# RECORD OF PROCEEDINGS AIR FORCE BOARD FOR CORRECTION OF MILITARY RECORDS

IN THE MATTER OF: DOCKET NUMBER: BC-2012-00526

COUNSEL: NONE

HEARING DESIRED: NO

## APPLICANT REQUESTS THAT:

His narrative reason for separation, "Erroneous Entry," be removed from his records.

## APPLICANT CONTENDS THAT:

The narrative reason for separation reflected on his DD Form 214, Certificate of Release or Discharge from Active Service, is inaccurate.

He was not aware of any medical conditions prior to his entry into the Air Force. His medical issues were aggravated by service.

In support of his request the applicant provides copies of his DD Forms 214 and extracts from his medical records.

His complete submission, with attachments, is at Exhibit A.

# STATEMENT OF FACTS:

On 23 Feb 2010, the applicant enlisted in the regular Air Force.

On 28 Sep 2011, his commander notified him he was recommending he be discharged under the provisions of AFI 36-3208, Administrative Separation of Airmen. The specific reason for this action was he was diagnosed with chronic back pain, as documented on his Standard Form 600, Chronological Record of Medical Care, dated 22 Aug 2011. He was seen by a doctor who determined his condition existed prior to his enlistment. This condition disqualifies enlistment under DODI 6130.03 Enclosure 4, Paragraph 17 (d). As a result, he was removed from the Security Forces Apprentice Course.

On 28 Sep 2011, the applicant acknowledged receipt of the discharge notification.

On 3 Oct 2011, the Deputy Staff Judge Advocate found the discharge legally sufficient.

On 7 Oct 2011, he received an honorable discharge. The narrative reason for separation was "Erroneous Entry." He served eight months and five days of total active service.

The remaining relevant facts pertaining to this application, extracted from the applicant's military records, are contained in the letter prepared by the BCMR Medical Consultant at Exhibit C.

#### THE AIR FORCE EVALUATION:

The BCMR Medical consultant recommends denial of the applicant's implicit petition to establish permanent service aggravation or service connection for his lumbar spine condition. The Medical Consultant states the applicant developed low back pain after performing routine physical training (PT). The applicant did not recall any specific traumatic event, e.g., heavy lifting, pull and push, or a slip and fall that could have caused his back pain. Instead, the record indicates that it first began while performing unit PT; particularly noted while running. The record indicates pain relief was achieved through alterations of posture and in some instances while swimming.

The professional medical staff concluded that it was the applicant's congenital [normal variant] lumbosacral spine that formed the biomechanical basis for his back pain. Consequently, the applicant was discharged under the premise that had the Air Force known of his predisposition for developing lumbar pain or was aware of his congenital spine variant anatomy, it is likely that he would not have been accepted into active military service; or if so, under a waiver. Under such separation actions for conditions occurring so soon after entering military service, and where the evidence shows the condition existed prior to entering service, the reason for separation may be designated as Erroneous Entry, Failed Medical Procurement Standards, or Fraudulent Entry; the latter reserved for individuals who knowingly failed to disclose a pre-existing medical condition on entering military service.

In the case under review, as stated on the applicant's DD Form 149, it is indeed likely that he "had no idea that there were any medical problems at all" until he participated in running activities during his qualification training and unit PT. Although the record suggests that the applicant's recurrent exacerbations of pain persisted over a period of several weeks, despite conservative treatment measures, this is not proof that his symptoms represented or were manifestations of permanent service aggravation of his congenital spine defect above and beyond its expected natural progression or clinical expression when under strenuous physical activity. Therefore, the Medical Consultant opines the applicant has not met the burden of proof of error or injustice that warrants the desired change of the record.

The complete BCMR Medical evaluation is at Exhibit C.

# APPLICANT'S REVIEW OF THE AIR FORCE EVALUATION:

On 25 Oct 2012, a copy of the Air Force evaluation was forwarded to the applicant for review and comment within 30 days. As of this date, no response has been received by this office (Exhibit D).

#### THE BOARD CONCLUDES THAT:

- 1. The applicant has exhausted all remedies provided by existing law or regulations.
- 2. The application was timely filed.
- 3. Insufficient relevant evidence has been presented to demonstrate the existence of error or injustice. We took notice of the applicant's complete submission in judging the merits of the case; however, we agree with the opinion and recommendation of the BCMR Medical Consultant and adopt his rationale as the basis for our conclusion the applicant has not been the victim of an error or injustice. Therefore, in the absence of evidence to the contrary, we find no basis to recommend granting the relief sought in this application.

## THE BOARD RECOMMENDS THAT:

The applicant be notified that the evidence presented did not demonstrate the existence of material error or injustice; that the application was denied without a personal appearance; and that the application will only be reconsidered upon the submission of newly discovered relevant evidence not considered with this application.

The following members of the Board considered Docket Number BC-2012-00526 in Executive Session on 27 Nov 2012, under the provisions of AFI 36-2603:

Panel Chair Member Member

The following documentary evidence was considered in AFBCMR BC-2012-00526:

Exhibit A. DD Form 149, dated 24 Jan 2012, w/atchs.

Exhibit B. Applicant's Master Personnel Records.

Exhibit C. Letter, BCMR Medical Consultant, dated 19 Oct 2012.

Exhibit D. Letter, SAF/MRBR, dated 24 Oct 2012.

Panel Chair