

Retention Medical Standards Analytics and Research (RMSAR)



2024 Annual Report

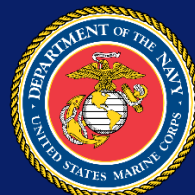


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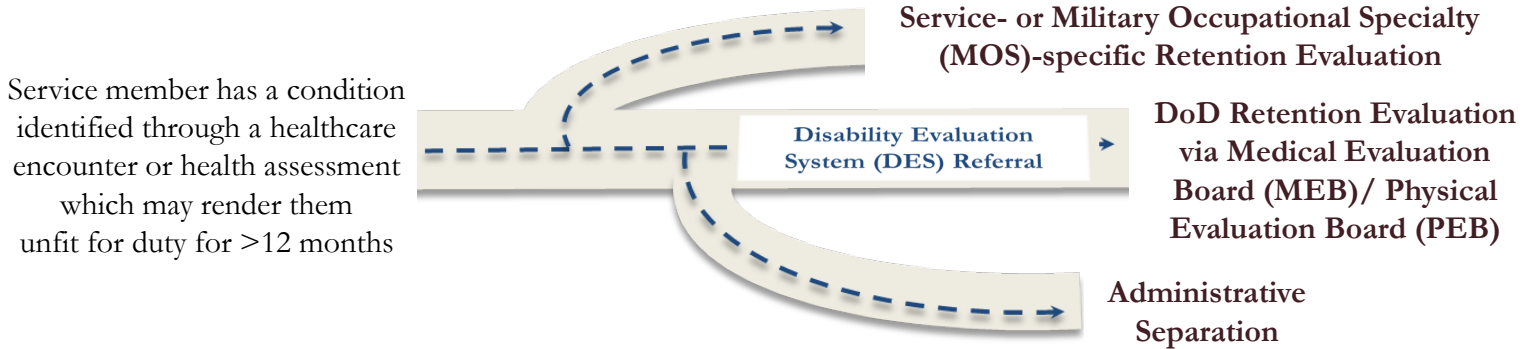
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Report at a Glance

Retention Medical Standard Evaluation Metrics

In September 2020, DoD-wide retention medical standards were codified under DoDI 6130.03 Volume 2. This report offers a comprehensive overview of the DoD retention evaluation process and provides key insights on the rates and characteristics of Service members evaluated for medical retainability between fiscal years 2019 to 2023.

DoD Retention Medical Standard Evaluation Process



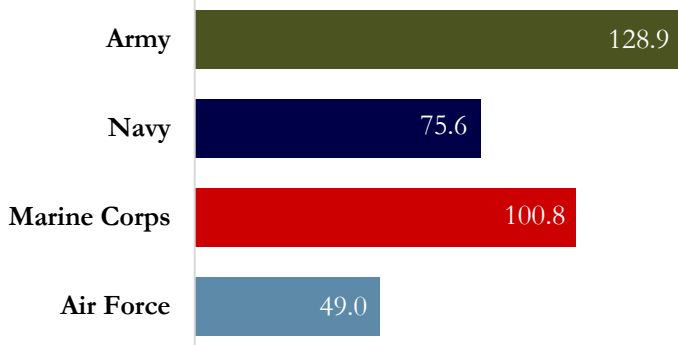
PEB Evaluation Rates

From fiscal years 2019-2023, retention medical standard evaluations, using first-time PEB evaluations, were relatively rare (<2% of the total force)



Most Commonly PEB-Evaluated Retention Medical Standards, All Services

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



Behavioral Health

- Post-traumatic stress disorder
- Major depressive disorder

Generalized Conditions of the Musculoskeletal System

- Degenerative arthritis
- Intervertebral disc disorder

Lower Extremity Conditions

- Limitation of flexion of leg
- Limitation of flexion of thigh

DES Evaluation Metrics

>90%

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

Median time in service to first DES retention evaluation

Marine Corps – 4 years

Navy – 6 years

Army – 7 years

Air Force – 7 years



Little to no concordance between condition at PEB evaluation and any pre-accession medical waiver (0-6%)



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

EXECUTIVE SUMMARY

In 2017, the Secretary of Defense directed the Office of the Under Secretary of Defense for Personnel and Readiness to establish and maintain DoD-wide retention medical standards. As a result, the Retention Medical Standards Working Group (RMSWG) was formed. Upon publication of DoDI 6130.03 Volume 2 (DoDI 6130.03, V2),¹ Medical Standards for Military Service: Retention, the RMSWG tasked the MSAR team to provide advanced analytics and epidemiologic research to support these evidence-based retention medical standards. The objective of the Retention Medical Standards Annual Report (RMSAR) is to describe data metrics of Service members evaluated under the retention medical standards, utilizing Service-specific PEB data as the most standardized and relevant proxy for such evaluations.



This report contains two sections:

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

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

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

DESCRIPTIVE DATA METRICS KEY FINDINGS

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

FIGURE 2 AND TABLES 3A-D: PEB EVALUATION RATES, OVERALL AND BY DODI SUBSECTION

From fiscal years 2019-2023, retention medical standard evaluations, using first-time PEB data as a proxy, were relatively rare (<2% of the total force).

- The Army (108-152 per 10,000 Soldiers) and Marine Corps (80-122 per 10,000 Marines) had substantially higher rates of retention medical standard evaluation than the Navy (50-98 per 10,000 Sailors), and the Air Force (41-60 per 10,000 Airmen).
 - Inter-Service differences may be influenced by several factors, including but not limited to, Service-specific retention evaluation processes and historical medical standards, and differences in occupational requirements and stressors.
- Behavioral health, neurologic conditions, and musculoskeletal conditions (including the spine and sacroiliac joint, upper extremity, lower extremity, and generalized conditions of the musculoskeletal system DoDI subsections) were the major contributors to retention medical standards evaluations, with rates often at least 10-fold higher than the other DoDI subsections.

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

Although over 800 conditions are listed in the Veterans Administration Schedule for Rating Disabilities (VASRD),² the top one to two conditions per DoDI subsection generally accounted for a substantial proportion of unfitting conditions associated with retention medical standard evaluations overall.

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

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

To describe the outcome of the retainability evaluations adjudicated by the PEB, RMSAR categorized all Service-specific PEB dispositions into three (3) retainability determinations (non-retainable: disability discharge, non-retainable: administrative separation, and fit for continued duty). Definitions of retainability definitions can be found on pages 14-15.

- More than 92% of Service members evaluated under the retention medical standards were determined to be non-retainable and entitled to DoD disability benefits.
- Between 1% (Navy) and 6% (Air Force) of evaluated Service members were determined to be non-retainable and were administratively separated, while 2% or less were found fit for continued service.

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

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

- Overall, the median time in service until first retention medical standard evaluation was shortest among Marines (4.0 years) and longest among Airmen and Soldiers (7.0 years).
- Time in service until retention medical standard evaluation varied by DoDI subsection. Median time in service across DoDI subsections for Army evaluations ranged from 4.4 to 13.6 years; Navy evaluations from 4 to 11 years; Marine Corps evaluations from 2.5 to 7.1 years, and Air Force from 6.3 to 16.6 years.
 - There was no clear consistency across Services in the length of time served by DoDI subsection.

TABLES 7A-D: PRE-ACCESSION MEDICAL HISTORY

To examine the impact of pre-service medical conditions on medical retainability, RMSAR analyzed the frequency and reasons for pre-accession medical waivers among disability cases and evaluated the concordance, or match rate, between the DoDI subsection categories identified pre-accession to those noted during the PEB retention medical evaluation.

- Generally, less than 14% of Service members evaluated under the retention medical standards had a history of accession medical waiver, which aligns with the proportion of all military accessions who entered a Military Service via an approved medical waiver (approximately 8-13% in FY 2020).³
- Across all Services and DoDI subsections, very few retention medical standard evaluations had a related accession medical waiver (0-5%), suggesting that the medical conditions developed or were aggravated during active service rather than being present at the time of initial enlistment.

INTRODUCTION

BACKGROUND

I. Retention Medical Standards History

Historically, retention medical standards for members of the United States military have been set separately by each of the Military Service branches, subject to their own needs. These Service-specific standards have varied considerably in form, if not in function. For example, the Army retention medical standards, Army Regulation (AR) 40-501: Standards of Medical Fitness (June, 2019),⁴ and Air Force retention medical standards, Department of the Air Force Manual (DAFMAN) 48-123: Medical Examinations and Standards (December, 2020)⁵ specified categories of unfitting medical conditions. In contrast, the retention medical standards for the Navy/Marines, Secretary of the Navy Manual (SECNAV M)-1850.1: Department of the Navy Disability Evaluation System Manual (September, 2019),⁶ did not specify any unfitting medical conditions, but rather focused on the nature, length, and prognosis of any condition that hindered service.

In July 2017, the Secretary of Defense directed the Office of the Under Secretary of Defense for Personnel and Readiness to review military personnel policies related to the retention and separation of permanently non-deployable Service members. This review identified the need for DoD-wide retention medical standards and the RMSWG was established. The RMSWG published the first iteration of the DoD-wide retention medical standards in September, 2020.¹ These standards superseded all prior Service-specific standards by establishing baseline retention criteria applicable to all Service members. The Military Services could then add any more stringent criteria subject to Service-specific needs. In 2022, the RMSWG was combined with the Accession Medical Standards Working Group, forming the Accession and Retention Medical Standards Working Group (ARMSWG) which conducts regular reviews and updates of the accession and retention medical standards.

II. Service-Specific Retention Medical Standards

Instructions

Prior to the establishment of DoDI 6130.03, V2 on September 4, 2020,¹ each Military Service was responsible for its own retention medical standards. However, once the DoDI 6130.03 V2¹ was published, Service members and examiners were expected to adhere to the stricter standard (either Service-specific^{4,5,6} or DoDI 6130.03, V2).¹ Below, for readers' reference, we highlight the documents that outlined Service-specific policies until the DoD-wide standards took effect.



Army

Primary document: AR 40-501: Standards of Medical Fitness (June, 2019)⁴

Chapter 3 of AR 40-501 is titled “Medical Fitness Standards for Retention and Separation, Including Retirement”.⁴ This document pre-dates the DoD standards, and accordingly reflects the entirety of Army retention medical standards for Army medical separations at least until the publication of DoDI 6130.03, V2.¹ Chapter 3 lists “medical conditions and/or physical defects that may render a Soldier unfit for further military service”,⁴ the circumstances under which the standards do and do not apply, and the basic procedures for handling a soldier who does not meet the standards.



Navy/Marine Corps

Primary document: SECNAV M-1850.1: Department of the Navy Disability Evaluation System Manual (September, 2019)⁶

Unlike the other two Services, the Navy and Marine Corps only had functional standards in the case that a Service member is unable to reasonably perform duties, represents a decided medical risk to the health of the member, or to the welfare/safety of the other members before the introduction of the retention medical standards listed in DoDI 6130.03, V2.¹ Chapter 3: “Medical Evaluation Board (MEB)” of SECNAV M-1850.1 defines the role that the MEB has in documenting medical conditions that will prevent Service members from reasonably performing the duties of their office, grade, rank, or rating and can recommend retention (through assignment to Limited Duty /Temporary Limited Duty) or refer cases to the PEB for further DES evaluation.⁶



Air Force

Primary documents: DAFMAN 48-123: Medical Examinations and Standards (December, 2020)⁵ and the Air Force Medical Standards Directory (March, 2021)⁷

Chapter 4 entitled “Medical Standards for Continued Military Service (Retention)” and Chapter 5 entitled “Flying and Special Operational Duty” of DAFMAN 48-123 contain the applicability and the medical standards that limit a Service member’s ability to complete their assigned duty.⁵ The Medical Standards Directory⁷ further expands on the DAFMAN 48-123.⁵ The regulation predates DoDI 6130.03, V2, but the Medical Standards Directory has adapted to work in tandem with DoDI 6130.03, V2 and details the required actions for each retention medical disqualifying condition.

III. DoD-wide Retention Medical Standards

DoDI 6130.03, V2 (“Medical Standards for Military Service: Retention”) establishes retention medical standards, with corresponding policy and procedures for all Military Services.¹ This instruction, supported by the Medical and Personnel Executive Steering Committee (MEDPERS) with a publication date of September 4, 2020, was the first promulgation of DoD-wide retention medical standards. These standards now serve as the core medical standards for retention in the military and supersede all prior retention medical standards promulgated by the individual Service branches. The medical standards are classified into 29 subsections containing specific disqualifying conditions. If a condition does not meet these retention medical standards after reasonable treatment, with or without appropriate limitations to duty, the Service member will either be referred to the DES for review or processed administratively, as applicable.

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

IV. Medical Standards Analytics and Research (MSAR)

Dedicated analytic and scientific support of evidence-based military medical standards began almost 30 years ago with the chartering of the Accession Medical Standards Analysis and Research Activity (AMSARA) in 1995. The first few years were primarily dedicated to identifying and acquiring data sources that would allow longitudinal study of the medical standards, including applicant physical exams, accession medical waivers, accession, medical encounters, and separations. Since acquiring those data, AMSARA has conducted data analyses and epidemiologic research in support of the accession medical process. In 2010, AMSARA became AMSARA/Disability Evaluation Standards Analysis and Research (DESAR), with its mission augmented to include research on Military Service disability discharge policies and processes. Since disability discharge data were already a part of AMSARA’s data portfolio, DESAR was able to begin producing analyses soon after inception.

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

RETENTION MEDICAL PROCESS

I. Initiation of the Retention Medical Process

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

The retention medical process can also be initiated through the Periodic Health Assessment (PHA). All Service members are required, at minimum, to undergo a performance and physical health assessment at regular and frequent intervals.⁸ There is also regular physical fitness testing that occurs as part of maintaining force readiness, for re-enlistment or change of occupational specialty, and other similar situations.

Regardless of how it is first noticed, if a medical condition may render the Service member unfit for duty or non-deployable for more than 12 months (as per DoDI 1332.45, "Retention Determinations for Non-Deployable Service Members"),⁹ documentation of the Service member's medical condition will be forwarded to the proper branch authority initiating the retention medical process.

II. Service Application of the Retention Medical Standards

Once a medical issue has been flagged as potentially requiring a review against retention medical standards, there are several outcomes that may occur. The Service member may be found fit to continue service, either with or without accommodations such as rest and recovery time, treatment, or in some cases, a change of primary military occupation. Alternatively, a Service member with a medical condition that potentially failed to meet retention medical standards may be evaluated through the DES process. This process may begin with review and documentation of the pertinent information by a MEB, although medical documentation can be collected in earlier pre-MEB processes. After review, the MEB will typically refer the case to a PEB, which will determine a disposition of the case (see 'PEB Disability Disposition Categories' for possible PEB dispositions).¹⁰

In some cases, a Service member may be administratively separated without referral to the DES process, such as when the medical condition was acquired through willful neglect or intentional misconduct, or during excessive or unexcused leave.^{11,12} Administrative separation may also be due to the pre-existence of a condition prior to service identified during the first 180 days of service and not

exacerbated by service.^{11,12} One other situation explicitly allowed for in section 1.2.b(2) of DoDI 6130.03 Vol 2 is that the medical condition at issue does not constitute a disability.¹

If a condition is found to be unfitting, the *Army*, *Navy/Marine Corps*, and *Air Force*, each have their own Service-specific policies on how cases are to be handled.^{3,4,5} The primary documents outlining those policies are identified in the *Publications* section of this report. Additional documentation can be found in the *Additional Supporting Publications* section. It is important to note that when examining data on any aspect of the retention medical process that the Services may have different rules for how unfitting conditions are handled. For example, cases referred for processing through DES may differ by Military Service based on the range of severity, and features that affect benefits determinations, such as how the condition was acquired, whether it pre-existed service, etc. For these reasons, comparisons of retention medical standards outcomes must be interpreted with caution and considerable nuance.

DATA SOURCES

I. Data Sources Used in RMSAR Descriptive Data Metrics

Through data collected from each Military Service's DES used to support MSAR's DESAR mission, MSAR currently receives data at the PEB level for Service members of each DoD branch. These evaluations are compiled separately for each Military Service. The **U.S. Army Physical Disability Agency (PDA)** provides data on *Army* disability evaluations, the **Secretary of the Navy Council of Review Board (CORB)** provides disability evaluation data for the *Navy* and *Marine Corps*, and the **Air Force Personnel Center (AFPC)** provides data on combined *Air Force* and *Space Force* disability evaluations. **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.** Additional variations in the data received by each PEB may impact this report's findings. For more details on these differences, please see the 'Limitations' section in this report. MSAR is working to expand our data sources to include data at the MEB level.

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

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

II. MSAR Data Pursuits Relevant to Retention Medical Standards

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

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

Potential Sources of Useful Information
Retention Medical Initiating Event
<i>MTF Referrals to a MEB</i>
<i>PHAs</i>
<i>Physical Fitness Assessments</i>
<i>Performance Assessment</i>
<i>Re-Enlistment Assessment</i>
<i>Change of MOS</i>
<i>Deployment Assessment</i>
<i>Flying Duty Medical Examination</i>
<i>Other Retention Medical Initiating Examinations</i>
Deployment Medical Waivers
MEBs
PEBs¹
Administrative Separation Data for Medical Conditions Not Amounting to a Disability

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

KEY TERMS, DEFINITIONS, AND ELEMENTS

Disability Evaluation System (DES): The DES, as defined in DoDI 1332.18, establishes policy, assigns responsibilities, and provides procedures for referral, evaluation, return to duty, separation, or retirement of Service members because of a medical condition causing inability to serve effectively in the military.¹³ The DES also defines the role of the MEB and the PEB in the medical discharge of Service members.

1. **Medical Evaluation Board (MEB):** The Service MEB documents the medical status and duty limitations of Service members who meet referral eligibility criteria to be admitted to the DES.¹² After documentation is complete, if the Service member cannot perform the duties of his office, grade, rank, or rating, the case is sent to the PEB for a disability disposition determination.
2. **Physical Evaluation Board (PEB):** Using documentation gathered by the MEB, the Service PEB determine fitness to perform military duties and eligibility for benefits. For those deemed unfit for continued duty, the PEB determines disability ratings for each medical condition involved, an overall rating based on all individual condition ratings, and a disposition which indicates the amount and type of disability benefit to be provided to the Service member, if any. RMSAR categorized the Service-specific disability dispositions into **retainability determination categories**.

DoDI Subsection: For this report, selected VASRD codes were mapped to the associated subsection of the Retention Standards outlined in DoDI 6130.03, V2 (**Table 2**). The DoDI subsections are not mutually exclusive, so VASRDs may have been placed into more than one subsection. For example, VASRD code 6066 for anatomical loss of an eye could be an issue relative to the retention standards for both Eyes and Vision and is therefore mapped to both DoDI subsections.

Retainability Determination Category: The three retainability determination categories identify the outcome of the PEB evaluation and were based on the six broad disability disposition categories utilized in DESAR's Annual Report.¹⁰ Definitions of DoD or Service-specific dispositions can be found in DoD Manual 1332.18,¹³ AR 635.40,¹⁴ SECNAV M-1850.1,⁶ or Air Force Instruction (AFI) 36-3212.¹⁵

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

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

Temporary Disability Retirement List (TDRL): TDRL is a temporary classification given when an unfitting condition has not sufficiently stabilized to assess long-term disability severity. This disposition is directed under ‘Regulars and members on active duty for more than 30 days: temporary disability retired list’, 10 United States Code (U.S.C.) § 1202 (December, 2011)¹⁶ or ‘Members on active duty for 30 days or less: temporary disability retired list’, 10 U.S.C., 10 U.S.C. § 1205 (December, 2011),¹⁷ as applicable, when the years of service or percentage requirements for permanent disability retirement are met, but the disabilities are not determined to be permanent and stable. Re-evaluation of TDRL cases should occur every 6-18 months until the condition stabilizes, or the Service member has been on the TDRL for three years. Since prior MSAR analyses have found that over 90% of Service members placed on the TDRL convert to the PDRL,^{18,19} Service members placed on the TDRL were included in this ‘non-retainable: disability discharge’ category.

Separation with Severance Pay (SWSP): This disposition applies when at least one medical condition does not meet retention standards, the combined disability rating incorporating all medical conditions is less than 30 percent, and the Service member has completed less than 20 years of service.¹³

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

Separated without DoD Disability Benefits (SWODDB): 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 dispositions where a Service member is no longer retainable and is not entitled to disability benefits from the DoD (e.g. separated without entitlement to benefits, discharge pursuant to other than Chapter 61 of 10 U.S.C.,²⁰ revert to retired status without disability benefits, nonduty unfit, not physically qualified, miscellaneous administrative removal, and administrative removal off the TDRL). Circumstances leading to this disposition include medical conditions that were acquired during unauthorized absence, conditions acquired due to intentional misconduct or willful neglect, or conditions proven to have existed prior to service, were not exacerbated by service, and service time was less than 8 years. Most Service members separated without DoD disability benefit are not assigned a VASRD code. However, a small number may be assigned an unrated VASRD code which indicates the Service member had an unfitting condition but was not eligible for DoD benefits.² Since the purpose of this report is to provide descriptive statistics by retention medical standard, only those assigned a VASRD which could be mapped to the DoDI were included.

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

3. **Fit for Continued Duty:** This category includes all Service members judged medically retainable and allowed to continue service. The following disability dispositions are included in this category: fit, limited duty, continuation on active duty, and physically qualified to continue

reserve status. A Service member determined to have unfitting conditions may continue service at the discretion of the Secretary of the Military Department based on the needs of the Service. Therefore, a small proportion of 'Fit for Continued Duty' Service members have an assigned VASRD code.

Retention Medical Standard Evaluation: For this report, a retention medical standard evaluation is defined as evaluation by both the MEB and PEB between FY 2019-2023, during which a VASRD code was assigned.

Veterans Affairs Schedule for Rating Disabilities (VASRD) Codes: VASRD codes are assigned by the PEB and translate specific medical conditions into disability ratings in 10-percentage point intervals.² Disability ratings are used to determine disability disposition and benefits. VASRD codes were not designed to be comprehensive of all medical conditions that may lead to disability, but rather to provide a framework for consistent ratings of disabilities in terms of the nature and extent.



Table 2: DoDI Subsection to VASRD Code Mapping

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

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

DESCRIPTIVE DATA METRICS

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

To assess the DoD-wide retention medical standards, MSAR identified all Service members evaluated by a PEB for conditions potentially not meeting at least one retention medical standard, with initial referral into the DES between October 1, 2019 and September 30, 2023 (FY 2019-2023). To assess reasons for non-retainability, MSAR selected those Service members who were determined to be non-retainable and were assigned a VASRD code. All ranks and components (active duty, reserves, and National Guard) were included in these analyses. All references to FY throughout this report are based on the date of initial MEB evaluation. All VASRD codes and dispositions were selected from the most recent PEB evaluation record.

To assess the specific retention medical standards for which Service members were most often evaluated by a PEB, MSAR mapped all assigned VASRD codes to the 29 subsections listed in the DoD Retention Medical Standards (DoDI 6130.03, V2, see section III).¹ All rates were calculated per 10,000 Service members in the relevant service, and were based on total Service population as of September 30 of the FY in question.



I. PEB Evaluation Rates, Overall and by DoDI Subsection

Figure 2 presents the temporal patterns of retention medical standard evaluation rates by Service from FY 2019-2023.

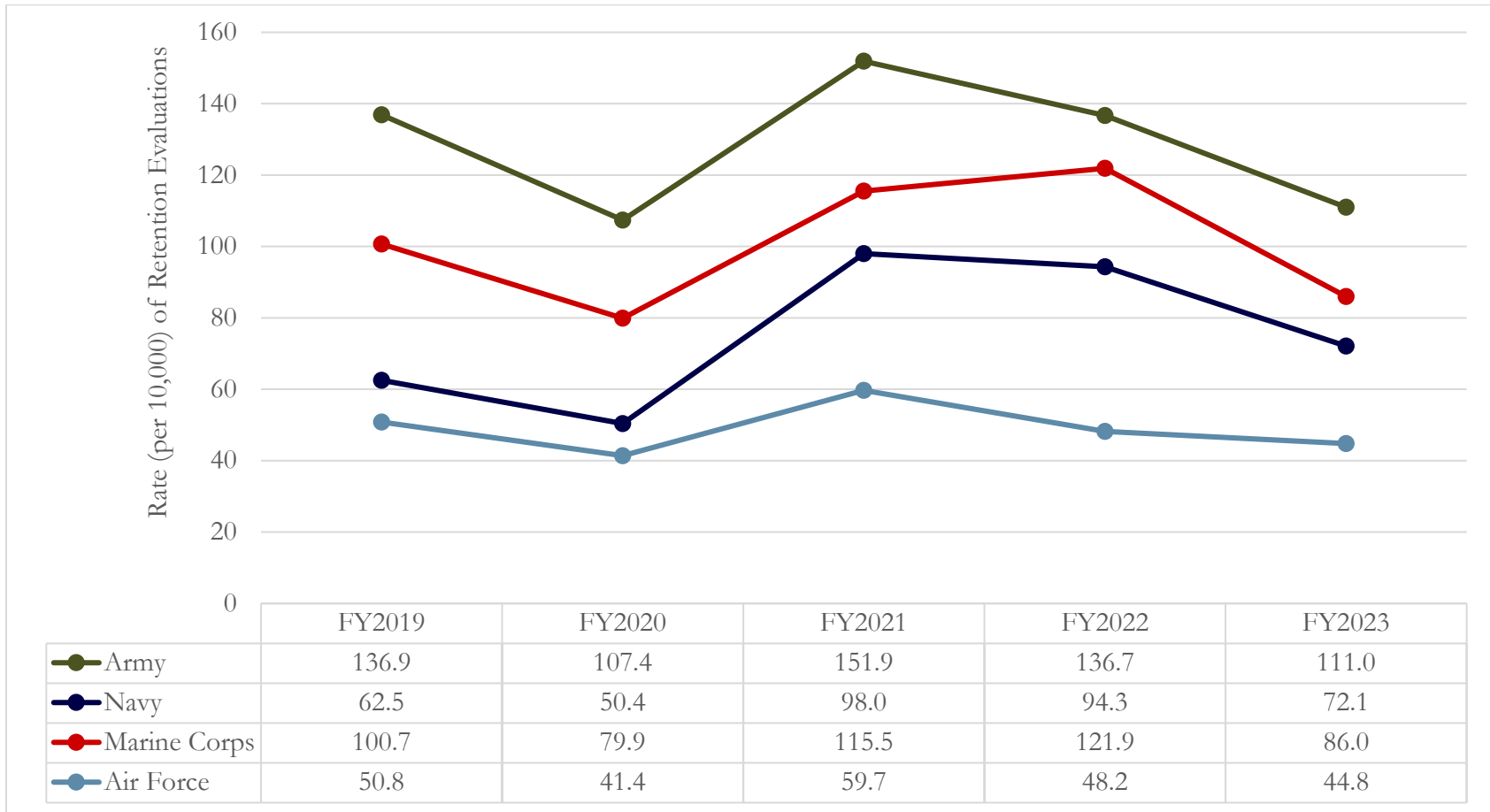
Rate calculations throughout this report were based on the FY of the Service member's first MEB evaluation.

Figure 2 Key Findings

- Overall, rates of retention medical standard evaluations, using PEB evaluations as a proxy, were relatively small (<2% of the total force of each Service).
- Rates of retention medical standard evaluations were highest for the Army (107-152 per 10,000 Soldiers), followed by Marine Corps (80-122 per 10,000 Marines), Navy (50-98 per 10,000 Sailors) and Air Force (41-60 per 10,000 Airmen).
 - Variations may reflect any of several important inter-Service differences, including but not limited to, Service-specific retention evaluation processes and historical standards for retainability, and differences in occupational requirements and stressors.
- For every Service, a notable drop in retention medical standard evaluations occurred in FY 2020, followed by a sharp uptick in FY 2021. This pattern is likely related to the COVID-19 pandemic, which caused delays in medical assessments, PEB processing, and overall healthcare availability for Service members during this period.



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



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

Tables 3A-D Key Findings

- The DoDI subsections contributing to most retention medical standards evaluations include behavioral health, neurological conditions, and the four MSK-related subsections, including spine and sacroiliac joint conditions, upper extremity conditions, lower extremity conditions, and generalized conditions of the musculoskeletal system.
 - This finding is in alignment with previous RMSAR Annual Reports.
- The Army consistently had the highest evaluation rates across most DoDI subsections compared to other Services, suggesting potentially stricter evaluation policies or occupational requirements, or higher diagnosis rates of conditions affecting a Service member's ability to perform their duties.



Table 3A: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection: Army, FY 2019-2023

DoDI Subsection	Army				
	2019	2020	2021	2022	2023
Head	<0.1	<0.1	0.1	<0.1	<0.1
Eyes	0.9	0.6	1.1	0.9	0.8
Vision	0.7	0.4	0.6	0.7	0.5
Ears	0.5	0.4	0.5	0.4	0.4
Hearing	0.8	0.5	0.6	0.6	0.4
Nose, Sinuses, Mouth, and Larynx	0.4	0.3	0.5	0.4	0.3
Dental	0.1	0.1	0.2	0.1	0.1
Neck	<0.1	<0.1	<0.1	<0.1	<0.1
Lungs, Chest Wall, Pleura, and Mediastinum	3.1	2.1	2.7	2.4	2.1
Heart	2.5	1.8	3.2	2.7	2.0
Abdominal Organs and Gastrointestinal System	2.9	2.4	3.9	3.3	2.6
Female Genital System	0.5	0.5	0.6	0.5	0.3
Male Genital System	0.9	0.6	0.6	0.5	0.4
Urinary System	1.1	0.9	1.3	1.1	0.8
Spine and Sacroiliac Joint Conditions	18.3	13.0	18.0	15.9	12.5
Upper Extremity Conditions	16.2	13.3	18.8	15.1	12.4
Lower Extremity Conditions	42.6	33.9	45.2	39.3	31.2
Generalized Conditions of the Musculoskeletal System	46.1	35.3	48.1	43.9	36.6
Vascular System	1.7	1.2	2.2	1.8	1.4
Skin and Soft Tissue Conditions	2.6	2.0	3.0	2.7	1.9
Blood and Blood Forming Conditions	1.0	0.6	0.8	0.7	0.5
Systemic Conditions	0.7	0.6	1.2	1.1	1.0
Endocrine and Metabolic Conditions	3.4	2.2	3.8	3.7	2.4
Rheumatologic Conditions	3.8	2.6	4.0	3.5	2.4
Neurologic Conditions	31.4	24.4	39.3	35.4	28.7
Sleep Disorders	1.5	1.1	1.6	1.5	1.4
Behavioral Health	49.6	37.4	52.2	46.2	38.5
Tumors and Malignancies	1.6	1.2	1.9	1.8	1.3
Miscellaneous Conditions	0.2	0.1	0.2	0.2	0.2

(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated. Rates were calculated using Defense Manpower Data Center (DMDC) Total Force Strength per 10,000.

Table 3B: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection:
Navy, FY 2019-2023

DoDI Subsection	Navy				
	2019	2020	2021	2022	2023
Head	<0.1	-	<0.1	<0.1	0.1
Eyes	0.9	0.5	1.0	1.0	0.9
Vision	0.6	0.4	0.7	0.5	0.5
Ears	0.4	0.2	0.7	0.7	0.6
Hearing	0.1	<0.1	0.2	0.1	0.2
Nose, Sinuses, Mouth, and Larynx	0.1	<0.1	0.2	0.2	0.2
Dental	0.1	<0.1	0.2	0.2	0.1
Neck	<0.1	-	<0.1	-	<0.1
Lungs, Chest Wall, Pleura, and Mediastinum	0.9	0.5	1.3	1.4	1.6
Heart	1.2	0.7	1.4	1.5	1.7
Abdominal Organs and Gastrointestinal System	2.9	2.3	3.9	4.3	3.5
Female Genital System	0.3	0.2	0.4	1.3	0.8
Male Genital System	0.3	0.2	0.2	0.3	0.6
Urinary System	0.7	0.5	1.0	0.9	0.7
Spine and Sacroiliac Joint Conditions	3.8	3.1	6.4	7.3	5.5
Upper Extremity Conditions	4.5	4.1	6.5	6.8	5.2
Lower Extremity Conditions	10.2	9.1	15.2	14.4	10.7
Generalized Conditions of the Musculoskeletal System	10.8	9.4	14.3	14.9	12.0
Vascular System	0.9	0.8	1.6	1.6	1.2
Skin and Soft Tissue Conditions	0.8	0.9	1.7	2.2	2.3
Blood and Blood Forming Conditions	0.3	0.5	0.8	0.6	0.6
Systemic Conditions	0.3	0.2	0.6	0.5	0.5
Endocrine and Metabolic Conditions	1.4	1.3	2.4	1.7	1.6
Rheumatologic Conditions	2.8	1.9	3.1	3.2	2.4
Neurologic Conditions	11.0	7.8	16.4	18.8	14.9
Sleep Disorders	0.9	0.5	1.4	1.5	1.2
Behavioral Health	24.8	21.1	50.5	49.4	35.3
Tumors and Malignancies	1.0	0.9	1.7	1.9	1.5
Miscellaneous Conditions	0.1	<0.1	0.1	0.2	0.1

(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated. Rates were calculated using Defense Manpower Data Center (DMDC) Total Force Strength per 10,000.

Table 3C: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection: Marine Corps, FY 2019-2023

DoDI Subsection	Marine Corps				
	2019	2020	2021	2022	2023
Head	-	-	-	-	<0.1
Eyes	0.8	0.5	0.9	1.2	0.6
Vision	0.6	0.3	0.7	1.1	0.5
Ears	0.1	0.1	0.2	0.4	0.2
Hearing	0.2	0.1	0.1	0.1	0.2
Nose, Sinuses, Mouth, and Larynx	0.3	0.1	<0.1	0.4	0.2
Dental	0.1	-	-	0.2	-
Neck	<0.1	-	<0.1	0.1	-
Lungs, Chest Wall, Pleura, and Mediastinum	2.7	2.8	3.3	2.4	2.5
Heart	1.0	0.9	1.4	1.6	1.4
Abdominal Organs and Gastrointestinal System	3.4	2.0	3.7	4.0	2.5
Female Genital System	0.2	0.3	0.4	0.4	0.3
Male Genital System	0.6	0.5	0.7	0.9	0.5
Urinary System	0.5	0.4	0.7	1.0	0.6
Spine and Sacroiliac Joint Conditions	10.3	8.0	11.9	14.8	11.0
Upper Extremity Conditions	12.8	9.8	15.3	16.3	11.7
Lower Extremity Conditions	37.5	30.8	41.2	43.9	31.1
Generalized Conditions of the Musculoskeletal System	26.9	20.5	32.5	34.5	23.9
Vascular System	0.8	0.8	1.1	1.0	0.7
Skin and Soft Tissue Conditions	1.0	0.9	1.8	1.9	1.1
Blood and Blood Forming Conditions	0.5	0.5	0.5	0.8	0.6
Systemic Conditions	0.6	0.2	0.7	0.6	0.2
Endocrine and Metabolic Conditions	1.2	0.9	1.4	1.2	1.2
Rheumatologic Conditions	1.9	1.9	1.4	2.1	1.3
Neurologic Conditions	13.8	11.6	18.4	21.6	17.6
Sleep Disorders	0.8	0.6	0.8	1.0	0.9
Behavioral Health	14.5	11.6	19.7	23.7	17.4
Tumors and Malignancies	1.0	0.7	1.6	1.9	1.3
Miscellaneous Conditions	0.1	0.1	0.2	<0.1	0.1

(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated. Rates were calculated using Defense Manpower Data Center (DMDC) Total Force Strength per 10,000.

Table 3D: PEB Retention Medical Standard Evaluation Rate, by DoDI Subsection: Air Force, FY 2019-2023

DoDI Subsection	Air Force				
	2019	2020	2021	2022	2023
Head	-	-	<0.1	<0.1	-
Eyes	0.6	0.4	0.6	0.6	0.4
Vision	0.4	0.2	0.4	0.3	0.3
Ears	0.5	0.3	0.6	0.5	0.4
Hearing	0.1	0.1	0.1	0.1	0.1
Nose, Sinuses, Mouth, and Larynx	0.2	0.1	0.1	0.2	0.2
Dental	0.1	<0.1	<0.1	0.1	<0.1
Neck	<0.1	-	-	<0.1	-
Lungs, Chest Wall, Pleura, and Mediastinum	1.9	1.7	2.6	1.6	1.5
Heart	1.4	1.1	2.0	1.8	1.3
Abdominal Organs and Gastrointestinal System	1.8	2.0	2.8	2.1	2.2
Female Genital System	0.4	0.4	0.4	0.3	0.3
Male Genital System	0.2	0.1	0.1	0.1	0.2
Urinary System	0.5	0.6	0.6	0.4	0.5
Spine and Sacroiliac Joint Conditions	5.0	4.0	6.2	4.7	3.8
Upper Extremity Conditions	3.1	2.1	3.2	2.5	2.3
Lower Extremity Conditions	7.3	4.9	6.2	5.1	4.7
Generalized Conditions of the Musculoskeletal System	10.5	7.5	9.6	6.7	6.7
Vascular System	0.7	0.8	1.1	0.8	0.6
Skin and Soft Tissue Conditions	1.1	1.1	2.4	2.1	1.7
Blood and Blood Forming Conditions	0.4	0.6	0.6	0.5	0.5
Systemic Conditions	0.3	0.2	0.4	0.5	0.3
Endocrine and Metabolic Conditions	1.2	1.0	1.8	1.2	0.9
Rheumatologic Conditions	2.2	2.2	2.6	2.2	1.9
Neurologic Conditions	12.4	10.0	14.5	11.9	11.6
Sleep Disorders	1.1	0.6	0.9	0.6	0.8
Behavioral Health	21.1	16.3	25.5	22.7	23.1
Tumors and Malignancies	1.2	1.1	1.4	0.9	0.8
Miscellaneous Conditions	0.1	0.1	0.1	0.1	0.1

(-) indicates that no Service members were evaluated under the DoDI subsection and a rate could not be calculated. Rates were calculated using Defense Manpower Data Center (DMDC) Total Force Strength per 10,000.

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

Tables 4A-D identify the top two specific conditions, based on the assigned VASRD codes, within each of the 29 subsections identified in DoDI 6130.03, V2. These tables aim to describe the specific conditions most frequently involved in retention medical standards evaluations across the Services. Service members with more than one condition within a specific DoDI subsection will be counted within each relevant condition tabulation, but only once per DoDI subsection. For example, a Service member evaluated for hearing loss and tinnitus would be counted under each condition but counted only once under the Hearing subsection. Additionally, conditions listed under multiple DoDI subsections will be counted within each relevant subsection. For example, VASRD code 6066 (visual acuity in one eye 10/200 or better) is counted in both the Eyes and Vision subsections.

Tables 4A-D Key Findings

- For many of the DoDI subsections, **a few specific VASRD codes accounted for a substantial proportion of retention evaluations.**
 - For all Services, most Service members evaluated under the Hearing subsection had hearing loss (61-93%) or tinnitus (19-43%).
 - Approximately 67-86% of Service members evaluated under the Endocrine and Metabolic Conditions subsection had diabetes mellitus.
 - Approximately 73-90% of Service members evaluated under the Lungs, Chest Wall, Pleura, and Mediastinum subsection had bronchial asthma.
- The two most common conditions within each DoDI subsection were generally consistent across Services, with a few notable differences.
 - Among Service members evaluated under the Neurologic Conditions subsection, residuals of traumatic brain injury was common among Soldiers and Marines, while migraines were common among Sailors and Airmen.
 - The most common conditions under the Heart subsection were ventricular arrhythmias and supraventricular tachycardia in the Navy, Marine Corps, and Air Force. However, the most common heart condition in the Army was supraventricular tachycardia (21%), closely followed by arteriosclerotic heart disease (18%).
- A few of the larger general subsections, particularly Lower Extremity and Generalized Conditions of the Musculoskeletal System, are much less concentrated in the top two codes. However, these findings should be interpreted with caution since the number of VASRDs mapped to each DoDI subsection differ widely (Table 2).

Table 4A: Top Two Unfitting Medical Conditions per DoDI Subsection: Army, FY 2019-2023

Army

			Upper Extremity Conditions (N=8,368)		
Head (N=25)	n	%	n	%	
5296: Skull, loss of part of, both inner and outer tables	21	84.0	5201: Arm, limitation of motion	6,339	75.8
9902: Mandible loss of, including ramus, unilaterally or bilaterally	4	16.0	5215: Wrist, limitation of motion	1,260	15.1
Eyes (N=487)			Lower Extremity Conditions (N=21,205)		
6066: Visual acuity in one eye 10/200 (3/60) or better	159	32.6	5260: Leg, limitation of flexion	8,024	37.8
6080: Visual field defects	103	21.1	5252: Thigh, limitation of flexion	5,717	27.0
Vision (N=328)			Generalized Conditions of the Musculoskeletal System (N=23,154)		
6066: Visual acuity in one eye 10/200 (3/60) or better	159	48.5	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	9,265	40.0
6080: Visual field defects	103	31.4	5243: Intervertebral disc syndrome	8,795	38.0
Ears (N=242)			Vascular System (N=909)		
6204: Peripheral vestibular disorders	190	78.5	6817: Pulmonary Vascular Disease	355	39.1
6205: Meniere's syndrome (endolymphatic hydrops)	53	21.9	7121: Post-phlebotic syndrome of any etiology	326	35.9
Hearing (N=317)			Skin & Soft Tissue Conditions (N=1,340)		
6100: Hearing loss	296	93.4	7816: Psoriasis	262	19.6
6260: Tinnitus, recurrent	73	23.0	7802: Burn scar(s) or scar(s) due to other causes	301	22.5
Nose, Sinuses, Mouth, and Larynx (N=200)			Blood and Blood Forming Conditions (N=407)		
6516: Laryngitis, chronic	81	40.5	7715: Non-Hodgkin's lymphoma.	53	13.0
6522: Allergic or vasomotor rhinitis	48	24.0	7703: Leukemia	51	12.5
Dental (N=65)			Systemic Conditions (N=502)		
9905: Temporomandibular disorder	51	78.5	5330: Rhabdomyolysis, residuals of	105	20.9
9918: Neoplasm, hard and soft tissue, malignant	5	7.7	7525: Prostatitis, urethritis, epididymitis, orchitis (unilateral or bilateral), chronic only	95	18.9
Neck (N=10)			Endocrine and Metabolic Conditions (N=1,699)		
5322: Group XXII Function: Rotary and forward movements, head; respiration; deglutition.	6	60.0	7913: Diabetes mellitus	1,454	85.6
5323: Group XXIII Function: Movements of head; fixation of shoulder movements.	4	40.0	5017: Gout	64	3.8
Lungs, Chest Wall, Pleura, and Mediastinum (N=1,376)			Rheumatologic Conditions (N=1,794)		
6602: Asthma, bronchial	1,107	80.5	5025: Fibromyalgia (fibrositis, primary fibromyalgia syndrome)	1,087	60.6
6846: Sarcoidosis	72	5.2	5002: Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process	338	19.8
Heart (N=1,335)			Neurologic Conditions (N=17,545)		
7010: Supraventricular arrhythmias	275	20.6	8520: Sciatic nerve, paralysis	6,823	38.9
7005: Arteriosclerotic heart disease (coronary heart disease)	242	18.1	8045: Residuals of traumatic brain injury	3,985	22.7
Abdominal Organs and Gastrointestinal System (N=1,665)			Sleep Disorders (N=775)		
7523: Colitis, ulcerative	526	31.6	6847: Sleep Apnea Syndromes (obstructive, central, mixed)	519	67.0
7319: Irritable bowel syndrome	410	24.6	8108: Narcolepsy	263	33.9
Female Genital System (N=262)			Behavioral Health (N=24,689)		
7629: Endometriosis	88	33.6	9411: Posttraumatic stress disorder	16,028	64.9
7630: Malignant neoplasms of the breast	59	22.5	9434: Major depressive disorder	4,230	17.1
Male Genital System (N=339)			Tumors and Malignancies (N=853)		
7523: Testis, atrophy, complete	159	46.9	7343: Malignant neoplasms of the digestive system, exclusive of skin growths	95	11.1
7525: Prostatitis, urethritis, epididymitis, orchitis (unilateral or bilateral), chronic only	95	28.0	8003: Brain, new growth of, benign, minimum	90	10.6
Urinary System (N=580)			Miscellaneous Conditions (N=91)		
7542: Neurogenic bladder	163	28.1	7122: Cold injury residuals	38	41.8
7530: Renal disease, chronic	112	19.3	6844: Post-surgical residual	20	22.0
Spine and Sacroiliac Joint Conditions (N=8,566)					
5237: Lumbosacral or cervical strain	6,502	75.9			
5239: Spondylolisthesis or segmental instability	599	7.0			

N = Number of Service members disability discharged under the DoDI subsection.

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

Some VASRD descriptions have been shortened for table formatting. For full descriptions, please refer to Code of Federal Regulations (CFR) under Title 38, Part 4.

Table 4B: Top Two Unfitting Medical Conditions per DoDI Subsection: Navy, FY 2019-2023

Navy

Head (N=7)			Upper Extremity Conditions (N=1,183)		
	n	%		n	%
5296: Skull, loss of part of, both inner and outer tables	4	57.1	5201: Arm, limitation of motion	764	64.6
9902: Mandible loss of, including ramus, unilaterally or bilaterally	3	42.9	5215: Wrist, limitation of motion	250	21.1
Eyes (N=184)			Lower Extremity Conditions (N=2,613)		
6066: Visual acuity in one eye 10/200 (3/60) or better	52	28.3	5260: Leg, limitation of flexion	1,080	41.3
6080: Visual field defects	34	18.5	5271: Ankle, limited motion	455	17.4
Vision (N=119)			Generalized Conditions of the Musculoskeletal System (N=2,687)		
6066: Visual acuity in one eye 10/200 (3/60) or better	52	43.7	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	1,072	39.9
6080: Visual field defects	34	28.6	5243: Intervertebral disc syndrome	858	31.9
Ears (N=112)			Vascular System (N=265)		
6204: Peripheral vestibular disorders	78	69.6	6817: Pulmonary vascular disease	113	42.6
6205: Meniere's syndrome (endolymphatic hydrops)	30	26.8	7121: Post-phlebotic syndrome	90	34.0
Hearing (N=28)			Skin and Soft Tissue Conditions (N=346)		
6100: Hearing loss	19	67.9	7806: Dermatitis or eczema	85	24.6
6260: Tinnitus, recurrent	7	25.0	7816: Psoriasis	68	19.7
Nose, Sinuses, Mouth, and Larynx (N=34)			Blood and Blood Forming Conditions (N=118)		
6516: Laryngitis, chronic	13	38.2	7703: Leukemia	22	17.6
7200: Soft tissue injury of the mouth, other than tongue or lips	4	11.8	7709: Hodgkin's lymphoma	20	16.0
Dental (N=22)			Systemic Conditions (N=93)		
9905: Temporomandibular disorder	15	68.2	7820: Infections of the skin not listed elsewhere (bacterial, fungal, viral, trepanemal and parasitic diseases)	17	18.3
9913: Teeth, loss of	3	13.6	6846: Sarcoidosis	14	15.1
Neck (N=4)			Endocrine and Metabolic Conditions (N=370)		
5323: Group XXIII Function: Movements of head; fixation of shoulder movements.	3	75.0	7913: Diabetes mellitus	274	74.1
5322: Group XXII Function: Rotary and forward movements, head; respiration; deglutition.	1	25.0	7900: Hyperthyroidism, including, but not limited to, Graves' disease	21	5.7
Lungs, Chest Wall, Pleura, and Mediastinum (N=249)			Rheumatologic Conditions (N=590)		
6602: Asthma, bronchial	182	73.1	5025: Fibromyalgia (fibrositis, primary fibromyalgia syndrome)	354	60.0
6846: Sarcoidosis	14	5.6	5002: Multi-joint arthritis (except post-traumatic and gout), 2 or more joints, as an active process	97	16.4
Heart (N=285)			Neurologic Conditions (N=3,018)		
7011: Ventricular arrhythmias (sustained)	73	25.6	8100: Migraine	811	26.9
7010: Supraventricular arrhythmias	69	24.2	8520: Sciatic nerve, paralysis	539	17.9
Abdominal Organs and Gastrointestinal System (N=737)			Sleep Disorders (N=242)		
7323: Colitis, ulcerative	315	42.7	8108: Narcolepsy	131	54.1
7319: Irritable bowel syndrome	211	28.6	6847: Sleep apnea syndromes (obstructive, central, mixed)	112	46.3
Female Genital System (N=134)			Behavioral Health (N=7,929)		
7629: Endometriosis	35	26.1	9411: Posttraumatic stress disorder	3,173	40.0
7615: Ovary, disease or injury, or adhesions of	24	17.9	9434: Major depressive disorder	2,329	29.4
Male Genital System (N=64)			Tumors and Malignancies (N=304)		
7522: Erectile dysfunction, with or without penile deformity	19	29.7	8002: Brain, new growth of, malignant	34	11.2
7523: Testis, atrophy, complete	17	26.6	8003: Brain, new growth of, benign, minimum	32	10.5
Urinary System (N=167)			Miscellaneous Conditions (N=24)		
7542: Neurogenic bladder	66	39.5	7531: Kidney transplant	8	33.3
7530: Chronic renal disease requiring regular dialysis	26	15.6	6844: Post-surgical residual	6	25.0
Spine and Sacroiliac Joint Conditions (N=1,142)					
5237: Lumbosacral or cervical strain	702	61.5			
5239: Spondylolisthesis or segmental instability	132	11.6			

N = Number of Service members disability discharged under the DoDI subsection

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

Some VASRD descriptions have been shortened for table formatting. For full descriptions, please refer to CFR, Title 38, Part 4.

Table 4C: Top Two Unfitting Medical Conditions per DoDI Subsection: Marine Corps, FY 2019-2023

Marine Corps

Head (N=1)			Upper Extremity Conditions (N=1,665)		
	n	%		n	%
5296: Loss of part of the skull	1	100.0	5201: Arm, limitation of motion	1,220	73.3
			5215: Wrist, limitation of motion	211	12.7
Eyes (N=101)			Lower Extremity Conditions (N=4,664)		
6066: Visual acuity in one eye 10/200 (3/60) or better	35	34.7	5260: Leg, limitation of flexion	1,634	35.0
6080: Visual field defects	18	17.8	5252: Thigh, limitation of flexion	1,074	23.0
Vision (N=77)			Generalized Conditions of the Musculoskeletal System (N=3,494)		
6066: Visual acuity in one eye 10/200 (3/60) or better	35	45.5	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	1,207	34.5
6080: Visual field defects	18	23.4	5243: Intervertebral disc syndrome	1,011	28.9
Ears (N=24)			Vascular System (N=111)		
6204: Peripheral vestibular disorders	19	79.2	7121: Post-phlebotic syndrome of any etiology	36	32.4
6205: Meniere's syndrome (endolymphatic hydrops)	4	16.7	6817: Pulmonary vascular disease	31	27.9
Hearing (N=16)			Skin and Soft Tissue Conditions (N=170)		
6100: Hearing loss	13	81.3	7804: Scar(s), unstable or painful	47	27.6
6260: Tinnitus, recurrent	3	18.8	7825: Chronic urticaria	33	19.4
Nose, Sinuses, Mouth, and Larynx (N=27)			Blood and Blood Forming Conditions (N=75)		
6516: Laryngitis, chronic	11	40.7	7703: Leukemia (except for chronic myelogenous leukemia)	16	21.3
6522: Allergic or vasomotor rhinitis	7	25.9	7709: Hodgkin's lymphoma	14	18.7
Dental (N=6)			Systemic Conditions (N=62)		
9905: Temporomandibular disorder	5	83.3	7525: Prostatitis, urethritis, epididymitis, orchitis (unilateral or bilateral), chronic only	15	24.2
9915: Maxilla, loss of half or less	1	16.7	5330: Rhabdomyolysis, residuals of	14	22.6
Neck (N=4)			Endocrine and Metabolic Conditions (N=149)		
5322: Group XXII Function: Rotary and forward movements, head; respiration; deglutition.	3	75.0	7913: Diabetes mellitus	100	67.1
5323: Group XXIII Function: Movements of head; fixation of shoulder movements.	1	25.0	7903: Hypothyroidism	10	6.7
Lungs, Chest Wall, Pleura, and Mediastinum (N=350)			Rheumatologic Conditions (N=221)		
6602: Asthma, bronchial	307	87.7	5025: Fibromyalgia (fibrositis, primary fibromyalgia syndrome)	110	49.8
6846: Sarcoidosis	9	2.6	5009: Other specified forms of arthropathy (excluding gout)	42	19.0
Heart (N=155)			Neurologic Conditions (N=2,093)		
7010: Supraventricular arrhythmias	28	18.1	8520: Sciatic nerve, paralysis	467	22.3
7011: Ventricular arrhythmias	26	16.8	8045: Residuals of traumatic brain injury	443	21.2
Abdominal Organs and Gastrointestinal System (N=395)			Sleep Disorders (N=106)		
7323: Colitis, ulcerative	181	45.8	8108: Narcolepsy	58	54.7
7319: Irritable bowel syndrome	94	23.8	6847: Sleep apnea syndromes (obstructive, central, mixed)	48	45.3
Female Genital System (N=39)			Behavioral Health (N=2,191)		
7629: Endometriosis	19	48.7	9411: Posttraumatic stress disorder	1,001	45.7
7613: Uterus, disease, injury, or adhesions of	8	20.5	9434: Major depressive disorder	510	23.3
Male Genital System (N=80)			Tumors and Malignancies (N=165)		
7523: Testis, atrophy, complete	43	53.8	8003: Brain, new growth of, benign, minimum	18	11.0
7525: Epididymo-orchitis, chronic only	15	18.8	7703: Leukemia (except for chronic myelogenous leukemia)	16	9.8
Urinary System (N=79)			Miscellaneous Conditions (N=14)		
7542: Neurogenic bladder	25	31.6	6844: Post-surgical residual (lobectomy, pneumonectomy, etc.)	5	35.7
7530: Chronic renal disease requiring regular dialysis	19	24.1	5011: Decompression illness	3	21.4
Spine and Sacroiliac Joint Conditions (N=1,410)					
5237: Lumbosacral or cervical strain	935	66.3			
5239: Spondylolisthesis or segmental instability	191	13.5			

N = Number of Service members disability discharged under the DoDI subsection

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

Some VASRD descriptions have been shortened for table formatting. For full descriptions, please refer to CFR, Title 38, Part 4

Table 4D: Top Two Unfitting Medical Conditions per DoDI Subsection: Air Force, FY 2019-2023

Air Force					
Head (N=3)			Upper Extremity Conditions (N=714)		
5296: Skull, loss of part of, both inner and outer tables	n	%	5201: Arm, limitation of motion	n	%
	3	100.0	5215: Wrist, limitation of motion	422	59.1
				144	20.2
Eyes (N=142)			Lower Extremity Conditions (N=2,433)		
6066: Visual acuity in one eye 10/200 (3/60) or better	47	33.1	5260: Leg, limitation of flexion	508	33.0
6080: Visual field defects	27	19.0	5271: Ankle, limited motion	288	18.7
Vision (N=91)			Generalized Conditions of the Musculoskeletal System (N=2,232)		
6066: Visual acuity in one eye 10/200 (3/60) or better	47	51.6	5243: Intervertebral disc syndrome	1,033	46.3
6080: Visual field defects	27	29.7	5242: Degenerative arthritis, degenerative disc disease other than intervertebral disc syndrome	994	44.5
Ears (N=123)			Vascular System (N=220)		
6204: Peripheral vestibular disorders	79	64.2	6817: Pulmonary vascular disease	81	36.8
6205: Meniere's syndrome (endolymphatic hydrops)	45	36.3	7121: Post-phlebotic syndrome of any etiology	71	32.3
Hearing (N=28)			Skin and Soft Tissue Conditions (N=453)		
6100: Hearing loss	17	60.7	7802: Burn scar(s) or scar(s) due to other causes, not of the head, face, or neck that are not associated with underlying soft tissue damage	90	19.9
6260: Tinnitus, recurrent	12	42.9	7804: Scar(s), unstable or painful	88	19.4
Nose, Sinuses, Mouth, and Larynx (N=45)			Blood and Blood Forming Conditions (N=147)		
6516: Laryngitis, chronic	14	31.1	7715: Non-Hodgkin's lymphoma	27	18.4
6522: Allergic or vasomotor rhinitis	11	24.4	7703: Leukemia (except for chronic myelogenous leukemia)	25	17.0
Dental (N=13)			Systemic Conditions (N=95)		
9905: Temporomandibular disorder	12	92.3	7820: Infections of the skin	21	22.1
9917: Neoplasm, hard and soft tissue, benign	1	7.7	6351: HIV-Related Illness	18	18.9
Neck (N=3)			Endocrine and Metabolic Conditions (N=336)		
5322: Group XXII Function: Rotary and forward movements, head; respiration; deglutition.	1	33.3	7913: Diabetes mellitus	273	81.3
5287: Spine, ankylosis of, cervical	1	33.3	7903: Hypothyroidism	13	3.9
Lungs, Chest Wall, Pleura, and Mediastinum (N=508)			Rheumatologic Condition (N=598)		
6602: Asthma, bronchial	457	90.0	5025: Fibromyalgia (fibrositis, primary fibromyalgia syndrome)	348	58.2
6846: Sarcoidosis	12	2.4	6350: Lupus erythematosus, systemic (disseminated)	92	15.4
Heart (N=421)			Neurologic Conditions (N=3,286)		
7010: Supraventricular tachycardia	121	28.7	8520: Sciatic nerve, paralysis	837	25.5
7011: Ventricular arrhythmias (sustained)	80	19.0	8100: Migraine	826	25.1
Abdominal Organs and Gastrointestinal System (N=589)			Sleep Disorders (N=219)		
7323: Colitis, ulcerative	256	43.5	6847: Sleep apnea syndromes (obstructive, central, mixed)	139	63.5
7319: Irritable bowel syndrome	166	28.2	8108: Narcolepsy	81	37.0
Female Genital System (N=95)			Behavioral Health (N=5,907)		
7629: Endometriosis	34	35.8	9411: Posttraumatic stress disorder	2,764	46.8
7630: Malignant neoplasms of the breast	14	14.7	9434: Major depressive disorder	1,571	26.6
Male Genital System (N=45)			Tumors and Malignancies (N=296)		
7523: Testis, atrophy, complete	18	40.0	7343: Malignant neoplasms of the digestive system, exclusive of skin growths	46	15.5
7525: Epididymo-orchitis, chronic only	9	20.0	8003: Brain, new growth of, benign, minimum	40	13.5
Urinary System (N=146)			Miscellaneous Conditions (N=19)		
7542: Neurogenic bladder	56	38.4	7531: Kidney transplant	8	42.1
7536: Glomerulonephritis	13	8.9	7815: Bullous disorders	5	26.3
Spine and Sacroiliac Joint Conditions (N=1,292)					
5237: Lumbosacral or cervical strain	800	61.9			
5239: Spondylolisthesis or segmental instability	130	10.1			

N = Number of Service members disability discharged under the DoDI subsection

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

Some VASRD descriptions have been shortened for table formatting. For full descriptions, please refer to CFR, Title 38, Part 4

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

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



Tables 5A-D Key Findings

- More than 92% of Service members evaluated under the retention medical standards by the PEB were determined to be non-retainable and entitled to DoD disability benefits.
 - When compared to other Services, the Air Force had the highest proportion of Service members that were either administratively discharged (6% vs. <2%) or found fit for continued duty (2% vs. <1%).
 - Approximately 22% of Airmen evaluated for conditions under the Male Genital Conditions subsection were found to be fit for continued duty.

Table 5A: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Army, FY 2019-2023

Army			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head*	96.0	4.0	-
Eyes	93.2	6.4	0.4
Vision	93.3	6.1	0.6
Ears	98.3	1.2	0.4
Hearing	89.3	8.5	2.2
Nose, Sinuses, Mouth, and Larynx	97.0	2.5	0.5
Dental	96.9	3.1	-
Neck*	100.0	-	-
Lungs, Chest Wall, Pleura, and Mediastinum	97.8	1.8	0.4
Heart	95.5	3.7	0.7
Abdominal Organs and Gastrointestinal System	97.1	2.3	0.5
Female Genital System	96.9	3.1	-
Male Genital System	98.5	1.2	0.3
Urinary System	96.6	2.6	0.9
Spine and Sacroiliac Joint Conditions	98.6	1.2	0.2
Upper Extremity Conditions	98.3	1.4	0.3
Lower Extremity Conditions	98.4	1.3	0.3
Generalized Conditions of the Musculoskeletal System	98.6	1.1	0.3
Vascular System	94.8	4.2	1.0
Skin and Soft Tissue Conditions	97.0	2.7	0.3
Blood and Blood Forming Conditions	91.6	8.4	-
Systemic Conditions	96.4	3.4	0.2
Endocrine and Metabolic Conditions	91.3	4.4	4.4
Rheumatologic Conditions	99.2	0.6	0.2
Neurologic Conditions	98.8	0.9	0.3
Sleep Disorders)	97.9	1.3	0.8
Behavioral Health	98.9	0.9	0.2
Tumors and Malignancies	96.2	3.4	0.4
Miscellaneous Conditions	98.9	1.1	-
Overall	98.0	1.6	0.4

(-) indicates that no Service members were assigned within that retainability determination category

* Results for Head and Neck subsections are based on relatively small numbers

Table 5B: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Navy, FY 2019-2023

Navy			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head*	85.7	14.3	-
Eyes	98.4	1.1	0.5
Vision	97.5	1.7	0.8
Ears	98.2	1.8	-
Hearing*	100.0	-	-
Nose, Sinuses, Mouth, and Larynx	100.0	-	-
Dental*	95.5	4.5	-
Neck*	100.0	-	-
Lungs, Chest Wall, Pleura, and Mediastinum	98.0	2.0	-
Heart	98.6	1.1	0.4
Abdominal Organs and Gastrointestinal System	98.5	1.5	-
Female Genital System	99.3	0.7	-
Male Genital System	98.4	1.6	-
Urinary System	97.6	2.4	-
Spine and Sacroiliac Joint Conditions	99.6	0.4	-
Upper Extremity Conditions	99.3	0.6	0.1
Lower Extremity Conditions	99.0	0.9	<0.1
Generalized Conditions of the Musculoskeletal System	99.1	0.9	-
Vascular System	98.5	1.5	-
Skin and Soft Tissue Conditions	98.6	1.4	-
Blood and Blood Forming Conditions	97.6	1.6	0.8
Systemic Conditions	100.0	-	-
Endocrine and Metabolic Conditions	97.0	2.4	0.5
Rheumatologic Conditions	99.2	0.8	-
Neurologic Conditions	99.1	0.9	<0.1
Sleep Disorders	99.2	0.8	-
Behavioral Health	98.7	1.3	<0.1
Tumors and Malignancies	95.4	4.6	-
Miscellaneous Conditions*	100.0	-	-
Overall	98.7	1.2	0.1

(-) indicates that no Service members were assigned within that retainability determination category

*Results for Head, Hearing, Dental, Neck and Miscellaneous subsections are based on relatively small numbers

Table 5C: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Marine Corps, FY 2019-2023

Marine Corps			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head*	100.0	-	-
Eyes	100.0	-	-
Vision	100.0	-	-
Ears*	95.8	4.2	-
Hearing*	100.0	-	-
Nose, Sinuses, Mouth, and Larynx	100.0	-	-
Dental*	100.0	-	-
Neck*	100.0	-	-
Lungs, Chest Wall, Pleura, and Mediastinum	98.9	0.9	0.3
Heart	98.1	0.6	1.3
Abdominal Organs and Gastrointestinal System	98.5	1.5	-
Female Genital System	100.0	-	-
Male Genital System	97.5	2.5	-
Urinary System	100.0	-	-
Spine and Sacroiliac Joint Conditions	97.7	2.3	-
Upper Extremity Conditions	98.3	1.6	0.1
Lower Extremity Conditions	98.6	1.4	-
Generalized Conditions of the Musculoskeletal System	98.5	1.5	<0.1
Vascular System	97.3	2.7	-
Skin and Soft Tissue Conditions	98.8	1.2	-
Blood and Blood Forming Conditions	97.3	2.7	-
Systemic Conditions	98.4	1.6	-
Endocrine and Metabolic Conditions	100.0	-	-
Rheumatologic Conditions	98.2	1.8	-
Neurologic Conditions	98.4	1.5	0.1
Sleep Disorders	99.1	0.9	-
Behavioral Health	98.2	1.8	-
Tumors and Malignancies	99.4	0.6	-
Miscellaneous Conditions*	100.0	-	-
Overall	98.5	1.4	<0.1

(-) indicates that no Service members were assigned within that retainability determination category

*Results for Head, Ears, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers

Table 5D: Distribution of Final PEB Retainability Determination Category, by DoDI Subsection: Air Force, FY 2019-2023

Air Force			
DoDI Subsection	Non-Retainable: Disability Discharge %	Non-Retainable: Administrative Discharge %	Fit for Continued Duty %
Head*	100.0	-	-
Eyes	85.9	8.5	5.6
Vision	90.1	5.5	4.4
Ears	94.3	5.7	-
Hearing*	92.9	7.1	-
Nose, Sinuses, Mouth, and Larynx	95.6	4.4	-`
Dental*	100.0	-	-
Neck*	66.7	33.3	-
Lungs, Chest Wall, Pleura, and Mediastinum	91.7	5.5	2.8
Heart	82.2	13.8	4.0
Abdominal Organs and Gastrointestinal System	91.2	5.9	2.9
Female Genital System	92.6	4.2	3.2
Male Genital System	68.9	8.9	22.2
Urinary System	87.0	10.3	2.7
Spine and Sacroiliac Joint Conditions	93.3	5.2	1.5
Upper Extremity Conditions	95.1	3.8	1.1
Lower Extremity Conditions	96.0	2.9	1.0
Generalized Conditions of the Musculoskeletal System	92.1	6.3	1.6
Vascular System	84.5	8.2	7.3
Skin and Soft Tissue Conditions	94.7	2.4	2.9
Blood and Blood Forming Conditions	70.7	15.6	13.6
Systemic Conditions	90.5	4.2	5.3
Endocrine and Metabolic Conditions	79.5	15.5	5.1
Rheumatologic Conditions	90.5	6.5	3.0
Neurologic Conditions	93.5	4.8	1.7
Sleep Disorders	89.0	6.8	4.1
Behavioral Health	95.2	4.1	0.7
Tumors and Malignancies	76.7	14.5	8.8
Miscellaneous Conditions*	68.4	31.6	-
Overall	91.9	6.0	2.0

(-) indicates that no Service members were assigned within that retainability determination category

*Results for Head, Ears, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers

IV. Time in Service to Retention Medical Standard Evaluation

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

Tables 6A-D Key Findings

- Overall, the median time in service until first retention medical standard evaluation was shortest among Marines (4 years) and longest among Soldiers and Airmen (7 years).
- Median time until first retention medical standard evaluation widely varied by DoDI subsection for each Service (subsections with counts under 30 Service members are excluded from these findings):
 - 6 years (Lower Extremity Conditions and Male Genital System) to 14 years (Endocrine and Metabolic Conditions) for Soldiers
 - 6 years (Systemic Conditions) to 11 years (Vascular System) for Sailors
 - 4 years (Lower Extremity Conditions) to 7 years (Vascular System) for Marines
 - 7 years (Behavioral Health) to 12 years (Male Genital System) for Airmen



Table 6A: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Army, FY 2019-2023

Army							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head*	3.2	4.4	10.9	Upper Extremity Conditions	3.9	8.1	14.1
Eyes	3.3	8.1	13.7	Lower Extremity Conditions	3.0	5.7	11.2
Vision	3.1	8.0	13.6	Generalized Conditions of the Musculoskeletal System	4.5	9.2	15.4
Ears	4.0	9.1	15.7	Vascular System	5.1	11.4	17.9
Hearing	4.0	8.2	14.5	Skin and Soft Tissue Conditions	3.7	6.9	12.0
Nose, Sinuses, Mouth, and Larynx	3.4	5.8	10.2	Blood and Blood Forming Conditions	3.3	7.3	13.5
Dental	4.1	7.3	14.4	Systemic Conditions	3.1	6.0	11.3
Neck*	9.7	11.9	12.1	Endocrine and Metabolic Conditions	6.6	13.6	19.5
Lungs, Chest Wall, Pleura, and Mediastinum	3.2	5.9	12.1	Rheumatologic Conditions	4.5	9.2	15.3
Heart	3.6	8.6	15.5	Neurologic Conditions	4.6	9.6	15.9
Abdominal Organs and Gastrointestinal System	3.6	7.9	13.6	Sleep Disorders	4.9	9.6	16.0
Female Genital System	3.8	8.0	13.1	Behavioral Health	4.4	9.6	15.4
Male Genital System	3.0	5.7	10.4	Tumors and Malignancies	4.4	10.1	16.0
Urinary System	3.7	8.5	16.0	Miscellaneous Conditions	2.9	7.8	13.6
Spine and Sacroiliac Joint Conditions	4.0	8.0	14.0	Overall (N=65,527)	3.4	7.0	13.1

Service members missing an accession record were excluded from time in service calculations.

* Results for Head and Neck subsections are based on relatively small numbers.

Table 6B: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Navy, FY 2019-2023

Navy							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head*	3.6	4.4	7.5	Upper Extremity Conditions	3.8	6.6	11.0
Eyes	4.0	7.6	11.5	Lower Extremity Conditions	3.4	6.0	10.3
Vision	4.3	7.8	12.6	Generalized Conditions of the Musculoskeletal System	4.8	8.5	13.2
Ears	4.2	8.6	13.0	Vascular System	5.9	11.0	16.1
Hearing*	4.0	10.1	16.2	Skin and Soft Tissue Conditions	3.9	6.7	10.2
Nose, Sinuses, Mouth, and Larynx	5.8	8.3	14.7	Blood and Blood Forming Conditions	4.5	7.6	14.3
Dental*	4.3	6.7	12.0	Systemic Conditions	3.8	5.7	10.0
Neck*	8.8	9.7	13.0	Endocrine and Metabolic Conditions	4.8	9.4	14.2
Lungs, Chest Wall, Pleura, and Mediastinum	4.2	7.1	12.2	Rheumatologic Conditions	4.4	7.4	12.4
Heart	4.4	8.9	15.5	Neurologic Conditions	4.1	7.5	12.5
Abdominal Organs and Gastrointestinal System	4.1	6.4	11.0	Sleep Disorders	5.1	9.4	13.7
Female Genital System	3.9	6.0	12.2	Behavioral Health	3.6	5.8	10.3
Male Genital System	4.1	8.6	11.0	Tumors and Malignancies	5.0	9.0	17.1
Urinary System	4.5	8.4	12.5	Miscellaneous Conditions*	3.9	7.1	12.5
Spine and Sacroiliac Joint Conditions	4.3	7.8	12.0	Overall (N=16,376)	3.7	6.2	10.7

Service members missing an accession record were excluded from time in service calculations.

*Results for Head, Hearing, Dental, Neck and Miscellaneous subsections are based on relatively small numbers.

Table 6C: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Marine Corps, FY 2019-2023

Marine Corps							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head*	2.5	2.5	2.5	Upper Extremity Conditions	3.0	4.2	8.6
Eyes	3.0	4.4	9.9	Lower Extremity Conditions	2.6	3.6	6.7
Vision	2.9	5.1	9.9	Generalized Conditions of the Musculoskeletal System	3.2	5.0	10.4
Ears*	3.5	6.3	10.4	Vascular System	3.3	7.1	14.7
Hearing*	1.7	5.1	7.8	Skin and Soft Tissue Conditions	3.0	4.2	9.3
Nose, Sinuses, Mouth, and Larynx	2.9	3.8	8.7	Blood and Blood Forming Conditions	3.0	4.5	7.9
Dental*	2.9	5.4	6.5	Systemic Conditions	2.6	3.9	7.9
Neck*	1.7	5.5	11.8	Endocrine and Metabolic Conditions	2.7	4.8	10.3
Lungs, Chest Wall, Pleura, and Mediastinum	2.5	3.7	7.2	Rheumatologic Conditions	3.0	6.0	10.5
Heart	3.0	4.4	10.8	Neurologic Conditions	3.2	5.2	11.6
Abdominal Organs and Gastrointestinal System	2.7	3.9	9.3	Sleep Disorders	3.4	5.6	10.5
Female Genital System	2.9	4.0	7.0	Behavioral Health	3.1	5.8	11.2
Male Genital System	3.2	4.0	7.0	Tumors and Malignancies	3.0	4.4	8.5
Urinary System	2.9	4.8	10.5	Miscellaneous Conditions*	2.5	4.6	10.5
Spine and Sacroiliac Joint Conditions	3.2	4.8	9.9	Overall (N=12,664)	2.8	4.0	8.1

Service members missing an accession record were excluded from time in service calculations.

*Results for Head, Ears, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers.

Table 6D: Time in Service (Years) until First MEB Retention Medical Standards Evaluation: Air Force, FY 2019-2023

Air Force							
DoDI Subsection	Q1	Median	Q3	DoDI Subsection	Q1	Median	Q3
Head *	2.8	9.4	12.6	Upper Extremity Conditions	4.5	7.9	13.2
Eyes	4.4	8.7	13.2	Lower Extremity Conditions	4.2	7.1	11.9
Vision	4.7	9.5	12.7	Generalized Conditions of the Musculoskeletal System	5.6	9.9	15.2
Ears	4.8	9.8	15.0	Vascular System	5.4	10.2	15.8
Hearing*	4.3	9.4	16.5	Skin and Soft Tissue Conditions	4.5	7.6	12.5
Nose, Sinuses, Mouth, and Larynx	4.3	6.7	12.6	Blood and Blood Forming Conditions	4.6	8.3	14.3
Dental*	3.3	6.3	9.7	Systemic Conditions	4.2	7.7	12.2
Neck*	7.2	16.6	18.4	Endocrine and Metabolic Conditions	4.2	8.0	14.6
Lungs, Chest Wall, Pleura, and Mediastinum	4.1	6.9	13.0	Rheumatologic Conditions	4.7	7.6	14.4
Heart	4.1	7.7	14.2	Neurologic	4.8	8.7	14.5
Abdominal Organs and Gastrointestinal System	4.2	7.3	13.1	Sleep Disorders	5.2	9.0	13.6
Female Genital System	4.8	8.1	15.1	Behavioral Health	3.8	6.5	12.4
Male Genital System	7.5	11.9	18.5	Tumors and Malignancies	6.1	11.1	16.5
Urinary System	4.8	9.9	15.5	Miscellaneous Conditions*	7.6	12.5	18.1
Spine and Sacroiliac Joint Conditions	4.5	7.8	12.9	Overall (N=12,632)	4.0	7.0	12.7

Service members missing an accession record were excluded from time in service calculations.

*Results for Head, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers.

V. Pre-accession Medical History

To examine the impact of documented disqualifying pre-service medical conditions on medical retainability, RMSAR analyzed the frequency of disability cases who entered service via an approved medical waiver for a condition potentially related to their condition involved in the retainability evaluation. Any conditions for which a substantial proportion of retention medical standard evaluations were preceded by a related accession medical waiver may warrant consideration for tighter restrictions at accession.

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

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

Tables 7A-D Key Findings

- Generally, less than 14% of Service members evaluated under the retention medical standards had a history of accession medical waiver for any reason (results not shown). This finding is in alignment with the percentage of all military accessions who entered a Military Service via an approved medical waiver (approximately 8-13% in FY 2020).³
- Across all Services, there was little to no concordance (0-6%) between the medical conditions involved in the retainability evaluation versus an accession medical waiver.
- The highest concordance with accession medical waivers among retention medical standards evaluations were seen among Soldiers and Airmen evaluated under the Eyes and Vision subsections (3-6%).



Table 7A: Percentage of PEB Retention Medical Standard Evaluations with History of an Accession Medical Waiver Standards, by DoDI Subsection, Army, FY 2019-2023

Army					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head*	4.0	-	Upper Extremity Conditions	9.2	0.9
Eyes	9.7	5.5	Lower Extremity Conditions	9.1	1.2
Vision	9.5	4.9	Generalized Conditions of the Musculoskeletal System	8.1	1.4
Ears	9.5	0.4	Vascular System	8.3	0.3
Hearing	10.7	0.6	Skin and Soft Tissue Conditions	8.9	1.6
Nose, Sinuses, Mouth, and Larynx	7.5	-	Blood and Blood Forming Conditions	6.6	-
Dental	12.3	-	Systemic Conditions	9.6	0.4
Neck*	-	-	Endocrine and Metabolic Conditions	6.1	0.5
Lungs, Chest Wall, Pleura, and Mediastinum	9.2	0.7	Rheumatologic Conditions	8.7	0.1
Heart	7.9	0.6	Neurologic Conditions	7.5	0.2
Abdominal Organs and Gastrointestinal System	8.5	0.3	Sleep Disorders	6.8	-
Female Genital System	6.1	-	Behavioral Health	6.9	0.5
Male Genital System	10.0	1.5	Tumors and Malignancies	6.0	-
Urinary System	8.4	0.5	Miscellaneous Conditions	5.5	-
Spine and Sacroiliac Joint Conditions	7.6	0.4			

(-) indicates that no Service members received a pre-accession medical waiver of interest.

* Results for Head and Neck subsections are based on relatively small numbers.

Table 7B: Percentage of PEB Retention Medical Standard Evaluations with History of an Accession Medical Waiver, by DoDI Subsection, Navy, FY 2019-2023

Navy					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head*	-	-	Upper Extremity Conditions	14.0	0.8
Eyes	9.8	1.6	Lower Extremity Conditions	12.3	1.0
Vision	12.6	1.7	Generalized Conditions of the Musculoskeletal System	10.8	1.6
Ears	19.6	-	Vascular System	9.8	-
Hearing*	25.0	-	Skin and Soft Tissue Conditions	9.5	1.2
Nose, Sinuses, Mouth, and Larynx	5.9	-	Blood and Blood Forming Conditions	7.2	-
Dental*	9.1	-	Systemic Conditions	16.1	-
Neck*	-	-	Endocrine and Metabolic Conditions	7.0	-
Lungs, Chest Wall, Pleura, and Mediastinum	14.1	1.2	Rheumatologic Conditions	8.6	0.2
Heart	11.9	0.4	Neurologic Conditions	10.3	0.2
Abdominal Organs and Gastrointestinal System	9.1	0.3	Sleep Disorders	7.0	-
Female Genital System	11.2	2.2	Behavioral Health	9.1	0.7
Male Genital System	15.6	-	Tumors and Malignancies	8.9	-
Urinary System	10.2	-	Miscellaneous Conditions*	8.3	-
Spine and Sacroiliac Joint Conditions	11.6	0.1			

(-) indicates that no Service members received a pre-accession medical waiver of interest.

*Results for Head, Hearing, Dental, Neck and Miscellaneous Conditions subsections are based on relatively small numbers.

Table 7C: Percentage of PEB Retention Medical Standard Evaluations with History of an Accession Medical Waiver, by DoDI Subsection, Marine Corps, FY 2019-2023

Marine Corps					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head*	-	-	Upper Extremity Conditions	8.3	0.2
Eyes	9.9	-	Lower Extremity Conditions	8.7	0.8
Vision	10.4	1.3	Generalized Conditions of the Musculoskeletal System	8.3	1.0
Ears*	8.3	-	Vascular System	5.4	0.9
Hearing*	12.5	-	Skin and Soft Tissue Conditions	8.2	1.2
Nose, Sinuses, Mouth, and Larynx	7.4	-	Blood and Blood Forming Conditions	6.7	-
Dental*	16.7	-	Systemic Conditions	4.8	-
Neck*	25.0	-	Endocrine and Metabolic Conditions	10.1	-
Lungs, Chest Wall, Pleura, and Mediastinum	7.4	0.6	Rheumatologic Conditions	7.2	-
Heart	4.5	0.6	Neurologic Conditions	7.5	0.2
Abdominal Organs and Gastrointestinal System	5.3	-	Sleep Disorders	6.6	-
Female Genital System	10.3	2.6	Behavioral Health	7.9	1.9
Male Genital System	6.3	-	Tumors and Malignancies	9.1	-
Urinary System	6.3	1.3	Miscellaneous Conditions*	-	-
Spine and Sacroiliac Joint Conditions	7.0	0.4			

(-) indicates that no Service members received a pre-accession medical waiver of interest.

*Results for Head, Ears, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers.

Table 7D: Percentage of PEB Retention Medical Standard Evaluations with History of an Accession Medical Waiver, by DoDI Subsection, Air Force, FY 2019-2023

Air Force					
DoDI Subsection	% Any Waiver	% Subsection Waiver	DoDI Subsection	% Any Waiver	% Subsection Waiver
Head*	-	-	Upper Extremity Conditions	6.6	1.3
Eyes	13.4	4.2	Lower Extremity Conditions	7.3	1.3
Vision	15.4	3.3	Generalized Conditions of the Musculoskeletal System	5.7	0.9
Ears	8.1	-	Vascular System	7.3	-
Hearing*	-	-	Skin and Soft Tissue Conditions	7.5	0.9
Nose, Sinuses, Mouth, and Larynx	4.4	-	Blood and Blood Forming Conditions	8.2	0.7
Dental	7.7	-	Systemic Conditions	5.3	1.1
Neck*	-	-	Endocrine and Metabolic Conditions	5.7	0.3
Lungs, Chest Wall, Pleura, and Mediastinum	5.3	0.8	Rheumatologic Conditions	5.9	-
Heart	8.1	1.0	Neurologic Conditions	6.8	0.4
Abdominal Organs and Gastrointestinal System	6.3	0.7	Sleep Disorders	6.4	-
Female Genital System	3.2	-	Behavioral Health	7.2	1.4
Male Genital System	8.9	-	Tumors and Malignancies	3.0	0.3
Urinary System	5.5	0.7	Miscellaneous Conditions*	-	-
Spine and Sacroiliac Joint Conditions	6.0	0.4			

Service members missing an accession record were excluded from time in service calculations.

*Results for Head, Hearing, Dental, Neck, and Miscellaneous Conditions subsections are based on relatively small numbers.

LIMITATIONS

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

1. As of publication of this report, MSAR has not received sufficient MEB to form full conclusions about retainability evaluations, as PEB evaluations represent only one of several possible outcomes of retention medical standards evaluation.
 - a. MSAR recommends an update to MEB data collection processes to include ICD-10 coding for any conditions which resulted in the IDES referral.
2. VASRD codes were created to standardize disability ratings based on the nature and severity of impairments and were not designed to be comprehensive of all medical conditions that may lead to disability. These codes give an indication of the unfitting conditions referred to the PEB, but do not contain the level of detail available when conditions are coded using International Classification Diseases (ICD)-9/10 codes.²¹ Due to the nature of retention standards and the general VASRD descriptions, some VASRD codes were mapped to more than one DoDI subsection. In addition, when a Service member's condition lacks a specific VASRD code, the VASRD code which best approximates the Service member's medical impairment and duty limitation is assigned along with an appended analog code. For the approximately 3% of all codes which have an associated analog code, MSAR categorized these according to the main VASRD code. This approach may lead to an overcount of some categories, potentially affecting each Service differently based on its specific procedures for applying analog codes.
3. The Service branches differ in how they handle retention medical standards issues,^{1,2,3} which may result in substantive differences in the populations examined by each Service in the DES process. Therefore, great caution should be taken when using PEB level data to make comparisons of retention between Services.
4. The Service branches differ in how they send DES records, which may result in substantive inter-service differences reported dispositions and medical conditions. First, 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 Airman per year. Therefore, in cases where an Airman received more than one evaluation within the same fiscal year, RMSAR will be reporting their second evaluation in lieu of the initial evaluation. Secondly, 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. In addition, 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 four (4) characters of the assigned code. Therefore, medical conditions reported for the Air Force are likely underestimated.
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.
6. Retention medical standards are reviewed on a regular basis by the ARMSWG and may be modified as a result. Caution should be taken when comparing results from more than one annual report.

ACRONYMS

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

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