ARMY BOARD FOR CORRECTION OF MILITARY RECORDS

RECORD OF PROCEEDINGS

IN THE CASE OF: [redacted]

BOARD DATE: 6 February 2025

DOCKET NUMBER: AR20240006286

APPLICANT REQUESTS: correction of her records to show she was discharged due to a service-incurred medical disability.

APPLICANT'S SUPPORTING DOCUMENT(S) CONSIDERED BY THE BOARD:

- DD Form 149 (Application for Correction of Military Record)
- DD Form 293 (Application for the Review of Discharge from the Armed Forces of the United States

FACTS:

1. The applicant did not file within the 3-year time frame provided in Title 10, U.S. Code, section 1552(b); however, the Army Board for Correction of Military Records (ABCMR) conducted a substantive review of this case and determined it is in the interest of justice to excuse the applicant's failure to timely file.

2. The applicant states she is requesting her discharge be changed to a medical discharge as it was supposed to be. The correction should be made because to this day, she is still suffering from the injuries that caused her discharge. She chose to receive the general because it was faster. At the time, her mother had been hospitalized and due to her being in basic combat training, she could not get further information. The medical discharge took longer and she was told that she could change things once she was again a civilian. Her request should be granted because she is currently setting up surgeries for both of her knees due to the injuries she sustained while on active duty.

3. The applicant enlisted in the Army National Guard (ARNG) on 20 March 2014. Orders issued on 17 July 2014 ordered the applicant to initial active duty for training with a reporting date of 13 August 2014.

4. A DA Form 4107 (Entrance Physical Standards Board (EPSBD) Proceedings), dated 5 December 2014, shows the applicant was diagnosed with persistent bilateral knee pain consistent with retropatellar pain syndrome refractory to treatment. She arrived for

training on 13 August 2014 and reported bilateral knee pain over the past 8 weeks. She stated that she could not pass the physical training (PT) test due to persistent knee pain and failed her last four makeup PT tests. She felt she could never be successful completing training to standard and desired to be separated from the military. The form further shows the evaluating physician indicated her condition existed prior to service and that if detected at the time of enlistment, this would have prevented enlistment in the military. The physician recommended her immediate removal from training and her separation under the provisions of Army Regulation 635-200 (Active Duty Enlisted Administrative Separations), paragraph 5-11 (Separation of personnel who did not meet procurement medical fitness standards).

5. 10 December 2014, the applicant was informed of the medical findings. She acknowledged she understood that legal advice of an attorney employed by the Army was available to her or that she could consult civilian counsel at her own expense. She also acknowledged she understood that she could request to be discharged without delay or to request retention on active duty. If retained, she could be involuntarily reclassified into another military occupational specialty based upon her medical condition. She concurred with the proceedings and requested to be discharged from the U.S. Army without delay.

6. On 10 December 2014, the applicant's immediate commander recommended her separation from the Army. On 5 January 2015, the separation authority approved the recommendation and directed her discharge from the Army.

7. Orders issued on 6 January 2015 directed the applicant's release from active duty for training, her discharge from the Reserve of the Army, and transfer to her ARNG unit effective 8 January 2015.

8. The applicant's DD Form 214 (Certificate of Release or Discharge from Active Duty) shows he was discharged on 8 January 2015 under the provisions of Army Regulation 635-200, paragraph 5-11, by reason of "failed medical/physical/procurement standards." The DD Form 214 also shows she was credited with 4 months and 26 days of active service.

9. The applicant's National Guard Bureau Form 22 (Report of Separation and Record of Service) shows she was discharged from the ARNG effective 8 January 2015 under the provisions of National Guard Regulation 600-200 (Enlisted Personnel Management), paragraph 6-35c(5)(a) for failure to meet medical procurement standards of Army Regulation 40-501 prior to entry on initial entry training.

10. MEDICAL REVIEW:

a. The Army Review Boards Agency (ARBA) Medical Advisor was asked to review this case. Documentation reviewed included the applicant's ABCMR application and accompanying documentation, the military electronic medical record (AHLTA), the VA electronic medical record (JLV), the electronic Physical Evaluation Board (ePEB), the Medical Electronic Data Care History and Readiness Tracking (MEDCHART) application, and the Interactive Personnel Electronic Records Management System (iPERMS). The ARBA Medical Advisor made the following findings and recommendations:

b. The applicant is applying to the ABCMR requesting an upgrade of her 8 January 2015 uncharacterized discharge and in essence, a referral to the Disability Evaluating System (DES).

c. The Record of Proceedings details the applicant's military service and the circumstances of the case. The applicant's DD 214 shows the former Army National guard Soldier entered the regular Army on 13 August 2014 and received an uncharacterized discharged on 8 January 2015 under the separation authority provided by paragraph 5-11 of AR 635-200, Active Duty Enlisted Administrative Separations (17 December 2009): Separation of personnel who did not meet procurement medical fitness standards.

d. Paragraphs 5-11a and 5-11b of AR 635-200:

"a. Soldiers who were not medically qualified under procurement medical fitness standards when accepted for enlistment or who became medically disqualified under these standards prior to entry on AD [active duty] or ADT [active duty for training] for initial entry training, may be separated. Such conditions must be discovered during the first 6 months of AD. Such findings will result in an entrance physical standards board [EPSBD]. This board, which must be convened within the soldier's first 6 months of AD, takes the place of the notification procedure (para 2–2) required for separation under this chapter.

b. Medical proceedings, regardless of the date completed, must establish that a medical condition was identified by an appropriate military medical authority within 6 months of the soldier's initial entrance on AD for RA or during ADT for initial entry training for ARNGUS and USAR that—

(1) Would have permanently or temporarily disqualified the soldier for entry into the military service or entry on AD or ADT for initial entry training had it been detected at that time.

(2) Does not disqualify the soldier for retention in the military service per AR 40–501 [Standards of Medical Fitness], chapter 3. As an exception, soldiers with existed prior to service (EPTS) conditions of pregnancy or HIV infection (AR 600–110) will be separated."

e. AHLTA shows the applicant presented with knee pain on 7 October 2014 that was later diagnosed as patellofemoral pain syndrome. A 5 December 2014 AHLTA encounter shows her condition failed to respond to conservative treatment. She was subsequently referred to an Entry Physical Standards Board (EPSBD) IAW paragraph 5-11 of AR 635-200.

f. EPSBDs are convened IAW paragraph 7-12 of AR 40-400, Patient Administration. This process is for enlisted Soldiers who within their first 6 months of active service are found to have a preexisting condition which does not meet the enlistment standard in chapter 2 of AR 40-501, Standards of Medical Fitness, but does meet the chapter 3 retention standard of the same regulation. The fourth criterion for this process is that the preexisting condition was not permanently service aggravated.

g. From the Entrance Physical Standards Board (EPSBD) Proceedings (DA form 4707) noted on 5 December 2014:

"CHIEF COMPLAINT: Persistent bilateral knee pain refractory to recent treatment efforts.
HISTORY OF PRESENT ILLNESS: The Servicemember is an 18-year-old African American female who arrived at Fort Leonard Wood on 20140813. She reported bilateral knee pain over the past 8 weeks. The main pain is located (pointed to) bilateral medial patellar facet region. Pain was rated as a constant 1 out of 10 when walking at her own slow pace. The pain increases to 4 out of 10 when running, jumping, or marching.

The Service member stated she cannot pass the physical training (PT) test due to persistent knee pain and failed her last 4 makeup PT tests. She feels she will never be successful completing training to standard and desires to be separated from the United States military.

PHYSICAL EXAMINATION: ... Positive tenderness to palpation at the medial patellar facets. Ligament exam was normal. Patellar apprehension test was negative. Gait was normal.

X-RAY DATA: Knee X-rays obtained on 20141020 revealed no acute osseous findings

DIAGNOSIS: Persistent bilateral knee pain consistent with retropatellar pain syndrome refractory to treatment attempts.

RECOMMENDATIONS: The Service member has a medical condition that existed prior to service. If detected at the time of enlistment, this would have prevented enlistment in the military. The Service member should he immediately removed from all training and physical training.

The Service member should be expeditiously separated from active duty in accordance with AR 635-200, Chapter 5-11 and AR 40-501, Chapter 2-11a."

h. Paragraph 2-11(a) of AR 40-501 (4 August 2011):

"Current or history of chondromalacia, including, but not limited to chronic patello-femoral pain syndrome and retro-patellar pain syndrome, chronic osteoarthritis or traumatic arthritis does not meet the standard."

i. On 9 December 2014, the EPSBD recommended the applicant be discharged from the service. The applicant concurred the EPSBD's findings on 10 December 2014, marking and initialing the election "I concur with these proceedings and request to be discharged for the US Army without delay."

j. An uncharacterized discharge is given to individuals who separate prior to completing 180 days of military service, or when the discharge action was initiated prior to 180 days of service. This type of discharge does not attempt to characterize service as good or bad. Through no fault of her own, she simply had a medical condition which was, unfortunately, not within enlistment standards.

k. It is the opinion of the Agency Medical Advisor neither an upgrade of her discharge nor a referral of her case to the DES is warranted.

BOARD DISCUSSION:

1. After reviewing the application, all supporting documents, and the evidence found within the military record, the Board found that relief was not warranted.

2. The Board carefully considered the applicant's contentions, her record and length of, the Entrance Physical Standards Board (EPSBD) Proceedings and the reason for her separation. The Board considered the review and conclusions of the Agency medical advisor. Based on a preponderance of evidence, the Board determined that the applicant's reason for separation, "failed medical/physical/procurement standards" was not in error or unjust.

BOARD VOTE:

Mbr 1	Mbr 2	Mbr 3	
:	:	:	GRANT FULL RELIEF
:	:	:	GRANT PARTIAL RELIEF
:	:	:	GRANT FORMAL HEARING
[redacted]	[redacted]	[redacted]	DENY APPLICATION

BOARD DETERMINATION/RECOMMENDATION:

The evidence presented does not demonstrate the existence of a probable error or injustice. Therefore, the Board determined the overall merits of this case are insufficient as a basis for correction of the records of the individual concerned.

X//Signed//

CHAIRPERSON

I certify that herein is recorded the true and complete record of the proceedings of the Army Board for Correction of Military Records in this case.

REFERENCES:

1. Title 10, U.S. Code, section 1552(b), provides that applications for correction of military records must be filed within 3 years after discovery of the alleged error or injustice. This provision of law also allows the ABCMR to excuse an applicant's failure to timely file within the 3-year statute of limitations if the ABCMR determines it would be in the interest of justice to do so.

2. Army Regulation 635-200 sets forth the basic authority for the separation of enlisted personnel. Paragraph 5-11 states Soldiers who were not medically qualified under procurement medical fitness standards when accepted for enlistment or who became medically disqualified under these standards prior to entry on active duty or active-duty training for initial entry training, may be separated. Such conditions must be discovered during the first 6 months of active duty. Such findings will result in an Entrance Physical Standards Board. This board must be convened within the Soldier's first 6 months of active duty. Medical proceedings, regardless of the date completed, must establish that a medical condition was identified by an appropriate military medical authority within 6 months of the Soldier's initial entrance on active duty for Regular Army Soldiers or during initial active-duty training for Army National Guard and U.S. Army Reserve that:

a. Would have permanently or temporarily disqualified the Soldier for entry into the military service or entry on active duty or active-duty training for initial entry training had it been detected at that time.

b. Does not disqualify the Soldier for retention in the military service per Army Regulation 40-501 (Standards of Medical Fitness, chapter 3.

3. Section 1556 of Title 10, United States Code, requires the Secretary of the Army to ensure that an applicant seeking corrective action by the Army Review Boards Agency (ARBA) be provided with a copy of any correspondence and communications (including summaries of verbal communications) to or from the Agency with anyone outside the Agency that directly pertains to or has material effect on the applicant's case, except as authorized by statute. ARBA medical advisory opinions and reviews are authored by ARBA civilian and military medical and behavioral health professionals and are therefore internal agency work product. Accordingly, ARBA does not routinely provide copies of ARBA Medical Office recommendations, opinions (including advisory opinions), and reviews to ABCMR applicants (and/or their counsel) prior to adjudication.

//NOTHING FOLLOWS//