



## THE ASSISTANT SECRETARY OF DEFENSE

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WASHINGTON, DC 20301-1200

DEC 14 2016

### HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND RESERVE AFFAIRS)  
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER AND RESERVE AFFAIRS)  
DIRECTOR, DEFENSE HEALTH AGENCY

SUBJECT: Referral of Active Duty Service Members to an Advanced Rehabilitation Center

This memorandum provides guidance for rehabilitation of Active Duty amputation patients by requiring assessment of their medical appropriateness for rehabilitative treatment at a Department of Defense (DoD) Advanced Rehabilitation Center (ARC). The DoD recognizes three ARCs: the Center for the Intrepid, San Antonio Military Medical Center, Joint Base San Antonio, Texas; the Military Advanced Training Center, Walter Reed National Military Medical Center, Bethesda, Maryland; and, the Comprehensive Combat and Complex Casualty Care program, Naval Medical Center, San Diego, California.

Amputation care is a critical component of combat casualty care that we must sustain. Due to the geographical dispersion of Active Duty Service members (ADSMs) with amputation, very few facilities see sufficient volume to develop or maintain the high level of care available at the ARCs. Rehabilitation at an ARC also represents the best opportunity for ADSMs with limb loss to return to duty or successfully transition to a fulfilling civilian life.

Military Treatment Facility (MTF) Commanders/Unit Medical Teams (UMT) will notify an ARC as soon as they are aware of an Active Duty amputee patient. Referral should be accomplished prior to discharge to outpatient status. Optimally, the ADSM will transfer as an inpatient, as soon as they are medically stable. If an inpatient transfer is not medically appropriate, then a referral to an ARC for a rehabilitation evaluation must occur prior to initiating outpatient rehabilitation. Teleconsultation is appropriate and encouraged at any point in this process.

The ARC will assist MTFs, units, or the ADSM to coordinate the assessment. The ARCs will, in conjunction with the ADSMs MTF/UMT, either deem the ADSM a candidate for ARC rehabilitation or help coordinate a plan of care with the ADSM, the family, the unit, and the initiating MTF. This assessment will be completed prior to authorizing care in the purchased care sector.

ADSMs undergoing amputation rehabilitation at an ARC will be reassigned to the Service-specific Wounded Warrior organization/element proximal to the ARC for the duration of their rehabilitation and completion of their Medical Evaluation Board. Exceptions to this process will be made on an individual basis through the responsible command. Service policies and administrative processes for medical temporary duty and/or transfer, to include funding, will be in accordance with established Service-level regulations.

The ADSMs social, family, and other needs will be considered in this referral and evaluation process; however, medical issues/concerns will be the primary consideration. ADSMs will be full participants in this process.

This guidance is effective as of the date of this memorandum and will be reviewed annually and updated every 3 years. All ADSMs currently in a civilian or other non-Military Health System facility as of this date will be grandfathered in. My points of contact for this action are Dr. Andrea Crunkhorn, Extremity Trauma and Amputation Center of Excellence (EACE) Chief of Clinical Affairs and Mr. John C. Shero, EACE Executive Director

//SIGNED//

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Principal Deputy Assistant Secretary of Defense  
for Health Affairs Performing the Duties of the  
Assistant Secretary of Defense for Health  
Affairs