**Attachment (c) to Enclosure (8): SAMPLE MEB REPORT**

FOR OFFICIAL USE ONLY

SSN:

RANK: Petty Officer First Class

MOS:

UNIT:

DATE: 18 June 97

**MILITARY HISTORY:**

Petty Officer _____entered into active duty on _____
She attended Recruit Training Command in Orlando, Florida. She then attended Yeoman A School in Meridian, Mississippi. She has been stationed at various locations and received awards for her exemplary service. She was twice named sailor of the quarter and once sailor of the year for the_____ area. She has received 3 consecutive good conduct medals and two Navy and Marine Corps achievement medals.

**CHIEF COMPLAINT:** Back and Foot Pain

**HISTORY OF PRESENT ILLNESS:**

Petty Officer _____ back pain began in 19_____ after a motor vehicle accident. She developed worsening of her symptoms in ___ after a second motor vehicle accident. The back pain is constantly present with varying intensity. Exacerbating factors include walking or standing for greater than 2 minutes. Some palliation is noted with non-weight bearing rest. The symptoms have progressed insidiously to include plantar foot pain and arthralgias involving the hips, knees, and ankles. The plantar foot pain occurs daily and is exacerbated by any weight bearing activity. She has received a variety of health care evaluations with subsequent therapeutic recommendations. Unsuccessful treatments employed have included NSAIDS, muscle relaxants, tricyclic antidepressants to modify the pain threshold, orthotics, physical therapy, plantar and sacroiliac anesthetic injections, nighttime ankle splints, and local ultrasound treatment. A lumbosacral series revealed sacralization of the 5th lumbar vertebrae. She was evaluated by Physical Medicine and Rehabilitation at which time a bone scan was obtained that showed mild increased tracer uptake in both sacroiliac joints consistent with sacroiliitis. She was then referred to Rheumatology where she was initially evaluated in March 1997. Sacroiliac radiographs were suspicious for sacroiliac disease. An MRI subsequently revealed no evidence of

sacroiliitis. Her symptoms have persisted despite maximal therapy and negatively impacted on her ability to perform her naval duties. She is therefore being referred to the Physical Evaluation Board for further review and disposition.

**ALL:** None

**MEDICATIONS:** Indomethacin SR 75mg bid, Norplant

**PAST MEDICAL HISTORY:** Spina bifida occulta, childhood asthma, duplicated left renal collecting system without reflux or obstruction (urology evaluation completed in 1997), perivaginal cyst, tinea versicolor

**PAST SURGICAL HISTORY:** None

**SOCIAL HISTORY:** No tobacco or alcohol

**REVIEW OF SYSTEMS:**
Musculoskeletal: Arthralgias involving hips, knees, and ankles, occurs with resting or ambulation, occasionally resolves with rest or spontaneously, chronicity 11 years, episodes last days to weeks; Back pain of 11 years duration with symptoms worsening since 1992, pain is worse with activity, palliation with resting and laying supine, prevents restorative sleep; Plantar foot pain with radiation into achilles tendon and gastrocnemius, pain is constantly present and worse with weight bearing and ambulation, refractory to shoe inserts and nighttime splints. Neurologic: midline occipital headaches, occurs in the AM upon awakening, resolves with aspirin, chronicity 11 years; dizziness and fainting spells, episode duration approximately 2 minutes, chronicity 7 years, associated with gastrointestinal symptoms, no known loss of consciousness. Gastrointestinal: "knot-like" sensation with pain in the epigastrium, associated nausea and increased bowel motility, associated salivary regurgitation without acid brash, no diarrhea or bloating, onset is spontaneous and without identifiable provocative factors, chronicity 7 years.

**PHYSICAL EXAMINATION:**
BP 123/77 P 75 T 98.9F Wt 123lbs
HEENT- extraocular movements intact, Fundi normal, no oral ulcers, tympanic membranes clear
NECK- normal range of motion, nontender, no lymphadenopathy, no thyroid enlargement or nodules
LUNGS- clear
HEART- regular rhythm, no murmurs or gallops
ABDOMEN- no hepatosplenomegaly, nontender, bowel sounds present
PELVIC- (Ob-Gyn) normal
MUSCULOSKELETAL-, Feet : plantar pain bilaterally at the calcaneus and metatarsal heads, callus formation overlying #1, 2, 5 bilaterally at the metatarsal heads. Back: focal area of palpable low pain overlying sacrum and lumbosacral junction, presacral fat pad, Schober's test reveals 2.5 cm lumbar distraction with back flexion, straight leg raise

test negative, hyperextension hips without pain provocation, flattening appearance to lumbar spine , FABERE negative, no leg length discrepancy. Joints : no synovitis
NEUROLOGIC- strength normal, deep tendon reflexes present and equal bilaterally, babinski absent, no sensory deficits elicited, muscle tone normal
DERMATOLOGIC - scar at dorsum of left wrist, acneiform lesions on back

**LABORATORY:**
urinalysis- SG 1.026, trace protein, 1-2 RBC/HPF, 5-9 EPI/HPF
chemistries- normal
complete blood count- normal
erythrocyte sedimentation rate- 9
C-reactive protein- <0.l
HLA-B27 negative

**ELECTROCARDIOGRAM:** sinus bradycardia

**RADIOLOGY:**
(23 May 97) chest x-ray- normal
(4 April 97) MRI pelvis - normal
(21 Mar 97) ferguson pelvis- normal
(6 Mar 97) bone scan- increased uptake in the spinous processes of L4, 5; mild increased uptake in both sacroiliac joints
(27 Feb 97) lumber spine series- sacralization of L5 vertebrae

**FINAL DIAGNOSES:**
(1) Plantar Fasciitis
(2) Mechanical low back pain
(3) Duplicated collecting system of left kidney without evidence of reflux or obstruction

| PHYSICAL PROFILE: | P | U | L | H | E | S |
|---|---|---|---|---|---|---|
| (Plantar Fasciitis) | 3 | 1 | 2 | 1 | 1 | 1 |

**PRESENT CONDITION:**
Petty Officer _____ is currently unable to successfully perform her military duties as reflected by the member and her direct supervisors. Her condition has placed an undue burden on coworkers in her office attempting to support those duties which Petty Officer _____is unable to perform. Her current medical problems have also significantly impacted her personal life by limiting her hobbies, interrupting normal sleep patterns, and making activities of daily living difficult.

**PROGNOSIS:**
Petty Officer _____is likely to require ongoing therapy and medical follow-up by clinicians interested in musculoskeletal ailments.

**RECOMMENDATIONS:**

1. Petty Officer _____ medical condition at this time precludes her from continuation on active duty. She is therefore being referred to the Physical Evaluation Board for further evaluation and disposition .
2. Continued use of proper shoe inserts and nighttime splints on a regular basis.
3. Daily stretching exercises targeting the plantar fascia and low back.
4. Daily strengthening exercises targeting the abdominal muscles and intrinsic muscles of the feet .
5. Regular use of NSAIDS at analgesic doses.
6. Periodic formal physical therapy evaluations to document proper self-directed rehabilitation routines and to monitor progress.
7. Evaluation every 3-4 months by a physician interested in the diagnosis and treatment of musculoskeletal problems.

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