7	10.0	9.4	0.6	<0.1	<0.1	60
Heart	56.4	5.2	10.6	2.5	19.1	-7.6	1.1	-0.1	40
Abdominal & GI	72.2	4.7	11.3	-1.7	11.3	2.3	<0.1	-0.8	30
Genital[3]	50.0	-7.1	17.9	-1.2	21.4	2.4	<0.1	<0.1	70
Urinary[3]	62.5	-7.9	12.5	5.1	9.4	2.0	<0.1	<0.1	90
Spine & SI Joint	69.6	-3.2	10.0	4.8	13.2	-0.6	0.4	0.4	50
Upper Extremity	77.4	0.2	6.2	-0.9	12.3	3.6	<0.1	<0.1	60
Lower Extremity	58.0	-2.0	7.9	0.2	30.0	2.5	0.3	0.3	40
General MSK	68.7	-0.4	7.6	-1.8	14.3	3.3	<0.1	<0.1	50
Vascular	51.2	-2.0	7.0	0.6	20.9	1.8	<0.1	-2.1	55
Skin & Soft Tissue	73.3	-7.9	5.9	1.2	17.8	7.4	<0.1	<0.1	60
Blood[3]	40.6	6.1	18.8	-1.9	9.4	5.9	3.1	-10.7	60
Systemic[3]	40.0	-10.0	<0.1	-12.5	40.0	2.5	<0.1	<0.1	40
Endocrine & Metabolic	27.3	-12.1	24.2	9.5	19.7	<0.1	<0.1	<0.1	50
Rheumatologic	68.9	-12.9	20.0	8.3	5.6	3.0	<0.1	<0.1	80
Neurologic	68.7	-0.1	20.2	0.9	4.6	-1.6	0.4	-0.1	60
Sleep Disorders	70.5	-3.8	13.6	7.9	6.8	-1.8	<0.1	<0.1	60
Behavioral Health	36.4	-2.7	58.8	3.5	0.3	-0.2	0.1	-0.3	70
Misc. Conditions[3]	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	<0.1	-

[1]The percentage of initial PEB evaluations within each medical category that resulted in the indicated disposition. Note that the percentages in a single row (i.e., for a specific medical category) may not sum to 100%, as some dispositions, such as "Fit/Limited Duty", do not receive VASRD codes are therefore not shown.

[2]The absolute change in percentage of evaluations in the medical category having the indicated disposition relative to prior year (i.e., current year % - prior year %).

[3]Percentage distributions are based on relatively small numbers.

C. Temporary Disability Retirement List (TDRL)

The PEB places a Service member on the TDRL when their unfitting condition is not sufficiently stable to allow accurate disability rating. Once on the TDRL, the Service member is re-evaluated every 6-18 months for up to three years.[3]

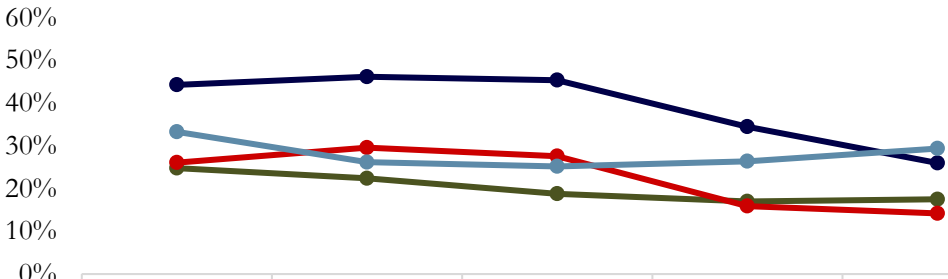
Figure 3 depicts the percentage of initial PEB evaluations assigned a 'placement on the TDRL' disposition, by Service and fiscal year from FY 2019 to FY 2023.

Table 7 presents the percentage of FY 2023 initial PEB evaluations which resulted in a 'placement on the TDRL' disposition per medical category and Service. Each Service member is counted only once per medical category but can be included in more than one medical category if evaluated for more than one medical condition across different medical categories. **Table 8** presents the top five unfitting conditions among initial PEB evaluations which resulted in a TDRL placement for each Service.

Figure 3 & Tables 7-8 Key Findings

- From FY2019-2023, approximately 24% of all initial PEB evaluations resulted in TDRL placement, ranging from 20% of Army evaluations to 37% of Navy evaluations.
    - The noticeable decrease in initial TDRL placements from FY 2021 to FY 2022 in the Navy and Marine Corps could be related to updated Limited Duty policies beginning in December 2020.[4]
- For all Services, an overwhelming percentage of initial PEB evaluations resulting in a TDRL disposition involved a Behavioral Health condition (98% for Soldiers, over 90% for Sailors and Airmen, and 76% for Marines).
- In all Services, PTSD, major depressive disorder and residuals of TBI were the most common unfitting conditions involved in initial TDRL placements.
    - The behavioral health findings are in alignment with 38 U.S.C. 1155[17] and DoDI 1332.18[3] policy requiring placement on the TDRL for Service members with unfitting behavioral health conditions which developed due to a stressful event during active duty.
    - These findings are also in alignment with the well-documented association between TBI and Behavioral Health conditions.[18, 19, 20]

Figure 3: TDRL Placement Among Initial PEB Evaluations by Service, FY 2019-2023



	2019	2020	2021	2022	2023
Army	24.8%	22.4%	18.8%	17.0%	17.5%
Navy	44.3%	46.2%	45.4%	34.5%	26.0%
Marine Corps	26.1%	29.6%	27.6%	15.9%	14.2%
Air Force	33.3%	26.2%	25.2%	26.4%	29.4%

Table 7: Medical Categories Among TDRL Placements, by Service, FY 2023

Medical Category	Army	Navy	Marine Corps	Air Force
	%[1]	%[1]	%[1]	%[1]
Head/Neck	0.1	<0.1	<0.1	<0.1
Eyes/Vision	0.3	0.4	1.3	0.5
Ears/Hearing	0.4	0.6	0.2	0.3
NSML	<0.1	0.4	0.8	0.2
Dental	<0.1	0.1	<0.1	<0.1
Respiratory	0.4	1.2	2.5	1.9
Heart	0.3	1.0	1.7	1.1
Abdominal & GI	0.6	1.5	3.5	1.7
Genital	0.3	1.3	0.8	0.6
Urinary	0.5	0.4	0.6	0.5
Spine & SI Joint	3.8	2.5	5.6	2.8
Upper Extremity	3.7	2.4	6.9	1.0
Lower Extremity	7.9	5.3	15.0	2.8
General MSK	10.8	7.7	10.4	3.7
Vascular	0.3	0.6	<0.1	0.3
Skin & Soft Tissue	0.4	1.1	0.8	0.7
Blood	0.8	1.3	2.5	0.7
Systemic	0.2	0.1	<0.1	<0.1
Endocrine & Metabolic	0.8	1.8	1.9	1.8
Rheumatologic	1.1	1.1	0.4	2.0
Neurologic	27.3	16.9	29.6	16.4
Sleep Disorders	0.5	0.7	0.8	0.7
Behavioral Health	98.0	90.2	75.6	94.1
Misc. Conditions	<0.1	<0.1	<0.1	<0.1

[1]The percentage of TDRL placements that involve at least one condition in the indicated medical category.

Table 8: Leading Unfitting Conditions Among TDRL Placements, by Service, FY 2023

Army		Navy	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[1]**
9411: Post-traumatic stress disorder	68.7	9411: Post-traumatic stress disorder	63.0
8045: Residuals of TBI	22.5	9434: Major depressive disorder	14.4
9434: Major depressive disorder	16.1	8045: Residuals of TBI	7.8
9440: Chronic adjustment disorder	6.6	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	4.3
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	5.5	8100: Migraine	4.1
Marine Corps		**Air Force**	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[1]**
9411: Post-traumatic stress disorder	57.7	9411: Post-traumatic stress disorder	67.6
8045: Residuals of TBI	15.0	9434: Major depressive disorder	19.5
9434: Major depressive disorder	11.9	8045: Residuals of TBI	6.8
5252: Thigh, limitation of flexion of	5.2	8100: Migraine	5.0
8100: Migraine	5.0	9440: Chronic adjustment disorder	3.4

[1]The percentage of TDRL placements that involve the indicated unfitting condition.

D. Initial PEB Evaluations Early in Service

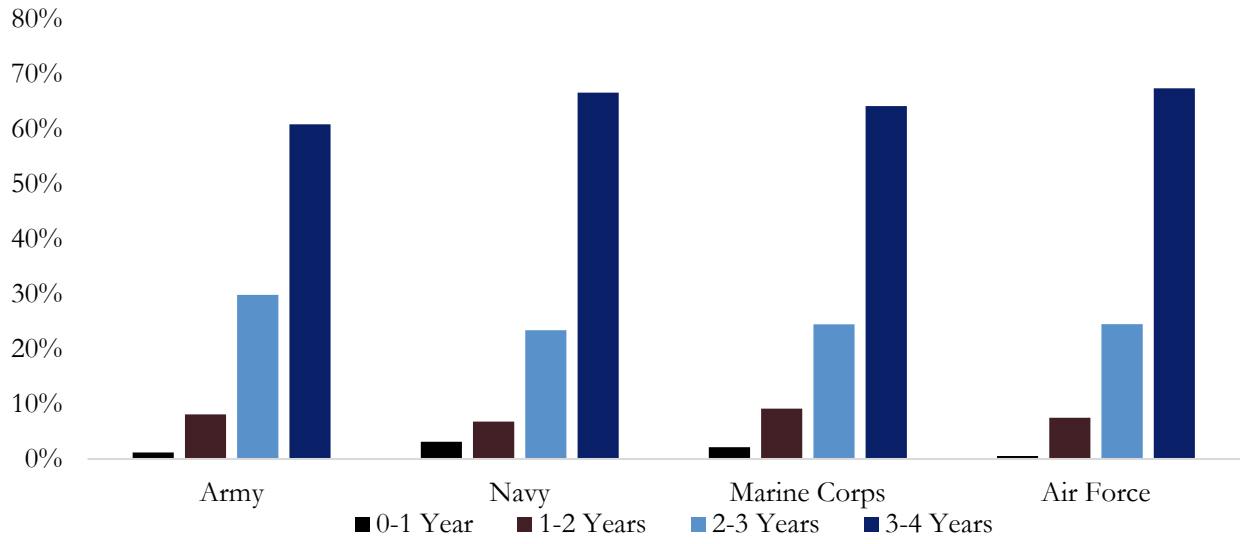
This section examines the characteristics of initial PEB evaluations which occurred before completion of the first term of service, focusing on time in service to evaluation, the medical conditions involved, and evaluation outcomes. The study population consists of Service members referred for an initial PEB evaluation in FY 2023 with a DMDC accession record within four years prior to the PEB evaluation. Time in service was calculated from a Service member's accession date to the date of their initial PEB evaluation.

Figure 4 depicts time in service leading up to the initial PEB evaluation for Service members evaluated in FY 2023 within their first 4 years of service.

Figure 4 Key Findings

- Initial PEB evaluations were uncommon in the first year of service, partly due to the potential of administrative entry-level separations within the first 180 days due for conditions existing prior to service.[3, 21, 22] However, approximately 10% of initial PEB evaluations occurred in the first two years of service, typically during the training period or shortly thereafter.
- Approximately 60-70% of early PEB evaluations occurred in the 4th year of service, or towards the end of the first term of service.

Figure 4: Timing of Initial PEB Evaluations within the First 4 Years of Service, by Service, FY 2023



Tables 9A-D shows the most common unfitting conditions involved in FY 2023 initial PEB evaluations occurring within the first 4 years of service. The percentages shown are column-wise and depict the percentage of initial PEB evaluations in the time period that involved the indicated medical condition.

Figures 5A-D present the disability dispositions assigned by the PEB to early disability evaluations in FY 2023. These figures demonstrate the disability separation outcomes and benefits given to Service members referred for a PEB evaluation before completing their first term of service.

Tables 9A-D and Figures 5 A-D Key Findings

- Across the services, nearly all initial PEB evaluations during the first 4 years involved either Musculoskeletal (Upper Extremity, Lower Extremity, and General MSK), Neurologic, or Behavioral Health conditions.
    - The most common unfitting condition was PTSD for the Army, Navy, and Air Force, and limitation of flexion of the leg for the Marine Corps.
- Timing of early PEB evaluations varied by unfitting condition and Service.
    - PTSD and major depressive disorder were the leading unfitting conditions evaluated by the PEB during the first 2 years of service for the Navy and Air Force, while the leading conditions for the Army and Marine Corps were Lower Extremity-related.
- The distribution of disability dispositions for the Army is relatively constant for the first four years. For the Navy, Marine Corps, and Air Force, PDRL placement increased after the first year.

Table 9A: Leading Medical Categories and Unfitting Conditions among Initial PEB Evaluations within the First 4 Years of Service, Army, FY 2023

Army				
Medical Category and Unfitting Condition	**Time to Disability Evaluation**			
	0-1 year %[1]	**1-2 years %[1]**	**2-3 years %[1]**	**3-4 years %[1]**
Top 5 Medical Category				
Lower Extremity	45.5	34.7	36.4	33.8
Behavioral Health	25.5	32.9	28.3	27.0
General MSK	23.6	15.3	23.7	27.4
Neurologic	14.5	16.3	17.8	19.5
Spine & SI Joint	5.5	6.8	7.5	11.1
Top 5 Unfitting Conditions				
9411: Post-traumatic stress disorder	12.7	10.3	11.0	12.5
5252: Thigh, limitation of flexion of	10.9	15.3	11.9	10.5
5260: Leg, limitation of flexion of	12.7	7.4	11.3	10.8
5253: Thigh, impairment of	12.7	13.9	10.8	9.3
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	9.1	6.3	7.4	10.4

[1]The percentage of initial PEB evaluations within the given timeframe that involve the indicated medical category or unfitting condition.

Figure 5A: Dispositions among Initial PEB Evaluations within the First 4 Years of Service, Army, FY 2023

Table 9B: Leading Medical Categories and Unfitting Conditions among Initial PEB Evaluations within the First 4 Years of Service, Navy, FY 2023

Navy				
Medical Category and Unfitting Condition	Time to Disability Evaluation			
	0-1 year %[1]	1-2 years %[1]	2-3 years %[1]	3-4 years %[1]
Top 5 Medical Category				
Behavioral Health	22.6	45.2	46.7	48.3
Neurologic	13.2	17.4	16.9	16.9
Lower Extremity	30.2	8.7	15.9	15.6
General MSK	5.7	9.6	10.1	12.6
Upper Extremity	1.9	4.3	4.8	7.1
Top 5 Unfitting Conditions				
9411: Post-traumatic stress disorder	3.8	14.8	20.7	20.2
9434: Major depressive disorder	3.8	8.7	12.1	12.9
5260: Leg, limitation of flexion of	13.2	2.6	7.1	6.3
9432: Bipolar disorder	3.8	7.8	5.6	4.6
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	<0.1	3.5	5.3	4.8

[1] The percentage of initial PEB evaluations within the given timeframe that involve the indicated medical category or unfitting condition.

Figure 5B: Dispositions among Initial PEB Evaluations within the First 4 Years of Service, Navy, FY 2023

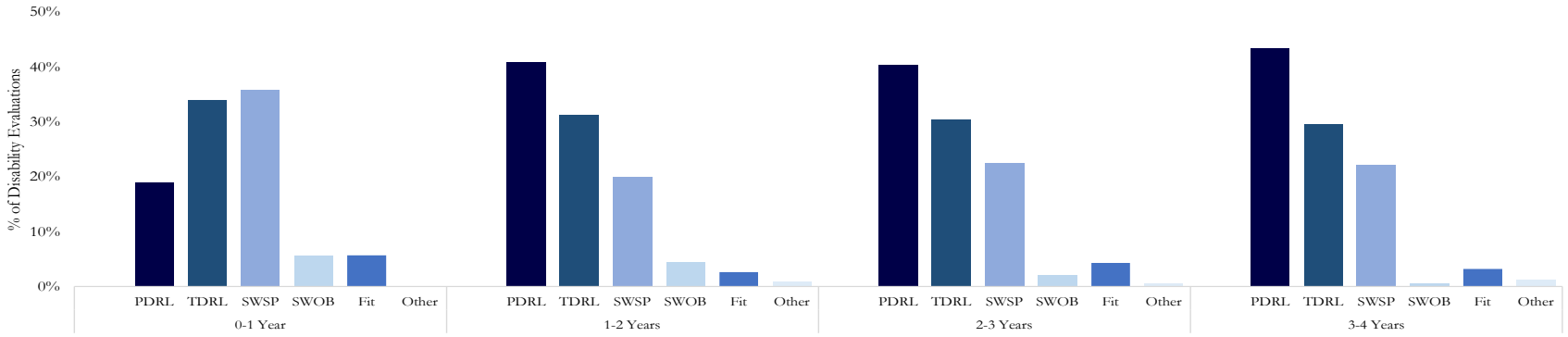


Table 9C: Leading Medical Categories and Unfitting Conditions among Initial PEB Evaluations within the First 4 Years of Service, Marine Corps, FY 2023

Marine Corps				
Medical Category and Unfitting Condition	**Time to Disability Evaluation**			
	0-1 year %[1]	**1-2 years %[1]**	**2-3 years %[1]**	**3-4 years %[1]**
Top 5 Medical Category				
Lower Extremity	70.7	40.3	39.9	38.9
General MSK	2.4	9.1	21.7	26.2
Behavioral Health	2.4	22.2	15.5	15.2
Neurologic	9.8	10.2	12.3	16.0
Upper Extremity	7.3	7.4	11.7	14.0
Top 5 Unfitting Conditions				
5260: Leg, limitation of flexion of	24.4	15.3	12.3	14.2
5252: Thigh, limitation of flexion of	22.0	8.5	14.4	10.5
5201: Arm, limitation of motion of	2.4	5.1	8.3	10.0
5253: Thigh, impairment of	2.4	5.1	11.7	7.5
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	<0.1	2.3	6.4	9.1

[1] The percentage of initial PEB evaluations within the given timeframe that involve the indicated medical category or unfitting condition.

Figure 5C: Dispositions among Initial PEB Evaluations within the First 4 Years of Service, Marine Corps, FY 2023

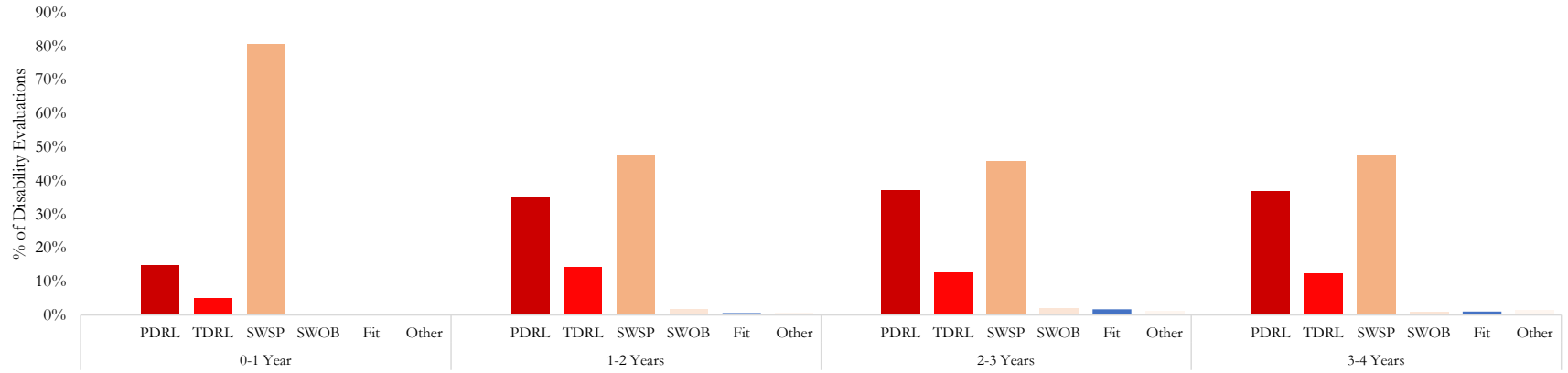


Table 9D: Leading Medical Categories and Unfitting Conditions among Initial PEB Evaluations within the First 4 Years of Service, Air Force, FY 2023

Air Force				
Medical Category and Unfitting Condition	Time to Disability Evaluation			
	0-1 years %[1]	1-2 years %[1]	2-3 years %[1]	3-4 years %[1]
Top 5 Medical Category				
Behavioral Health	60.0	54.9	53.9	48.0
Neurologic	40.0	18.3	18.1	21.6
Lower Extremity	<0.1	8.5	9.5	12.2
General MSK	20.0	2.8	9.1	10.3
Spine & SI Joint	20.0	7.0	6.5	8.0
Top 5 Unfitting Conditions				
9411: Post-traumatic stress disorder	<0.1	22.5	18.1	22.9
9434: Major depressive disorder	20.0	18.3	15.9	12.1
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	<0.1	1.4	6.0	5.2
8100: Migraine	20.0	<0.1	4.3	5.8
5237: Lumbosacral or cervical strain	<0.1	5.6	3.4	5.3

[1] The percentage of initial PEB evaluations within the given timeframe that involve the indicated medical category or unfitting condition.

Figure 5D: Disposition Among Initial PEB Evaluations Within the First 4 Years of Service, Air Force, FY 2023

E. Combat Relation

Unfitting conditions are classified as combat-related if sustained as a direct result of armed combat, while engaged in hazardous services, during war-simulating conditions, or caused by an instrumentality of war.[3] Combat-related determinations are not limited to conditions sustained during direct enemy combat, as they also include those sustained during combat training or from materials used in combat. This section describes the medical aspects of initial PEB evaluations in FY 2023 by combat-related determination.

Table 10 shows the percentage of initial PEB evaluations with at least one condition deemed combat-related, both overall and by medical category for each Service. **Table 11** compares the most frequent unfitting conditions among initial PEB evaluations by combat designations (i.e., combat-related vs not combat-related).

Tables 10 & 11 Key Findings

- The percentage of FY 2023 initial PEB evaluations with a combat-related condition varied widely by service – 2% for Navy, 6% for Marine Corps, 12% for Air Force, and 32% for Army.
- For the Army, Marine Corps, and Air Force, initial PEB evaluations with the highest percentage of combat-related conditions involved Behavioral Health, Neurological, or MSK conditions. For the Navy, the highest percentages were seen among evaluations for Ears/Hearing or Eyes/Vision conditions.
- Post-traumatic stress disorder, residuals of TBI, migraine, and paralysis of the sciatic nerve were more common among initial PEB evaluations deemed combat-related, while MSK conditions were generally more prevalent among not combat-related evaluations.
    - Post-traumatic stress disorder was also common among Army, Navy and Air Force PEB evaluations deemed not combat-related (19-21%), however, at a lower frequency than among combat-related evaluations (30-62%).

Table 10: Combat Relation by Medical Category and Service, FY 2023

Medical Category	Army % [1]	Navy % [1]	Marine Corps % [1]	Air Force % [1]
Total	**31.9**	**1.8**	**5.9**	**11.5**
Head/Neck	60.0 [2]	<0.1 [2]	<0.1 [2]	<0.1 [2]
Eyes/Vision	32.2	6.5	5.4	5.7
Ears/Hearing	38.2	8.2	12.5 [2]	11.8
NSML	17.5	<0.1 [2]	<0.1 [2]	<0.1 [2]
Dental	14.3 [2]	<0.1 [2]	<0.1 [2]	<0.1 [2]
Respiratory	13.3	<0.1	3.8	12.5
Heart [3]	17.8	<0.1	<0.1	4.3 [3]
Abdominal & GI	18.9	0.4	2.9	3.8
Genital	19.3	1.1	<0.1	3.6 [2]
Urinary	24.6	5.3	<0.1	6.3 [3]
Spine & SI Joint	34.7	1.8	4.3	11.2
Upper Extremity	38.5	3.2	10.3	12.3
Lower Extremity	26.9	2.6	5.8	11.4
General MSK	37.1	3.5	6.4	15.9
Vascular [3]	14.6	2.4	<0.1	9.3 [3]
Skin & Soft Tissue	19.1	1.4	5.7	6.9
Blood	5.3	2.8	<0.1 [2]	3.1 [3]
Systemic	17.6	8.3 [2]	20.0 [2]	<0.1 [2,3]
Endocrine & Metabolic	20.2	<0.1	<0.1	4.5 [3]
Rheumatologic	22.7	0.8	5.9	11.1
Neurologic	44.9	4.4	12.2	16.6
Sleep Disorders	20.5	1.3	2.8	6.8
Behavioral Health	49.6	2.4	10.4	17.3
Misc. Conditions	27.3 [2]	<0.1 [2]	<0.1 [2]	<0.1 [2]

[1]The percentage of initial PEB evaluations in the indicated medical category that involve a combat-related condition.
[2]Percentage distributions are based on relatively small numbers.
[3]Denotes medical categories where for at least one Service, at least 10% of PEB evaluations mapped to the medical category had a missing combat designation. Overall, approximately 8% of Navy and 11% of Air Force evaluations had a missing combat-related determination.

Table 11: Leading Unfitting Conditions Among Initial PEB Evaluations by Combat Relation and Service, FY 2023

Army			
Combat-Related		**Not Combat-Related**	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[2]**
9411: Post-traumatic stress disorder	46.9	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	13.1
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	18.9	9411: Post-traumatic stress disorder	11.2
8045: Residuals of TBI	15.3	5260: Leg, limitation of flexion	10.9
5243: Intervertebral disc syndrome	14.1	5243: Intervertebral disc syndrome	8.9
8520: Sciatic nerve, paralysis of	13.0	5252: Thigh, limitation of flexion of	8.9
Navy			
Combat-Related		**Not Combat-Related**	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[2]**
9411: Post-traumatic stress disorder	51.0	9411: Post-traumatic stress disorder	19.3
8045: Residuals of TBI	25.0	9434: Major depressive disorder	13.3
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	17.7	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	8.2
8100: Migraine	14.6	5260: Leg, limitation of flexion of	6.4
8520: Sciatic nerve, paralysis of	11.5	8520: Sciatic nerve, paralysis of	5.4
Marine Corps			
Combat-Related		**Not Combat-Related**	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[2]**
9411: Post-traumatic stress disorder	29.9	5260: Leg, limitation of flexion of	13.2
8045: Residuals of TBI	22.4	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	11.3
5201: Arm, limitation of motion of	14.9	5201: Arm, limitation of motion of	9.9
8100: Migraine	10.9	5252: Thigh, limitation of flexion of	9.7
5271: Ankle, limited motion of	10.4	5237: Lumbosacral or cervical strain	9.0
Air Force			
Combat-Related		**Not Combat-Related**	
Unfitting Condition	**%[1]**	**Unfitting Condition**	**%[2]**
9411: Post-traumatic stress disorder	61.6	9411: Post-traumatic stress disorder	20.7
8100: Migraine	11.3	9434: Major depressive disorder	14.2
5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	10.7	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	7.2
8520: Sciatic nerve, paralysis of	10.7	8100: Migraine	6.8
8045: Residuals of TBI	9.5	5237: Lumbosacral or cervical strain	5.6

[1]The percentage of combat-related evaluations that involve the indicated unfitting condition.
[2]The percentage of initial PEB evaluations in the indicated medical category that were not related to combat.

F. Medical History Prior to PEB Evaluation

To evaluate potential early indicators for PEB evaluation referral, this section examines the relationship between the unfitting conditions at initial PEB evaluation with pre-accession DQs noted at the MEPS, and medical conditions leading to hospitalization within one year prior to PEB referral.

Given that a sizable proportion (30-57%) of initial evaluations in FY 2023 occurred in the first 4 years of service (see Figure 1, Page 19) it is important to determine how often unfitting conditions may be linked to pre-accession medical DQ. In cases where there is high concordance between pre-accession DQ and reason for PEB evaluation referral, there may be an opportunity to reduce the likelihood of disability discharge, such as refining pre-accession medical policies or implementing targeted medical interventions. Additionally, examining whether certain unfitting conditions are preceded by related medical events, such as hospitalizations, could serve as a early decision points for intervention and mitigation.

Tables 12A-D shows concordance between medical categories at initial PEB evaluation and pre-accession DQs and hospitalizations within one year of evaluation. Concordance is examined retrospectively. For example, among Service members with a PEB evaluation for a Heart condition, 1% had a Heart pre-accession DQ and 3% were hospitalized within one year of evaluation due to a Heart condition. Service members may be included in more than one medical category if they were evaluated by a PEB for multiple disability conditions. Pre-accession DQ data from MEPS only includes information on Service members who accessed into enlisted service. Service members with no MEPS record were excluded from the concordant accession DQ calculations. Hospitalization records received by DESAR include data on inpatient stays at a MTFs for all active duty Service members and eligible Reserves from FYs 1995 through 2023.

Tables 12A-D Key Findings

- Approximately 7% of Service members initially evaluated by the PEB in FY 2023 had history of any pre-accession medical DQ (results not shown).
    - Generally, there was less than 1% concordance between medical category at initial PEB evaluation and pre-accession DQ, with a few exceptions:
        - Medical categories with the highest concordance between initial PEB evaluation and hospitalization were Eyes/Vision in all Services (3-5%) and Genital for the Marine Corps (5%).
- Approximately 5-7% of Service members initially evaluated by the PEB in FY 2023 were hospitalized at an MTF within the year preceding their evaluation (results not shown).
    - Concordance between medical category at initial PEB evaluation and hospitalization did not exceed 15% across all Services and medical categories with the most common values clustered below 5%.
    - Medical categories with the highest concordance between initial PEB evaluation and hospitalization were Behavioral Health in all Services (4-14%), Endocrine for the Army (7%) and Marine Corps (14%), and Systemic for the Army (10%).

Table 12A: Concordant Service Medical Histories by Medical Category of Disability, Army, FY 2023

Army		
Medical Category	**Concordant Accession Disqualifications (DQs)**	**Concordant Hospitalizations**
	%[1]	**%[1]**
Head/Neck[2]	<0.1	<0.1
Eyes/Vision	3.3	<0.1
Ears/Hearing	<0.1	<0.1
NSML	<0.1	<0.1
Dental[2]	<0.1	<0.1
Respiratory	1.0	0.7
Heart	0.7	3.1
Abdominal & GI	<0.1	3.6
Genital	0.8	0.8
Urinary	<0.1	2.4
Spine & SI Joint	0.2	0.1
Upper Extremity	0.5	0.2
Lower Extremity	0.8	0.2
General MSK	1.2	<0.1
Vascular	0.5	2.5
Skin & Soft Tissue	2.3	0.8
Blood	<0.1	1.3
Systemic	<0.1	10.3
Endocrine & Metabolic	1.2	6.6
Rheumatologic	<0.1	0.8
Neurologic	0.1	0.7
Sleep Disorders	<0.1	<0.1
Behavioral Health	0.6	8.0
Misc. Conditions[2]	<0.1	<0.1

[1]The percentage of initial PEB evaluations with a medically concordant accession DQ or hospitalization.
[2]Results for Head/Neck, Dental and Misc. Conditions based on relatively small numbers.

Table 12B: Concordant Service Medical Histories by Medical Category of Disability, Navy, FY 2023

Navy		
Medical Category	**Concordant Accession Disqualifications (DQ)**	**Concordant Hospitalizations**
	%[1]	**%[1]**
Head/Neck[2]	<0.1	<0.1
Eyes/Vision	3.2	<0.1
Ears/Hearing	2.0	<0.1
NSML[2]	<0.1	<0.1
Dental[2]	<0.1	<0.1
Respiratory	<0.1	1.0
Heart	1.0	5.9
Abdominal & GI	0.4	4.0
Genital	1.1	<0.1
Urinary	<0.1	3.5
Spine & SI Joint	0.3	1.0
Upper Extremity	1.4	<0.1
Lower Extremity	0.8	0.1
General MSK	0.8	0.5
Vascular	<0.1	<0.1
Skin & Soft Tissue	2.8	<0.1
Blood	<0.1	<0.1
Systemic[2]	8.3	<0.1
Endocrine & Metabolic	<0.1	2.2
Rheumatologic	<0.1	0.8
Neurologic	<0.1	1.2
Sleep Disorders	<0.1	<0.1
Behavioral Health	1.2	6.0
Misc. Conditions[2]	<0.1	<0.1

[1]The percentage of initial PEB evaluations with a medically concordant accession DQ or hospitalization.
[2]Results for Head/Neck, NSML, Dental, Systemic, and Misc. Conditions subsections based on relatively small numbers.

Table 12C: Concordant Service Medical Histories by Medical Category of Disability, Marine Corps, FY 2023

Marine Corps		
Medical Category	Concordant Accession Disqualifications (DQ)	Concordant Hospitalizations
	%[1]	%[1]
Head/Neck[2]	<0.1	<0.1
Eyes/Vision	5.4	2.7
Ears/Hearing[2]	<0.1	<0.1
NSML[2]	<0.1	<0.1
Dental[2]	<0.1	<0.1
Respiratory	1.3	<0.1
Heart	<0.1	3.8
Abdominal & GI	<0.1	6.9
Genital	4.7	<0.1
Urinary	<0.1	<0.1
Spine & SI Joint	0.2	0.5
Upper Extremity	0.2	0.2
Lower Extremity	0.4	1.0
General MSK	0.5	0.1
Vascular	<0.1	<0.1
Skin & Soft Tissue	<0.1	<0.1
Blood[2]	<0.1	4.2
Systemic[2]	<0.1	<0.1
Endocrine & Metabolic	<0.1	14.3
Rheumatologic	<0.1	5.9
Neurologic	0.3	1.3
Sleep Disorders	<0.1	<0.1
Behavioral Health	1.4	13.8
Misc. Conditions[2]	<0.1	<0.1

[1]The percentage of initial PEB evaluations with a medically concordant accession DQ or hospitalization.
[2]Results for Head/Neck, Ears/Hearing, NSML, Dental, Blood, Systemic, and Misc. Conditions subsections based on relatively small numbers.

Table 12D: Concordant Service Medical Histories by Medical Category of Disability, Air Force, FY 2023

Air Force		
Medical Category	Concordant Accession Disqualifications (DQ)	Concordant Hospitalizations
	%[1]	%[1]
Head/Neck[2]	<0.1	<0.1
Eyes/Vision	2.9	<0.1
Ears/Hearing	<0.1	2.9
NSML[2]	<0.1	<0.1
Dental[2]	<0.1	<0.1
Respiratory	<0.1	<0.1
Heart	<0.1	2.1
Abdominal & GI	<0.1	3.0
Genital[2]	<0.1	<0.1
Urinary	<0.1	<0.1
Spine & SI Joint	0.8	<0.1
Upper Extremity	0.7	<0.1
Lower Extremity	1.9	<0.1
General MSK	1.6	<0.1
Vascular	2.3	<0.1
Skin & Soft Tissue	1.0	<0.1
Blood	<0.1	3.1
Systemic[2]	<0.1	20.0
Endocrine & Metabolic	1.5	<0.1
Rheumatologic	<0.1	<0.1
Neurologic	0.6	1.3
Sleep Disorders	<0.1	<0.1
Behavioral Health	1.3	3.9
Misc. Conditions[2]	<0.1	<0.1

[1]The percentage of initial PEB evaluations with a medically concordant accession DQ or hospitalization.

[2]Results for Head/Neck, NSML, Dental, Genital, Systemic, and Misc. Conditions subsections based on relatively small numbers.

II. Special Study: TDRL History Among Final Dispositions in FY 2023

The previous section of this report described the characteristics of initial PEB evaluations conducted in FY 2023, including the percentage placed on the TDRL. Since placement on the TDRL is a temporary disposition, it is also important to identify outcomes among the population assigned to the TDRL, including final dispositions and disability rating changes. Because a Service member may remain on the TDRL for up to three years,[3] this special study utilizes a retrospective approach to examine TDRL history among **finalized FY 2023 PEB evaluations**, defined as those that received a final disposition (PDRL, Fit/Limited Duty, SWSP, SWODDB, Other). The objectives of this study are to assess the following:

- the portion of finalized evaluations with history of TDRL placement
- the features influencing the likelihood of TDRL placement, such as whether those assigned to the PDRL were more likely to have had a TDRL period to ensure accurate rating of disability
- the unfitting medical categories involved, as certain conditions are more frequently associated with TDRL placement due to policy or professional judgment
- the frequency, magnitude and direction of disability ratings changes per medical category among those evaluations with history of TDRL placement.

Table 13 provides the percentages of all finalized FY 2023 PEB evaluations that had a prior TDRL placement, separately by final disposition. 'Finalized" evaluations are defined as evaluations assigned a disposition other than placed or retained on the TDRL. **Table 14** shows the percentages of all finalized FY 2023 PEB evaluations with a prior TDRL placement per medical category.

Table 13 & 14 Key Findings

- TDRL re-evaluations constituted a sizeable portion of PEB evaluations finalized in 2023, with the amount differing considerably by Service, final disposition, and medical issues involved.
    - Air Force had few finalized PEB evaluation records with prior TDRL placement, likely due to the Air Force PEB providing only the most recent evaluation per FY to DESAR, limiting the inclusion of prior TDRL cases.
- FY 2023 PEB evaluations with a PDRL disposition were very frequently TDRL re-evaluations for the Army (27%), Navy (48%) and Marine Corps (39%).
    - In contrast, PEB evaluations assigned a disposition of SWSP, SWODDB or Fit/Limited Duty were very frequently (88% or more) initial evaluations with no prior TDRL placement.
- The percentage of finalized PEB evaluations with history of TDRL placement was highly related to the medical categories involved.
    - Evaluations involving Behavioral Health conditions had the highest percentage, with TDRL re-evaluations constituting one-half (Army) to nearly two-thirds (Navy, Marine Corps). In contrast, less than 20% of finalized PEB evaluations involving a musculoskeletal condition were a TDRL re-evaluation.

Table 13: Prior TDRL Placement Among Finalized PEB Evaluations by Final Disposition and Service, FY 2023

Final Disposition	Army	Navy	Marine Corps	Air Force
	%[1]	%[1]	%[1]	%[1]
PDRL	27.1	48.4	38.7	9.5
SWSP	1.6	12.3	9.0	2.0
SWODDB	3.1	2.8	<0.1	<0.1
Fit	<0.1	1.4	2.8	<0.1
Other	3.1	74.9	7.3	8.6

[1]The percentage of PEB evaluations assigned a final disposition that had a prior TDRL disposition.

Table 14 Prior TDRL Placement Among Finalized PEB Evaluations by Medical Category and Service, FY 2023

Medical Category	Army	Navy	Marine Corps	Air Force
	%[1]	%[1]	%[1]	%[1]
Head/Neck	40.0	<0.1	<0.1	<0.1
Eyes/Vision	7.4	26.9	24.4	<0.1
Ears/Hearing	8.0	24.5	15.8	3.1
NSML	4.7	10.0	20.0	<0.1
Dental	6.7	44.4	<0.1	<0.1
Respiratory	9.1	38.9	54.8	4.5
Heart	10.8	18.9	10.2	<0.1
Abdominal & GI	10.2	38.2	40.3	8.8
Genital	16.5	21.1	14.9	<0.1
Urinary	14.8	35.8	28.2	<0.1
Spine & SI Joint	10.3	20.8	16.0	1.3
Upper Extremity	9.8	18.8	17.9	2.7
Lower Extremity	9.2	17.4	12.7	1.9
General MSK	10.3	19.5	17.5	3.4
Vascular	5.8	21.4	23.1	<0.1
Skin & Soft Tissue	11.4	24.7	23.8	<0.1
Blood	35.3	57.4	47.8	10.0
Systemic	11.1	15.4	16.7	<0.1
Endocrine & Metabolic	9.0	37.9	28.9	5.2
Rheumatologic	24.9	44.7	34.7	2.5
Neurologic	20.8	35.8	29.4	3.5
Sleep Disorders	7.7	26.3	29.8	4.5
Behavioral Health	53.2	65.7	62.1	18.0
Misc. Conditions	15.4	20.0	<0.1	<0.1

[1]The percentage of PEB evaluations assigned a final disposition that had a prior TDRL disposition and at least one condition in the indicated medical category.

Tables 15A-D describe the changes in disability ratings from the initial TDRL placement to final PEB evaluation.

Tables 15A-D Key Findings

- The percentage of finalized PEB evaluations with a change in disability rating from the initial TDRL placement typically ranged from 30% to 60% with differences by Service and medical category.
    - The Navy, which utilizes the TDRL more frequently than the other Services, generally had the lowest percentage of disability rating changes.
- Disability rating changes tended to be lower than the initial rating at TDRL placement, especially for the Navy and Marine Corps.
- Downward disability rating changes (~30-80 percentage points) tended to be larger than the upward changes (~20-40 percentage points) for all Services.
- No distinct patterns per medical category were noted.

Table 15A: Rating Changes Among Finalized PEB Evaluations with Prior TDRL Placement by Medical Category, Army, FY 2023

Army					
Medical Category	**% with a Rating Change**	**% with a Rating Increase[1]**	**Mean Increase**	**% with a Rating Decrease[1]**	**Mean Decrease**
Head/Neck	50.0	<0.1	-	100.0	-20.0
Eyes/Vision	55.6	80.0	15.0	20.0	-10.0
Ears/Hearing	25.0	50.0	70.0	50.0	-20.0
NSML	<0.1	<0.1	-	<0.1	-
Dental	100.0	<0.1	-	100.0	-20.0
Respiratory	44.8	7.7	20.0	92.3	-42.5
Heart	47.1	18.8	50.0	81.3	-28.5
Abdominal & GI	52.5	42.9	27.8	57.1	-35.0
Genital	40.9	44.4	17.5	55.6	-44.0
Urinary	60.0	8.3	30.0	91.7	-51.8
Spine & SI Joint	42.9	48.1	21.8	51.9	-19.5
Upper Extremity	37.9	45.5	21.0	54.5	-18.6
Lower Extremity	44.4	46.3	21.4	53.7	-20.5
General MSK	41.2	51.3	21.4	48.7	-20.3
Vascular	58.3	14.3	10.0	85.7	-28.3
Skin & Soft Tissue	43.8	35.7	20.0	64.3	-33.3
Blood	63.3	21.1	30.0	78.9	-64.0
Systemic	12.5	100.0	20.0	<0.1	-
Endocrine & Metabolic	50.0	37.5	20.0	62.5	-30.0
Rheumatologic	37.0	44.4	20.8	55.6	-17.3
Neurologic	40.5	50.3	22.3	49.7	-23.5
Sleep Disorders	40.0	50.0	20.0	50.0	-33.3
Behavioral Health	42.5	53.1	24.1	46.9	-24.2
Misc. Conditions	100.0	<0.1	-	100.0	-15.0

[1]The percentage is among those who had a rating change.

Table 15B: Rating Changes Among Finalized PEB Evaluations with Prior TDRL Placement by Medical Category, Navy, FY 2023

Navy					
Medical Category	**% with a Rating Change**	**% with a Rating Increase[1]**	**Mean Increase**	**% with a Rating Decrease[1]**	**Mean Decrease**
Head/Neck	<0.1	<0.1	-	<0.1	-
Eyes/Vision	42.9	11.1	10.0	88.9	-45.0
Ears/Hearing	30.8	25.0	20.0	75.0	-66.7
NSML	100.0	<0.1	-	100.0	-20.0
Dental	25.0	<0.1	-	100.0	-10.0
Respiratory	39.3	13.6	30.0	86.4	-31.6
Heart	45.0	11.1	10.0	88.9	-36.3
Abdominal & GI	30.0	28.2	37.3	71.8	-33.2
Genital	35.0	42.9	20.0	57.1	-37.5
Urinary	48.3	42.9	16.7	57.1	-35.0
Spine & SI Joint	34.4	25.0	16.3	75.0	-22.9
Upper Extremity	32.0	37.5	12.2	62.5	-17.3
Lower Extremity	37.2	23.6	16.9	76.4	-22.9
General MSK	36.6	32.8	18.2	67.2	-25.1
Vascular	22.7	20.0	10.0	80.0	-40.0
Skin & Soft Tissue	27.9	25.0	23.3	75.0	-24.4
Blood	66.7	16.7	33.3	83.3	-44.7
Systemic	<0.1	<0.1	-	<0.1	-
Endocrine & Metabolic	43.2	<0.1	-	100.0	-31.1
Rheumatologic	18.0	18.8	20.0	81.3	-23.8
Neurologic	36.5	29.9	21.6	70.1	-30.3
Sleep Disorders	46.2	8.3	10.0	91.7	-37.3
Behavioral Health	51.2	27.4	26.4	72.6	-29.4
Misc. Conditions	<0.1	<0.1	-	<0.1	-

[1]The percentage is among those who had a rating change.

15C: Rating Changes Among Finalized PEB Evaluations with Prior TDRL Placement by Medical Category, Marine Corps, FY 2023

Marine Corps					
Medical Category	% with a Rating Change	% with a Rating Increase[1]	Mean Increase	% with a Rating Decrease[1]	Mean Decrease
Head/Neck	<0.1	<0.1	-	<0.1	-
Eyes/Vision	30.0	33.3	50.0	66.7	-15.0
Ears/Hearing	100.0	33.3	40.0	66.7	-25.0
NSML	50.0	<0.1	-	100.0	-30.0
Dental	<0.1	<0.1	-	<0.1	-
Respiratory	43.5	16.2	20.0	83.8	-30.3
Heart	60.0	33.3	30.0	66.7	-70.0
Abdominal & GI	29.3	23.5	25.0	76.5	-33.1
Genital	28.6	50.0	30.0	50.0	-80.0
Urinary	36.4	25.0	30.0	75.0	-33.3
Spine & SI Joint	42.7	28.1	17.8	71.9	-20.9
Upper Extremity	42.2	34.2	20.8	65.8	-19.2
Lower Extremity	51.8	23.3	18.5	76.7	-22.7
General MSK	40.7	15.6	20.8	84.4	-20.2
Vascular	66.7	16.7	10.0	83.3	-38.0
Skin & Soft Tissue	46.7	42.9	33.3	57.1	-17.5
Blood	54.5	<0.1	-	100.0	-75.0
Systemic	<0.1	<0.1	-	<0.1	-
Endocrine & Metabolic	63.6	<0.1	-	100.0	-25.7
Rheumatologic	35.3	<0.1	-	100.0	-33.3
Neurologic	46.3	30.5	24.7	69.5	-26.2
Sleep Disorders	57.1	25.0	15.0	75.0	-26.7
Behavioral Health	56.5	20.9	24.3	79.1	-28.8
Misc. Conditions	<0.1	<0.1	-	<0.1	-

[1]The percentage is among those who had a rating change.

Table 15D: Rating Changes Among Finalized PEB Evaluations with Prior TDRL Placement by Medical Category, Air Force, FY 2023

Air Force					
Medical Category	% with a Rating Change	% with a Rating Increase[1]	Mean Increase	% with a Rating Decrease[1]	Mean Decrease
Head/Neck	<0.1	<0.1	-	<0.1	-
Eyes/Vision	<0.1	<0.1	-	<0.1	-
Ears/Hearing	<0.1	<0.1	-	<0.1	-
NSML	<0.1	<0.1	-	<0.1	-
Dental	<0.1	<0.1	-	<0.1	-
Respiratory	25.0	<0.1	-	100.0	-20.0
Heart	<0.1	<0.1	-	<0.1	-
Abdominal & GI	41.7	<0.1	-	100.0	-18.0
Genital	<0.1	<0.1	-	<0.1	-
Urinary	<0.1	<0.1	-	<0.1	-
Spine & SI Joint	<0.1	<0.1	-	<0.1	-
Upper Extremity	25.0	100.0	10.0	<0.1	-
Lower Extremity	33.3	50.0	10.0	50.0	-30.0
General MSK	60.0	22.2	15.0	77.8	-21.4
Vascular	<0.1	<0.1	-	<0.1	-
Skin & Soft Tissue	<0.1	<0.1	-	<0.1	-
Blood	<0.1	<0.1	-	<0.1	-
Systemic	<0.1	<0.1	-	<0.1	-
Endocrine & Metabolic	100.0	<0.1	-	100.0	-26.7
Rheumatologic	50.0	100.0	10.0	<0.1	-
Neurologic	40.9	33.3	20.0	66.7	-33.3
Sleep Disorders	<0.1	<0.1	-	<0.1	-
Behavioral Health	45.5	19.7	20.0	80.3	-25.3
Misc. Conditions	<0.1	<0.1	-	<0.1	-

[1]The percentage is among those who had a rating change.

Limitations

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

1. The Service branches differ in how they send DES evaluation records, which may result in substantive inter-Service differences for reported dispositions, unfitting conditions, and combat-related determinations.
    a. The Army and Navy sends all PEB evaluation records per Service member per year, while the Air Force sends only the most recent evaluation record per Service member per year. Therefore, in cases where an Airman received more than one evaluation within the same fiscal year, DESAR will be reporting their second evaluation in lieu of the initial evaluation.
    b. The Navy PEB sends all conditions evaluated regardless of whether the condition was found unfitting, while the Army sends only those conditions found unfitting, and the Air Force sends only up to three evaluated conditions.
    c. Army and Navy PEBs send full VASRD codes, including hyphenated codes (e.g., 8045-9411), while the Air Force truncates VASRD codes to the first 4 characters of the assigned code. Therefore, medical conditions reported for the Air Force are likely underestimated.
    d. The PEB delivers decisions on whether an unfitting condition incurred in combat,[3] therefore, medical conditions within the same PEB evaluation may have different combat designations. DESAR receives combat designations for each medical condition for the Army, Navy, and Marine Corps, while combat determination for the Air Force is provided at the evaluation level. Consequently, DESAR must analyze combat-related determination at the evaluation-level rather than at the condition-level, and flags evaluations as combat-related if at least one listed unfitting condition was designated as combat-related. As a result, some individual medical conditions contributing to a combat-related disability were not themselves combat-related, leading to an over-estimation of unfitting conditions deemed combat-related.
2. Only hospitalizations occurring in an MTF were included in this report. Service members may be treated at non-MTF hospitals however, these data were unavailable to DESAR at the time of this report, and therefore the overall number of hospitalizations should be considered an underestimate.
3. While the DoDI 1332.18 serves as the baseline of DES policy,[3] variations in Service processes and practices can be observed in the PEB data. Typically, Service members are assessed against DoD retention medical standards prior to PEB evaluation. However, the processes for assessing Service members differ across Service branches,[10, 23, 24] leading to variability in the populations referred for PEB evaluation. For example, the Army refers all Soldiers with medical conditions affecting duty performance into the DES.[9] Whereas the Navy, Marine Corps, and Air Force have implemented pre-DES processes and may use alternative methods of separation such as Conditions not amounting to a Disability.[11, 25] Furthermore, some PEB dispositions are Service branch-specific and can affect the comparison of benefit assignment between Service branches.

4. Due to a USMEPCOM database change, application data became unavailable beginning in FY2020. This may underestimate the number of PEB-evaluated Service members with a pre-accession DQs, particularly among Service members who were evaluated within the first three years of service.
5. The Air Force PEBs began processing Space Force PEB evaluations in 2021; however, at this time MSAR cannot distinguish between Air Force and Space Force records. Air Force results include PEB evaluations for both Airmen and Guardians, resulting in a potential overcount for the Air Force population.

Acronyms

AFI	Air Force Instruction
AFQT	Armed Forces Qualification
AMSARA	Accession Medical Standards Analysis and Research Activity
AR	Army Regulation
ASD(HA)	Assistant Secretary of Defense (Health Affairs)
CFR	Code of Federal Regulation
DAC	Disability Advisory Council
DES	Disability Evaluation System
DESAR	Disability Evaluation System Analytics and Research
DMDC	Defense Manpower Data Center
DoD	Department of Defense
DoDI	Department of Defense Instruction
DQ	Disqualification
FY	Fiscal Year
GEMS	General Equivalence Mapping System
GI	Gastrointestinal
ICD-9	International Classification of Diseases, 9th Revision
ICD-10	International Classification of Diseases, 10th Revision
MDR	Military Health System Data Repository
MEDPERS	Medical and Personnel Executive Steering Committee
MEPS	Military Entrance Processing Station
Misc.	Miscellaneous
MHS	Military Health System
MSAR	Medical Standards Analytics and Research
MSK	Musculoskeletal
MTF	Military Treatment Facility
NSML	Nose, Sinus, Mouth and Larynx
PEB	Physical Evaluation Board
PDRL	Permanent Disability Retirement List
PTSD	Post-traumatic Stress Disorder
RMSAR	Retention Medical Standards Analytics and Research
SECNAV	Secretary of the Navy
SI	Sacroiliac
SWODDB	Separated without DoD Disability Benefits
SWSP	Separated with Severance Pay
TBI	Traumatic Brain Injury
TDRL	Temporary Disability Retirement List
U.S.C.	United States Code
USMEPCOM	US Military Entrance Processing Command
USMIRS	U.S. Military Entrance Processing Command Integrated Resource System
VASRD	Veterans Administration Schedule for Rating Disabilities
WRAIR	Walter Reed Army Institute of Research

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