

Medical Evaluation Board

MAJ David Boyd
CPT Jason Crisp
CPT Kara Krulewicz
CPT Jeff Negard

Demographics

- Doe, Jane, MAJ, 246-81-1012
- Twelve years active duty service
- Registered Nurse 66H8A
- The assistant Officer In Charge (OIC) of the Intensive Care Unit (ICU)
- Location: at Fort Lostinthewoods Medical Treatment Facility (MTF).
- The service member (SM) is not currently in a training status
- The SM is not approved for retirement or separation date at this time.
- No administrative actions are pending at this time
- Her duties include:
 - 50% administrative responsibilities
 - 50% clinical responsibilities
 - Assisting and acting in lieu of the OIC
 - Managing daily operations of patient care
 - Supervises:
 - 7 Registered Nurses
 - 3 technicians
 - 1 unit secretary
 - Rates 10 of the professional staff members
 - Primary coordinator role for the MTFCFC fund drive

Medical History

○ Active Medical History:

- Systemic Lupus Erythematosus, 2014
- Glomerulonephritis, 2014
- Raynaud's Disease
- Type III hypersensitivity reaction

○ Past Medical History:

- Herpes Zoster
- Situational Anxiety
- Mild Cardiomyopathy of Pregnancy

○ Past Surgical History:

- No surgical history noted

○ Family History:

- No family history available at this time

Medications

◎ Current:

- Prednisone 5mg daily
- Prograf 3mg BID
- Lisinopril 5mg daily
- ASA 81mg daily

◎ Discontinued:

- Plaquenil
- High dose Prednisone

◎ Potentially Unfitting Diagnosis(es): Systemic Lupus Erythematosus

- November, 2008
- Activity at onset: The SM developed symptoms while wearing MOPP gear during a CBRNE training exercise.
- Location of onset event: FT Camptown, KY.
- No treatment records of any similar symptoms, treatments, or conditions are present in the patient files. No conditions or issues related to deployment, TDY, or TCS time periods.
- Related data:
 - Hospitalization in February 2014 confirmed diagnosis of SLE and Glomerulonephritis
 - Emergency Room(ER) visit in NOV, 2013 Tx. of Lupus-like syndrome post Anthrax inoculation.
- Plaquenil was discontinued due to the possible adverse reactions:
 - Anxiety
 - History of Cardiomyopathy
 - Possible development of retinopathy

ROS:

◎ 3 Positives:

- Constitutional:

- Reported 10 pounds weight increase due to inability to perform physical training activities X10 months
- C/O intermittent fatigue and malaise at least two times per week.

- MSK:

- Intermittent muscular pain to thighs, calf, and forearms with mild weakness
- Localized joint pain with mild swelling and redness noted to the PIP joints on the 3rd, 4th, and 5th digits of bilateral hands with similar symptoms noted to bilateral wrists
- Pain reported in all these areas is reported to be worse in the morning upon rising in the A.M. and dissipates in about hour after getting out of bed.

- Skin:

- Two areas of ring-shaped rashes to her lower back

Physical Exam

◎ Vital signs:

- BP 118/76
- HR 86
- RR 16
- Temp 98.7
- Pain 3/10
- HT 63"
- WT 148/lbs.
- BMI: 26.2

Physical Exam (cont.)

◎ 4 Positives

- Skin:

- Rash One three-inch area of ring-like erythema with scaling noted on right mid-scapular line intersecting with T-10
- Two and half inch area of erythema and scaling is present to the posterior neck area.

- Neck/lymph:

- One CM oval, tender, and mobile lymph node palpated to the right axillary area.

Physical Exam (cont.)

- MSK:
 - Strength to UE and LEs noted at (4/5).
 - Pain 3/10 localized with mild edema and erythema to the PIP joints on the 3rd, 4th, and 5th digits of bilateral hands
 - Similar symptoms noted to bilateral dorsal wrists areas
 - One CM oval, tender, and mobile lymph node palpated to the right axillary area.
- Behavioral Health:
 - PHQ-2 screening score of “4”

Labs

Labs	2008	2010	2014	Conclusions
ANA	N/A	1:320 Positive	Positive 1:1280 & speckled	Suspicious for new onset or progression of SLE
BUN	N/A	N/A	WNL	Renal stability
Creatinine	N/A	N/A	1.3	Renal stability
Cardiolipin	N/A	Negative	N/A	Indicates stability
ESR	N/A	Elevated	N/A	Suspicious for new onset or progression of SLE
C3	N/A	N/A	52.3 Low	Suspicious for progression SLE
C4	N/A	N/A	10.8 Low	Suspicious for progression SLE
Jo-1	N/A	N/A	Negative	R/O Polymyositis
LFTs	WNL	WNL	WNL	R/O autoimmune hepatitis or medication regime damage
Mitochondrial AB	N/A	N/A	Negative	R/O autoimmune hepatitis

(Quest Diagnostics, Nichols Institute , 2014)

Labs (cont.)

Labs	2008	2010	2014	Conclusions
PCNA	N/A	N/A	Negative	SLE with stable Renal involvement
RNP	N/A	N/A	Positive	Suspicious for mixed connective tissue disease
SCL-70	N/A	N/A	Negative	Suspicious for scleroderma or connective tissue disease
Smith	N/A	N/A	Negative	Indicates stability
Smooth muscle AB	Negative	N/A	Negative	R/O autoimmune hepatitis
SSA	N/A	AB Negative	Negative	Sjögren's syndrome
SSB	N/A	AB Negative	Negative	Sjögren's syndrome
UA	WNL	WNL	Small for protein	Suspicious for progression SLE/SLN or Renal damage
WBCs	2.9	2.4	2.4	Suspicious for progression SLE

(Quest Diagnostics, Nichols Institute , 2014)

Pertinent Other

◎ Rads:

- No pertinent radiology studies noted in medical record.

◎ Other:

- Physical Therapy evaluation of ROM, strength, and function:
- Aerobic endurance evaluation
- Strength training consult
- ROM evaluation
- Ultrasonography consult

Consult Summary

◎ Nephrology consult:

- The Nephrology evaluation was completed during the hospitalization in JAN14 for the acute renal failure related to the diagnosis Lupus Nephritis and subsequent hospitalization. Treatment during this exacerbation was successfully treated, and the patient was released but with limitations and follow-up serology requirements. She will require annual reevaluation of her renal status and condition annually.

◎ Rheumatology consult:

- Completed JAN14 hospitalization confirmed the progressive SLE diagnosis, and the patient is still being followed on a quarterly basis for monitoring and medication oversight related daily Glucosteriods and Prograf administration. When the patient stabilizes, she will still require annual monitoring for this progressive chronic condition

◎ Dermatology consult:

- Initially completed in NOV08 when the first exacerbation of Lupus presented as an allergic skin reaction. The patient received intermittent treatment including oral and topical Glucosteriods medications for this condition for the following six years with limited success.

Consult Summary (cont.)

○ Allergy consult:

- An off post Allergy specialist evaluated the patient in JAN09, and subsequent allergy testing was shown to be inclusive and no further treatment or follow-up was requested from this service.

○ Physical Therapy consult:

- Will be completed in DEC14 to evaluate the patient for aerobic fitness, strength training, ROM capabilities, and future needs due to this chronic and debilitating condition.

○ Behavioral Health consult:

- There is a pending Behavioral Health consult related to PHQ-2 completed during the last Primary care visit. The appointment is pending at this time, and the results will be forwarded when available.

Current Profile Restrictions

○ Duty restrictions:

- No pushups
- Pull up
- No lifting >20#
- No load bearing equipment
- No weapons qualifications
- No CBRNE training
- Standing as tolerated
- No standing in formation
- No marching
- Running or walking at own pace

○ Diagnosis:

- Systemic Lupus Erythematosus

○ Release date

- Pending awaiting MEB/PEB/IDES disposition.

○ Deployable:

- No

○ Current Profile-

- P3 U3 L2 H1 E1 S2

Line of Duty Determination

- ◎ In accordance with AR 600–8–4, section 3-2 and 3-4 the SMs condition is determined to be either caused and/or aggravated while acting in the line of duty. The DA 2173 is included in with documentation

D
A
2
1
7
3

STATEMENT OF MEDICAL EXAMINATION AND DUTY STATUS		
For use of this form, see AR 600-8-4, the proponent agency is DCS, G-1.		
THRU: (Include ZIP Code)	TO: (Include ZIP Code) 1307 Third Avenue, Fort Lostinthewoods, MO 12345-2725	FROM: (Include ZIP Code) 301 AMEDD Drive Fort Lostinthewoods, MO 12345
1. NAME OF INDIVIDUAL EXAMINED (Last, First, and Middle Initial) Doe, Jane	2. SSN 24681012	3. GRADE 04
4. ORGANIZATION AND STATION Fort Lostinthewoods Medical Department, 301 AMEDD Drive, Fort Lostinthewoods, MO 12345	5. ACCIDENT INFORMATION a. DATE 11NOV2008 b. PLACE (City and State) Ft. Camptown, KY	
SECTION I - TO BE COMPLETED BY ATTENDING PHYSICIAN OR HOSPITAL PATIENT ADMINISTRATOR		
6. INDIVIDUAL WAS <input type="checkbox"/> ADMITTED <input type="checkbox"/> DEAD ON ARRIVAL	<input checked="" type="checkbox"/> OUT PATIENT	7. NAME OF HOSPITAL OR TREATMENT FACILITY Fort Lostinthewoods Medical Activity, MO 12345 <input type="checkbox"/> CIVILIAN <input checked="" type="checkbox"/> MILITARY
8. HOUR AND DATE ADMITTED 1000 on 14NOV2008	9. HOUR AND DATE EXAMINED 1030 on 14NOV2008	
10. NATURE AND EXTENT OF <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> DISEASE <input type="checkbox"/> RESULTING IN DEATH (Explain) Systemic Lupus Erythromatosus		
11. MEDICAL OPINION: a. INDIVIDUAL <input type="checkbox"/> WAS <input checked="" type="checkbox"/> WAS NOT UNDER THE INFLUENCE OF <input checked="" type="checkbox"/> ALCOHOL <input checked="" type="checkbox"/> DRUGS (Specify) b. INDIVIDUAL <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT MENTALLY SOUND (Attach Psychiatric evaluation if appropriate). c. INJURY <input checked="" type="checkbox"/> IS <input type="checkbox"/> IS NOT LIKELY TO RESULT IN A CLAIM AGAINST THE GOVERNMENT FOR FUTURE MEDICAL CARE. d. INJURY <input checked="" type="checkbox"/> WAS <input type="checkbox"/> WAS NOT INCURRED IN LINE OF DUTY. BASIS FOR OPINION: Symptoms begin soon after wearing MOPP gear during a training exercise.		
12. THE FOLLOWING DISABILITY MAY RESULT <input type="checkbox"/> TEMPORARY <input checked="" type="checkbox"/> PERMANENT PARTIAL <input type="checkbox"/> PERMANENT TOTAL	13. BLOOD ALCOHOL TEST MADE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. NO. OF MG ALCOHOL/100 ML BLOOD N/A
15. DETAILS OF ACCIDENT OR HISTORY OF DISEASE (how, where, when) See block 30		
16. DATE 20OCT14	17. TYPED OR PRINTED NAME OF ATTENDING PHYSICIAN OR PATIENT ADMINISTRATOR Marcus Welby, LTC MC	18. SIGNATURE
SECTION II - TO BE COMPLETED BY UNIT COMMANDER OR UNIT ADVISER		
19. DUTY STATION <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY <input checked="" type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ON PASS <input type="checkbox"/> ON LEAVE	20. HOUR AND DATE OF ABSENCE a. FROM 14FEB14 b. TO 15MAR14	
21. ABSENCE WITHOUT AUTHORITY MATERIALLY INTERFERED WITH THE PERFORMANCE OF MILITARY DUTY (Explain in item 30 type of duty missed, hours of duty, and how it did or did not interfere with performance) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
22. INDIVIDUAL WAS ON <input checked="" type="checkbox"/> ACTIVE DUTY <input type="checkbox"/> ACTIVE DUTY FOR TRAINING <input type="checkbox"/> INACTIVE DUTY TRAINING	23. HOUR AND DATE OF TRAINING a. BEGAN N/A b. ENDED N/A	
24. RESERVIST DIED OF INJURIES RECEIVED PROCEEDING <input type="checkbox"/> DIRECTLY TO TRAINING <input type="checkbox"/> DIRECTLY FROM TRAINING		
25. MODE OF TRANSPORTATION N/A	26. HOUR BEGINNING TRAVEL N/A	27. DISTANCE INVOLVED N/A
28. NORMAL TIME FOR TRAVEL N/A		
29. DUTY STATUS AT TIME OF DEATH IF DIFFERENT FROM TIME OF INJURY OR CONTRACTION OF DISEASE <input type="checkbox"/> PRESENT FOR DUTY <input type="checkbox"/> ABSENT WITH AUTHORITY <input type="checkbox"/> ABSENT WITHOUT AUTHORITY		
30. DETAILS OF ACCIDENT - REMARKS (If additional space is needed, continue on reverse) (Attach inclosures as necessary) The SM condition has been diagnosed as a progressive case of Systemic Lupus Erythromatosus. The first exacerbation was in NOV 2008 while participating in CBRNE training at FT Camptown, KY. She has had intermittent flares of moderate dermatological and Raynaud's episodes continued sporadically the next six years. The SM was hospitalization in 14 FEB 2014 through 15 MAR 14 after her second Anthrax inoculation and was initially classified as a Lupus like syndrome. Later testing and treatment confirmed progressive SLE with Glomerulonephritis. The SM has continued to have multi-system issues related to rashes, fatigue, malaise, and chronic pain. She is sick in quarters at least once a month since release from the hospital.		
31. FORMAL LINE OF DUTY INVESTIGATION REQUIRED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		32. INJURY IS CONSIDERED TO HAVE BEEN INCURRED IN LINE OF DUTY (Not applicable on deaths) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
33. DATE 31OCT14	34. TYPED NAME AND GRADE OF UNIT COMMANDER OR UNIT ADVISOR John Wayne, COL MC	35. SIGNATURE

Occupational Impact

- Unfitting condition:
 - Progressive Systemic Lupus Erythematosus
- Deployable:
 - No
- Extent of limitation:
 - These progressive conditions related to the SLE will limit the SMs ability to perform the following duties:
 - clinical perform duties
 - participate in field training
 - wear load bearing equipment
 - operate in austere environments
 - support operations in any OCONUS setting
- Remaining on active duty will not benefit United States Army and will pose potential harm to the SM.

Occupational Impact (cont.)

○ Unfitting condition:

- Comorbidities r/t SLE:
 - Type III Hypersensitivity Reaction
 - Glomerulonephritis
 - Raynaud's Disease

○ Deployable:

- No

○ Extent of limitation: These progressive conditions r/t to the SLE will limit the SMs ability to perform the following duties:

- clinical perform duties
- participate in field training
- wear load bearing equipment
- operate in austere environments
- support operations in any OCONUS

○ Remaining on active duty will not benefit United States Army and will pose potential harm to the SM

Prognosis

- Unfitting Condition:
 - Progressive Systemic Lupus Erythematosus
- Stable at this time but with the potential for chronic progressive deterioration causing further debilitation.
- Timeline for recovery:
 - This is a chronic autoimmune disorder with progressive features and will be a lifetime ailment without a significant breakthrough in future treatment modalities
- Patient will require:
 - Lifetime medication therapy
 - Lifetime Serology monitoring
- Annual requirement for continued specialty consults:
 - Rheumatology
 - Nephrology
 - Dermatology
 - Physical and/or Occupational Therapy

VA Schedule for Rating Disabilities (VASRD)

Diagnosis 1: Systemic Lupus Erythematosus

- ◎ Systemic Lupus Erythematosus is classified as an autoimmune disease affecting numerous body systems to include the brain, cardiac, renal, pulmonary and integumentary systems
- ◎ Type III Hypersensitivity Reaction is a result of inflammatory responses caused by substances such as antibodies and antigens found in the bloodstream that initiate inflammation of the vascular wall causing irritation
- ◎ 40% Disability

VA Schedule for Rating Disabilities (VASRD)

Diagnosis 2: Raynaud's Disease

- ◎ Raynaud's Disease is a disorder that elicits a feeling of numbness in certain body parts in response to cold temperatures, but may be also be a stress reaction. This occurrence is related to the occlusion of smaller arteries by vasospasm and may vary on frequency, duration and severity among patients
- ◎ 10% Disability

VA Schedule for Rating Disabilities (VASRD)

Diagnosis 3: Lupus Nephritis

- ◎ Lupus nephritis occurs as a result of interference of lupus autoantibodies that cause damage to the glomeruli of the kidneys preventing proper filtration of waste products, resulting in such disorders as hematuria, proteinuria, hypertension and overall reduced renal function
- ◎ 0% Disability

VA Schedule for Rating Disabilities (VASRD):

- Systemic Lupus Erythematosus with Type III Hypersensitivity Reaction – 60%
- Raynaud's Disease – 10%
- Lupus Nephritis – 0%

- Total VA Disability:

Lupus 40% disabled = 60% able

Raynaud's Disease 10% disabled = -6% = 54% able

$100 - 54 = 46\%$ disability (rounded to nearest 10%) = **50%**

- Eligibility for Benefits:

“Veterans with singular or combined rating of 30% based on one or more service-connected disabilities provides eligibility for enrollment into the VA health care system”

(Veterans Affairs, 2013)

Commander's Letter

- ◎ Can perform assigned AOC duties in this unit on most days.
- ◎ Assistant OIC of the ICU for the past 4 months and has done so effectively
- ◎ How condition affects the unit:
 - unable to fill a PROFIS slot as required per her AOC
 - unable to perform field training d/t profile
 - unable to perform bedside nursing d/t inability to stand for long periods
 - unable to effectively care for patients d/t physical limitations
 - unavailable for clinical duties on average of 1 day per month due to sick in quarters.

Commander's Letter

- AOC limited by temporary profile
 - **P3**: Immune suppression creates a danger to her own and patients' health by continuing to provide patient care in an ICU setting. Is unable to receive any further immunizations required for deployment and can not wear MOPP gear.
 - **U3**: Progressive joint pain in hands and wrists limit dexterity, fine motor skills, and ability to qualify with a weapon.
 - **L2**: Unable to wear body armor d/t lifting restrictions; inability to stand for extended periods of time interferes with the ability to perform bedside clinical duties or mass casualty operations.

Commander's Letter

◎ **Fitness for Duty:**

- Based on MAJ Doe's current medical condition, I recommend she be considered ***UNFIT*** for reasonable performance of her military duties.

Patient Letter

- ◎ Desires to remain on active duty status
- ◎ Leadership and value to the Army Nurse Corps has been well recognized.
 - 1 of 3 nurse promoted to MAJ “below the zone”
 - Was the Critical Care/Emergency Nurse course honor graduate for her class
 - Has completed two Master’s Degrees: Acute Care Clinical Nurse Specialist and Acute Care Nurse Practitioner, graduating at the top of her class
 - Currently enrolled in Intermediate Level Education through online correspondence courses
- ◎ Current position as the Assistant OIC allows her to be instrumental in the implementation of a new Electronic Charting System as she is the representative to the Documentation Committee for Critical Care Services.

Patient Letter

- ◎ Believes her role as an administrator is important to the needs of the Army
- ◎ Since becoming the Assistant OIC, has only been on quarters one day, so her disease process has not interfered with administrative duties
- ◎ Requests change in skill identifier if found unfit
 - Case Management course is 2wks and online (66HM9)
 - Case Manager will allow her to continue to work and contribute to the Army's mission much in the same capacity as she does now, without the need to spend long hours at the bedside

Branch Differences

◎ Air Force

- AFI 10-203
- AFI 48-123
- Chapter 5
- MSD 6 Feb 2014, A13

◎ Army

- AR 40-501, Chapter 3, Paragraph 40, line K

◎ NAVY

- NAVMED P-117, Chapter 18-4
- SECNAVINST: 1850.4E, 8004

Air Force Regulation

AFI 5.3.1.2.

The individual's health or well-being would be compromised if he or she were to remain in the military service. This includes, but is not limited to: dependence on medications or other treatments requiring frequent clinical monitoring, special handling or severe dietary restrictions.

- Diagnosis – Pt does not meet criteria

Army Regulation

AR 40-501, Chapter 3, Paragraph 40, line K

SLE

“That interferes with successful performance of duty or requires geographic assignment limitations or requires medications for control that requires frequent monitoring by a physician due to debilitating or serious side effects.”

- Diagnosis – Pt does not meet criteria

Navy Regulation

NAVMED P-117, Chapter 18-4

“A member has a condition that appears to significantly interfere with performance of duties appropriate to the member’s office, grade, rank, or rating.”

SECNAVINST 1850.4E, 8004

“Any acute or chronic condition that affects the body as a whole (systemic) and interferes with the successful performance of duty, or requires medication for control, or needs frequent monitoring by a physician, or that requires geographic assignment limitations or requires a temporary limitation of duty exceeding 180 days, or permanent limitation of duty that effects the whole body (systemic).”

- Diagnosis – Pt does not meet criteria

Pros / Cons Return To Duty

○ Military member

- Pros: Stays on active duty and able to retain medical care and benefits
- Cons: Might face adversity from non-deployable status

○ Commander

- Pros: Retains a trained, experienced ICU nurse
- Cons: Unable to deploy this provider, which may mean deploying a less experienced nurse in their place

○ Service Branch

- Pros: Branch is able to continue utilizing an experienced officer with subject matter expertise
- Cons: Loses a deployable SM, continue to pay for costly medical care

Pros / Cons Medically Retiring

○ Military member

- Pros: Benefits received as if retired with 20 years active duty
- Cons: Unable to continue with military service

○ Commander

- Pros: SM no longer holding position in a critical or leadership position (AOC)
- Cons: Lost expertise and experience may decrease effectiveness of unit, at least temporarily

○ Service Branch

- Pros: SM no longer holding position in a critical or leadership position (AOC)
- Cons: Resources to train an ICU nurse needed prior to expected timeline

Medical Retirement / Separation

- Medical Retirement
 - Due to 50% disability
 - Eligible for VA enrollment
 - Same benefits as retiree
- Medical Separation
 - <30% disability and medically stable = separation
 - Service Lump sum + monthly VA disability
 - Treatment by the VA only for rated diagnoses

Medical Retirement vs. Separation by the Numbers

○ Medical Retirement:

- Medically retired personnel can receive retired pay based on the larger of two formulas:
- 1) By multiplying the retired pay base either by the percentage of the disability rating or
- 2) By multiplying by 2.5 percent of the number of years of service

○ Medical Separation:

- Service Compensation
 - (Base pay) x 2 for each year AD not to exceed 12 years
 - Monthly VA compensation (50%)

Disposition

◎ Refer to IPEB

References

- American Skin Association. (2014). Cutaneous Lupus Erythematosus. Retrieved from <http://www.americanskin.org/resource/lupus.php>
- Bureau of Medicine and Surgery (2005). Medical evaluation boards. Manual of the Medical Department, U.S Navy, chapter 18. Retrieved from <http://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20%28MANMED%29/MMDChapter18.pdf>
- Bureau of Medicine and Surgery (2014). Physical examinations and standards. Manual of the Medical Department, U.S Navy, Chapter 15. Retrieved from <http://www.med.navy.mil/directives/Documents/NAVMED%20P-117%20%28MANMED%29/Chapter%2015%20Medical%20Examinations.pdf>
- Department of the Air Force (2014). Medical examinations and standards. Air Force Instructions 48-123. Retrieved from http://static.e-publishing.af.mil/production/1/af_sg/publication/afi48-123/afi48-123.pdf.
- Department of the Army (2011). Standards of medical fitness. Army Regulation 40-501. Retrieved from http://www.apd.army.mil/pdffiles/r40_501.pdf
- Drugs.com. (2014). Plaquenil. Retrieved from <http://www.drugs.com/pro/plaquenil.html>

References (cont.)

Line of Duty Policy, Procedures, and Investigations, Army Regulation 600–8–4 Headquarters Department of the Army § 3-2, 3-4 *et seq.* (2008).

Lupus Research Institute. (2014). Study Finds Three-drug Combination Helped Treat Lupus Nephritis. Retrieved from <http://www.lupusresearchinstitute.org/lupus-news/2014/11/11/study-finds-three-drug-combination-helped-treat-lupus-nephritis>

Quest Diagnostics, the associated logo, Nichols Institute and all associated Quest Diagnostics. (2014). For physicians and hospitals. Retrieved from <http://www.questdiagnostics.com/home/physicians.html>

Secretary of the Air Force (2013). Duty limiting conditions. Air Force Instructions 10-203. Retrieved from http://static.epublishing.af.mil/production/1/af_a3_5/publication/afi10-203/afi10-203.pdf

Standards of Medical Fitness, Army Regulation 40–501 Headquarters Department of the Army § 2-28 (n.), 2-30 (b.), 3-38 (r.), 3-40 (k.) *et seq.* (2011).

U.S. Department of Veterans Affairs. (2013). Health benefits: Priority groups table. Retrieved from http://www.va.gov/HEALTHBENEFITS/resources/priority_groups.asp