

Is SM ready for MEB? A Quick Guide to MRDP** for Common Conditions

	SM meets MRDP if:	Clinical requirements or specialty consultation with last decision point within 6 months	Medication Compliance	AR 40-501 Ch 3 Reference
Acid reflux	(1) see note	VA usually references CBC, Hct, Hbg; H pylori testing, EGD	PPI	3-5
Asthma	fails 2 mile run <u>or</u> frequent steroid use <u>or</u> can't wear mask	Diagnosed by PFT or MCT ; PFT must include FVC, FEV-1 and FEV-1/FVC ratio ; AAP in place; Must see allergist or pulmonologist or internist	rescue inhaler, Advair, Singulair, look for allergy meds also	3-27a
Cardiac conditions	physical restrictions after trial of duty	Cardiology trial of duty 90-180 days varies on condition ; CXR, echo w LVEF, EKG, stress test or METS estimate if exercise testing cannot be done, Holter, thallium study as indicated; Valvular heart disease requires echo, Doppler or cardiac cath	ASA, BB, antiarrhythmics	3-25
Cognitive disorder	residual symptoms after treatment	MACE score at injury; check PDHRA to see if incident during combat acknowledged; neuropsych testing ; VA will do MoCA testing		3-30
Crohn's disease, IBS, Colitis	not responding to treatment	Weight loss? CBC, imaging, gastroenterology consult , biopsy		3-5h
Diabetes	Requires oral meds or insulin	Verify dx; DM education; Nutrition consult; Ophthalmology eval yearly; HgA1c and lipid level are quarterly HEDIS measures; Internal Medicine consult	Metformin, DM supplies, glyburide, Janumet	3-11d
Fracture, History of	(1) see note	VA will need x-ray to r/o degenerative arthritis ; once arthritis is shown, no further x-rays of that joint are required		3-14f
Fibromyalgia	condition prevents successful performance of duty	SM requires rheumatology eval with trigger point exam ; Myofascial pain syndrome/Myalgia and Myositis fall under 3-41(e)1; Sup Care consult for FM class at BAMC	gabapentin trial before Cymbalta or Lyrica	3-41d
Headaches	frequent or incapacitating attacks AND SM has failed 3 month prophylactic trial	Diary to identify pattern/trigger, abortive treatment; CT head or MRI brain, TBI clinic if required , occipital nerve blocks, botox injections, alpha stim trial, neurology consult, prophylactic treatment x 3 month	topiramate, propranolol, depakote (check labs); check B6	3-30g

Hearing	fails SPRINT test <u>or</u> H4 <u>or</u> can't perform MOS with hearing aid	Include SPRINT test, last audiogram with category recommendations, Maryland CNC		3-10a
Hepatitis C, chronic	detectable RNA viral load in serum after acute stage	Gastro referral and recommendations Hep C viral titers, genotype, LFT's; liver biopsy for impairment	may be candidate for experimental trial	3-5f
Joint (ankle, hip, knee, shoulder)	residual instability <u>or</u> complicated by arthritis	Knee class, x-ray, in house PT or aquatic therapy, MRI , arthrogram, diagnostic arthroscopy, use of brace, joint injections, ortho if surgical candidate	NSAIDs, muscle relaxers, narcotics	3-12, 3-13, 3-14
Pes planus or plantar fasciitis	can't wear boots	Weight bearing x-rays , custom orthotics, podiatry referral, shockwave therapy	NSAIDS	3-14
Seizure disorder	episodes recur 6 mo after treatment initiation	Frequency/type in last 12 months; Neurology evaluation , EEG, CT or MRI as indicated+C4	check therapeutic labs	3-30i
Sleep apnea	(1) see note	Sleep Study . CPAP titration and compliance report if P3		3-41c
Spine (cervical, thoracic, lumbar)	fails adequate conservative treatment	Back class, x-ray , oblique view for spondylosis vs. spondylolisthesis); PT for core strengthening/lumbar stabilization; MRI or CT scan; chiropractor, TENS unit trial; Pain mgmt (ESI, facet, MBB, RFA); EMG if radiculopathy suspected and PE corresponds to disc pathology; Ortho if surgical candidate ; operative reports. Ortho review if unsure; Tel-Con	NSAIDs, muscle relaxers, narcotics	3-39h
Behavioral conditions	hospitalizations, limitations of duty or interference w military performance	Ensure offpost notes are scanned in; MEB recommendation must come from BH Specialist	psychotropics, sleep adjunct meds	3-32, 3-33

- (1) Condition usually meets retention but VA usually requires additional studies
- (2) Any old orthopedic condition will usually require repeat x-ray to rule out degenerative arthritis
- (3) **Bold font are required, or at least strongly encouraged.**

**MRDP is reached when SM's progress appears to have medically stabilized, the course of further recovery is relatively predictable, and where it can be reasonably determined that SM is most likely not capable of performing MOS duties. Referral to MEB/PEB will be made within 1 year of diagnosis, but may be earlier if medical provider determines that SM will not be capable to returning to duty within 1 year despite further care.