

Disability Evaluation Systems Analysis and Research

Annual Report 2018

Prepared by
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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.

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Executive Summary

The Accession Medical Standards Analysis and Research Activity (AMSARA) has provided the Department of Defense (DoD) with evidence-based evaluations of accession medical standards since 1996. In fiscal year (FY) 2009, AMSARA's mission was expanded to include audits and studies of the Disability Evaluation System (DES) per the request of the Office of Assistant Secretary of Defense, Health Affairs, and the Disability Evaluation System Research and Analysis (DESAR) team was established. As part of this ongoing research activity, data are collected from each service's DES. Disability evaluation is administered at the service level with each branch of service responsible for the evaluation of disability in its members. Variability exists in the type of disability data available among AMSARA/DESAR databases for each service as a result of service level data collection on disability evaluations. This report describes analyses conducted in FY 2018 of existing DES data collected for accessions and disability research from FY 2012 through the end of FY 2017. Although all Armed Services are included in this report, FY 2017 DES data for the Army were not reported in time to meet the publication deadline for this annual report. Key findings are as follows:

Characteristics of Disability Evaluations and Individuals (Tables 3-6)

From FY 2012 through FY 2017, data were collected on approximately 199,000 disability evaluations on over 170,000 service members. The vast majority of disability evaluations were completed on enlisted active duty service members. The predominant demographics among personnel who undergo disability evaluation are male, white, and 20-34 years old at the time of disability evaluation. Over the time period, the rate of disability evaluations remained relatively stable.

Leading Disability Body System Categories and Conditions (Tables 7-9)

In FY 2017, more than half of the discharged service members were evaluated for a musculoskeletal condition in the Marine Corps and Air Force. In the Navy, psychiatric disorders became more prevalent (43%) than musculoskeletal conditions (36%). Psychiatric conditions had a large increase in prevalence in FY 2017 relative to the previous five-year period in the Navy and Marine Corps. Neurological conditions were the third most common disability types in all reported services.

The specific condition types associated with the three leading disability body system categories varied by service. Dorsopathies, limitation of motion, arthritis and joint disorders were among the most common musculoskeletal conditions in all reported services. Posttraumatic stress disorder (PTSD) was the most commonly diagnosed psychiatric disorder for the Marine Corps and Air Force, while mood disorders were the most commonly diagnosed psychiatric disorder in the Navy in FY 2017. In the neurological body system category, the most common conditions were migraine for the Navy, paralysis for the Air Force and residuals of traumatic brain injury in the Marine Corps. The ten most common Veterans Affairs Schedule for Rating Disabilities (VASRD) categories are related to musculoskeletal, psychiatric and neurological categories, with the exception of non-infectious enteritis/colitis in the Navy and asthma in the Air Force.

Dispositions and Ratings (Tables 10-11)

The most common dispositions (e.g., retirement or separation) varied by service in FY 2017. In the Air Force, permanent disability retirement (PDRL) was the most common disposition; whereas, being placed on the temporary disability retirement list (TDRL) was the most common in the Navy, and separated with severance pay (SWSP) was the most common in the Marine Corps. Historically, PDRL was the most common disposition in the Army. In the Navy, Marine Corps and Air Force, placement on the TDRL increased in FY 2017, while PDRL decreased in those services. Fit dispositions increased in FY 2017 for the Navy and Marine Corps. Similar to previous years, disability ratings greater than or equal to 30% (qualifying for disability retirement) accounted for about 50% of Marine Corps disability ratings and 70% - 75% of ratings in the Navy and Air Force in FY 2017.

Accession Medical Disqualifications and Waivers (Tables 14-15)

The history of permanent medical disqualification prior to accession in service members evaluated for disability was around 8% in the Air Force and approximately 11% for the Army. The most common disqualifications (permanent or temporary) found during the Military Entrance Processing Station (MEPS) medical examination in the disability population were nutritional, endocrine and metabolic disorders, reflecting those who exceeded weight and body fat standards. Another common pre-accession medical disqualification was allergic reactions, which were also common in pre-accession waiver considerations for all reported services in FY 2017. Little to no concordance was observed between the pre-accession disqualification or waiver and the reason for disability evaluation for the three most common disability body systems.

Hospitalizations (Tables 20-21)

Hospitalization among service members evaluated for disability was most commonly associated with a psychiatric diagnosis. This is similar to hospitalizations among the general active duty population [1]. From FY 2012 through FY2017, the prevalence of hospitalization among those disability evaluated remained relatively stable in the Navy and Air Force but decreased for the Marine Corps.

Programmatic Recommendations

Based on the data presented in this report and the variability observed in service disability evaluation system data, we present the following programmatic recommendations:

1. Include Medical Evaluation Board (MEB) International Classification of Disease (ICD) diagnosis codes in all disability evaluation records, allowing for more in-depth analyses of the specific medical conditions that result in disability evaluation, separation, and retirement.
2. Include laboratory and diagnostic information on the medical condition or injury that precipitated the disability evaluation so that severity of disability conditions can be objectively assessed.
3. Record each service member's Military Occupational Specialty (MOS) at the time of disability evaluation.

4. Include variables to indicate date of onset of symptoms or injury and date of initial diagnosis in service members evaluated for disability.
5. Expand the VASRD codes, particularly musculoskeletal codes, to reduce the utilization of analogous codes and provide more complete information on the disability condition.

Introduction to the Disability Evaluation System

The Disability Evaluation System (DES) process follows guidelines laid out by the Department of Defense (DoD) and public law. Disability evaluation is administered at the service level with each branch of service responsible for the specific evaluation. While inter-service differences exist, the disability evaluation process for all services includes two main components: an evaluation by the Medical Evaluation Board (MEB) to determine if a service member meets medical standards, and a determination by the Physical Evaluation Board (PEB) of a service member's ability to perform his/her military duties [2,3].

The disability evaluation process is described in Department of Defense Instruction (DoDI) 1332.18 and serves as the basis for each service's disability evaluation [4]. Key variables collected at each stage of disability evaluation are shown in Figure 1 and the disability evaluation process for the Army is described in Figure 1a. The process of disability evaluation begins when a service member is diagnosed with a condition or injury at a Military Treatment Facility (MTF). If the condition or injury is considered potentially disqualifying or significantly interferes with the service member's ability to carry out the duties of his/her office, grade, or rank, the case is referred to the MEB. Service members who meet medical standards or deemed capable of carrying out their duties are returned to duty [2-7]. Those unable to perform assigned duties are forwarded to an Informal Physical Evaluation Board (IPEB) for a medical record review. The IPEB panel must determine the member's fitness, disability rating using the appropriate Veterans Affairs Schedule for Rating Disabilities (VASRD) code for the disabling condition, the appropriate disposition for the case and whether the condition is combat related [2-7]. Members deemed fit are returned to duty, while those deemed unfit are generally discharged or placed on limited duty. In the event a service member is dissatisfied with the determination made by the IPEB, he/she can appeal to the Formal PEB (FPEB) and eventually to the final review authority (which varies by service, as detailed below) if the case is not resolved to the service member's satisfaction. The FPEB is an independent board from the IPEB and the decision may be different from that of the IPEB. The final reviewing authority (Service Secretary) can either concur with the FPEB or revise the determination.

Figure 2 and Figure 3 describe the Army and Navy/Marine Corps disability evaluation processes, respectively. Those who meet medical retention standards at the MEB or are able to continue military duties are returned to duty. Cases that do not meet medical retention standards (Army) or are not able to perform military duties (the Navy and Marine Corps do not have formal medical retention standards) are forwarded to the IPEB for further review. The IPEB makes a fit/unfit determination and the service member is either returned to duty (deemed fit) or medically discharged (deemed unfit) and assigned a disposition and rating. Dispositions assigned include fit, separated without benefits, separated with severance pay, Permanent Disability Retirement list (PDRL), or Temporary Disability Retirement list (TDRL).

Ratings vary from 0-100% disability. Those assigned a disposition of separated without benefits are either unrated or rated 0%. Separated with severance pay carries a rating varying from 0% to 20%; while permanent and temporary disability retirement carry ratings of 30% or higher. The service member can appeal the IPEB determinations of disposition and rating, though appeals to

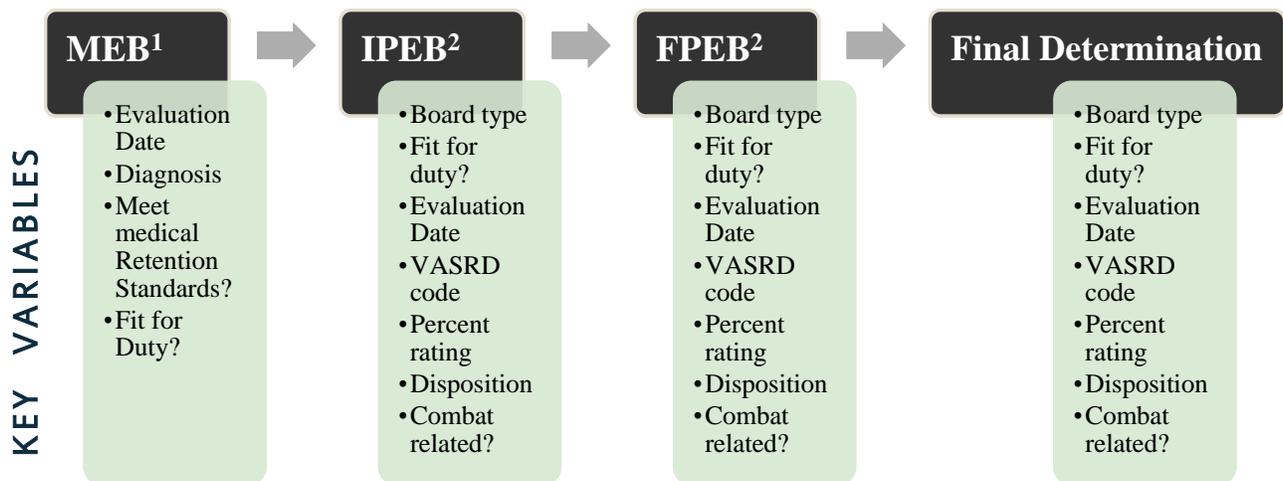
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the FPEB may be denied if a service member is deemed fit by the IPEB. Following service member appeal of the IPEB, the case is reviewed by the FPEB or reconsidered by the IPEB, again determining the fitness of the service member. An Army service member can appeal the FPEB determination to the United States Army Physical Disability Authority (USAPDA); the USAPDA is the final appeal authority before separation or retirement. A Navy or Marine Corps service member can appeal an FPEB determination to the Secretary of the Navy; the Secretary of the Navy is also a final appeal authority before separation or retirement from service. In the Navy and Marine Corps, all discharge recommendations are forwarded to the service headquarters where the recommendation for discharge can be accepted or denied (Figure 3). Both services (Army and Navy) have a Board for Correction of Military Records, which can be petitioned once a service member has left military service.

The Air Force disability evaluation process is described in Figure 4. This process is generally similar to that of the other services; disability evaluation begins with the MEB where cases are evaluated against medical retention standards and those not meeting retention standards are referred to the IPEB [5]. If a service member disagrees with the decision of the IPEB, it can be appealed to the FPEB, and eventually to the Secretary of the Air Force. However, in contrast to other services, MEB cases not forwarded to the IPEB can be appealed through the Air Force Surgeon General to determine if a case should be forwarded to the FPEB.

The objective of this report is to summarize the content of existing databases, to provide a basis for studies of the prevalence of disability in the U.S. military and studies of risk factors for disability evaluation, separation, and retirement, both overall and for specific disability condition types. Though the general process for evaluating service members for disability discharge is similar across services, each service completes disability evaluations, collects, and maintains disability evaluation data independent of one another. Small variations are present in the disability evaluation process across services and in the types of data collected across services.

Figure 1: Key Variables Collected at Each Stage of Disability Evaluation



1. Medical Evaluation Board (MEB): An informal board of no less than two military physicians.

2. Informal Physical Evaluation Board (IPEB)/ Formal Physical Evaluation Board (FPEB): A three person administrative panel consisting of a presiding officer, personnel management officer and a medical member.

Figure 1a: Example of Disability Evaluation Process in the Army

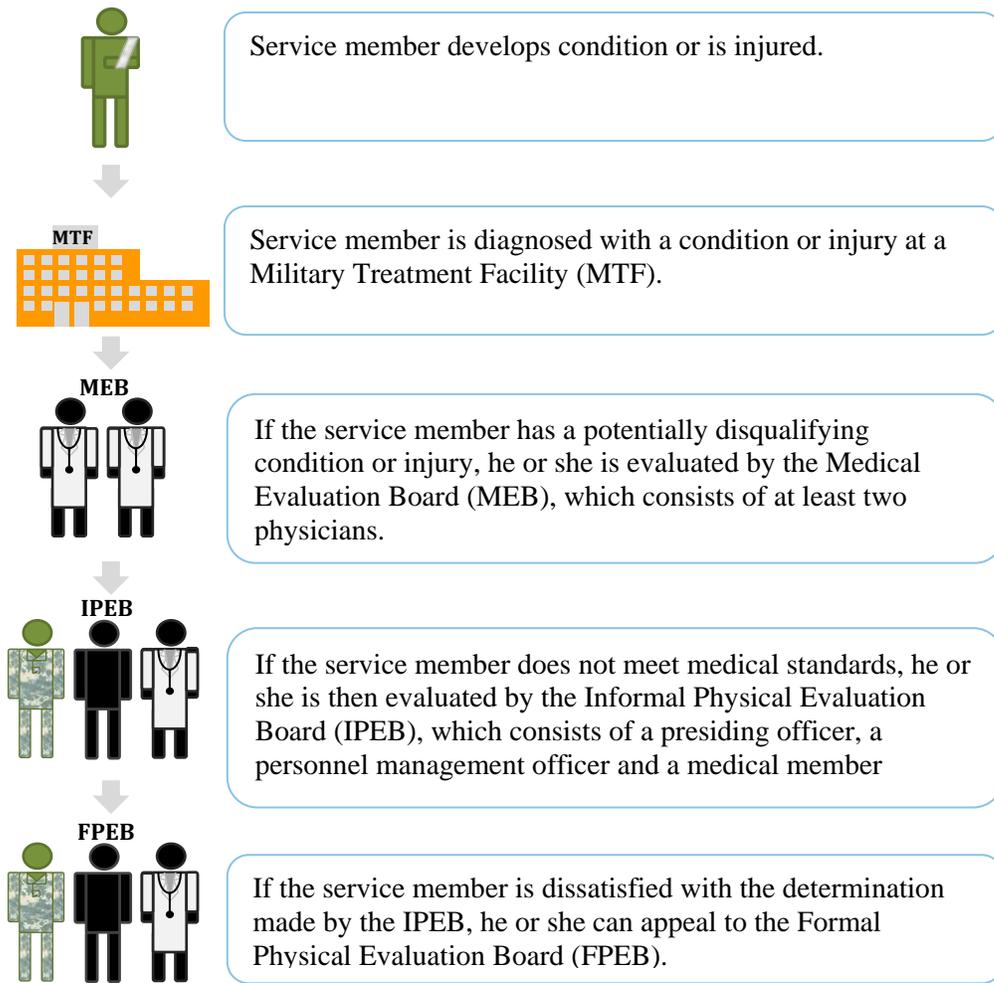


Figure 2: Disability Evaluation Process in the Army

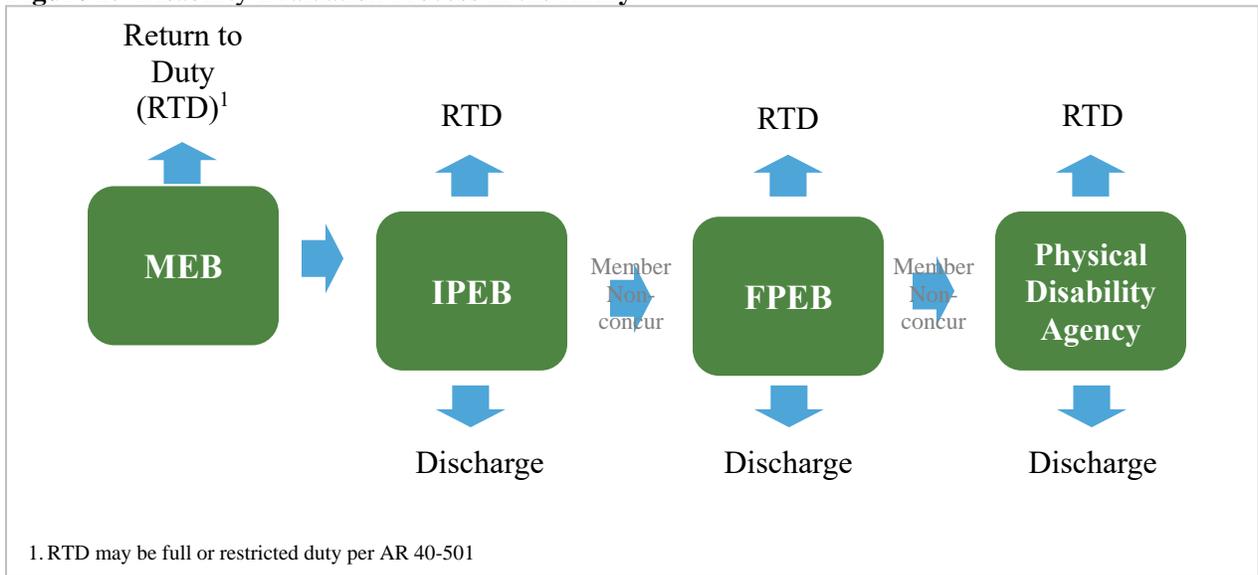


Figure 3: Disability Evaluation Process in the Navy and Marine Corps¹

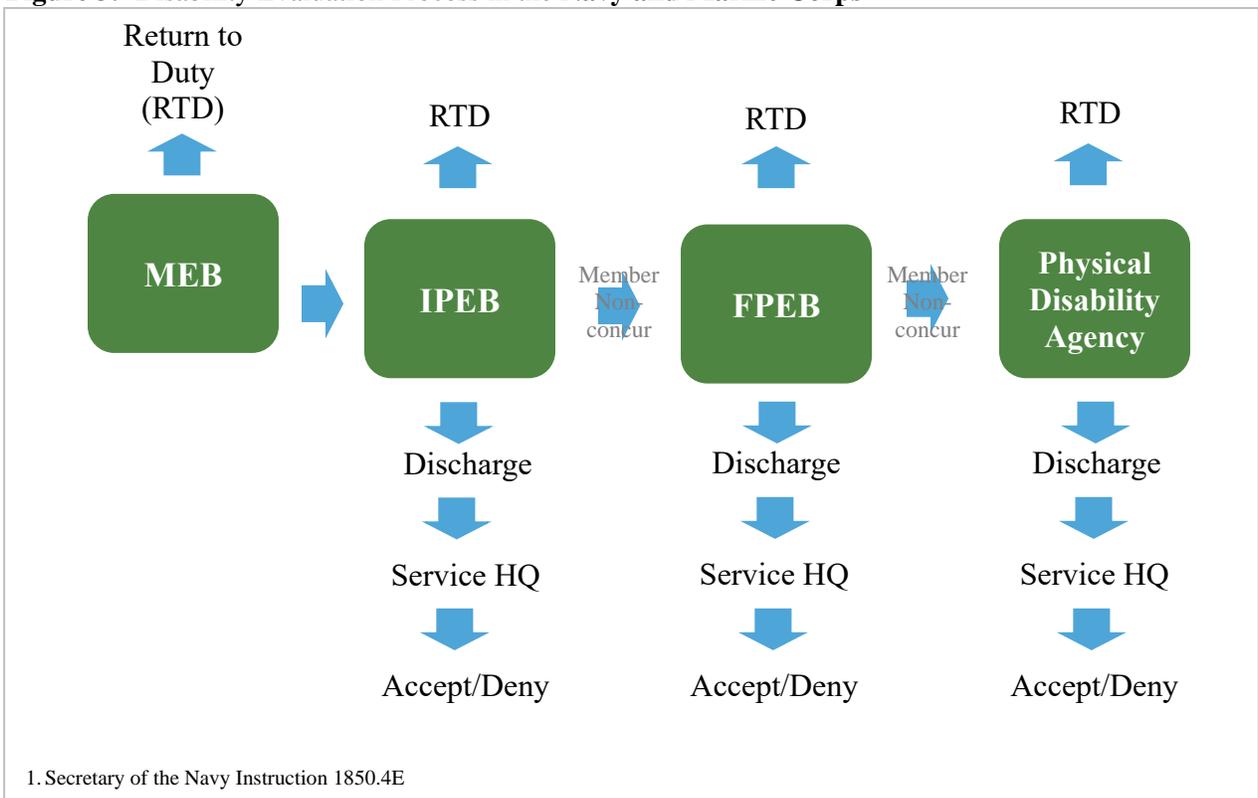
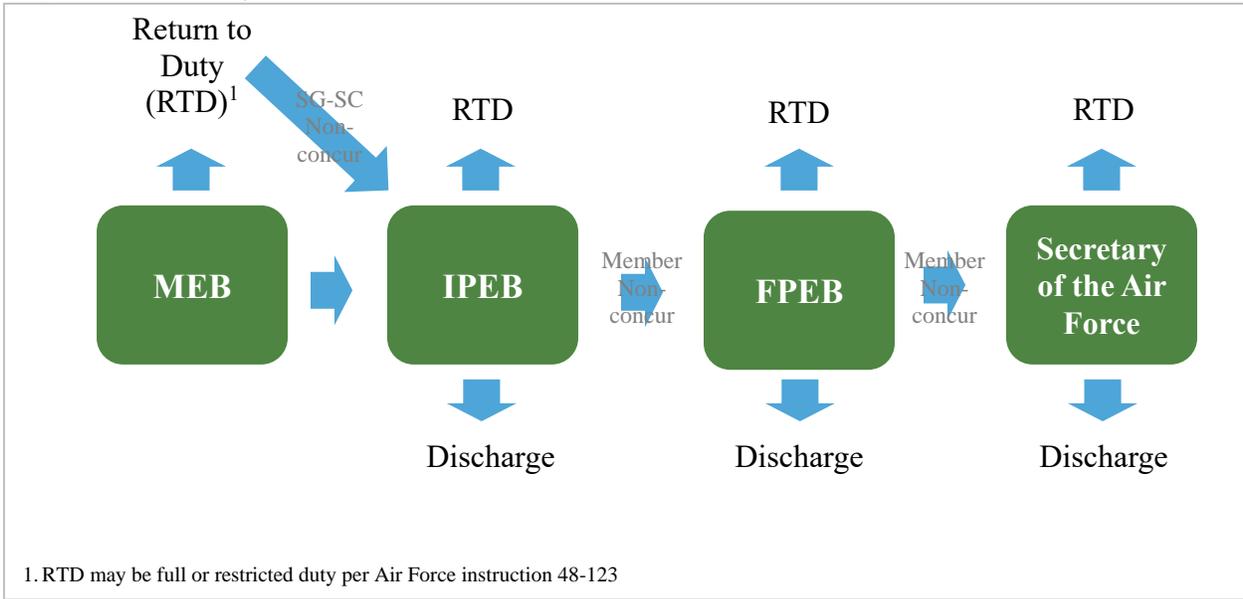


Figure 4: Disability Evaluation in the Air Force



Methods

Study Population

Table 1 shows the characteristics of the Disability Evaluation System (DES) datasets by service. Databases maintained by the services may contain information not sent to Accession Medical Standard Analysis and Research Activity (AMSARA) and Disability Evaluation Analysis and Research (DESAR). Disability evaluation data were available for all services for enlisted and officers as well as active duty and reserve components. However, the types of records received from each service varied. All Physical Evaluation Board (PEB) evaluations for separately unfitting conditions in the Army, Navy, and Marine Corps were transmitted to AMSARA/DESAR for all years in which data are available. Air Force disability data only includes disability retirements and separations starting in FY 2007. In addition, while Army and Navy/Marine Corps send AMSARA/DESAR multiple disability evaluations for individuals for all years in which data are available, multiple disability evaluations for the Air Force are not available.

TABLE 1: DES DATABASE CHARACTERISTICS BY SERVICE

	Army ¹	Navy/Marine Corps	Air Force
Years received	1990-2016	2001-2017	2007-2017
Type of evaluations included	All PEB	All PEB	All but TDRL Re-evaluations
Ranks included	Enlisted, Officer	Enlisted, Officer	Enlisted, Officer
Components included	Active Duty, Reserve	Active Duty, Reserve	Active Duty, Reserve
Multiple evaluations per individual?	Yes	Yes	One evaluation per year

TDRL: Temporary Disability Retirement List

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

To create analytic files for this report, service-specific databases were restricted to unique records with a final disposition date between October 1, 2012 and September 30, 2017. All ranks and components were included in these analyses. Multiple records were available at the individual level, defined using Social Security Number (SSN), for all services. When *individuals* were the unit of analysis, the last record per SSN was retained; when *disability evaluations* were the unit of analysis, multiple records were used per SSN. Unique evaluations were defined by SSN and date of final disposition. Therefore, an individual may appear more than once in the source population when evaluations are the unit of analysis.

Variables

Table 2 shows the key variables included in each DES dataset received by AMSARA/DESAR. Additional variables are included in each service's database, but were not presented in this report.

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TABLE 2: DES KEY VARIABLES

Variables	Army ²	Navy/Marine Corps	Air Force
Demographic Characteristics¹			
Age/Date of Birth	Y	Y	N
Sex	Y	Y	FY 2014-17
Race	Y	Y	N
Education	N	N	N
Rank	Y	Y	Y
Component	Y	Y	Y
MOS	Y	FY 2010-17	N
MEB			
Date of MEB Evaluation	FY 1990-2012, 2014-16	Y	Y
MEB diagnosis	N	Y	N
PEB			
Board type	N	Y	Y
Date of PEB Evaluation	Y	Y	Y
VASRD	Y	Y	Y
VASRD Analog	Y	Y	Y
Percent Rating	Y	Y	Y
Disposition	Y	Y	Y
Disposition Date	Y	Y	Y
Combat			
Combat Related	Y	Y	FY 2010-17
Armed Conflict	Y	Y	FY 2010-17
Instrumentality of War	FY 1990-2012	N	FY 2010-17

MOS: Military Occupational Specialty; MEB: Medical Evaluation Board; PEB: Physical Examination Board; VASRD: Veterans Affairs Schedule for Rating Disabilities

1. Demographic characteristics at time of disability evaluation.

2. Army FY 2017 Disability Evaluation System data were unavailable for this report.

Demographic Characteristics

Demographic variables (age, date of birth, sex, race, rank, and component) are available in all databases except Air Force databases. Education was not available in any DES database and Military Occupation Specialty (MOS) was available only for Army data. DESAR utilizes demographic variables from other sources, such as Defense Manpower Data Center (DMDC) personnel records and Military Entrance Processing Station (MEPS) application records, in the analysis of demographic variables. These sources can be used in combination with disability databases to obtain information on certain constant demographic characteristics (i.e. date of birth, race, sex) for individuals who have personnel and application records in AMSARA/DESAR

databases. All demographic characteristics of individuals evaluated for disability in the Air Force are obtained using DMDC and MEPS records. Characteristics which can vary over time, such as education, rank, component, and MOS, are most valuable when collected at the time of disability evaluation.

MEB variables

Date of Medical Evaluation Board (MEB) evaluations is present in all disability databases prior to FY 2013. Army disability data do not contain MEB dates for FY 2013, the first year of data collected under a new data reporting system, but were available again starting in FY 2014 for the Army. MEB diagnosis is only available for Navy/Marine Corps disability evaluations. For Navy/Marine Corps evaluations, the MEB diagnosis is recorded as a text field rather than as a code. Recoding of this field into ICD-9 codes by a nosologist will be necessary before further analysis of this field can be conducted.

PEB variables

All DESAR datasets contain several key variables regarding the PEB evaluation including: board type, date of PEB, Veterans Affairs Schedule for Rating Disabilities (VASRD) and analogous codes, percent rating, disposition, and disposition date. VASRD codes, specific for the unfitting condition, and analogous coding VASRD codes that best approximates the functional impairment rendered by a medical condition for which there is no specific VASRD code) are used to define unfitting medical conditions that prompted the disability evaluation. These codes are not diagnostic codes, but are derived from the MEB diagnosis, and specify criteria associated with disability ratings and determine disability compensation. The number of VASRD codes assigned to each diagnosis varies by service. Prior to FY 2013, Army evaluations allowed for each condition to have one VASRD code and one analogous code with up to four conditions included per evaluation. Starting in FY 2013, up to five VASRD codes can be assigned to an unfitting condition and the number of conditions an individual can be rated for is not restricted. Up to three VASRD codes may be used for the same condition in the Air Force with no limit on the number of conditions per evaluation. In the Navy and Marine Corps, the number of VASRD codes per condition is unlimited and there is no limit to the number of conditions that can be assigned to an evaluation.

There are two general disposition types for members determined unfit for duty:

1. Separation: Can be further classified as separated with severance pay and separated without benefits.
 - Severance pay is given when a service member's condition is found to be unfitting and assigned a disability rating between 0 and 20 percent.
 - Separation without benefits occurs when a service member is found unfit for duty, but the condition is determined to have occurred as a result of misconduct, negligence, or if the service member has less than eight years of service and the condition is the result of a medical condition that existed prior to service.
2. Disability retirements: Can be classified as either permanent disability retirement or temporary disability retirement.
 - Permanent disability is assigned when the service member is found unfit, and either has a length of service greater than 20 years or has a disability rating that is 30 percent or higher, and the condition is considered unlikely to improve or likely to worsen.

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- Temporary disability is assigned when a service member is deemed unfit for continued service and either has a length of service greater than 20 years or has a disability percent rating of 30 percent or higher. Service members placed on the temporary disability retirement list (TDRL) are re-evaluated every 6-18 months, for up to five years following initial placement on the TDRL. Once the unfitting condition is considered stable for purposes of rating by the PEB, the case is assigned a final disposition and percent rating. Therefore, a re-evaluation may result in a service member returning to duty or converting to another disposition, though most on the TDRL eventually convert to permanent disability retired [2,9].

Combat Variables

Data received by AMSARA/DESAR from the Army, Navy, and Marine Corps include variables regarding combat (Table 2); the values of which are described in the Department of Defense Instruction (DoDI) 1332.18 [4]. Though the Air Force data includes similar variables, these variables are not well populated and are unreliable for research purposes. Combat variables are used as a part of the percent rating determination taking into account if the disability was caused by, exacerbated by, or had no relation to combat experiences.

Combat related is the standard that covers those injuries and diseases attributable to the special dangers associated with armed conflict or the preparation or training for armed conflict [4].

Armed conflict is described as the physical disability being a disease or injury incurred in the line of duty as a direct result of armed conflict. There must be a definite causal relationship between the armed conflict and the resulting unfitting disability. Armed conflict includes a war, expedition, occupation of an area or territory, battle, skirmish, raid, invasion, rebellion, insurrection, guerrilla action, riot, or any other action in which service members are engaged with a hostile or belligerent nation, faction, force, or terrorists. Armed conflict may also include such situations as related to prisoner of war or detained status [4].

Instrumentality of war is described as a vehicle, vessel, or device designed primarily for military service and intended for use in such service at the time of the occurrence of the injury. There must be a direct causal relationship between the use of the instrumentality of war and the disability, and the disability must be incurred incident to a hazard or risk of the service [4].

Other Data Sources

Applications for Military Service

AMSARA/DESAR receives data on all applicants who undergo an accession medical examination at any of the 65 MEPS sites. These data, provided by US Military Entrance Processing Command (USMEPCOM) Headquarters (North Chicago, IL), contains several hundred demographic, medical, and administrative elements on enlisted applicants for each applicable component (regular, reserve, National Guard) of each service (Air Force, Army, Marine Corps, and Navy). It also includes records on a relatively small number of officer recruit applicants and other non-applicants receiving periodic physical examinations.

Accession Medical Waivers

AMSARA/DESAR receives records on all recruits considered for an accession medical waiver, i.e. those who received a permanent medical disqualification at the MEPS and sought a waiver for

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that disqualification. Each service is responsible for its own waiver decisions about applicants, and information on these decisions is generated and provided to AMSARA/DESAR by each service waiver authority. Specifically, AMSARA/DESAR receives medical waiver data annually from Air Education Training Command (Lackland AFB, TX) for the Air Force; US Army Recruiting Command (USAREC, Fort Knox, KY) for the Army; Marine Corps Recruiting Command (MCMR, Quantico, VA) for the Marine Corps; the Office of the Commander, US Navy Recruiting Command (Millington, TN) for the Navy.

Accession and Discharge Records

The DMDC provides data on individuals entering military service and on individuals discharged from military service. Data are provided to AMSARA/DESAR annually for all accessions into service and discharges from military service.

Hospitalizations

AMSARA/DESAR receives Military Health System (MHS) direct care hospitalization data annually from the MHS data repository. Information includes admissions of active duty officers and enlisted personnel as well as medically eligible reserve component personnel to any military hospital.

Descriptive Statistics for All Disability Evaluations

Service-specific characteristics of Disability Evaluation System (DES) records are shown in Table 3. For the purpose of these analyses and throughout this report, records are defined as units of a dataset (i.e. lines of data) and evaluations represent an individual's unique encounter with the Physical Evaluation Board (PEB), defined using SSN and date of final disposition. Therefore, each individual in this report may have more than one evaluation if they had multiple encounters for disability evaluation.

Key Findings:

- Service members had, on average, 1.1 to 1.4 evaluations for disability until a final disposition is assigned.
- The average number of Veterans Affairs Schedule for Rating Disabilities (VASRD) codes assigned, per evaluation, was highest in the Army (2.8) and lower in the three other services (1.6-1.9).
- The Navy (3.0) and Marine Corps (3.5) had the highest number of records per evaluation.

Discussion:

Observed differences in the number of records, individuals, and evaluations can be partially accounted for by the differences in the manner records are received by AMSARA/DESAR from each service. Disability records from the Air Force contain multiple conditions per individual; in Army, Navy and Marine Corps data, the number of records is representative of the number of conditions adjudicated, resulting in a higher average number of records per evaluation. The temporary disability retirement list (TDRL) re-evaluations are not included in the Air Force data, which causes average evaluations per individual to be underestimated. While the Army sends data only on those who were evaluated by the PEB, Navy/Marine Corps sends data on any individual evaluated by the Medical Evaluation Board (MEB) and PEB and includes those without any unfitting conditions. The inclusion of all evaluations contributes a larger proportion of individuals without VASRD codes in the Navy/Marine Corps, and thus a lower average number of VASRDs per evaluation.

Changes to the data collection system used by the US Army Physical Disability Agency (USAPDA), which administers disability evaluations in the Army, were made during 2013, which resulted in an increase in the number of records sent to AMSARA/DESAR. In years prior to and after 2013, Army disability evaluation records contained multiple conditions for each evaluation. In 2013, each Army disability evaluation record represented one condition.

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TABLE 3: CHARACTERISTICS OF DES EVALUATIONS: FY 2012-2017

	Army ¹	Navy	Marine Corps	Air Force
Total records	231,889	67,276	96,516	23,752
Total individuals	107,462	19,241	21,543	22,263
Total evaluations	125,026	22,788	27,577	23,423
Average records/evaluation	1.9	3.0	3.5	1.0
Average evaluations/individual	1.2	1.1	1.4	1.1
Non-TDRL	1.0	1.0	1.0	-
TDRL	1.7	1.5	1.8	-
Average VASRD/evaluation	2.8	1.6	1.8	1.9

1. Values are underestimated due to unavailable FY 2017 Disability Evaluation System data for the Army.

Total DES evaluations are shown by service and FY in Table 4. Individuals may be counted more than once in this table due to TDRL re-evaluations.

Key Findings:

- In FY 2017, there was an increase in the number of disability evaluations in the Navy and Marine Corps as compared to FY 2016.
 - This follows a decrease in disability evaluations across all services in FY 2016 after a two-year rise in FY 2014 through FY 2015.
- In the Air Force, the number of disability evaluations was similar over the time period with the exception of a two year rise in FY 2014 through FY 2015.

TABLE 4: TOTAL DES EVALUATIONS BY SERVICE AND FISCAL YEAR: FY 2012-2017

	Army ¹		Navy		Marine Corps		Air Force	
	n	%	n	%	n	%	n	%
2012	15,860	12.7	4,078	17.9	5,485	19.9	3,517	15.0
2013	23,942	19.1	3,357	14.7	4,173	15.1	3,626	15.5
2014	27,166	21.7	3,895	17.1	4,460	16.2	4,380	18.7
2015	33,958	27.2	4,296	18.9	4,592	16.7	4,578	19.5
2016	24,100	19.3	3,095	13.6	4,173	15.1	3,628	15.5
2017	-	-	4,067	17.8	4,694	17.0	3,694	15.8
Total	125,026		22,788		27,577		23,423	

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

Estimates of the rate of disability evaluation per total military population from FY 2012 through FY 2017 are shown in Table 5 for service and demographic characteristics. Rates from FY 2017 are compared to the previous five years in aggregate. Because demographic information on Air Force disability evaluation is collected from application, accession, and loss files, and not available for all disability evaluations, the rates of evaluation for demographic characteristics may be underestimated in the Air Force.

Key Findings:

- The overall rate of disability evaluation per 1,000 service members is typically highest for the Army and Marine Corps.
 - In FY 2017, the rate slightly increased for the Navy and Marine Corps, while the rate for the Air Force remained stable.
- Rates are highest among female, enlisted and active duty service members for all services and reported time periods.
- “Other” race was associated with higher rates across all services from FY 2012 – 2016.
 - However, in the Air Force, there was a decrease in the rate of disability evaluation among those of other race and an increase among black service members in FY 2017.
- In FY 2017, rates were highest in the 30-34 range for the Navy, Marine Corps and Air Force.

TABLE 5: RATE OF DES EVALUATION PER 1,000 SERVICE MEMBERS (TOTAL SERVICE POPULATION) BY DEMOGRAPHIC CHARACTERISTICS AND SERVICE: FY 2012-2016 vs. FY 2017¹

	2012-2016								2017							
	Army		Navy		Marine Corps		Air Force ²		Army ³		Navy		Marine Corps		Air Force ²	
	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate	n	Rate
Sex																
Male	89,638	20.2	11,029	7.1	14,978	13.8	12,793	6.6	-	-	2,686	8.9	3,918	17.4	2,564	6.8
Female	17,801	20.6	4,210	11.9	1,924	23.8	5,628	11.4	-	-	1,299	17.2	704	37.8	1,128	11.4
Age																
<20	388	1.0	139	1.3	466	2.8	281	3.0	-	-	36	1.3	127	2.7	20	0.6
20-24	14,221	9.8	3,529	6.5	6,219	11.8	4,055	7.2	-	-	1,012	8.9	1,709	15.0	509	4.4
25-29	26,030	22.2	4,396	9.6	5,717	25.0	4,827	8.4	-	-	1,123	12.5	1,395	34.8	618	5.6
30-34	23,824	28.9	3,118	10.1	2,699	24.0	3,481	7.7	-	-	797	13.4	839	41.2	575	6.8
35-39	15,394	27.4	1,949	8.5	1,119	15.7	2,183	6.7	-	-	520	12.1	340	27.8	359	5.9
≥ 40	27,430	30.9	2,046	8.0	614	10.3	2,352	5.3	-	-	428	9.6	195	19.1	308	4.4
Race																
White	68,819	18.2	9,204	7.7	10,995	12.1	13,526	7.5	-	-	2,014	7.7	2,615	15.0	2,592	7.6
Black	17,273	17.3	2,427	7.5	1,266	9.5	2,743	8.1	-	-	546	8.8	334	8.6	675	9.3
Other	20,035	64.1	3,152	9.9	4,142	55.6	1,922	10.2	-	-	852	22.1	1,188	55.0	320	7.8
Rank																
Enlisted	100,823	22.7	14,172	9.0	16,389	15.8	17,065	8.6	-	-	3,672	11.7	4,477	20.6	3,392	8.7
Officer	6,609	7.7	1,040	3.1	436	3.4	1,405	3.1	-	-	312	4.8	140	5.4	281	3.3
Component																
Active Duty	82,186	32.2	14,419	9.0	16,101	16.6	15,807	10.0	-	-	3,834	11.9	4,479	22.1	3,395	10.8
Reserve/NG	25,223	9.2	834	2.8	807	4.1	2,753	3.2	-	-	155	2.8	155	3.8	297	1.8
Total Individuals	107,462	20.3	15,253	8.0	16,908	14.5	18,571	7.6	-	-	3,989	10.6	4,634	19.0	3,692	7.8

1. Data on total service population was generated using data from Defense Manpower Data Center (DMDC) queries and represents the total number of service members with each demographic as of 30 September of the fiscal year in question. This data does not include the number of service members who have missing demographic data.

2. Demographic information is not provided for Air Force disability evaluations and is appended using accession and applicant databases. Because applicant and accession data are not available for a large percentage of Air Force disability evaluations rates presented by age, sex, and race are likely underestimated and should not be compared with the corresponding rates in other services.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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Characteristics of individuals who underwent disability evaluation from FY 2012 through FY 2017 are shown in Table 6, comparing FY 2017 evaluations to FY 2012 through FY 2016 in aggregate. A substantial number of specific MEB dates for Air Force disability evaluations were not included in the records, leading to a large percentage of missing age values for the Air Force in FY 2017. The Air Force is currently updating the dataset to include all MEB dates.

Key Findings:

- Most disability evaluations were performed on enlisted, active component personnel, regardless of service.
- Army and Air Force had higher percentages of reserve component disability evaluations, likely due to the inclusion of National Guard service members not present in the Navy and Marine Corps reserve component.
- Most individuals evaluated for disability were male, aged 20-34 at the time of disability evaluation, or white, in all four services.
- Differences across time periods in the age demographics of the Air Force, and race demographics of the Navy and Marine Corps may be due to the underreporting of related values.
 - No other substantial changes in the demographic composition of the disability evaluated population were observed in any service.

TABLE 6: DEMOGRAPHIC CHARACTERISTICS OF SERVICE MEMBERS EVALUATED FOR DISABILITY: FY 2012-2016 vs. FY 2017

	2012-2016								2017							
	Army		Navy		Marine Corps		Air Force		Army ²		Navy		Marine Corps		Air Force	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Sex																
Male	89,638	80.2	11,029	72.3	14,978	88.6	12,793	68.9	-	-	2,686	67.3	3,918	84.5	2,564	69.4
Female	17,801	20.6	4,210	27.6	1,924	11.4	5,628	30.3	-	-	1,299	32.6	704	15.2	1,128	30.6
Missing	23	<0.1	14	0.1	6	0.0	150	0.8	-	-	4	0.1	12	0.3	0	-
Age																
<20	388	0.4	139	0.9	466	2.8	281	1.5	-	-	36	0.9	127	2.7	20	0.5
20-24	14,221	13.2	3,529	23.1	6,219	36.8	4,055	21.8	-	-	1,012	25.4	1,709	36.9	509	13.8
25-29	26,030	24.2	4,396	28.8	5,717	33.8	4,827	26.0	-	-	1,123	28.2	1,395	30.1	618	16.7
30-34	23,824	22.2	3,118	20.4	2,699	16.0	3,481	18.7	-	-	797	20.0	839	18.1	575	15.6
35-39	15,394	14.3	1,949	12.8	1,119	6.6	2,183	11.8	-	-	520	13.0	340	7.3	359	9.7
≥ 40	27,430	25.5	2,046	13.4	614	3.6	2,352	12.7	-	-	428	10.7	195	4.2	308	8.3
Missing	170	0.2	76	0.5	74	0.4	1,392	7.5	-	-	73	1.8	29	0.6	1,303	35.3
Race																
White	68,819	64.0	9,204	60.3	10,995	65.0	13,526	72.8	-	-	2,014	50.5	2,615	56.4	2,592	70.2
Black	17,273	16.1	2,427	15.9	1,266	7.5	2,743	14.8	-	-	546	13.7	334	7.2	675	18.3
Other	20,035	18.6	3,152	20.7	4,142	24.5	1,922	10.3	-	-	852	21.4	1,188	25.6	320	8.7
Missing	1,335	1.2	439	2.9	505	3.0	380	2.0	-	-	577	14.5	497	10.7	105	2.8
Rank																
Enlisted	100,823	93.8	14,172	92.9	16,389	96.9	17,065	91.9	-	-	3,672	92.1	4,477	96.6	3,392	91.9
Officer	6,609	6.2	1,040	6.8	436	2.6	1,405	7.6	-	-	312	7.8	140	3.0	281	7.6
Missing	30	<0.1	41	0.3	83	0.5	101	0.5	-	-	5	0.1	17	0.4	19	0.5
Component																
Active Duty	82,186	76.5	14,419	94.5	16,101	95.2	15,807	85.1	-	-	3,834	96.1	4,479	96.7	3,395	92.0
Reserve/NG	25,223	23.5	834	5.5	807	4.8	2,753	14.8	-	-	155	3.9	155	3.3	297	8.0
Missing	53	<0.1	0	-	0	-	11	0.1	-	-	0	-	0	-	0	-
Total Individuals	107,462		15,253		16,908		18,571		-		3,989		4,634		3,692	

1. Service members missing on demographic characteristics are included in the total.

2. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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The distribution of unfitting conditions, in individuals discharged with a service connected disability, by disability body system for each service, is shown in Tables 7A through 7D. Classification of an individual's unfitting conditions into body system categories is not mutually exclusive. Individuals may be included in more than one body system category, if an individual was evaluated for more than one condition. Counts presented in each table represent the number of individuals evaluated for one or more conditions in a given body system. Percentages represent the percent of individuals that had a disability in a given body system among all individuals discharged with a service connected disability and may exceed 100% as individuals may have conditions in multiple body systems.

Key Findings:

- In the Marine Corps and Air Force, more than half of the discharged service members were evaluated for a musculoskeletal condition.
- In the Navy, psychiatric conditions surpassed musculoskeletal conditions as the leading cause of disability in FY 2017.
- In the Navy and Marine Corps, there were large increases in the proportion of individuals with a psychiatric-related disability discharge in FY 2017, compared to the previous 5-year period.
 - The proportions of individuals evaluated for disability discharge related to all other body system categories were similar between the two time periods for the Navy, Marine Corps and Air Force.

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TABLE 7A: DISTRIBUTION OF UNFITTING CONDITIONS BY BODY SYSTEM CATEGORY IN INDIVIDUALS WITH A DISABILITY DISCHARGE: **ARMY**, FY 2012-2016 vs. FY 2017

Body System Category	2012-2016			2017 ³		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Musculoskeletal	73,731	69.3	139.1	-	-	-
Psychiatric	43,573	41.0	82.2	-	-	-
Neurological	25,457	23.9	48.0	-	-	-
Respiratory	4,130	3.9	7.8	-	-	-
Digestive	2,596	2.4	4.9	-	-	-
Cardiovascular	2,420	2.3	4.6	-	-	-
Dermatologic	2,292	2.2	4.3	-	-	-
Endocrine	2,054	1.9	3.9	-	-	-
Genitourinary	1,581	1.5	3.0	-	-	-
Ears/Hearing	1,451	1.4	2.7	-	-	-
Eyes/Vision	1,025	1.0	1.9	-	-	-
Hemic/Lymphatic	494	0.5	0.9	-	-	-
Gynecologic	370	0.3	0.7	-	-	-
Immune	343	0.3	0.6	-	-	-
Dental/Oral	180	0.2	0.3	-	-	-
Other Sensory Disorders	43	<0.1	0.1	-	-	-
Total Individuals Discharged	106,352	100	200.6	-	-	-

1. Percent of individuals who have at least one condition within the specified body system category. Individuals may be included in more than one body system category, if an individual was evaluated for more than one condition.

2. Rate of disability discharge related to each body system per 10,000 service members.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 7B: DISTRIBUTION OF UNFITTING CONDITIONS BY BODY SYSTEM CATEGORY IN INDIVIDUALS WITH A DISABILITY DISCHARGE: **NAVY**, FY 2012-2016 vs. FY 2017

Body System Category	2012-2016			2017		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Psychiatric	3,988	32.2	20.9	1,287	42.7	34.1
Musculoskeletal	5,201	42.0	27.3	1,087	36.1	28.8
Neurological	2,404	19.4	12.6	537	17.8	14.2
Digestive	759	6.1	4.0	133	4.4	3.5
Respiratory	318	2.6	1.7	71	2.4	1.9
Endocrine	305	2.5	1.6	58	1.9	1.5
Cardiovascular	325	2.6	1.7	55	1.8	1.5
Genitourinary	265	2.1	1.4	55	1.8	1.5
Dermatologic	194	1.6	1.0	32	1.1	0.8
Eyes and Vision	178	1.4	0.9	31	1.0	0.8
Hemic/Lymphatic	142	1.1	0.7	28	0.9	0.7
Ears and Hearing	115	0.9	0.6	19	0.6	0.5
Infectious Disease	111	0.9	0.6	14	0.5	0.4
Gynecologic	87	0.7	0.5	13	0.4	0.3
Dental and Oral	17	0.1	0.1	4	0.1	0.1
Other Sensory Disorders	2	<0.1	0.0	0	-	-
Total Individuals Discharged	12,389	100	65.1	3,013	100	79.9

1. Percent of individuals who have at least one condition within the specified body system category. Individuals may be included in more than one body system category, if an individual was evaluated for more than one condition.

2. Rate of disability discharge related to each body system per 10,000 service members.

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TABLE 7C: DISTRIBUTION OF UNFITTING CONDITIONS BY BODY SYSTEM CATEGORY IN INDIVIDUALS WITH A DISABILITY DISCHARGE: **MARINE CORPS**, FY 2012-2016 vs. FY 2017

Body System Category	2012-2016			2017		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Musculoskeletal	9,310	60.2	79.9	2,183	53.0	89.7
Psychiatric	4,198	27.1	36.0	1,471	35.7	60.4
Neurological	3,081	19.9	26.4	734	17.8	30.1
Digestive	522	3.4	4.5	132	3.2	5.4
Respiratory	444	2.9	3.8	110	2.7	4.5
Endocrine	142	0.9	1.2	57	1.4	2.3
Cardiovascular	244	1.6	2.1	55	1.3	2.3
Genitourinary	287	1.9	2.5	46	1.1	1.9
Dermatologic	232	1.5	2.0	41	1.0	1.7
Ears and Hearing	152	1.0	1.3	34	0.8	1.4
Hemic/Lymphatic	74	0.5	0.6	23	0.6	0.9
Eyes and Vision	225	1.5	1.9	21	0.5	0.9
Gynecologic	26	0.2	0.2	13	0.3	0.5
Infectious Disease	53	0.3	0.5	12	0.3	0.5
Dental and Oral	25	0.2	0.2	4	0.1	0.2
Other Sensory Disorders	2	0.0	0.0	0	-	-
Total Individuals Discharged	15,472	100	132.8	4,118	100	169.1

1. Percent of individuals who have at least one condition within the specified body system category. Individuals may be included in more than one body system category, if an individual was evaluated for more than one condition.

2. Rate of disability discharge related to each body system per 10,000 service members.

TABLE 7D: DISTRIBUTION OF UNFITTING CONDITIONS BY BODY SYSTEM CATEGORY IN INDIVIDUALS WITH A DISABILITY DISCHARGE: **AIR FORCE**, FY 2012-2016 vs. FY 2017

Body System Category	2012-2016			2017		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Musculoskeletal	8,789	50.9	36.0	1,870	53.0	39.5
Psychiatric	5,012	29.0	20.5	1,047	29.7	22.1
Neurological	3,587	20.8	14.7	821	23.3	17.3
Respiratory	1,643	9.5	6.7	271	7.7	5.7
Digestive	892	5.2	3.7	138	3.9	2.9
Cardiovascular	658	3.8	2.7	138	3.9	2.9
Endocrine	411	2.4	1.7	77	2.2	1.6
Genitourinary	402	2.3	1.6	63	1.8	1.3
Dermatologic	335	1.9	1.4	94	2.7	2.0
Eyes and Vision	219	1.3	0.9	33	0.9	0.7
Hemic/Lymphatic	171	1.0	0.7	34	1.0	0.7
Infectious Disease	159	0.9	0.7	30	0.9	0.6
Ears and Hearing	173	1.0	0.7	41	1.2	0.9
Dental and Oral	23	0.1	0.1	5	0.1	0.1
Gynecologic	0	-	-	0	-	-
Immune	0	-	-	0	-	-
Other Sensory	7	-	-	0	-	-
Total Individuals Discharged	17,273	100	70.7	3,529	100	74.5

1. Percent of individuals who have at least one condition within the specified body system category. Individuals may be included in more than one body system category, if an individual was evaluated for more than one condition.

2. Rate of disability discharge related to each body system per 10,000 service members.

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The leading VASRD categories (excluding analogous codes) within the most common disability body system categories are shown in Tables 8A through 8D. Classification of an individual's conditions into body system categories is not mutually exclusive and individuals may be included in more than one body system category in cases of multiple conditions. Similar to the body system categories, VASRD categories within a body system are not mutually exclusive and an individual is represented in multiple VASRD categories if he/she has more than one VASRD. Therefore, percentages associated with VASRD categories within each body system can be interpreted as the percent of individuals in a VASRD category among all individuals with a condition in the body system.

Key Findings:

- Musculoskeletal conditions:
 - Dorsopathies (i.e. vertebral fracture, sacroiliac injury, lumbosacral strain, degenerative arthritis) was the most common condition category in the Army and Air Force, while limitation of motion was the most common in the Navy and Marine Corps during the FY 2012 through FY 2016 time period.
 - The prevalence of the leading musculoskeletal conditions in FY 2017 was similar to the previous five years in the Navy, Marine Corps and Air Force.
- Psychiatric disorders:
 - Posttraumatic stress disorder (PTSD) was the most commonly diagnosed psychiatric disorder in the Marine Corps and Air Force across both time periods. PTSD accounted for more than 60% of those with a psychiatric disorder in the Marine Corps.
 - Mood disorders were the most common psychiatric disorder in the Navy across both time periods.
 - Increases in the rate of the top three psych disorders in FY 2017 were seen in the Navy and Marine Corps.
- Neurological conditions:
 - The rate of paralysis increased in the Navy, Marine Corp, and Air Force in FY 2017 compared to the previous time period.
 - Paralysis was the most common type of neurological disability condition in the Air Force in both time periods.
 - Residuals of traumatic brain injury (TBI) was the leading neurological disability condition in the Marine Corps.
 - The prevalence of migraines increased in FY 2017 for the Navy, Marine Corps and Air Force, becoming the leading neurological condition in the Navy.

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TABLE 8A: MOST PREVALENT CONDITIONS WITHIN LEADING BODY SYSTEM CATEGORIES AMONG INDIVIDUALS WITH A DISABILITY DISCHARGE: ARMY, FY 2012-2016 vs. FY 2017

	2012-2016			2017 ³		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Musculoskeletal	73,731	69.3	139.1	-	-	-
Dorsopathies	42,151	57.2	79.5	-	-	-
Limitation of motion	32,019	50.2	69.8	-	-	-
Arthritis	14,590	19.8	27.5	-	-	-
Psychiatric	43,573	41.0	82.2	-	-	-
PTSD	32,115	73.7	60.6	-	-	-
Mood disorders	8,696	20.0	16.4	-	-	-
Anxiety disorders	3,419	7.8	6.4	-	-	-
Neurological	25,457	23.9	48.0	-	-	-
Paralysis	9,957	22.9	18.8	-	-	-
Migraine	6,651	15.3	12.5	-	-	-
Residuals of TBI	6,116	14.0	11.5	-	-	-
Total Individuals Discharged	106,352		200.6	Total Individuals Discharged		-

1. Percent includes individuals who have at least one condition within the specified body system/VASRD category. Individuals may be included in more than one body system/VASRD category if evaluated for more than one condition.

2. Rate of each type of disability discharge per 10,000 total service members.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 8B: MOST PREVALENT CONDITIONS WITHIN LEADING BODY SYSTEM CATEGORIES AMONG INDIVIDUALS WITH A DISABILITY DISCHARGE: NAVY, FY 2012-2016 vs. FY 2017

	2012-2016			2017			
	n	% ¹	Rate ²	n	% ¹	Rate ²	
Psychiatric	3,988	32.2	20.9	Psychiatric	1,287	42.7	34.1
Mood disorders	1,699	42.6	8.9	Mood disorders	562	43.7	14.9
PTSD	1,449	36.3	7.6	PTSD	482	37.5	12.8
Anxiety disorders	463	11.6	2.4	Anxiety disorders	124	9.6	3.3
Musculoskeletal	5,201	42.0	27.3	Musculoskeletal	1,087	36.1	28.8
Limitation of motion	2,495	48.0	13.1	Limitation of motion	538	49.5	14.3
Dorsopathies	1,913	36.8	10.0	Dorsopathies	403	37.1	10.7
Arthritis	1,036	19.9	5.4	Arthritis	174	16.0	4.6
Neurological	2,404	19.4	12.6	Neurological	537	17.8	14.2
Paralysis	560	23.3	2.9	Migraine	136	25.3	3.6
Epilepsy	506	21.0	2.7	Paralysis	122	22.7	3.2
Migraine	428	17.8	2.2	Epilepsy	111	20.7	2.9
Total Individuals Discharged	12,389		65.1	Total Individuals Discharged	3,013		79.9

1. Percent includes individuals who have at least one condition within the specified body system/VASRD category. Individuals may be included in more than one body system/VASRD category if evaluated for more than one condition.

2. Rate of each type of disability discharge per 10,000 total service members.

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TABLE 8C: MOST PREVALENT CONDITIONS WITHIN LEADING BODY SYSTEM CATEGORIES AMONG INDIVIDUALS WITH A DISABILITY DISCHARGE: MARINE CORPS, FY 2012-2015 vs. FY 2017

2012-2016				2017			
	n	% ¹	Rate ²		n	% ¹	Rate ²
Musculoskeletal	9,310	60.2	79.9	Musculoskeletal	2,183	53.0	89.7
Limitation of motion	5,302	56.9	45.5	Limitation of motion	1,241	56.8	51.0
Dorsopathies	3,031	32.6	26.0	Dorsopathies	788	36.1	32.4
Arthritis	1,416	15.2	12.2	Arthritis	266	12.2	10.9
Psychiatric	4,198	27.1	36.0	Psychiatric	1,471	35.7	60.4
PTSD	3,005	71.6	25.8	PTSD	940	63.9	38.6
Mood disorders	908	21.6	7.8	Mood disorders	403	27.4	16.6
Anxiety disorders	219	5.2	1.9	Anxiety disorders	98	6.7	4.0
Neurological	3,081	19.9	26.4	Neurological	734	17.8	30.1
Residuals of TBI	899	29.2	7.7	Residuals of TBI	214	29.2	8.8
Paralysis	776	25.2	6.7	Migraine	190	25.9	7.8
Migraine	517	16.8	4.4	Paralysis	148	20.2	6.1
Total Individuals Discharged	15,472		132.8	Total Individuals Discharged	4,118		169.1

1. Percent includes individuals who have at least one condition within the specified body system/VASRD category. Individuals may be included in more than one body system/VASRD category if evaluated for more than one condition.

2. Rate of each type of disability discharge per 10,000 total service members.

TABLE 8D: MOST PREVALENT CONDITIONS WITHIN LEADING BODY SYSTEM CATEGORIES AMONG INDIVIDUALS WITH A DISABILITY DISCHARGE: AIR FORCE, FY 2012-2016 vs. FY 2017

2012-2016				2017			
	n	% ¹	Rate ²		n	% ¹	Rate ²
Musculoskeletal	8,789	50.9	36.0	Musculoskeletal	1,870	53.0	39.5
Dorsopathies	4,965	56.5	20.3	Dorsopathies	1,052	56.3	22.2
Limitation of motion	3,174	36.1	13.0	Limitation of motion	736	39.4	15.5
Arthritis	1,408	16.0	5.8	Joint disorders	183	9.8	3.9
Psychiatric	5,012	29.0	20.5	Psychiatric	1,047	29.7	22.1
PTSD	2,184	43.6	8.9	PTSD	443	42.3	9.3
Mood disorders	2,036	40.6	8.3	Mood disorders	407	38.9	8.6
Anxiety disorders	669	13.3	2.7	Anxiety disorders	111	10.6	2.3
Neurological	3,587	20.8	14.7	Neurological	821	23.3	17.3
Paralysis	1,118	31.2	4.6	Paralysis	331	40.3	7.0
Migraine	801	22.3	3.3	Migraine	199	24.2	4.2
Epilepsy	468	13.0	1.9	Epilepsy	103	12.5	2.2
Total Individuals Discharged	17,273		70.7	Total Individuals Discharged	3,529		74.5

1. Percent includes individuals who have at least one condition within the specified body system/VASRD category. Individuals may be included in more than one body system/VASRD category if evaluated for more than one condition.

2. Rate of each type of disability discharge per 10,000 total service members.

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Tables 9A-9D show the ten most common VASRD condition categories, regardless of body system category, present in service members discharged with a disability for FY 2017 as compared to FY 2012-2016.

Key Findings:

- When disregarding body system category, the ten most common VASRD categories were related to the musculoskeletal, psychiatric and neurological categories, with the exception of non-infectious enteritis/colitis in the Navy in FY 2012 through FY 2016 and asthma in the Air Force for both time periods.
- In comparing FY 2017 to the previous five-year period, the following trends were found:
 - In the Marine Corps, the proportion of PTSD increased, becoming the second most common disorder in the Marine Corps.
 - Mood disorders increased in the Navy (14% vs. 19%) and Marine Corps (6% vs. 10%); mood disorders became the leading condition category in the Navy.
 - An increase in paralysis was seen in the Air Force (6% vs. 9%).
 - A decrease was seen in arthritis in the Marine Corps (9% vs. 7%) and the Air Force (8% vs. 5%).

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TABLE 9A: TEN MOST COMMON VASRD CATEGORIES IN INDIVIDUALS WITH A DISABILITY DISCHARGE: ARMY, FY 2012-2016 vs. FY 2017

	2012-2016			2017 ³		
	n	% ¹	Rate ²	n	% ¹	Rate ²
Dorsopathies	42,151	39.6	79.5	-	-	-
Limitation of motion	37,019	34.8	69.8	-	-	-
PTSD	32,115	30.2	60.6	-	-	-
Arthritis	14,590	13.7	27.5	-	-	-
Paralysis	9,974	9.4	18.8	-	-	-
Mood disorder	8,696	8.2	16.4	-	-	-
Joint disorders	7,509	7.1	14.2	-	-	-
Migraine	6,651	6.3	12.5	-	-	-
Residuals of TBI	6,116	5.8	11.5	-	-	-
Skeletal and joint deformities	5,901	5.5	11.1	-	-	-
Total Individuals Discharged	106,352	100	200.6	Total Individuals Discharged		

1. Percent includes individuals who have at least one condition within the specified VASRD category. Individuals may be included in more than one VASRD category if evaluated for more than one condition.

2. Rate of each type of disability per 10,000 total service members.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 9B: TEN MOST COMMON VASRD CATEGORIES IN INDIVIDUALS WITH A DISABILITY DISCHARGE: NAVY, FY 2012-2016 vs. FY 2017

2012-2016				2017			
	n	% ¹	Rate ²		n	% ¹	Rate ²
Limitation of motion	2,495	20.1	13.1	Mood disorder	562	18.7	14.9
Dorsopathies	1,913	15.4	10.0	Limitation of motion	538	17.9	14.3
Mood disorder	1,699	13.7	8.9	PTSD	482	16.0	12.8
PTSD	1,449	11.7	7.6	Dorsopathies	403	13.4	10.7
Arthritis	1,036	8.4	5.4	Arthritis	174	5.8	4.6
Joint disorders	723	5.8	3.8	Joint disorders	154	5.1	4.1
Paralysis	560	4.5	2.9	Migraine	136	4.5	3.6
Noninfectious enteritis and colitis	514	4.1	2.7	Anxiety disorders	124	4.1	3.3
Epilepsy	506	4.1	2.7	Paralysis	122	4.0	3.2
Anxiety disorders	463	3.7	2.4	Epilepsy	111	3.7	2.9
Total Individuals Discharged	12,389	100	65.1	Total Individuals Discharged	3,013	100	79.9

1. Percent includes individuals who have at least one condition within the specified VASRD category. Individuals may be included in more than one VASRD category if evaluated for more than one condition.

2. Rate of each type of disability per 10,000 total service members.

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TABLE 9C: TEN MOST COMMON VASRD CATEGORIES IN INDIVIDUALS WITH A DISABILITY DISCHARGE: MARINE CORPS, FY 2012-2016 vs. FY 2017

	2012-2016			2017			
	n	% ¹	Rate ²	n	% ¹	Rate ²	
Limitation of motion	5,302	34.3	45.5	Limitation of motion	1,241	30.1	51.0
Dorsopathies	3,031	19.6	26.0	PTSD	940	22.8	38.6
PTSD	3,005	19.4	25.8	Dorsopathies	788	19.1	32.4
Arthritis	1,416	9.2	12.2	Mood disorders	403	9.8	16.6
Joint disorders	1,044	6.7	9.0	Arthritis	266	6.5	10.9
Mood disorders	908	5.9	7.8	Residuals of TBI	214	5.2	8.8
Residuals of TBI	899	5.8	7.7	Joint disorders	208	5.1	8.5
Paralysis	777	5.0	6.7	Paralysis	190	4.6	7.8
Migraine	517	3.3	4.4	Migraine	148	3.6	6.1
Amputations	490	3.2	4.2	Skeletal and joint deformities	111	2.7	4.6
Total Individuals Discharged	15,472	100	132.8	Total Individuals Discharged	4,118	100	169.1

1. Percent includes individuals who have at least one condition within the specified VASRD category. Individuals may be included in more than one VASRD category if evaluated for more than one condition.

2. Rate of each type of disability per 10,000 total service members.

TABLE 9D: TEN MOST COMMON VASRD CATEGORIES IN INDIVIDUALS WITH A DISABILITY DISCHARGE: AIR FORCE, FY 2012-2016 vs. FY 2017

	2012-2016			2017			
	n	% ¹	Rate ²	n	% ¹	Rate ²	
Dorsopathies	4,965	28.7	20.3	Dorsopathies	1,052	29.8	22.2
Limitation of motion	3,174	18.4	13.0	Limitation of motion	736	20.9	15.5
PTSD	2,184	12.6	8.9	PTSD	443	12.6	9.3
Mood disorders	2,036	11.8	8.3	Mood disorders	407	11.5	8.6
Arthritis	1,408	8.2	5.8	Paralysis	332	9.4	7.0
Joint disorders	1,119	6.5	4.6	Migraine	199	5.6	4.2
Paralysis	1,118	6.5	4.6	Joint disorders	183	5.2	3.9
Asthma	1,102	6.4	4.5	Asthma	174	4.9	3.7
Migraine	801	4.6	3.3	Arthritis	173	4.9	3.7
Anxiety disorders	669	3.9	2.7	Anxiety disorders	111	3.1	2.3
Total Individuals Discharged	17,273	100	70.7	Total Individuals Discharged	3,592	100	74.5

1. Percent includes individuals who have at least one condition within the specified VASRD category. Individuals may be included in more than one VASRD category if evaluated for more than one condition.

2. Rate of each type of disability per 10,000 total service members.

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Table 10A shows a comparison of the distribution of disability dispositions between FY 2017 and the previous five-year period in aggregate. For this table, disposition was taken from the service member's record with the most recent disposition date. Therefore, service members with a disposition of placement on the temporary disability retirement list (TDRL) may not have yet been assigned a final disability disposition. However, prior DESAR research has found that the majority of service members placed on the TDRL are eventually placed on the permanent disability retirement list (PDRL).

Key Findings:

- In FY 2017, the most common disposition in the Air Force was permanent disability retirement (PDRL), while separated with severance pay was the most common in the Marine Corps.
- The most common disposition changed from PDRL in FY 2012-2016 to placement on the temporary disability retirement list (TDRL) in FY 2017 in the Navy.
 - Placement on the TDRL increased in FY 2017 in the Navy, Marine Corps and Air Force, with a doubling in the Marine Corps (9% vs. 18%) and the Air Force (14% vs. 26%).
- The proportion of those found fit decreased in FY 2017 in the Air Force (5% vs. 2%), but increased for the Navy (16% vs. 20%) and Marine Corps (6% vs. 9%).

TABLE 10A: MOST RECENT DISPOSITION BY SERVICE FOR ALL INDIVIDUALS EVALUATED FOR DISABILITY DISCHARGE: FY 2012-2016 vs. FY 2017¹

	2012-2016								2017							
	Army		Navy		Marine Corps		Air Force		Army ⁵		Navy		Marine Corps		Air Force	
	n	% ²	n	% ²	n	% ²	n	% ²	n	% ²	n	% ²	n	% ²	n	% ²
Permanent Disability Retired	67,181	62.8	4,883	32.5	6,140	36.9	9,472	51.0	-	-	814	21.1	1,240	28.5	1,454	39.4
Separated without Benefits	450	0.4	252	1.7	246	1.5	360	1.9	-	-	100	2.6	56	1.3	97	2.6
Separated with Severance	28,976	27.1	3,926	26.2	6,990	42.0	4,744	25.5	-	-	845	21.9	1,713	39.3	1,069	29.0
Fit	660	0.6	2,329	15.5	1,069	6.4	938	5.1	-	-	784	20.3	373	8.6	66	1.8
Placed on TDRL	7,427	6.9	2,640	17.6	1,551	9.3	2,647	14.3	-	-	1,191	30.9	769	17.7	965	26.1
Administrative Termination³	515	0.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other⁴	1,737	1.6	978	6.5	642	3.9	409	2.2	-	-	125	3.2	205	4.7	1	< 0.1
Total Individuals	106,982		15,008		16,638		18,570		-		3,859		4,356		3,692	

1. Individuals with a 'Retained on the TDRL' disposition as their first disposition during the time period covered by this report are excluded from this table.

2. Percent of the total number of individuals by service and time period

3. The disposition 'administrative termination' is specific to the Army

4. Including, but not limited, individuals with dispositions of no action, limited duty, or administrative removal from TDRL.

5. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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Table 10B shows a comparison of the rate of disability disposition per 10,000 service members between FY 2017 and the previous five-year period in aggregate. For this table, the disposition was taken from the service member's record with the most recent disposition date. Therefore, service members with a disposition of placement on the temporary disability retirement list (TDRL) may not have yet been assigned a final disability disposition. However, prior DESAR research has found that the majority of service members placed on the TDRL are eventually placed on the permanent disability retirement list (PDRL).

Key Findings:

- Rates of permanent disability retirement decreased in FY 2017 for the Navy, Marine Corps and Air Force, most notably for the Air Force (39 per 10,000 service members vs. 31 per 10,000).
- Placement on the TDRL increased in the Navy, Marine Corps and Air Force.
- Rates of separated with severance pay increased for the Navy, Marine Corps and Air Force.
- Rates for those found fit increased in Navy and Marine Corps but decreased in the Air Force.

TABLE 10B: RATE OF DISPOSITION TYPE PER 10,000 SERVICE MEMBERS BY SERVICE FOR ALL INDIVIDUALS EVALUATED FOR DISABILITY DISCHARGE: FY 2012-2016 vs. FY 2017¹

	2012-2016								2017							
	Army		Navy		Marine Corps		Air Force		Army ⁵		Navy		Marine Corps		Air Force	
	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²
Permanent Disability Retired	67,181	126.7	4,883	25.7	6,140	52.7	9,472	38.8	-	-	814	21.6	1,240	50.9	1,454	30.7
Separated without Benefit	450	0.8	252	1.3	246	2.1	360	1.5	-	-	100	2.7	56	2.3	97	2.0
Separated with Severance	28,976	54.7	3,926	20.6	6,990	60.0	4,744	19.4	-	-	845	22.4	1,713	70.4	1,069	22.6
Fit	660	1.2	2,329	12.2	1,069	9.2	938	3.8	-	-	784	20.8	373	15.3	66	1.4
Placed on TDRL	7,427	14.0	2,640	13.9	1,551	13.3	2,647	10.8	-	-	1,191	31.6	769	31.6	965	20.4
Administrative Termination³	515	1.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other⁴	1,737	3.3	978	5.1	642	5.5	409	1.7	-	-	125	3.3	205	8.4	1	< 0.1

1. Individuals with a 'Retained on the TDRL' disposition as their first disposition during the time period covered by this report are excluded from this table.

2. Rate of disposition type per 10,000 service members.

3. The disposition 'administrative termination' is specific to the Army

4. Including, but not limited, individuals with dispositions of no action, limited duty, or administrative removal from TDRL.

5. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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Most recent percent rating among evaluations for disability discharge is shown, by service, for the period of FY 2017 as compared to FY 2012-2016 in Table 11A.

Key Findings:

- In FY 2017, the most frequently assigned rating in the Marine Corps (10%), Air Force (30%), and Navy (Unrated) were similar to the previous five year period.
- Similar to previous years, disability ratings 30% or greater accounted for around 50% of Marine Corps disability ratings, and about 70% - 75% of ratings in the Air Force and Navy in FY 2017.
- In FY 2017, the proportion of disability ratings of 80% or higher increased slightly in Navy, and Air Force, but decreased in the Marine Corps.
- In the Navy and Marine Corps, there was an increase in the proportion with unrated conditions, while there was a decrease for the Air Force.
- In the Navy, Marine Corps and Air Force there was a slight decrease in the proportion rated 0% - 20%.

TABLE 11A: MOST RECENT PERCENT RATING BY SERVICE FOR ALL INDIVIDUALS EVALUATED FOR DISABILITY DISCHARGE: FY 2012-2016 vs. FY 2017¹

Rating	2012-2016												2017											
	Army			Navy			Marine Corps			Air Force			Army ²			Navy			Marine Corps			Air Force		
	n	%	CP	n	%	CP	n	%	CP	n	%	CP	n	%	CP	n	%	CP	n	%	CP	n	%	CP
0	2,026	1.9	2.0	504	3.4	4.1	928	5.6	6.1	559	3.0	3.0	-	-	-	116	3.0	4.0	262	6.0	6.7	112	3.0	3.2
10	15,659	14.6	17.0	2,155	14.4	21.9	3,925	23.6	31.9	2,634	14.2	17.3	-	-	-	467	12.1	20.1	920	21.1	30.4	405	11.1	14.9
20	12,144	11.4	28.8	1,444	9.6	33.7	2,315	13.9	47.1	1,805	9.7	27.0	-	-	-	305	7.9	30.6	625	14.3	46.5	309	8.4	23.8
30	11,742	11.0	40.1	2,420	16.1	53.6	2,288	13.8	62.1	2,941	15.8	42.9	-	-	-	513	13.3	48.3	568	13.0	61.1	531	14.4	39.0
40	10,952	10.2	50.6	1,385	9.2	65.0	1,652	9.9	73.0	2,050	11.0	54.0	-	-	-	291	7.5	58.3	423	9.7	72.0	449	12.2	51.9
50	12,513	11.7	62.7	1,671	11.1	78.8	1,489	8.9	82.7	2,214	11.9	66.0	-	-	-	497	12.9	75.5	463	10.6	83.9	504	13.7	66.4
60	10,445	9.8	72.8	689	4.6	84.4	862	5.2	88.4	1,440	7.8	73.7	-	-	-	136	3.5	80.1	179	4.1	88.5	302	8.3	75.1
70	12,549	11.7	84.9	912	6.1	91.9	834	5.0	93.9	1,649	8.9	82.7	-	-	-	309	8.0	90.8	264	6.1	95.3	443	12.0	87.9
80	7,327	6.8	91.9	208	1.4	93.6	285	1.7	95.7	656	3.5	86.2	-	-	-	51	1.3	92.6	57	1.3	96.8	154	4.2	92.3
90	3,197	3.0	95.0	51	0.3	94.0	94	0.6	96.4	211	1.1	87.3	-	-	-	14	0.4	93.0	11	0.3	97.1	61	1.7	94.0
100	5,171	4.8	100	724	4.8	100	554	3.3	100	1,036	5.6	100	-	-	-	202	5.2	100	114	2.6	100	207	5.6	100
UR	1,617	1.5	N/A	2,576	17.2	N/A	1,315	7.9	N/A	1,307	7.0	N/A	-	-	-	883	22.9	N/A	429	9.8	N/A	195	5.3	N/A
Miss	1,640	1.5	N/A	269	1.8	N/A	97	0.6	N/A	68	0.4	N/A	-	-	-	75	1.9	N/A	41	0.9	N/A	20	0.5	N/A
Total	106,982			15,008			16,638			18,570			-			3,859			4,356			3,692		

UR: Unrated, Miss: Missing, CP: Cumulative Percent, excluding missing and unrated

1. Individuals with a 'Retained on the TDRL' disposition as their first disposition during the time period covered by this report are excluded from this table.

2. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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Rates per 10,000 service members for the percent disability ratings is shown, by service, for individuals disability evaluated in FY 2017 as compared those evaluated between FY 2012-2016 in Table 11B.

Key Findings:

- The disability ratings with the highest rate in both time periods were Unrated in the Navy, 10% in the Marine Corps, and 30% Air Force.
- In FY 2017, there was an increase in the rate of unrated conditions in the Navy and Marine Corps.

TABLE 11B: RATE OF PERCENT DISABILITY RATING PER 10,000 SERVICE MEMBERS BY SERVICE FOR ALL INDIVIDUALS EVALUATED FOR DISABILITY DISCHARGE: FY 2012-2016 vs. FY 2017¹

Rating	2012-2016								2017							
	Army		Navy		Marine Corps		Air Force		Army ³		Navy		Marine Corps		Air Force	
	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²	n	Rate ²
0	2,026	3.8	504	2.6	928	8.0	559	2.3	-	-	116	3.1	262	10.8	112	2.4
10	15,659	29.5	2,155	11.3	3,925	33.7	2,634	10.8	-	-	467	12.4	920	37.8	405	8.5
20	12,144	22.9	1,444	7.6	2,315	19.9	1,805	7.4	-	-	305	8.1	625	25.7	309	6.5
30	11,742	22.1	2,420	12.7	2,288	19.6	2,941	12.0	-	-	513	13.6	568	23.3	531	11.2
40	10,952	20.7	1,385	7.3	1,652	14.2	2,051	8.4	-	-	291	7.7	423	17.4	449	9.5
50	12,513	23.6	1,671	8.8	1,489	12.8	2,214	9.1	-	-	497	13.2	463	19.0	504	10.6
60	10,445	19.7	689	3.6	862	7.4	1,440	5.9	-	-	136	3.6	179	7.4	302	6.4
70	12,549	23.7	912	4.8	834	7.2	1,649	6.8	-	-	309	8.2	264	10.8	443	9.3
80	7,327	13.8	208	1.1	285	2.4	656	2.7	-	-	51	1.4	57	2.3	154	3.2
90	3,197	6.0	51	0.3	94	0.8	211	0.9	-	-	14	0.4	11	0.5	61	1.3
100	5,171	9.8	724	3.8	554	4.8	1,036	4.2	-	-	202	5.4	114	4.7	207	4.4
UR	1,617	3.1	2,576	13.5	1,315	11.3	1,307	5.4	-	-	883	23.4	429	17.6	195	4.1

UR: Unrated

1. Individuals with a 'Retained on the TDRL' disposition as their first disposition during the time period covered by this report are excluded from this table

2. Rate of each percent disability rating per 10,000 service members.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

History of Medical Disqualification, Accession Medical Waiver, and Hospitalization among Service Members Evaluated for Disability

AMSARA/DESAR receives data on service members throughout their military career, spanning from application to military service at a Military Entrance Processing Station (MEPS) to discharge. These data were merged with disability evaluation data in order to describe the medical history of the disability evaluated population. Applicant data, collected at MEPS, are available for enlisted service members from all components. Waiver data are for enlisted active duty and reserve service members only. Hospitalization data were only available for active duty and eligible reserves at the time these analyses were completed. Accession and discharge data were available for all ranks and components.

In previous years, medical disqualifications, medical waivers and hospitalizations were reported by International Classification of Diseases, 9th revision (ICD-9) codes. Use of ICD-9 codes transitioned to ICD-10 codes effective fiscal year (FY) 2016 (starting 01 Oct 2015). Therefore, this is the first Disability Evaluation System Analysis and Research (DESAR) Annual Report that must account for individuals either with a physical exam at a Military Entrance Processing Station (MEPS) prior to FY2016 or who were diagnosed at a medical encounter prior to FY 2016 may still have ICD-9 codes in their record. Because of this transition, a mixture of ICD-9 and ICD-10 codes is expected to persist in our database through FY 2023. To allow for comparisons over the transition period, DESAR utilized alternative coding, known as the Clinical Classifications Software (CCS) codes, developed at the Agency for Healthcare Research and Quality (AHRQ). Both ICD-9 and ICD-10 codes can be mapped to the CCS coding scheme, which collapses diagnosis and procedure codes into clinically meaningful categories. DESAR will continue to report CCS codes in lieu of the mixture of ICD-9 and ICD-10 codes until the full transition has been completed for simplicity and comprehension.

Table 12 shows the number and percentages of individuals in the Disability Evaluation System (DES) records with records in other datasets received by AMSARA/DESAR.

Key Findings:

- Applicant and accession records were available for more than 80% of the disability population in all services.
 - Missing applicant and accession data may represent applications or accessions prior to 1995, the first year complete data are available.
- The highest percentage with waiver records was found in the Army (8%); the lowest percentage was found in the Air Force (4%).
 - Most accession medical waivers were approved in this population.
 - The number of Marine Corps and Navy waiver records may be underestimated due to missing or incomplete records.
- Hospitalization at a military treatment facility was most common in the Navy (45%) and least common in the Air Force (28%).
 - The number of hospitalization records for all services may be underestimated as FY 2017 hospitalization data was unavailable for this report.

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TABLE 12: INDIVIDUALS EVALUATED FOR DISABILITY WITH RECORDS IN OTHER AMSARA/DESAR DATA SOURCES: FY 2012-2017

	Army ³		Navy		Marine Corps		Air Force	
	n	%	n	%	n	%	n	%
Applicant record¹ (1995-2017)	82,442	81.8	15,368	86.1	19,598	93.9	16,453	80.4
Accession medical waiver record¹ (1995-2017)	7,970	7.9	1,232	6.9	1,170	5.6	836	4.1
Approved	7,484	7.4	1,189	6.7	1,114	5.3	811	4.0
Denied	486	0.5	40	0.2	32	0.2	25	0.1
Accession record (1995-2017)	88,194	82.1	18,274	95.0	20,991	97.4	18,947	85.1
Hospitalization record² (1995-2016)	31,779	38.6	8,203	44.9	7,717	37.5	5,271	27.4
Discharge record (1995-2017)	74,395	69.2	14,025	72.9	17,713	82.2	15,981	71.8
Total Individuals	107,462		19,241		21,543		22,263	
Total Enlisted	100,823		17,844		20,866		20,457	
Total Active Duty	82,225		18,257		20,584		19,212	

1. Applicant and waiver datasets include only enlisted service members. Therefore, percent for applicants and waiver were calculated using the total number of enlisted service members as the denominator.

2. Hospitalization dataset (i.e. SIDR) includes active duty service members and qualified reserves. Therefore, percent was calculated using the total number of active duty service members as the denominator. Hospitalizations are underestimated because FY 2017 hospitalization data was unavailable for this report.

3. Values are underestimated due to unavailable FY 2017 Disability Evaluation System data for the Army.

Medical disqualifications among enlisted service members evaluated for disability

Enlisted applicant records include data on medical examinations conducted at a MEPS from 1995 to present. MEPS medical examinations dated after the MEB date were excluded from the analyses. When service members evaluated for disability had more than one MEPS medical examination record, only the most recent record preceding the disability evaluation was used.

Table 13 shows the history of medical examination and application for military service among service members evaluated for disability by year of disability evaluation and service.

Key Findings:

- The proportions of applicant records in the Army, Navy, Marine Corps, and Air Force increased over time, a trend which is expected given the longer time frame for which application records are available.
- The Marine Corps had the highest percentage of individuals with a MEPS medical examination record both overall and for every individual year.

TABLE 13: RECORD OF MEDICAL EXAMINATION AT MEPS AMONG ENLISTED SERVICE MEMBERS EVALUATED FOR DISABILITY BY YEAR OF DISABILITY EVALUATION: FY 2012-2017

	Army ³			Navy			Marine Corps			Air Force		
	App	Total ¹	% ²	App	Total ¹	% ²	App	Total ¹	% ²	App	Total ¹	% ²
2012	8,993	11,544	77.9	1,994	2,570	77.6	3,074	3,332	92.3	1,962	2,751	71.3
2013	14,439	17,615	82.0	2,011	2,417	83.2	2,484	2,682	92.6	2,360	3,000	78.7
2014	16,569	20,547	80.6	2,518	2,976	84.6	3,030	3,273	92.6	3,060	3,866	79.2
2015	23,713	28,876	82.1	3,065	3,516	87.2	3,152	3,328	94.7	3,268	4,183	78.1
2016	18,728	22,241	84.2	2,425	2,693	90.0	3,590	3,774	95.1	2,830	3,265	86.7
2017	-	-	-	3,355	3,672	91.4	4,268	4,477	95.3	2,973	3,392	87.6
Total	82,422	100,823	81.8	15,368	17,844	86.1	19,598	20,866	93.9	16,453	20,457	80.4

App: Applicants with MEPS medical examination record.

1. Total: Enlisted individuals evaluated for a disability

2. Percent of enlisted disability cases with a MEPS medical examination record.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

Medical qualification status at time of application for enlisted service members who underwent disability evaluation are shown in Tables 14A-14D comparing service members evaluated for disability in FY 2017 to those evaluated for disability in the previous five years.

Key Findings:

- Rates of permanent medical disqualification remained relatively stable between the two periods for the Navy, Marine Corps and Air Force.
- Rates of temporary medical disqualification slightly decreased in FY 2017 for the Navy, Air Force and Marine Corps.
 - Between 3% (Air Force) and 6% (Marine Corps) of service members evaluated for disability had a history of temporary medical disqualification in FY 2017.

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TABLE 14A: MEDICAL QUALIFICATION STATUS AMONG ENLISTED INDIVIDUALS WHO WERE EVALUATED FOR DISABILITY WITH MEPS EXAMINATION RECORD: ARMY, FY 2012-2016 vs. FY 2017

	2012-2016		2017 ²	
	n	%	n	%
Fully Qualified	66,098	80.2	-	-
Permanently Disqualified	9,347	11.3	-	-
Temporarily Disqualified ¹	6,997	8.5	-	-
Total DES Cases with Medical Exam Record	82,442		-	

1. The majority of temporary disqualifications are due to failure to meet weight for height and body fat standards.

2. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 14B: MEDICAL QUALIFICATION STATUS AMONG ENLISTED INDIVIDUALS WHO WERE EVALUATED FOR DISABILITY WITH MEPS EXAMINATION RECORD: NAVY, FY 2012-2016 vs. FY 2017

	2012-2016		2017	
	n	%	n	%
Fully Qualified	10,184	84.8	2,890	86.1
Permanently Disqualified	1,158	9.6	322	9.6
Temporarily Disqualified ¹	671	5.6	143	4.3
Total DES Cases with Medical Exam Record	12,013		3,355	

1. The majority of temporary disqualifications are due to failure to meet weight for height and body fat standards.

TABLE 14C: MEDICAL QUALIFICATION STATUS AMONG ENLISTED INDIVIDUALS WHO WERE EVALUATED FOR DISABILITY WITH MEPS EXAMINATION RECORD: MARINE CORPS, FY 2012-2016 vs. FY 2017

	2012-2016		2017	
	n	%	n	%
Fully Qualified	13,081	85.3	3,619	84.8
Permanently Disqualified	1,331	8.7	412	9.7
Temporarily Disqualified ¹	918	6.0	237	5.6
Total DES Cases with Medical Exam Record	15,330		4,268	

1. The majority of temporary disqualifications are due to failure to meet weight for height and body fat standards.

TABLE 14D: MEDICAL QUALIFICATION STATUS AMONG ENLISTED INDIVIDUALS WHO WERE EVALUATED FOR DISABILITY WITH MEPS EXAMINATION RECORD: AIR FORCE, FY 2012-2016 vs. FY 2017

	2012-2016		2017	
	n	%	n	%
Fully Qualified	11,957	88.7	2,641	88.8
Permanently Disqualified	998	7.4	233	7.8
Temporarily Disqualified ¹	525	3.9	99	3.3
Total DES Cases with Medical Exam Record	13,480		2,973	

1. The majority of temporary disqualifications are due to failure to meet weight for height and body fat standards.

The pre-accession medical disqualifications, defined by the Department of Defense Instruction 6130.30 and recorded using International Classification of Diseases, Version 9 (ICD-9) and Version 10 (ICD-10) codes, present in MEPS examination records of enlisted service members by year of disability evaluation are shown in Tables 15A-15D. All medical disqualification codes recorded in the medical examination record that directly preceded disability evaluation were used in generating Tables 15A-15D. Due to the use of both ICD-9 and ICD-10 codes during this time period, DESAR categorized medical disqualifications into clinically meaningful categories using Clinical Classifications Software (CCS) codes in order to examine the leading pre-accession medical disqualifications in those who were disability evaluated in FY 2017 compared to aggregate data from the previous five years. Findings are presented for both permanent disqualifications (PDQ), disqualifications which require an accession medical waiver for accession, and temporary disqualifications, those that can be corrected. Please note that medical disqualifications are not medical diagnoses; therefore, individuals may have either current or a verified past medical history of the disqualifying condition, according to the Department of Defense Instruction 6130.03.

Key Findings:

- In all services and time periods, the most common pre-accession medical disqualifications at application in service members who underwent disability evaluation are consistent with highly prevalent medical disqualifications in the general military applicant population [10].
- Nutritional, endocrine and metabolic disorders, a category which is mainly comprised of weight-related disqualifications (i.e obesity), continued to be the most common pre-accession medical disqualification category in those disability evaluated in FY 2017.
- The proportion of those with an allergic reaction disqualification increased in FY 2017 for the Navy, Marine Corps, and Air Force population.
- The proportion of those with a pre-accession medical disqualification related to history of a substance-related disorder decreased in FY 2017 for the Marine Corps.

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TABLE 15A: FIVE MOST COMMON DISQUALIFICATIONS APPEARING IN MEPS MEDICAL EXAMINATION RECORDS OF SERVICE MEMBERS EVALUATED FOR DISABILITY: ARMY, FY 2012-2016 vs. FY 2017

2012-2016				2017 ³			
DQ Category	n	% of DQ ¹	% of App ²	DQ Category	n	% of DQ ¹	% of App ²
Other nutritional, endocrine and metabolic disorders	4,776	36.4	5.8	-	-	-	-
Other ear and sense organ disorders	901	6.9	1.1	-	-	-	-
Other injuries and conditions due to external causes	819	6.2	1.0	-	-	-	-
Substance-related disorders	728	5.5	0.9	-	-	-	-
Other circulatory disease	717	5.5	0.9	-	-	-	-
Total Applicants with Medical Disqualification	13,127		15.9	-	-	-	-
Total DES Cases with Medical Exam Record	82,422			Total DES Cases with Medical Exam Record	-		

1. Percent of applicants with that specific medical disqualification among all applicants with any medical disqualification.
 2. Percent of applicants within each disqualification category among all DES cases with a medical exam record.
 3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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TABLE 15B: FIVE MOST COMMON DISQUALIFICATIONS APPEARING IN MEPS MEDICAL EXAMINATION RECORDS OF SERVICE MEMBERS EVALUATED FOR DISABILITY: NAVY, FY 2012-2016 vs. FY 2017

2012-2016				2017			
DQ Category	n	% of DQ ¹	% of App ²	DQ Category	n	% of DQ ¹	% of App ²
Other nutritional, endocrine and metabolic disorders	377	25.7	3.1	Other nutritional, endocrine and metabolic disorders	85	20.5	2.5
Vision defects	121	8.3	1.0	Other injuries and conditions due to external causes	58	14.0	1.7
Other injuries and conditions due to external causes	108	7.4	0.9	Joint disorders and dislocations; trauma-related	46	11.1	1.4
Allergic reactions	92	6.3	0.8	Allergic reactions	44	10.6	1.3
Joint disorders and dislocations; trauma-related	92	6.3	0.8	Complications of surgical procedures or medical care	40	9.6	1.2
Total Applicants with Medical Disqualifications	1,466		12.2	Total Applicants with Medical Disqualifications	415		12.4
Total DES Cases with Medical Exam Record	12,013			Total DES Cases with Medical Exam Record	3,355		

1. Percent of applicants with that specific medical disqualification among all applicants with any medical disqualification.

2. Percent of applicants within each disqualification category among all DES cases with a medical exam record.

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TABLE 15C: FIVE MOST COMMON DISQUALIFICATIONS APPEARING IN MEPS MEDICAL EXAMINATION RECORDS OF SERVICE MEMBERS EVALUATED FOR DISABILITY: **MARINE CORPS**, FY 2012-2016 vs. FY 2017

2012-2016				2017			
DQ Category	n	% of DQ ¹	% of App ²	DQ Category	n	% of DQ ¹	% of App ²
Other nutritional, endocrine and metabolic disorders	642	32.7	4.2	Other nutritional, endocrine and metabolic disorders	219	37.2	5.1
Substance-related disorders	159	8.1	1.0	Other injuries and conditions due to external causes	46	7.8	1.1
Alcohol-related disorders	154	7.8	1.0	Allergic reactions	41	7.0	1.0
Other injuries and conditions due to external causes	144	7.3	0.9	Substance-related disorders	39	6.6	0.9
Other circulatory disease	113	5.8	0.7	Alcohol-related disorders	39	6.6	0.9
Total Applicants with Medical Disqualifications	1,962		12.8	Total Applicants with Medical Disqualifications	589		13.8
Total DES Cases with Medical Exam Record	15,330			Total DES Cases with Medical Exam Record	4,268		

1. Percent of applicants with that specific medical disqualification among all applicants with any medical disqualification.
 2. Percent of applicants within each disqualification category among all DES cases with a medical exam record.

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TABLE 15D: FIVE MOST COMMON DISQUALIFICATIONS APPEARING IN MEPS MEDICAL EXAMINATION RECORDS OF SERVICE MEMBERS EVALUATED FOR DISABILITY: **AIR FORCE**, FY 2012-2016 vs. FY 2017

2012-2016				2017			
DQ Category	n	% of DQ ¹	% of App ²	DQ Category	n	% of DQ ¹	% of App ²
Other nutritional, endocrine and metabolic disorders	275	21.3	2.0	Other nutritional, endocrine and metabolic disorders	42	14.5	1.4
Vision defects	104	8.0	0.8	Vision defects	37	12.8	1.2
Other injuries and conditions due to external causes	96	7.4	0.7	Complications of surgical procedures or medical care	31	10.7	1.0
Joint disorders and dislocations; trauma-related	91	7.0	0.7	Other injuries and conditions due to external causes	28	9.7	0.9
Other circulatory disease	89	6.9	0.7	Allergic reactions	25	8.6	0.8
Total Applicants with Medical Disqualifications	1,292		9.6	Total Applicants with Medical Disqualifications	290		9.8
Total DES Cases with Medical Exam Record	13,480			Total DES Cases with Medical Exam Record	2,973		

1. Percent of applicants with that specific medical disqualification among all applicants with any medical disqualification.

2. Percent of applicants within each disqualification category among all DES cases with a medical exam record.

The most prevalent medical disqualification body system categories at MEPS medical examinations are shown in Tables 16A-16D for each service within the three most common disability body systems (musculoskeletal, psychiatric and neurological). Only individuals who were discharged with a service-connected disability were included in these tables (i.e. fit and separated without benefits dispositions are excluded). Classification of an individual's disability conditions into body system categories is not mutually exclusive and individuals may be included in more than one body system category in cases of multiple disability conditions. Like the disability body system categories, disqualification categories from the MEPS examination within a body system are not mutually exclusive. An individual is represented in multiple disqualification categories if he/she has more than one type of medical disqualification. Therefore, percentages associated with disqualification categories at MEPS examination within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at MEPS.

Key Findings:

- Total rates of medical disqualification prior to accession among individuals disability discharged in FY 2017 varied from 9% (Air Force) to 14% (Marine Corps).
- The most common pre-accession medical disqualifications were abnormal weight and musculoskeletal disqualifications, regardless of service, type of disability, and time period.
 - Abnormal vision was among the most common pre-accession disqualifications in the Navy and Air Force for both time periods.
 - Psychiatric disorder disqualifications were among the most common pre-accession disqualifications in the Marine Corps for both time periods.
- Little to no concordance was observed between pre-accession disqualifications and the reason for disability evaluation for the three most common disability body systems.

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TABLE 16A: MOST PREVALENT DISQUALIFICATION TYPES AT MEPS MEDICAL EXAMINATION WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: ARMY, FY 2012-2016 VS. FY 2017

2012-2016			2017 ³		
	n	% ¹		n	% ¹
Total Disability Discharged	99,879		Total Disability Discharged	-	
Weight	4,027	4.0	-	-	-
Musculoskeletal	2,251	2.3	-	-	-
Psychiatric	1,249	1.3	-	-	-
Any disqualification	14,193	14.2	-	-	-
Musculoskeletal Disability	69,391	69.5	Musculoskeletal Disability	-	-
Weight	2,938	4.2	-	-	-
Musculoskeletal	1,754	2.5	-	-	-
Psychiatric	842	1.2	-	-	-
Any disqualification	10,234	14.7	-	-	-
Psychiatric Disability	40,611	40.7	Psychiatric Disability	-	-
Weight	1,509	3.7	-	-	-
Musculoskeletal	733	1.8	-	-	-
Psychiatric	567	1.4	-	-	-
Any disqualification	5,196	12.8	-	-	-
Neurological Disability	23,249	23.3	Neurological Disability	-	-
Weight	823	3.5	-	-	-
Musculoskeletal	440	1.9	-	-	-
Psychiatric	265	1.1	-	-	-
Neurological ²	66	0.3	-	-	-
Any disqualification	3,076	13.2	-	-	-

1. Percentages associated with disqualification categories at MEPS examination within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at MEPS.

2. In cases where none of the leading disqualification categories matched the disability body system, the disqualification category matching the disability category was also included.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 16B: MOST PREVALENT DISQUALIFICATION TYPES AT MEPS MEDICAL EXAMINATION WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: NAVY, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	11,806		Total Disability Discharged	2,843	
Weight	294	2.5	Musculoskeletal	79	2.8
Musculoskeletal	269	2.3	Weight	61	2.1
Vision	157	1.3	Vision	41	1.4
Any disqualification	1,345	11.4	Any disqualification	346	12.2
Psychiatric Disability	3,744	31.7	Psychiatric Disability	1,190	41.9
Weight	102	2.7	Weight	19	1.6
Vision	75	2.0	Vision	17	1.4
Musculoskeletal	62	1.7	Musculoskeletal	14	1.2
Psychiatric ²	40	1.1	Psychiatric ²	9	0.8
Any disqualification	460	12.3	Any disqualification	120	10.1
Musculoskeletal Disability	4,989	42.3	Musculoskeletal Disability	1,045	36.8
Musculoskeletal	167	3.3	Musculoskeletal	47	4.5
Weight	126	2.5	Weight	27	2.6
Vision	51	1.0	Vision	18	1.7
Any disqualification	584	11.7	Any disqualification	140	13.4
Neurological Disability	2,233	18.9	Neurological Disability	500	17.6
Weight	51	2.3	Musculoskeletal	12	2.4
Musculoskeletal	43	1.9	Weight	12	2.4
Vision	26	1.2	Vision	9	1.8
Neurological ²	15	0.7	Neurological ²	2	0.4
Any disqualification	243	10.9	Any disqualification	66	13.2

1. Percentages associated with disqualification categories at MEPS examination within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at MEPS.

2. In cases where none of the leading disqualification categories matched the disability body system, the disqualification category matching the disability category was also included.

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TABLE 16C: MOST PREVALENT DISQU/ALIFICATION TYPES AT MEPS MEDICAL EXAMINATION WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: MARINE CORPS, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	15,162		Total Disability Discharged	4,062	
Weight	559	3.7	Weight	183	4.5
Musculoskeletal	329	2.2	Musculoskeletal	104	2.6
Psychiatric	274	1.8	Psychiatric	61	1.5
Any disqualification	1,924	12.7	Any disqualification	550	13.5
Musculoskeletal Disability	9,091	60.0	Musculoskeletal Disability	2,132	52.5
Weight	368	4.0	Weight	105	4.9
Musculoskeletal	238	2.6	Musculoskeletal	65	3.0
Psychiatric	154	1.7	Psychiatric	33	1.5
Any disqualification	1,217	13.4	Any disqualification	315	14.8
Psychiatric Disability	4,091	27.0	Psychiatric Disability	1,427	35.1
Weight	117	2.9	Weight	53	3.7
Psychiatric	89	2.2	Musculoskeletal	29	2.0
Musculoskeletal	63	1.5	Psychiatric	23	1.6
Any disqualification	430	10.5	Any disqualification	173	12.1
Neurological Disability	2,978	19.6	Neurological Disability	705	17.4
Weight	93	3.1	Weight	19	2.7
Musculoskeletal	62	2.1	Musculoskeletal	17	2.4
Psychiatric	44	1.5	Psychiatric	13	1.8
Neurological ²	19	0.6	Neurological ²	1	0.1
Any disqualification	340	11.4	Any disqualification	84	11.9

1. Percentages associated with disqualification categories at MEPS examination within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at MEPS.

2. In cases where none of the leading disqualification categories matched the disability body system, the disqualification category matching the disability category was also included.

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TABLE 16D: MOST PREVALENT DISQUALIFICATION TYPES AT MEPS MEDICAL EXAMINATION WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: AIR FORCE, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	16,004		Total Disability Discharged	3,257	
Musculoskeletal	265	1.7	Musculoskeletal	66	2.0
Weight	233	1.5	Vision	45	1.4
Vision	145	0.9	Weight	38	1.2
Any disqualification	1,261	7.9	Any disqualification	284	8.7
Musculoskeletal Disability	8,290	51.8	Musculoskeletal Disability	1,747	53.6
Musculoskeletal	160	1.9	Musculoskeletal	42	2.4
Weight	130	1.6	Weight	23	1.3
Vision	67	0.8	Vision	21	1.2
Any disqualification	658	7.9	Any disqualification	156	8.9
Psychiatric Disability	4,579	28.6	Psychiatric Disability	961	29.5
Weight	68	1.5	Musculoskeletal	19	2.0
Musculoskeletal	64	1.4	Vision	14	1.5
Vision	57	1.2	Weight	11	1.1
Psychiatric ²	43	0.9	Psychiatric ²	8	0.8
Any disqualification	366	8.0	Any disqualification	85	8.8
Neurological Disability	3,258	20.4	Neurological Disability	752	23.1
Weight	52	1.6	Musculoskeletal	14	1.9
Musculoskeletal	48	1.5	Hearing	8	1.1
Psychiatric	14	0.4	Weight	8	1.1
Neurological ²	9	0.3	Neurological ²	2	0.3
Any disqualification	230	7.1	Any disqualification	51	6.8

1. Percentages associated with disqualification categories at MEPS examination within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at MEPS.

2. In cases where none of the leading disqualification categories matched the disability body system, the disqualification category matching the disability category was also included.

History of accession medical waiver among enlisted service members evaluated for disability

Waiver records include data on medical waivers considered by each service's waiver authority from 1995 to present. Only waiver applications that occurred prior to the date of medical evaluation board were included in these analyses. In cases where more than one waiver record was available for an individual, only the most recent waiver record was included.

Table 17 shows the history of medical waiver application among enlisted service members evaluated for disability by year of disability evaluation and service.

Key Findings:

- The overall prevalence of an accession medical waiver application generally remained stable over time and was highest in the Army (8%) and lowest in the Air Force (4%).

TABLE 17: HISTORY OF ACCESSION MEDICAL WAIVER APPLICATIONS AMONG ENLISTED SERVICE MEMBERS EVALUATED FOR DISABILITY BY YEAR OF DISABILITY EVALUATION: FY 2012-2017

	Army ¹			Navy			Marine Corps			Air Force		
	Waiver App	Total ²	% ³	Waiver App	Total ²	% ³	Waiver App	Total ²	% ³	Waiver App	Total ²	% ³
2012	938	11,544	8.1	169	2,570	6.6	187	3,332	5.6	80	2,751	2.9
2013	1,455	17,615	8.3	145	2,417	6.0	155	2,682	5.8	114	3,000	3.8
2014	1,560	20,547	7.6	215	2,976	7.2	169	3,273	5.2	143	3,866	3.7
2015	2,269	28,876	7.9	232	3,516	6.6	198	3,328	5.9	154	4,183	3.7
2016	1,748	22,241	7.9	199	2,693	7.4	208	3,774	5.5	173	3,265	5.3
2017	-	-	-	272	3,672	7.4	253	4,477	5.7	172	3,392	5.1
Total	7,970	100,823	7.9	1,232	17,844	6.9	1,170	20,866	5.6	836	20,457	4.1

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

2. Total: Enlisted individuals evaluated for disability

3. Percent of enlisted disability cases with a history of accession medical waiver application

The leading disqualifications listed in medical accession waiver application records of enlisted service members are shown in Tables 18A-18D. Results are shown by year of disability evaluation comparing FY 2017 disability evaluations to those occurring in the previous five years.

Key Findings:

- In FY 2017, the most common disqualifications in pre-accession waiver considerations differed by service. However, allergic reactions were among the most common disqualifications in all reported services.
- In FY 2017, the rate of waiver considerations for allergic reactions increased in the Navy, Marine Corps, and Air Force.

TABLE 18A: FIVE MOST COMMON DISQUALIFICATIONS CONSIDERED FOR ACCESSION MEDICAL WAIVERS AMONG ENLISTED INDIVIDUALS EVALUATED FOR DISABILITY: **ARMY**, FY 2012-2016 vs. FY 2017

2012-2016			2017 ¹		
DQ Category	n	%	DQ Category	n	%
Other ear and sense organ disorders	744	9.3	-	-	-
Vision defects	706	8.9	-	-	-
Allergic reactions	436	5.5	-	-	-
Other circulatory disease	436	5.5	-	-	-
Joint disorders and dislocations; trauma-related	406	5.1	-	-	-
Total Waiver Applications	7,970		Total Waiver Applications	-	

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 18B: FIVE MOST COMMON DISQUALIFICATIONS CONSIDERED FOR ACCESSION MEDICAL WAIVERS AMONG ENLISTED INDIVIDUALS EVALUATED FOR DISABILITY: **NAVY**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
DQ Category	n	%	DQ Category	n	%
Vision defects	112	11.7	Allergic reactions	43	15.8
Allergic reactions	82	8.5	Vision defects	30	11.0
Asthma	66	6.9	Joint disorders and dislocations; trauma-related	27	9.9
Joint disorders and dislocations; trauma-related	60	6.3	Other bone disease and musculoskeletal deformities	20	7.4
Other bone disease and musculoskeletal deformities	58	6.0	Pathological fracture	16	5.9
Total Waiver Applications	960		Total Waiver Applications	272	

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TABLE 18C: FIVE MOST COMMON DISQUALIFICATIONS CONSIDERED FOR ACCESSION MEDICAL WAIVERS AMONG ENLISTED INDIVIDUALS EVALUATED FOR DISABILITY: **MARINE CORPS**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
DQ Category	n	%	DQ Category	n	%
Other injuries and conditions due to external causes	125	13.6	Other injuries and conditions due to external causes	35	13.8
Asthma	82	8.9	Allergic reactions	32	12.3
Other bone disease and musculoskeletal deformities	79	8.6	Other bone disease and musculoskeletal deformities	26	10.3
Anxiety disorders	70	7.6	Asthma	22	8.7
Pathological fracture	68	7.4	Pathological fracture	18	7.1
Total Waiver Applications	917		Total Waiver Applications	253	

TABLE 18D: FIVE MOST COMMON DISQUALIFICATIONS CONSIDERED FOR ACCESSION MEDICAL WAIVERS AMONG ENLISTED INDIVIDUALS EVALUATED FOR DISABILITY: **AIR FORCE**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
DQ Category	n	%	DQ Category	n	%
Vision defects	107	16.1	Vision defects	36	24.1
Other non-traumatic joint disorders	43	6.5	Allergic reactions	20	10.2
Attention-deficit, conduct and disruptive behavior disorders	40	6.0	Attention-deficit, conduct and disruptive behavior disorders	11	6.5
Other nervous system disorders	39	5.9	Asthma	9	5.6
Asthma	37	5.6	Joint disorders and dislocations; trauma-related	9	4.6
Total Waiver Applications	664		Total Waiver Applications	172	

The most prevalent approved accession medical waivers are shown in Tables 19A-19D for each service, by leading disability body systems. Only individuals discharged with a service-connected disability were included in these tables (i.e. fit and separated with benefits dispositions are excluded). Classification of an individual's disability conditions into body system categories is not mutually exclusive. Individuals may be included in more than one body system category in cases of multiple disability conditions. Similar to the disability body system categories, waiver types within each body system are not mutually exclusive and an individual is represented in multiple waiver categories if he/she has more than one type of medical waiver. Therefore, percentages associated with waiver types within each body system should be interpreted as the percent of individuals discharged with that specific waiver type within that specific disability body system.

Key Findings:

- In FY 2017, the total rate of accession medical waivers among individuals disability discharged was around 8% in the Navy, 5% in the Marine Corps and 3% in the Air Force.
- Within each service, the overall waiver rate did not vary significantly by type of disability discharge.
- Musculoskeletal and vision waivers were generally the most common waiver types in the Navy, Marine Corps and Air Force.
 - Other common waivers were for respiratory and psychiatric disqualifications.
- Little to no concordance was observed between accession medical waivers and the reason for disability evaluation for the three most common disability body systems.
- In all services, the leading reasons for waivers did not significantly vary based on the body system evaluated for disability.

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TABLE 19A: MOST PREVALENT ACCESSION MEDICAL WAIVER TYPES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: ARMY, FY 2012-2016 vs. FY 2017

2012-2016			2017 ³		
	n	% ¹		n	% ¹
Total Disability Discharged	99,879		Total Disability Discharged	-	
Musculoskeletal	2,461	2.5	-	-	-
Vision	1,292	1.3	-	-	-
Hearing	1,207	1.2	-	-	-
Any Waiver	7,825	7.8	-	-	-
Musculoskeletal Disability	69,391	69.5	Musculoskeletal Disability	-	-
Musculoskeletal	1,352	1.9	-	-	-
Vision	661	1.0	-	-	-
Hearing	520	0.7	-	-	-
Any Waiver	5,601	8.1	-	-	-
Psychiatric Disability	40,611	40.7	Psychiatric Disability	-	-
Musculoskeletal	542	1.3	-	-	-
Vision	316	0.8	-	-	-
Psychiatric	310	0.8	-	-	-
Any Waiver	2,834	7.0	-	-	-
Neurological Disability	23,249	23.3	Neurological Disability	-	-
Musculoskeletal	354	1.5	-	-	-
Hearing	196	0.8	-	-	-
Vision	180	0.8	-	-	-
Neurological ²	27	0.1	-	-	-
Any Waiver	1,745	7.5	-	-	-

1. Percentages associated with ICD-9/10 categories at waiver within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific waiver type.

2. In cases where none of the leading waiver categories matched the disability body system, the matching waiver category was also included.

3. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 19B: MOST PREVALENT ACCESSION MEDICAL WAIVER TYPES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: NAVY, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	11,806		Total Disability Discharged	2,843	
Musculoskeletal	210	1.8	Musculoskeletal	64	2.3
Vision	129	1.1	Vision	34	1.2
Respiratory	62	0.5	Psychiatric	17	0.6
Any Waiver	813	6.9	Any Waiver	217	7.6
Psychiatric Disability	3,744	31.7	Psychiatric Disability	1,190	41.9
Vision	55	1.5	Vision	14	1.2
Musculoskeletal	47	1.3	Musculoskeletal	10	0.8
Psychiatric	27	0.7	Psychiatric	5	0.4
Any Waiver	270	7.2	Any Waiver	78	6.6
Musculoskeletal Disability	4,989	42.3	Musculoskeletal Disability	1,045	36.8
Musculoskeletal	131	2.6	Musculoskeletal	37	3.5
Vision	46	0.9	Vision	13	1.2
Respiratory	30	0.6	Psychiatric	5	0.5
Any Waiver	365	7.3	Any Waiver	88	8.4
Neurological Disability	2,233	18.9	Neurological Disability	500	17.6
Musculoskeletal	33	1.5	Musculoskeletal	10	2.0
Vision	24	1.1	Vision	8	1.6
Respiratory	14	0.6	Psychiatric	4	0.8
Neurological ²	3	0.1	Neurological ²	0	0.0
Any Waiver	160	7.2	Any Waiver	42	8.4

1. Percentages associated with ICD-9/10 categories at waiver within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific waiver type.

2. In cases where none of the leading waiver categories matched the disability body system, the matching waiver category was also included.

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TABLE 19C: MOST PREVALENT ACCESSION MEDICAL WAIVER TYPES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: MARINE CORPS, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	15,162		Total Disability Discharged	4,062	
Musculoskeletal	188	1.2	Musculoskeletal	58	1.4
Psychiatric	122	0.8	Vision	30	0.7
Vision	120	0.8	Respiratory	21	0.5
Any Waiver	840	5.5	Any Waiver	221	5.4
Musculoskeletal Disability	9,091	60.0	Musculoskeletal Disability	2,132	52.5
Musculoskeletal	132	1.5	Musculoskeletal	39	1.8
Psychiatric	71	0.8	Vision	18	0.8
Vision	67	0.7	Psychiatric	11	0.5
Any Waiver	518	5.7	Any Waiver	130	6.1
Psychiatric Disability	4,091	27.0	Psychiatric Disability	1,427	35.1
Musculoskeletal	48	1.2	Musculoskeletal	20	1.4
Psychiatric	37	0.9	Vision	8	0.6
Vision	26	0.6	Psychiatric	6	0.4
Any Waiver	195	4.8	Any Waiver	70	4.9
Neurological Disability	2,978	19.6	Neurological Disability	705	17.4
Musculoskeletal	41	1.4	Musculoskeletal	9	1.3
Vision	29	1.0	Psychiatric	6	0.9
Respiratory	20	0.7	Vision	5	0.7
Neurological ²	0	0.0	Neurological ²	0	0.0
Any Waiver	163	5.5	Any Waiver	42	6.0

1. Percentages associated with ICD-9/10 categories at waiver within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific waiver type.

2. In cases where none of the leading waiver categories matched the disability body system, the matching waiver category was also included.

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TABLE 19D: MOST PREVALENT ACCESSION MEDICAL WAIVER TYPES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: AIR FORCE, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	16,004		Total Disability Discharged	3,257	
Musculoskeletal	168	1.0	Musculoskeletal	47	1.4
Vision	135	0.8	Vision	41	1.3
Psychiatric	102	0.6	Psychiatric	21	0.6
Any Waiver	618	3.9	Any Waiver	157	4.8
Musculoskeletal Disability	8,290	51.8	Musculoskeletal Disability	1,747	53.6
Musculoskeletal	85	0.9	Musculoskeletal	28	1.3
Vision	52	0.6	Vision	18	0.8
Psychiatric	35	0.4	Psychiatric	7	0.3
Any Waiver	322	3.5	Any Waiver	92	4.3
Psychiatric Disability	4,579	28.6	Psychiatric Disability	961	29.5
Vision	49	1.2	Vision	9	0.6
Psychiatric	35	0.9	Musculoskeletal	7	0.5
Musculoskeletal	30	0.7	Psychiatric	4	0.3
Any Waiver	185	4.5	Any Waiver	44	3.1
Neurological Disability	3,258	20.4	Neurological Disability	752	23.1
Musculoskeletal	20	0.7	Musculoskeletal	6	0.9
Psychiatric	12	0.4	Vision	4	0.6
Vision	9	0.3	Respiratory	3	0.4
Neurological ²	2	< 0.1	Neurological ²	2	0.3
Any Waiver	98	3.3	Any Waiver	26	3.7

1. Percentages associated with ICD-9/10 categories at waiver within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific waiver type.

2. In cases where none of the leading waiver categories matched the disability body system, the matching waiver category was also included.

History of hospitalization among active duty service members evaluated for disability

Hospitalization records received by AMSARA/DESAR include data on direct care inpatient stays among active duty service members from 1995 through 2016. Only the primary diagnoses listed in hospitalization records prior to the service member's MEB date were utilized in the creation of these tables. Hospitalization rates in all tables may be underestimated because FY 2017 hospitalization data was unavailable for this report.

Table 20 shows the history of hospitalization by year of disability evaluation and service.

Key Findings:

- From FY 2012 through FY 2017, the prevalence of hospitalization among those disability evaluated remained relatively stable in the Navy and Air Force, but decreased for the Marine Corps.
- Overall hospitalization rates were highest in the Navy and lowest in the Air Force.

TABLE 20: HISTORY OF HOSPITALIZATION BY YEAR OF DISABILITY EVALUATION: FY 2012-2017*

	Army ¹			Navy			Marines Corps			Air Force		
	Hosp	Total ²	% ³	Hosp	Total ²	% ³	Hosp	Total ²	% ³	Hosp	Total ²	% ³
2012	3,623	9,112	39.8	1,137	2,579	44.1	1,418	3,219	44.1	665	2,585	25.7
2013	5,330	14,655	36.4	1,070	2,443	43.8	1,071	2,610	41.0	807	2,792	28.9
2014	5,751	15,588	36.9	1,413	3,057	46.2	1,233	3,212	38.4	1,061	3,586	29.6
2015	9,404	23,698	39.7	1,637	3,573	45.8	1,197	3,311	36.2	1,052	3,600	29.2
2016	7,671	19,172	40.0	1,249	2,771	46.7	1,303	3,752	34.7	844	3,254	25.9
2017	-	-	-	1,652	3,834	43.1	1,495	4,479	33.4	842	3,395	24.8
Total	31,779	82,225	38.6	8,203	18,257	44.9	7,717	20,583	37.5	5,271	19,212	27.4

* Hospitalizations are underestimated because FY 2017 hospitalization data was unavailable for this report.

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

2. Total: Active Duty service members evaluated for disability.

3. Percent of disability cases with a hospitalization.

The most common primary diagnoses at hospitalization for service members evaluated for disability are shown in Tables 21A-21D.

Key Findings:

- Psychiatric disorders were the leading reasons for hospitalization among individuals evaluated for disability in FY 2017 in the Navy and Marine Corps, while birth trauma was the leading reason for hospitalization in the Air Force.
- Spondylosis/intervertebral disc disorders and obstetric-related trauma to perineum and vulva were also common diagnoses in hospitalizations.

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TABLE 21A: FIVE MOST COMMON PRIMARY DIAGNOSES FOR HOSPITALIZATIONS AMONG ACTIVE DUTY DISABILITY EVALUATIONS: **ARMY**, FY 2012-2016 vs. FY 2017

2012-2016			2017 ¹		
Diagnosis Category	n	%	Diagnosis Category	n	%
Mood disorders	2,767	8.7	-	-	-
Adjustment disorders	2,320	7.3	-	-	-
Spondylosis; intervertebral disc disorders; other back problems	2,316	7.3	-	-	-
Anxiety disorders	2,232	7.0	-	-	-
Fracture of lower limb	1,259	4.0	-	-	-
Total DES Hospitalized	31,779		Total DES Hospitalized	-	

1. Army FY 2017 Disability Evaluation System data were unavailable for this report.

TABLE 21B: FIVE MOST COMMON PRIMARY DIAGNOSES FOR HOSPITALIZATIONS AMONG ACTIVE DUTY DISABILITY EVALUATIONS: **NAVY**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
Diagnosis Category	n	%	Diagnosis Category	n	%
Mood disorders	857	13.1	Mood disorders	266	16.1
OB-related trauma to perineum and vulva	445	6.8	Adjustment disorders	144	8.7
Adjustment disorders	418	6.4	OB-related trauma to perineum and vulva	131	7.9
Anxiety disorders	380	5.8	Anxiety disorders	120	7.3
Spondylosis; intervertebral disc disorders; other back problems	378	5.8	Spondylosis; intervertebral disc disorders; other back problems	94	5.7
Total DES Hospitalized	6,551		Total DES Hospitalized	1,652	

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TABLE 21C: FIVE MOST COMMON PRIMARY DIAGNOSES FOR HOSPITALIZATIONS AMONG ACTIVE DUTY DISABILITY EVALUATIONS: **MARINE CORPS**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
Diagnosis Category	n	%	Diagnosis Category	n	%
Mood disorders	468	7.5	Mood disorders	178	11.9
Fracture of lower limb	460	7.4	Anxiety disorders	134	9.0
Open wounds of extremities	448	7.2	Adjustment disorders	96	6.4
Anxiety disorders	415	6.7	Spondylosis; intervertebral disc disorders; other back problems	75	5.0
Complications of surgical procedures or medical care	348	5.6	Alcohol-related disorders	68	4.5
Total DES Hospitalized	6,222		Total DES Hospitalized	1,495	

TABLE 21D: FIVE MOST COMMON PRIMARY DIAGNOSES FOR HOSPITALIZATIONS AMONG ACTIVE DUTY DISABILITY EVALUATIONS: **AIR FORCE**, FY 2012-2016 vs. FY 2017

2012-2016			2017		
Diagnosis Category	n	%	Diagnosis Category	n	%
Mood disorders	410	9.3	OB-related trauma to perineum and vulva	90	10.7
OB-related trauma to perineum and vulva	366	8.3	Other complications of birth	68	8.1
Spondylosis; intervertebral disc disorders; other back problems	280	6.3	Mood disorders	67	8.0
Other complications of birth	243	5.5	Spondylosis; intervertebral disc disorders; other back problems	52	6.2
Other complications of pregnancy	167	3.8	Appendicitis and other appendiceal conditions	34	4.0
Total DES Hospitalized	4,429		Total DES Hospitalized	842	

The body system category for the most prevalent primary medical diagnosis at hospitalization within the three most common disability categories for each service are shown in Tables 22A-22D. Only individuals who were discharged with a service-connected disability were included in these tables (i.e. fit and separated without benefits dispositions are excluded). Classification of an individual's disability conditions into body system categories is not mutually exclusive and individuals may be included in more than one body system category in cases of multiple disability conditions. Similar to the disability body system categories, body system categories at hospitalization within a body system are not mutually exclusive and an individual is represented in multiple body system categories if he/she has more than one type of medical diagnosis at hospitalization. Therefore, percentages associated with body system categories at hospitalization within each body system should be interpreted as the percent of individuals with a hospitalization diagnosis within the specified body system among those with a disability discharge within the same specified body system (e.g. musculoskeletal disability).

Key Findings:

- More concordance was observed between the reason for hospitalization and the reason for disability discharge than was observed with either medical disqualifications (Tables 16 A-D) or waivers (Tables 19 A-D).
- Total rate of hospitalization among individuals disability discharged in FY 2017 varied from 25% (Air Force) to 44% (Navy).
- In the Navy, Marine Corps and Air Force, rates of any hospitalization were lowest in those discharged with a musculoskeletal condition, and highest in those with a psychiatric condition.

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TABLE 22A: MOST PREVALENT HOSPITALIZATION BODY SYSTEM CATEGORIES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: ARMY, FY 2012-2016 vs. FY 2017

2012-2016			2017 ²		
	n	% ¹		n	% ¹
Total Disability Discharged	81,610		Total Disability Discharged		
Musculoskeletal	8,316	10.2	-	-	-
Psychiatric	7,172	8.8	-	-	-
Respiratory	3,216	3.9	-	-	-
Any Hospitalization	31,449	38.5	-	-	-
Musculoskeletal Disability	56,934	69.8	Musculoskeletal Disability		
Musculoskeletal	7,363	12.9	-	-	-
Psychiatric	2,933	5.2	-	-	-
Respiratory	2,046	3.6	-	-	-
Any Hospitalization	20,164	35.4	-	-	-
Psychiatric Disability	31,067	38.1	Psychiatric Disability		
Psychiatric	6,051	19.5	-	-	-
Musculoskeletal	3,150	10.1	-	-	-
Respiratory	1,494	4.8	-	-	-
Any Hospitalization	15,209	49.0	-	-	-
Neurological Disability	18,534	22.7	Neurological Disability		
Musculoskeletal	2,758	14.9	-	-	-
Neurological	1,538	8.3	-	-	-
Psychiatric	1,287	6.9	-	-	-
Any Hospitalization	8,429	45.5	-	-	-

1. Percentages associated with body system category at hospitalization within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at hospitalization.

2. Army FY 2017 Disability Evaluation System data were unavailable for this report.

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TABLE 22B: MOST PREVALENT HOSPITALIZATION BODY SYSTEM CATEGORIES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: NAVY, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	11,947		Total Disability Discharged	2,964	
Psychiatric	1,580	13.2	Psychiatric	473	16.0
Musculoskeletal	1,061	8.9	Musculoskeletal	190	6.4
Neurological	585	4.9	Neurological	136	4.6
Any Hospitalization	5,448	45.6	Any Hospitalization	1,297	43.8
Musculoskeletal Disability	4,900	41.0	Musculoskeletal Disability	1,058	35.7
Musculoskeletal	829	16.9	Musculoskeletal	129	12.2
Psychiatric	218	4.4	Psychiatric	50	4.7
Neurological	194	4.0	Neurological	40	3.8
Any Hospitalization	1,873	38.2	Any Hospitalization	341	32.2
Psychiatric Disability	3,785	31.7	Psychiatric Disability	1,251	42.2
Psychiatric	1,307	34.5	Psychiatric	407	30.3
Musculoskeletal	161	4.3	Musculoskeletal	50	4.0
Neurological	150	4.0	Neurological	50	4.0
Any Hospitalization	2,075	54.8	Any Hospitalization	678	54.2
Neurological Disability	2,289	19.2	Neurological Disability	523	17.6
Neurological	345	15.1	Neurological	75	14.3
Musculoskeletal	257	11.2	Musculoskeletal	48	9.2
Psychiatric	120	5.2	Psychiatric	33	6.3
Any Hospitalization	1,089	47.6	Any Hospitalization	238	45.5

1. Percentages associated with body system category at hospitalization within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at hospitalization.

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TABLE 22C: MOST PREVALENT HOSPITALIZATION BODY SYSTEM CATEGORIES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: MARINE CORPS, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	14,862		Total Disability Discharged	4,059	
Musculoskeletal	1,961	13.2	Psychiatric	417	10.3
Psychiatric	1,120	7.5	Musculoskeletal	280	6.9
Neurological	737	5.0	Neurological	125	3.1
Any Hospitalization	5,768	38.8	Any Hospitalization	1,375	33.9
Musculoskeletal Disability	8,859	59.6	Musculoskeletal Disability	2,119	52.2
Musculoskeletal	1,706	19.3	Musculoskeletal	229	10.8
Neurological	356	4.0	Psychiatric	92	4.3
Psychiatric	284	3.2	Neurological	46	2.2
Any Hospitalization	3,212	36.3	Any Hospitalization	588	27.7
Psychiatric Disability	3,965	26.7	Psychiatric Disability	1,428	35.2
Psychiatric	888	22.4	Psychiatric	355	24.9
Musculoskeletal	412	10.4	Musculoskeletal	89	6.2
Neurological	246	6.2	Neurological	54	3.8
Any Hospitalization	1,971	49.7	Any Hospitalization	672	47.1
Neurological Disability	2,934	19.7	Neurological Disability	705	17.4
Musculoskeletal	447	15.2	Musculoskeletal	63	8.9
Neurological	380	13.0	Neurological	59	8.4
Psychiatric	149	5.1	Psychiatric	50	7.1
Any Hospitalization	1,341	45.7	Any Hospitalization	269	38.2

1. Percentages associated with body system category at hospitalization within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at hospitalization.

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TABLE 22D: MOST PREVALENT HOSPITALIZATION BODY SYSTEM CATEGORIES WITHIN LEADING DISABILITY BODY SYSTEM CATEGORIES: AIR FORCE, FY 2012-2016 vs. FY 2017

2012-2016			2017		
	n	% ¹		n	% ¹
Total Disability Discharged	14,689		Total Disability Discharged	3,260	
Psychiatric	706	4.8	Psychiatric	120	3.7
Musculoskeletal	691	4.7	Musculoskeletal	118	3.6
Neurological	415	2.8	Neurological	67	2.1
Any Hospitalization	4,098	27.9	Any Hospitalization	808	24.8
Musculoskeletal Disability	7,405	50.4	Musculoskeletal Disability	1,725	52.9
Musculoskeletal	548	7.4	Musculoskeletal	88	5.1
Neurological	180	2.4	Psychiatric	30	1.7
Respiratory	149	2.0	Neurological	28	1.6
Any Hospitalization	1,899	25.6	Any Hospitalization	390	22.6
Psychiatric Disability	4,148	28.2	Psychiatric Disability	947	29.0
Psychiatric	610	14.7	Psychiatric	102	10.8
Musculoskeletal	157	3.8	Musculoskeletal	32	3.4
Neurological	133	3.2	Neurological	25	2.6
Any Hospitalization	1,506	36.3	Any Hospitalization	284	30.0
Neurological Disability	3,006	20.5	Neurological Disability	759	23.3
Neurological	222	7.4	Musculoskeletal	49	6.5
Musculoskeletal	209	7.0	Neurological	38	5.0
Respiratory	68	2.3	Respiratory	15	2.0
Any Hospitalization	957	31.8	Any Hospitalization	221	29.1

1. Percentages associated with body system category at hospitalization within each body system should be interpreted as the percent of individuals discharged with a specific disability type who had each specific disqualification type at hospitalization.

Database Limitations

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

1. Military Occupational Specialty (MOS) at disability evaluation is only complete for Army for the full study period. The Department of the Navy collects information regarding MOS, but this variable was not included in the initial data extracts that were sent to AMSARA/DESAR. Occupational classification has been associated with disability in both civilian and military literature and is essential to understanding the precise risk factors associated with disability evaluation, separation, and retirement in the military.
2. Medical Evaluation Board (MEB) International Classification of Diseases, Version 9 and Version 10 (ICD-9/10) codes of the medical condition that precipitated the disability evaluation are not included in any of the service disability datasets received by AMSARA/DESAR. Veterans Affairs Schedule for Rating Disabilities (VASRD) codes give an indication of the unfitting conditions referred to the Physical Evaluation Board (PEB), but do not contain the level of detail available when diagnoses are coded using ICD-9/10 codes.
3. While the majority of disability evaluations had an accession record in the AMSARA/DESAR databases, some who undergo disability evaluation do not have an accession record in AMSARA/DESAR databases due to missing accession records prior to 1995. This may limit the ability to study the relationship between characteristics of service members at accession and disability evaluation, separation, and retirement in detail.
4. For this report, FY 2017 Army disability data, FY 2017 Navy waiver data, and FY 2017 hospitalization data were unavailable and, therefore, some rates are missing or underestimated.
5. Due to the use of both ICD-9 and ICD-10 codes during the time period of this report, AMSARA/DESAR categorized all ICD9/10 codes into clinically meaningful categories using Clinical Classification Software (CCS) codes. CCS codes do not contain the level of detail available with ICD-9/10 codes.

LIMITATIONS

Data Quality and Standardization Recommendations

1. Accurate indicators of the medical conditions that result in disability rating are not available, precluding surveillance or evaluation of conditions which lead to disability. Though Veterans Affairs Schedule for Rating Disabilities (VASRD) codes are available, they are not diagnosis codes. To allow for more accurate surveillance of the burden of disability in the military, each service's DES database should include one or more Medical Evaluation Board (MEB) diagnoses in the electronic disability record, in the form of text and ICD-9/10 codes.
2. To ensure Military Occupational Specialty (MOS) and education are accurate at the time of disability evaluation; each service's Disability Evaluation System (DES) database should record these variables at the time of disability evaluation. This will allow for the assessment of the role of MOS and education on disability evaluation, separation, and retirement, including changes in these characteristics throughout length of service.
3. Date of the underlying injury or onset of the condition is an important variable to consider when utilizing disability evaluation system data, allowing for the measurement of time elapsed from onset to MEB to Physical Evaluation Board (PEB) to discharge. Though healthcare utilization patterns can be determined from hospitalization and ambulatory data, the precise date of the event, onset of symptoms, or initial diagnosis is difficult to infer from the data available. Each service should include additional variables within to indicate date of onset of illness or injury of the medical condition for which a service member is undergoing disability.
4. High utilization of analogous codes, particularly among individuals with musculoskeletal disabilities, and lack of formal MEB medical diagnosis in the electronic file, precludes the evaluation of the association of certain types of disability with specific medical conditions. In the absence of formal medical diagnoses that describe the disabling condition, expanding the VASRD codes, particularly musculoskeletal codes, may reduce the utilization of analogous codes and provide more complete information on the condition that precipitated the disability evaluation. This is needed in order to inform interventions to decrease disability.

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