However, today’s military amputee who wishes to remain on active duty commonly finds a more receptive atmosphere, if not strong encouraging support from their chain of command. This support is well-founded given advances in amputee care that make it possible for amputee service members to effectively meet and exceed rigorous performance standards for a wide range of military occupations. This article will describe some of the key factors that amputee service members and their families might consider when deciding whether to pursue return to duty or transition to civilian life.

Factors Involved in Returning to Duty

The severity of the limb loss, as well as the nature and extent of associated injuries, has a dramatic impact on the amputee’s ability to return to active military duty. A study by Kishbaugh (1995) found that only 11 of 469 (2.3 percent) U.S. amputee soldiers returned to duty in the 1980s with amputation levels that included partial-foot, partial-hand and transtibial (below-knee). Injured while serving as junior officers in Vietnam, Gen. (Ret.) Eric Shinseki (a partial-foot amputee) and Gen. (Ret.) Frederick Franks (a transtibial amputee) are examples of soldiers with significant limb loss who recently retired after full, active-duty careers and who reached the highest positions of leadership in the U.S. Army. More recently, injured service members from Afghanistan and Iraq with higher levels of amputations, including transfemoral (above-knee) and transradial (below-elbow) levels of amputation, have remained on active duty and continue to serve successfully. Additional conditions associated with the traumatic event (commonly a blast injury) can make healing and realistic decision-making about returning to duty more complex. These conditions include:

- Complications with the healing limb
- Multiple limb loss
- Ongoing residual limb (stump) pain
- Uncomfortable and limited prosthetic use
- Decreased functional abilities
- Traumatic brain injury
- Delayed psychological adjustment to the limb loss
- Impaired confidence in their ability to resume normal life activities (self-efficacy).

Traits that are characteristic of those amputees who seek to remain on active duty include strong individual motivation for continued
military service, anticipated ability to meet military occupational specialty (MOS) performance standards, solid support from close family members and friends, and possession of highly valued military-specific skills. In addition, service members most likely to return to duty are those who had strong service records before their injury and can, therefore, expect robust unit and command backing. It is particularly helpful if their unit has special MOS-related needs that the service member can help fill. Also, service members are usually wise to remain flexible and willing to consider the possibility of training in another MOS that can better match their current abilities with a needed military job. To aid them in obtaining useful information to guide their decision-making process, amputee service members report that it is useful to speak with peer amputee visitors and individual veterans who have personal experience with the return to duty process.

The Process
In the U.S. Army, many injured soldiers, especially those returning from overseas, will be either assigned or attached to a Medical Holding Company (MHC), such as the one at Walter Reed Army Medical Center (WRAMC), while recovering from their injuries. The MHC will act as the administrative facilitator between the hospital clinicians and the Physical Evaluation Board Liaison Officer (PEBLO). The MHC further ensures administrative accountability of all soldier patients receiving care by assigning a case manager or social worker to support each soldier and family. The range of support provided includes logistics (lodging), pay and allowances, convalescent and ordinary leave, and military orders. The MHC team of professionals ensures that patients receive timely clinical appointments and that all required administrative documentation is properly processed.

The MHC also serves as a coordinator between soldiers and the Transition Office. The Transition Office prepares the discharge document, DD214, which verifies all periods of military service and character of discharge. The DD214 is required for Veterans Administration (VA) benefits to begin. In most situations, the soldiers’ transition out of their unit and the Army will involve an administrative process that may take weeks or several months. For those who are able to return to duty, new orders will be obtained to direct them to their next duty station. The length of time soldiers remain with the MHC depends on their unique healthcare situation and administrative needs.

The Disability Evaluation System
Each branch of the Department of Defense (DoD) has specific regulations that address standards of medical fitness for retention on active duty. Army Regulation 40-501, Chapter 3, for example, describes the requirement for soldiers with significant limb loss to be evaluated by a Medical Evaluation Board (MEB). The MEB documents the soldier’s medical condition and determines whether the soldier meets medical retention standards and if the soldier should be referred to the Physical Evaluation Board (PEB). It is the PEB’s responsibility to determine if the soldier is fit or unfit for continued military service. It is very important that all amputee soldiers, especially those who want to remain on active duty, be knowledgeable about the complexities of the disability evaluation system so they can be prepared when interacting with it. Opportunities to learn about this system include individual counseling from PEBLO, PEBLO briefings to soldiers and family members, written handouts, online information, and speaking with other service members who have experience with it. The Web site for Walter Reed Army Medical Center (WRAMC) is www.wramc.amedd.army.mil. Click on the Administration & Military Activities link; then click on the Medical Evaluation Board Process under the Patient Administration Directorate link.

The Medical Evaluation Board
Although the disability evaluation process can be complex and each service member’s case is unique, several major steps in the process are common to each case. The WRAMC MEB process, for example, is customarily initiated when the soldier’s physician supplies the PEBLO with WRAMC Form FL 14 and a permanent profile of designator 3 or 4 in one or more of the PULHES (Physical capacity, Upper extremities, Lower extremities, Hearing, Eyes, Psychiatric) Factors on DA Form 3349. For soldiers who do not want to remain on active duty, a U.S. Army physician will usually notify the PEBLO when the amputee soldier is medically
Soldiers who state that they want to return to duty often have additional weeks or months of rehabilitation to achieve even higher levels of function, including the ability to perform pertinent military skills. Physicians often issue temporary profiles to soldiers who express a desire or are undecided about their desire to stay on active duty during this additional rehabilitation period.

In some cases, amputee soldiers have rejoined their units to resume military training in a real-world environment. A realistic picture of an amputee soldier’s abilities is described in a medical narrative summary that is prepared by the soldier’s physician. This summary is an essential part of the packet of information that the assigned PEBLO assembles for each soldier. When optimal medical and rehabilitative care has been achieved, not to exceed one year, the soldier’s temporary profile is then reevaluated and updated to either a permanent 3 or 4, depending on a final functional assessment just before the MEB is to be initiated. The MEB narrative summary will state that the soldier does or does not meet retention standards for each of the soldier’s medical conditions. According to Army Regulation 40-501, Chapter 3, amputees with major limb loss do not meet retention standards. Once the MEB is complete, the packet is forwarded to a PEB. It includes a medical narrative summary, additional medical history and physical examination information, a permanent physical profile, letters from the soldier’s unit command that describe the soldier’s ability to perform MOS duties, and administrative information.

The Physical Evaluation Board
In the U.S. Army, the initial PEB is normally composed of a mixture of military and civilian personnel who determine the soldier’s fitness or unfitness for duty. This initial deliberation is called informal since the soldier is not present for it. Among the items considered by the informal PEB are:

- The amputee soldier’s MEB packet of information
- Performance requirements of the soldier’s primary MOS
- The soldier’s personnel records

The inability to be deployed to any geographic location under any condition cannot be used as a sole basis for finding the soldier unfit. The informal PEB deliberations result in one of the following dispositions:

a. **Fit for duty.** The soldier returns to duty.

b. **Separation with severance pay or without benefits.** The soldier is determined to be unfit and found to have less than 30 percent disability. The soldier may receive a lump sum severance payment based on rank and years of service. Also, the soldier may be separated without benefits for a condition that existed prior to service and that was not permanently aggravated by service.

c. **Temporary Disability Retirement List (TDRL).** The soldier is determined to be unfit and found to have a 30 percent or greater disability with a condition that may continue to change with time. Such a soldier is required to have a medical reevaluation not less than every 18 months for up to five years. While on TDRL, the soldier receives a minimum of 50 percent base pay, retains eligibility for TRICARE (as well as installation medical care and Veterans Administration care), can apply for VA compensation, continues to have medical benefits for his or her family, and keeps commissary and Post Exchange privileges. Possible outcomes after each reevaluation include fit for duty, permanent retirement, or continue TDRL.

d. **Permanent retirement.** The soldier is determined to be unfit and found to have a 30 percent or greater disability from a condition that is not expected to significantly change with time.

e. **More information is needed.** The PEB requests more information to effectively decide the case.

f. **Termination of the case and return to medical treatment facility.** For a number of reasons, the PEB can determine that the soldier’s case is not appropriate for adjudication.
In dispositions a – d, the soldier has 10 days from when he or she receives the PEB’s finding to accept or appeal the PEB decision. During this period, the soldier may wish to obtain further details about disability compensation and related benefits that are associated with the PEB decision.

If the soldier disagrees with the PEB decision, a request can be made for a formal PEB hearing during which the soldier and/or a representative can be present. A soldier’s representative can be a Judge Advocate General (JAG) officer, a representative of a veterans’ service organization, or a private attorney (paid for by the soldier). The soldier can also submit a written appeal. The U.S. Army Physical Disability Agency provides oversight of the Army’s disability evaluation system and has the right to overturn or return cases to the PEB for further action.

**Continuation on Active Duty/Continuation on Active Reserve**

Amputee soldiers who wish to return to duty, even if found unfit by the PEB, should submit a request for Continuance on Active Duty (COAD) or Continuance on Active Reserve (COAR), depending upon their component. Criteria for COAD or COAR include:

- Soldier has at least 15 years but less than 20 years total active duty service or qualifying Army Reserve/National Guard service, or
- Soldier is qualified in a critical shortage MOS, or
- Soldier’s disability occurred as a result of combat.

This request must accompany the MEB when it is initially referred to the PEB for the informal PEB adjudication. If the soldier is found unfit by the PEB, the COAD or COAR is sent to the appropriate component headquarters. For active duty soldiers, the request is forwarded to Human Resources Command, and for reserve component soldiers, the request is forwarded either to the Army Reserve or National Guard. It is especially important at this time for the soldier to have a strong letter from his or her command that documents the soldier’s professional strengths and supports the soldier’s desire to return to duty.

**Retirement and Disability Compensation**

Soldiers considering a return to duty should clearly understand the nuances of COAD and reaching regular/longevity retirement after a minimum of 20 years of active-duty service. If a COAD is approved and the soldier retires after at least 20 years of active duty service, the soldier must be reevaluated with a new MEB at the time of retirement or separation. The same applies for soldiers with approved COAR and 20 qualifying years for reserve retirement. The final MEB/PEB does not affect longevity retirement benefits because every soldier with over 20 years of service is entitled to longevity retirement benefits. However, the percentage of retired pay may be increased due to an unfitting disability, and it may affect receipt of additional VA disability compensation and potential tax-free military retirement monies.

Retired amputee service members may be eligible to receive both military retirement monies and VA disability compensation (known as concurrent receipt, CR), if they are found by a PEB to have at least 30 percent disability or if their COAD or COAR is approved and they qualify for longevity retirement. A longevity retirement requires completion of at least 20 years of active-duty service or 20 “good” years for Reserve/Guard and is the basis for either CR or Combat-Related Special Compensation (CRSC). Retired service members may also be eligible for CR if they are beyond 20 years of active-duty service and are retiring due to disability without ever having a COAD or COAR. Military retirement pay is taxable income unless the soldier’s disabilities are combat-related as determined by the PEB. All VA benefits are nontaxable. Current law requires that military retirement pay (taxable income) be reduced dollar-for-dollar for each dollar of VA compensation (nontaxable income) paid. However, CR and CRSC are designed to replace that offset. To qualify for CR, a veteran must retire with 20 or more years of service and be rated 50 percent or more service-connected disability by the VA. CR increases taxable retired pay, not the nontaxed VA compensation. Payment of CR is automatic for qualified retirees; however, the benefit is being phased in over a 10-year period, and full CR will not be achieved until January 2014. CRSC is a DoD program designed to correct the offset when all or some of the service-connected conditions are the result of combat or combat-type injuries or illnesses. Veterans must apply to their service for CRSC after they receive a disability rating from the VA. CRSC does not increase or replace retirement pay; it is a special nontaxable compensation. Qualifying veterans have the choice of either CR or CRSC, and both programs are capped at the amount equal to full retirement pay. Service members and veterans should contact the Defense Finance and Accounting Service (DFAS) or a VA benefits counselor for specific
information about their situation. Amputee service members who do not qualify for longevity retirement still qualify for VA benefits. Reserve component amputee service members whose COAR is approved have special challenges with regard to their benefits. When they are in inactive status, they have no personal or family TRICARE benefits and no military income, except during activated periods. Healthcare can be received at any military treatment facility (MTF) but only with a line of duty (LOD) statement. Travel to and from an MTF is generally not reimbursed. COAR-approved amputee service members can apply for VA benefits and receive VA compensation and medical care, but their monthly VA disability compensation is offset by their monthly military compensation.

Veterans Administration Benefits
Besides understanding the disability evaluation system, amputee service members should also be familiar with the range of potential VA benefits available to them as they consider whether or not they want to remain on active or reserve duty. VA benefits counselors are available to discuss each of the following benefits:

- Compensation and pension payments
- Home loan guaranty (VA loan funding fee waived for disabled veterans)
- Life insurance
- Education
- Vocational Rehabilitation and employment opportunities
- Medical care for all service-connected conditions
- Civil Service preference
- Special grants (some available to active-duty disabled service members and retired veterans alike)
- Special adaptive housing grant (up to $50K)
- Automobile grant (up to $11K)
- Automobile adaptive equipment
- Annual clothing allowance
- Aide and attendant’s care.

Vocational Rehabilitation benefits are especially important to understand since amputee service members will at some time likely transition to the civilian workforce. Assessment of service members’ vocational aptitudes and interests can start while they are still on active duty, but individual training services must be deferred until a DD214 is issued and service members obtain a VA service-connected disability rating. Specific training benefits include tuition, books, fees and supplies; a monthly stipend; transportation support; and any necessary adaptive equipment.

Summary
Service members who suffer injuries, including limb loss, are challenged with a complex recovery process that unfolds over weeks, months and years. The personal decision to pursue the return to duty or to transition to civilian life requires a realistic appraisal of one’s clinical, psychological, and functional progress in light of the demands of various military and civilian occupations. Effectively engaging the disability evaluation process and an awareness of military and VA benefits are also very important to make the best vocational decision for oneself and one’s family members. With the commitment of support from the highest levels of the U.S. military, more amputee service members can be expected to successfully return to duty after careful consideration of their vocational options.

—by Jeff Gambel, MD

Resources
American Legion
www.legion.org
American Veterans
www.amvets.org
Amputee Coalition of America
www.amputee-coalition.org
Department of Veterans Affairs (VA)
www.va.gov
Disabled American Veterans
www.dav.org
Disabled Soldier Support System
www.ArmyDS3.org
Military Order of the Purple Heart of the USA
www.purpleheart.org
National Amputation Foundation
www.nationalamputation.org
National Military Family Association
www.nmfa.org
Paralyzed Veterans of America
www.pva.org
Physical Disability Agency
www.hrc.army.mil/site/active/tagd/pda/pdapage.htm
USAPA (Army Publishing Directorate)
www.apd.army.mil
U.S. Army Combat-Related Special Compensation
www.crsc.army.mil
Veterans of Foreign Wars
www.vfw.org
Walter Reed Army Medical Center
www.wramc.amedd.army.mil