

Frequently Used Terms

a. **Light Duty.** Presumes frequent provider/patient interaction to determine whether return to full duty status or more intensive therapeutic intervention is appropriate in any given case; therefore, light duty will be ordered in periods not to exceed 30 days to ensure appropriate patient clinical oversight. Consecutive light duty for any “new condition” up to 90 days may be ordered by the provider (in maximum 30-day periods), **but in no case will light duty exceed 90 consecutive days, inclusive of any convalescent leave periods.**

b. **Limited Duty (LIMDU).** The assignment of a member in a duty status for a specified time, following a medical board action, with certain medical limitations/restrictions concerning the duties the member may perform. LIMDU is divided into two separate categories as follows:

(1) **Temporary Limited Duty (TLD).** A member is assigned in a TLD status when a medical officer expects the member to be able to return to duty (RTD) in a reasonable period of time. TLD is authorized locally, in increments of 6 months with a 12-month maximum, by the convening authority (CA) responsible for the military treatment facility (MTF) initiating TLD. Navy Personnel Command (NAVPERSCOM), Disability Retirement/ Limited Duty Branch (PERS-4821) will perform a departmental review of all cases that require additional TLD in excess of 12 months. The maximum total TLD authorized is 12 months unless otherwise approved by NAVPERSCOM (PERS-4821).

(2) **Permanent Limited Duty (PLD) (L5).** Assignment authorized by NAVPERSCOM (PERS-4821) to be in a PLD status to complete 20 years active service day-for-day, or remain on active duty until a specific date. Only members who have been found “unfit for continued Naval Service” by the Physical Evaluation Board (PEB) may request PLD per reference (a). Members approved for PLD will be placed in a FOR DUTY LIMDU (ACC 105) status with a projected rotation date (PRD) that corresponds with the approved PLD date. Once placed in a PLD status, the member may remain at the current command or be assigned to a valid billet per manning control authority (MCA) priorities based on needs of the Navy. Assignment will be made to an area where the required medical care is available and shall remain in that area for the remainder of the member’s Naval Service.

c. **Deployability Coordinator.** Every command, Personnel Support Activity Detachment (PERSUPP DET) or personnel office, and MTF servicing a LIMDU population is required to appoint, in writing, a single point of contact (POC) to act as the command Deployability coordinator. Close liaison between parent command, PERSUPP DET, and medical Deployability coordinators is critical to ensure accurate accounting, tracking, medical treatment, and expeditious **movement** of LIMDU personnel through the transient pipeline. Deployability coordinators shall not be in a TLD status.

d. **Assignment Screening.** A short concise medical screening to specifically review a member's medical condition, and determine if a member is worldwide assignable (WWA).

e. **Operational Screening (Sea Duty Screening).** After a LIMDU member is able to RTD, completes assignment screening, and is in receipt of PCS orders to an operational command (Type Duty Code "2" or "4"), member must complete an operational screening per reference (b), and MILPERSMAN 1300-800.

f. **Abbreviated Medical Evaluation Board Report (AMEBR).** A brief summary of the members medical condition limitations, and expected RTD date used to place a member on TLD.

g. **Dictated Medical Evaluation Board Report (MEBR).** As opposed to the AMEBR, this detailed summary of the member's medical condition(s) is dictated by the attending physician and is used to request additional LIMDU in excess of 12 months or for a referral to the PEB.

h. **Return to Duty (RTD).** At any time during a period of LIMDU, upon determination that the member's medical condition has been resolved, the member may be returned to duty (RTD) from the TLD status by the cognizant MTF.