



## **Marine Special Operations School** **NSW/SO Duty Examination:** **Frequently Asked Questions**



### ***1. Where are the medical standards for special operations duty listed?***

All medical standards for U.S. Sailors and Marines are found in the Manual of the Medical Department (MANMED), Chapter 15 (Physical Examinations and Standards). All standards found within Chapter 15 are applicable to candidates attending Assessment and Selection (A&S). In addition to these requirements, Articles 15-102 (Diving Duty Examinations and Standards) and 15-105 (Naval Special Warfare and Special Operations) state more stringent requirements that are applicable to candidates. These requirements augment those specified in the Army Regulation 40-501, which specifies standards of medical fitness for several Army schools that special operators may attend.

### ***2. Whose job is it to perform the NSW/SO Duty Examination?***

It is the responsibility of the applicant to locate a provider to perform the examination. This is most easily accomplished by utilizing the providers at the Marine's battalion aid station (BAS). If there is not a provider available at the applicant's BAS, then personnel at the BAS should locate a suitable examiner through their medical chain of command. It is not the responsibility of providers within MARSOC to perform examinations for applicants from other commands.

### ***3. Who is authorized to conduct the examination?***

Physicians, physician's assistants and nurse practitioners can perform the NSW/SO duty examination. However, independent duty corpsmen are not authorized providers. Physical examinations performed by unauthorized providers are not valid and cannot be reviewed or countersigned by a UMO.

### ***4. Do I really have to examine everything?***

The NSW/SO examination standards encompass those specified for Army schools that special operators attend, including Airborne, Military Freefall and Ranger school. Per chapter 8, paragraph 12 of the AR 40-501, ophthalmoscopic, anus and testicular examinations are REQUIRED on all Army military medical examinations. If these anatomic fields are documented as not examined ("NE") on the DD form 2808, the examination is incomplete, and cannot be reviewed or countersigned by a UMO.

### ***5. Why do I need my Tympanic Membranes (TMs) examined?***

Special operators attend the Marine combatant Diver (MCD) Course at the Naval Diving and Salvage Training Center (NDSTC). A diver is exposed to pressures greater than that experienced in the normal environment. In order to successfully tolerate this increase in pressure, a diver must equalize the pressure differential between the environment and his or her middle ear. This pressure equalization is achieved via a valsalva maneuver. Each TM should be visualized on a physical exam while the diving candidate successfully performs the Valsalva maneuver.

**6. What is the valsalva maneuver and why do I need it?**

The valsalva maneuver forces air from the pharynx into the middle ear via the Eustachian tubes. Most divers accomplish this by blocking the nasal passages, closing the mouth, and simultaneously increasing the pressure within the airway in the same manner as exhaling a breath.

**7. My audiogram displays hearing loss outside the acceptable limits. Can I still attend dive school?**

An audiogram is required for commissioning or enlistment. The initial audiogram for service members is recorded on DD 2215, also known as the Reference Audiogram. Periodic audiograms following the initial Reference Audiogram are recorded on DD2216E also known as the Hearing Conservation Data form. Abnormal audiograms which display hearing loss outside the acceptable limits are disqualifying for NSW/SO duty, however it is possible to obtain a medical waiver for this condition. The examining physician should initiate a waiver of physical standards for this condition. Once a waiver has been approved, a candidate is eligible to attend A&S.

**8. How long is a NSW/SO physical good for?**

Special duty examinations are valid for 5 years. However, for the purposes of attending training, most schools will not accept a physical unless it is less than 24 months old at the time of the applicant's projected GRADUATION date. Consequently, an NSW/SO physical must be less than 24 months old prior to the projection date of completing A&S. Once a special operator has completed all of his training, a physical is required every five years prior to age 50, every 2 years prior to age 60, and then every year beyond age 60. This requirement is in addition to the annual Periodic Health Assessment (PHA).

**9. How involved is the eye examination?**

At a minimum, the eye exam includes an ophthalmoscopic examination, uncorrected distant visual acuity and color vision testing. Acuity testing with a Snellen-type eye chart and color vision testing with pseudo-isochromatic plates ("PIP" cards – either Dvorine or Ishihara) can usually be performed at the applicant's BAS. However, if the applicant does not have 20/20 uncorrected distant vision, he also requires autorefractometry. Autorefractometry is usually performed at an optometry clinic. Further, if the patient fails to correctly identify 12 or more of the 14 PIP cards presented, he will have to undergo red-green vision testing with a Farnsworth Lantern ("FALANT") test. Guidance for color vision testing can be found in Article 15-36 of the MANMED.

**10. Are LASIK or PRK disqualifying for special operations?**

According to MANMED article 15-105, paragraph 6.c.U6U, PRK or LASIK are disqualifying for 3 months preceding accession. If a Marine is more than 3 months status post either of these types of eye surgery, and has been released without limitations from his ophthalmologist, then the surgery is not disqualifying for attending A&S.

***11. Why are documentation of a adequate valsalva testing and a detailed neurologic examination required in block 44 of DD form 2808, even if the patient has a normal exam?***

This required specified in MANMED article 15-102, paragraph 7.1. It's in the fine print. Again, if these findings are not documented on the DD form 2808 it is an incomplete examination, and cannot be reviewed for completeness or accuracy by a UMO.

***12. What do I do if I have a Marine with an abnormal exam or laboratory finding or study?***

It is the examining provider's responsibility to determine if this is a potentially disqualifying condition. Guidance for disqualifying conditions can be found according to organ system in section III of MANMED Chapter 15, as well as within paragraph 7 of article 15-102 and paragraph 6 of article 15-105. It is strongly recommended that abnormal labs including elevated fasting blood sugar, proteinuria, and hemaglobinuria be repeated, with emphasis placed on adequate hydration, fasting and discontinuing all over the counter supplements prior to specimen collection. If repeated x-rays and ECGs demonstrate persistent abnormalities, it is the examining provider's responsibility to determine whether this represents a true pathology, and whether this pathology is potentially disqualifying according to the guidance listed above. If the provider cannot make this determination, then specialty consultations should be made by the provider. NOTE: It is not the UMO's responsibility to coordinate the work-up on a patient from another unit.

***13. What do I do if I think an applicant has a potentially disqualifying condition?***

If you think that an applicant you examined has a potentially disqualifying condition, it is important to contact a UMO to determine whether the condition is considered disqualifying (CD), and whether a waiver can be recommended.

***14. What should I do if there is not an Undersea Medical Officer (UMO) at my duty station?***

It is possible to fax a copy of all medical documentation to the nearest UMO to you in geographical location and request that they sign the physical exam and special duty abstract. If no UMO is available within your geographic region, the documentation can be sent directly to the Department of Undersea Medicine within the Bureau of Medicine and Surgery (BUMED). This should be done only as a last resort.

***15. What is the difference between an Undersea Medical Officer (UMO) and a Diving Medical Officer (DMO)?***

An UMO is a Navy Medical Officer that has been trained in diving medicine, submarine medicine, and radiation health. All qualified Navy UMOs are also DMOs. The Army and Air Force often send physicians through the NDSTC DMO course. These physicians are not qualified to review or countersign NSW/SO examinations.