



## DEPARTMENT OF THE ARMY

WARRIOR TRANSITION COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VIRGINIA 22332-2500

0 4 SEP 2014

MCWT-CSD

WCTP Policy Memo 14-010

Expires: 0 4 SEP 2016

MEMORANDUM FOR Commanders, US Army Medical Command Regional Medical Commanders

SUBJECT: Policy Memorandum-Medically Optional Surgeries, Procedures, and Treatments for Soldiers in Warrior Transition Units (WTUs)

1. References:

- a. Army Regulation 40-400, Patient Administration, 27 January 2010, RAR, 15 September 2011.
- b. Army Regulation 40-501, Standards of Medical Fitness, 14 December 2010, RAR, 4 August 2011.
- c. Army Regulation 635-40, Physical Evaluation for Retention, Retirement, or Separation, 8 Feb 06, RAR, 20 March 2012.
- d. OTSG/MEDCOM Policy Memo 13-044, 29 July 2013, subject: Medically Optional Surgeries for Service Members Undergoing Disability Evaluation through the Integrated Disability Evaluation System.
- e. WCTP Policy Memo 13-009, 8 November 2013, subject: Warrior Transition Unit (WTU)/Community Based Warrior Transition Unit (CBWTU) Soldiers Medical and Military Responsibilities.

2. Purpose: To provide general guidance on medically optional surgeries and procedures for Soldiers assigned/attached to WTUs.

3. Proponent: The proponent for this policy is the US Army Warrior Transition Command, Clinical Services Division.

4. Applicability: This policy is applicable to all Soldiers assigned/attached to a Warrior Transition Unit.

5. Guidance:

a. The definition of a medically optional surgery, procedure, or treatment is one that may be beneficial, but is not required to preserve life, limb, or eyesight, to prevent the loss of function, or to return the Soldier to fit-for-duty status. Optional surgical procedures or treatments may include those that are purely cosmetic, those whose

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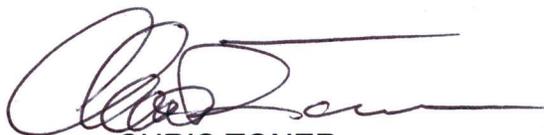
beneficial outcome is uncertain, and those which may be performed at a later time without losing effectiveness. A specific or patient-preferred type of procedure or treatment, where a reasonable alternative is offered to and refused by the Soldier, may also be considered optional.

b. Surgeries, procedures, or treatments that may be reasonably expected to give prompt relief of significant pain or disability, and those that are part of the normal plan of care for the condition(s) that led to WTU admission, will not be considered optional.

c. The mission of a Soldier in the WTU is first, to heal, and second, to achieve a successful transition, either back to the Force, or to civilian life as a Veteran. All surgeries, procedures, and treatments provided for the Soldier must be clearly connected with the achievement of one or both of those two goals. Medically optional surgeries, procedures, and treatments may only be performed when there is a reasonable expectation by competent medical authority that such procedure will have a beneficial effect, and will in no way delay or impede the Soldier's process toward healing or successful Comprehensive Transition Plan (CTP) completion. Soldiers with an already initiated MEB must abide by reference d. above.

d. An algorithmic summary of the management of optional surgeries, procedures, and treatments follows in Annex A.

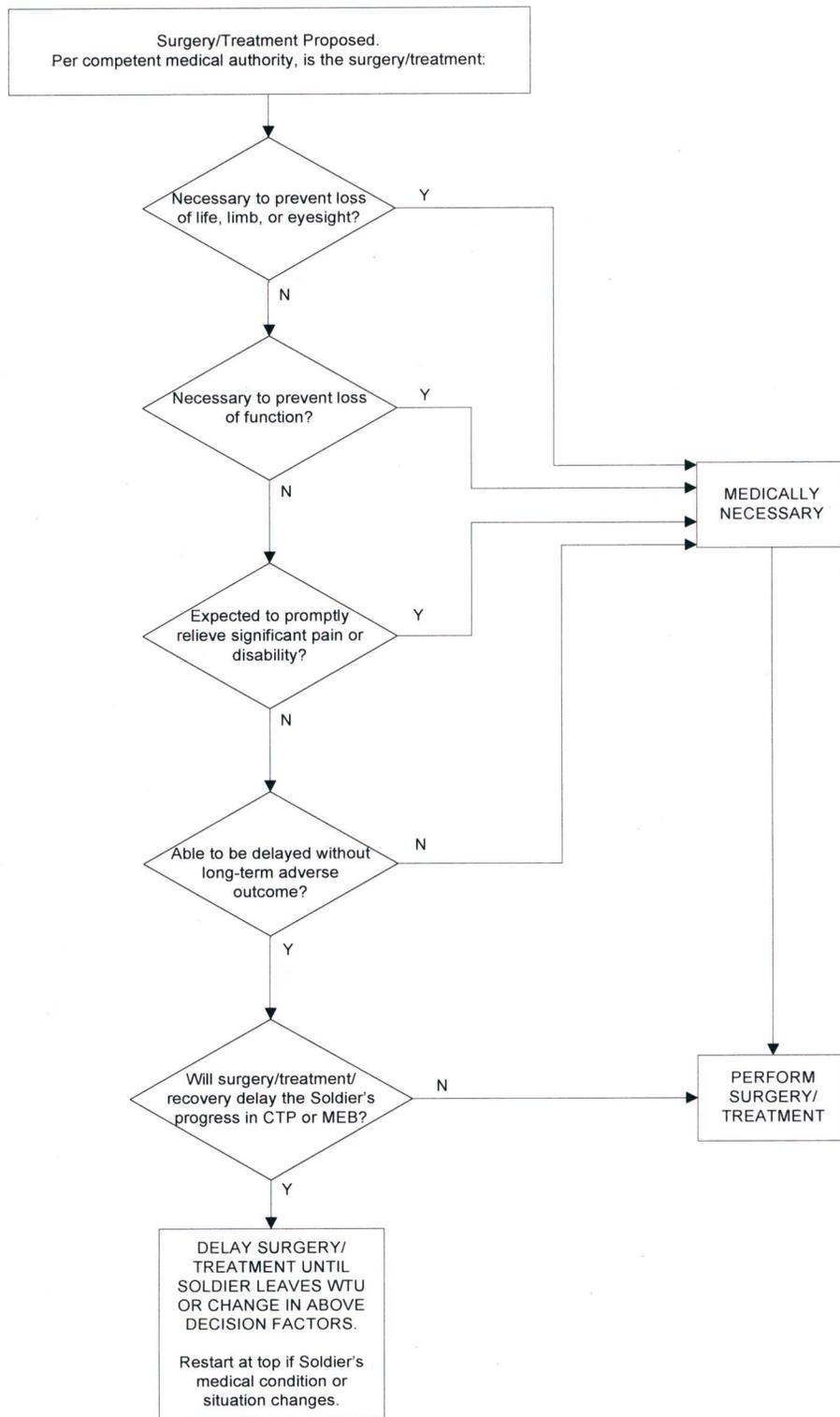
e. Cases that cannot be adequately resolved at the WTU level will be referred to the MTF Commander, with the MTF Deputy Commander for Clinical Services (DCCS) or designee serving as medical subject matter expert.



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Annex A. Decision process for optional surgeries, procedures, and treatments.