



PERSONNEL AND
READINESS

UNDER SECRETARY OF DEFENSE

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WASHINGTON, D.C. 20301-4000

JAN - 4 2018

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE FOR 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: Reserve Component Members' Referral to an Advanced Rehabilitation Center

This memorandum provides guidance for rehabilitation of Reserve and Guard Service member (Reserve Component) 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 geographical dispersion of Active and Reserve Component (RC) members 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 represents the best opportunity for RC members with limb loss to return to duty or successfully transition to a fulfilling civilian life. Active Duty members' referral to the ARCs is addressed in the attached December 14, 2016, memorandum, "Referral of Active Duty Service members to an Advanced Rehabilitation Center."

For RC members suffering any level amputation, the RC member's command, unit medical team, Military Treatment Facility or the Defense Health Agency-Great Lakes will notify the ARC as soon as it is aware of the RC amputee patient for teleconsultation regarding the appropriateness of care at an ARC. The ARCs will, in conjunction with the RC member's command or supporting unit medical team, either deem the RC member a candidate for ARC rehabilitation or help coordinate a plan of care with the RC member, the family, the unit, and the supporting unit medical team.

For RC members deemed an appropriate candidate for care in an ARC, whose amputation resulted from injury incurred or aggravated in the line of duty, Services must offer to bring or retain the member on orders, with the member's consent, to the Service-specific Wounded

Warrior organization/element proximal to the ARC to assess rehabilitation needs and ability to retain the RC member in a deployable status. Services shall use established Service policies, regulations, and administrative processes for ordering RC members to Active Duty with the member's consent under section 12301(h) of title 10, United States Code (U.S.C.), to include funding.

For RC members deemed an appropriate candidate for care in an ARC whose amputation resulted from injury not incurred or aggravated in the line of duty, the Services may offer to bring or retain the member on orders, with the member's consent, to the Service-specific Wounded Warrior organization/element proximal to the ARC to complete a required DoD health care study, which may include an associated medical evaluation of the member. Services shall use established Service policies, regulations, and administrative processes for ordering RC members to Active Duty with the member's consent under section 12301(h)(1)(C) of title 10, U.S.C., to include funding. For RC members not brought onto orders under section 12301(h)(1)(C) of title 10, U.S.C., Services may request Secretarial Designee status for the RC member in order to receive care in an ARC on a reimbursable basis with the member's consent.,

This guidance is effective as of the date of this memorandum and will be reviewed annually and updated every three years. All RC members currently in a civilian or other non-Military Health System facility as of this date will be grandfathered. 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. Hero, EACE Executive Director.,

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//SIGNED//,

Robert L. Wilkie

Attachment:
As stated