



Army Medical Specialist Corps

The Medallion

Medallion

January 2004

Corps Chief's Message

COL Rebecca Hooper

Chief, Army Medical Specialist Corps

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Congratulations to the SP Corps Chief's Award of Excellence recipients

Believe it or not, 2004 is upon us and I'll bet every single one of us is caught in between trying to keep pace with a hectic schedule and trying to add in some New Year's resolutions. I know I am, especially since the clock has begun ticking on my last year in office as the SP Corps Chief. I feel like my first three years have just flown by and there is so much more I'd like to accomplish before I move on.

As I was reflecting upon my goals for the next 12 months, I received the following passage in an e-mail. Although it was incorrectly attributed to George Carlin (I always check sources with www.truthorfiction.com) the words were very powerful for me. They *were* written by a Dr. Moorehead, former pastor of the Overlake Christian Church in Redmond, WA.

"The paradox of our time in history is that we have taller buildings but shorter tempers, wider freeways, but narrower viewpoints. We spend more, but have less, we buy more, but enjoy less. We have bigger houses and smaller families, more conveniences, but less time. We have more degrees but less sense, more knowledge, but less judgment, more experts, yet more problems, more medicine, but less wellness.

We drink too much, smoke too much, spend too recklessly, laugh too little, drive too fast, get too angry, stay up too late, get up too tired, read too little, watch TV too much, and pray too seldom. We have multiplied our possessions, but reduced our values. We talk too much, love too seldom, and hate too often.

We've learned how to make a living, but not a life. We've added years to life not life to years. We've been all the way to the moon and back, but have trouble crossing the street to meet a new neighbor. We conquered outer space but not inner space. We've done larger things, but not better things.

We've cleaned up the air, but polluted the soul. We've conquered the atom, but not our prejudice. We write more, but learn less. We plan more, but accomplish less. We've learned to rush, but not to wait. We build more computers to hold more information, to produce more copies than ever, but we communicate less and less. *(continued on next page)*



Chiefs Message Continued:

These are the times of fast foods and slow digestion, big men and small character, steep profits and shallow relationships. These are the days of two incomes but more divorce, fancier houses, but broken homes. These are days of quick trips, disposable diapers, throwaway morality, one night stands, overweight bodies, and pills that do everything from cheer, to quiet, to kill. It is a time when there is much in the showroom window and nothing in the stockroom. A time when technology can bring this letter to you, and a time when you can choose either to share this insight, or to just hit delete.

Remember, spend some time with your loved ones, because they are not going to be around forever. Remember, say a kind word to someone who looks up to you in awe, because that little person soon will grow up and leave your side. Remember, to give a warm hug to the one next to you, because that is the only treasure you can give with your heart and it doesn't cost a cent.

Remember, to say, "I love you" to your partner and your loved ones, but most of all mean it. A kiss and an embrace will mend hurt when it comes from deep inside of you. Remember to hold hands and cherish the moment for someday that person will not be there again. Give time to love, give time to speak, and give time to share the precious thoughts in your mind."

Outstanding leaders go out of the way to boost the self-esteem of their personnel. If people believe in themselves, it's amazing what they can accomplish.

--Sam Walton

These are interesting words in a time in our Army's life when there is much uncertainty, many dangers, and a lot of challenges facing us. These words reminded me that before we get too far into 2004, I need to take a moment to thank every single member of the SP Corps family for your hard work and dedication. You support the Soldiers and families of our Army, whether you are deployed or carrying the load back here at home. Each of you in your own way is paying a price for the freedom we enjoy and make a difference in the lives of many people, every day. Each of you makes me extremely proud and I thank you from the bottom of my heart.

New Coin Design Contest

The Office of the Chief, SP announces a contest to design a new edition of the SP Corps Coin. The coin we have now is actually the third generation (see photos). All members of the SP family are encouraged to submit design ideas to MAJ Sara Spielmann NLT 1 April 2004. My goal is to have the new coins available for when the new Corps Chief takes office in November 2004.



1st Coin

2nd Coin

3rd Coin

Chief, Occupational Therapist Message

COL Karen Cozean
Chief, Occupational Therapist Section

I would like to wish everyone a very successful and happy 2004! I think we can agree that 2003 was quite a memorable year for all of you, especially when it comes to taking care of soldiers. There truly is no higher calling than to care for these heroes who risk their life for a bigger cause. They face danger daily trusting that we (the AMEDD) will be there to take care of them if needed. I was very fortunate to meet and see in action during my travels throughout Iraq and Kuwait many PA's, PT's, DT's, and OT's who were doing just that, and doing a very fine job of what we are trained to do, and that is, taking care of soldiers. You can be proud that you have played a role in many of these soldiers' lives to help them in their recovery. Whether you are in the theaters of OEF or OIF, at the MEDCENs or MEDDACs, what you do is important in helping the soldier regain his function and I thank each officer and enlisted for the many long hours you provide to care for the soldier, their families, and the retired. You are making a difference and I am so very proud of each of you.

A quote by Ellen Metcalf reminded me of an opportunity for Occupational Therapy this past September. "You have to recognize when the right place and the right time fuse and take advantage of that opportunity. There are plenty of opportunities out there and you can't sit back and wait." This fall, CPT Jay Clasing was tasked by the 30th Medical Brigade Commander to write an information paper to support utilization of OT in the theater CSH's and also increase the number of PT providers in the CSH. Bottom line, his paper was approved and this week we presently have OT's/PT's in El Paso preparing to deploy. This is a good news story because health care providers recognized the need to have OT in the CSH and the system responded to this need. Some of our strongest advocates were orthopedic physicians and I especially would like to thank COL Mark Bagg, Orthopedic Consultant, and MAJ Mary Adams-Challenger (PT), for voicing and documenting the need for OT in their after action reports.

We presently have Occupational Therapy Assistants in the CSH's and I am here to tell you they are doing a fine job supporting the mission. While in Kuwait, I was able to visit SGT Brian Christman who was assigned to the 47th CSH. He was utilizing his N3 and 91W skills to support the Neuro-Psychiatric ward. SGT Erick Cedeno who is presently with the 21st CSH in Balad, is doing an excellent job supporting the OT/PT mission there. He has been a tremendous help to MAJ Adams-Challenger and has been flexible in cross training to support PT with patient care. Joining our N3's will be CPT Kurt Brower, CPT Joanna Atherton and SSG Tina Hamilton. I thank them for stepping up to the plate and their service, and I thank the clinic Chiefs who will be working short due to their staff's deployment. As it stands for now, they will be deployed for six months and assigned to the two CSH's in Iraq. History is in the making here, and we will continue to use this opportunity to reinforce our efforts to establish authorizations in the CSH for OT. This is one more step in the right direction.

Six months will go by quickly and their replacements will need to be identified. These OT's had less than three weeks to prepare to deploy when they received their warning order. They were ready because they were prepared. It is imperative that all of us be ready at a moments notice. It does not matter if you are PROFIS or not. As long as we wear this green uniform, any one of us could deploy, so have your affairs in order and be ready. I heard a good piece of advice from a PA friend of mine who has experience with deployments and we can't go wrong to follow it: "Be ready, be fit, and be flexible."

Another opportunity occurred in August when the Surgeon General Chartered the Mental Health Advisory Team (MHAT). Subject matter experts (SME's) in all the behavioral health professions were represented on this team (Psychiatrist, Social Workers, Psychologists, a Clinical Nurse Specialist, Chaplain, Behavioral Health Specialists, OT, and an infantry officer who manages the suicide program in the G1 shop of the Pentagon). Our mission was to assess and provide recommendations to the OIF medical and line command concerning OIF-related mental health issues. MHAT evaluated the behavioral healthcare system of the OIF theatre and this is why I believed it necessary to have OT/SP representation on the team. We interviewed over 750 soldiers, visited and interviewed just about all the behavioral health providers in theater, and also interviewed many primary care providers to include PA's and PT's. It was an
(continued on next page)



CPT Florie Gonzales, SSG Edward Gayden, and CPT Karen Norton providing OT interventions with the 85th CSC Detachment



1LT Sherielee Camacho, COL Karen Cozean, and 1LT Cheri Waide with the 113th CSC Company

Chief, Occupational Therapist Message continued

excellent opportunity to educate and market our services to many people I met throughout theater. I also marketed our N3 program and convinced three fine medics up in Mosul to begin our N3 training program this April.

Our AC/RC OT's are doing an outstanding job in Iraq and it was a pleasure to meet and see as many as I could during my travels. I'm pleased to report that most are leaders of their teams. They have the ability to "adapt and overcome" in an austere environment and they are frequently the catalyst for getting things done in their CSC Company and Detachments. They display the skills needed to survive in an environment that requires flexibility, patience and persistence and each one was passionate when they spoke about taking care of soldiers and the services they provided. You can see they are a photogenic bunch as we pay tribute to them within this report.



CPT Jay Clasing in Baghdad, Iraq, serving with the 30th Medical Brigade

When the MHAT report can be released, I look forward to sharing some of the survey results with you, as it is very pertinent to our planning with Project Paratus (Please see LTC Steve Gerardi's comments in this Medallion for an update on Project Paratus). I was gone far longer than expected and my job did not stop just because I was away. I thank COL Hooper, COL DeMars and the OT region Chiefs for graciously helping out during my deployment.

Happenings and dates to remember...

We have three OT's who passed the National Certification Examination to become Certified Hand Therapists. Congratulations to you all for this achievement! They are: LTC Steve Gerardi, MAJ Matt St. Laurent, and Ms. Jackie Jurokowski who works at WBAMC.

Congratulations to our newest OT's, who completed their Internship at MAMC this December! LT Josef Otto's first assignment is at Ft. Hood and LT Julie Devine is assigned to WBAMC.

I would like to thank CPT Colleen Daniels who is presently at CHPPM completing her Ergonomic residency with COL Mary Lopez. As a new graduate from the Uniform Services University of the Health Sciences, she was tasked to develop and implement an Ergonomic training component into our Internship program at WRAMC. Injury prevention is our business and utilizing ergonomic principles for injury reduction/ prevention will now be a part of the Interns training throughout their year. Our OT's will now receive this education at an earlier point in their career and be better prepared to provide this service to our customers. CPT Daniels has done a wonderful job organizing this new training module for the 04 Interns and I plan to have her share this program with you very soon.

The Physical Agents CD continues to progress. This is a big project and I thank MAJ Yvette Wood for keeping it on course while I was away. COL Len Cancio and LTC Karoline Harvey have been reviewing each lesson plan for quality of content and I thank the junior officers (who truly are the computer experts) who volunteered to test piloted one of the lessons. It looks like early summer will be the release date.



MAJ Beth Salisbury, with the 113th CSC Company

It is already that time of year to submit your articles for the **Myra L. McDaniel Annual Writers Award**. You have worked hard to publish, take it one step further and submit your article to LTC Steven Gerardi who chairs the board, by **27 February 04**. This is an opportunity to be recognized by your professional peers. To see the criteria for submission, go to the SP web page and under the awards tab, you can view the SOP.

The Combat Stress Casualties Course is coming up in May. Please see LTC Gerardi's article in this Medallion for he has plans to make it an informative two weeks. Again if you have not been, it is not too late. Block your schedules now as this course provides you the skill sets needed for a deployed environment.

(continued next page)

Chief, Occupational Therapist Message continued:

Are you in need of information on the evaluation and treatment of upper extremity amputees? Tapes of our two-day workshop are now available for ordering. With the number upper extremity amputees being treated in our MTFs there has been a request for further information. We are offering seven videotapes that cover upper extremity evaluation and treatment techniques as presented by Diane Atkins, OTR/L, FISPO, Randy Alley, CPO, and other specialist in the field. We are sure that these tapes will provide you some valuable information to help you for your patient's rehabilitation process. The following tapes are available for your review:

1. UE Amputation Post Surgical Evaluation and Post-Operative Prosthetic Program
Diane Atkins, OTR/L, FISPO
A1701-02-0136

2. Functional Outcomes of Unilateral and Bilateral Amputees
Diane Atkins, OTR/L, FISPO
A1701-02-0139

3. Body and Electric Powered Prosthetic Training Principles
Diane Atkins, OTR/L, FISPO
A1701-02-0138

4. Bilateral UE Amputee Case Presentations
Diane Atkins, OTR/L, FISPO
A1701-02-0140

5. Rehabilitation Considerations of Amputee and Trauma Patient
Jennifer Menetrez, MD, MAJ (P)
A1701-02-0147

6. Psychosocial Aspects of Burn and Amputee Patients
Michael Yates, RN
A1701-02-0148

7. UE Body Powered and Electric Powered Prosthetic Component
Troy Farnsworth, CPO

Socket Designs and Systems
Randy Alley, CPO

UE Below Elbow Case Presentations
Diane Atkins, OTR/L, FISPO
A1701-02-0137

You will need to forward a blank tape and the title of the tape that you are requesting to:

MAJ Yvette Woods
Office of the Chief, SP Corps
ATTN: MCCA-CA
2250 Stanley Road, Suite 276A
Fort Sam Houston, TX 78234-6100

If you have questions concerning your request please contact MAJ Woods via email: yvette.woods@us.army.mil. Please be sure to include a complete return mailing address with all requests. Tapes will not be released until after 12 Jan 04.



CPT Joel Carbon is the Fitness Team Leader in Mosul, Iraq with the 113th CSC Company



CPT Robert Montz, COL Karen Cozean, and SGT Dierdre Prator supporting the 528th CSC Detachment

Chief, Occupational Therapist Message continued:

In Closing

I would like to thank the following that served our Section and the Corps so very well during their time in the Army. We wish them the very best:

I thank LTC Cassandra Lewis who retired this past November after 20+ years of dedicated service. Many will miss Cassy, as she was a wonderful leader, clinician, and educator. She taught many students throughout her career and was also one of our Directors for the WR Internship Program. She had the gift to make work fun and empowered her staff to work as a team. She certainly gave more to the organization than she received and many will remember her great sense of humor. San Antonio is home for Cassy and she will not be far away and we are grateful for her many contributions to make our organization a better place.

MAJ Chuck Walters will be retiring this May. He has given 21+ years of active federal service to the military. I do not think there is a better-rounded officer in the OT Section than Chuck. He has done it all, from psychiatry, to neuro-rehabilitation, to an expert CHT. He was a tremendous advocate for OT during his deployments and in the CSC Detachment, and he has multiple publications to his name. He has a gift for teaching and I'm proud to say he is presently working on his Doctorate in Health Sciences. Expect many more exciting things to come from Chuck and we wish him the very best as he begins a new Chapter in his career!

CPT Michelle Kennedy was in the opening ceremony for the January PA class of 2006 this week. She and OCS Leon Richardson are classmates, and both are motivated to begin their training. We are happy they are pursuing their goals of joining the ranks of SP PA's. They both will do a wonderful job and we wish them the very best as they work hard over the next two years. Sitting with the junior class was OCS Craigreon Wallace. He has successfully completed one semester and is one step closer of achieving his goal of becoming a PA as well.

CPT Karen Norton is presently on terminal leave. After completing her Internship at MAMC, she did an overseas tour at TAMC and then a one-year tour at FT. Hood with an interim deployment to Iraq with the 85th CSC serving our soldiers. She is presently working for the local school system and Karen, we thank you for your service in Iraq, and for your many contributions to soldier care.

LT Sean Smith is departing this month after completing his tour at WBAMC. He has decided to make a career change and plans to pursue a career in Nursing. Sean will be a better nurse with his background in OT and we thank him and wish him well as he heads back to school!

Chief, Physical Therapist Message

LTC Theresa Schneider
Chief, Physical Therapist Section

I've lost count of how many times I have tried to write this quarter's entry for the Medallion. Every time I sat down to gather my thoughts, instead of gathering and becoming organized they just multiplied and became unruly. There is just so much stuff; it's hard to keep pace.

I suspect many folks are experiencing similar sensory overloads – too many issues needing to be resolved, too many conflicting demands, not enough resources. So, instead of adding to your overload with a discombobulated arrangement of the thoughts occupying my brain, I'll provide one thought for Army PT as we start the New Year:
Take care of your patients and take care of each other – everything else is background noise.

At the end of the month I'll be posting the latest Army PT updates on the AMEDD Knowledge Exchange at <https://ke2.army.mil/synergy/main.php?cid=28>. When you get a free moment, I invite you to log in to catch up on what's new. Please send me an email if you experience difficulty accessing the site.

Have a great year – LTC S

Chief, Dietitian Message

COL Brenda Forman
Chief, Dietitian Section

Vision: *Army Dietitians and Nutrition Care Specialists: Nutrition Experts Insuring Nutrition Readiness for the Future Force!!!*

Happy New Year to each of you! I hope you had an opportunity to spend some quality time with your families and friends and have now returned with a renewed sense of purpose and enthusiasm for the challenges and opportunities that we will face in the New Year.

Vision and Strategic Plan Unveiled:

I recently unveiled our Strategic Plan for Army Dietetics and although this is a work in progress, I believe we are off to a great start. If you have not seen the plan, or don't have a clue what I am referring to, please check the SP website or our Knowledge Exchange site. You need to have a hard copy of this plan and become an active participant in helping execute the plan. If you have questions about the plan or want to volunteer to be a part of one of the working groups, please contact MAJ Sara Spielmann in the Corps Chief's office either by phone or by e-mail. As our vision articulates, we are truly "Nutrition Experts insuring Nutrition Readiness for the Future Force". No one knows our business nor can they do our job better than we can.

Operation Iraqi Freedom

I'd like to take this opportunity to say thank you to all of the dedicated dietitians and Nutrition Care Specialists who were deployed this past year as well as those who remain deployed. You've all done a phenomenal job and I am proud of each of you. We currently have 5 Dietitians and approximately 50 91M's deployed in support of OIF I. The dietitians are LTC Donna Dolan, MAJ John Kent, MAJ Wayne Kostolni, MAJ Mary Beth Salguiero, MAJ Colleen Kesselring, and CPT Julie Boyette. As this group prepares to return home, others are preparing to deploy for OIF II. Officers preparing to deploy are MAJ Sarah Flash (67th CSH) MAJ Sonya Corum (31st CSH) and MAJ Roland Talley (31st CSH).

Reserve Dietitians and 91M's

I also want to say thank you to all or the reserve Dietitians and Nutrition Care Specialists on active duty backfilling while others are deployed or serving as augmentees to active duty units. To my knowledge, we have soldiers serving at Madigan Army Medical Center, Ft Carson MEDDAC, WBAMC, BAMC, DDEAMC, Ft Hood MEDDAC, Ft Leavenworth, and Landstuhl Army Medical Center. I've heard many many accolades about the fine job you are all doing.

OIF Lessons Learned Conference

I'd like to express my extreme gratitude to everyone responsible for coordinating the OIF Nutrition Care Lessons Learned Conference, which was held in October 2003. This was a great conference and we were able to document many many valuable lessons and make recommendations for changes to how we conduct nutrition care operations in a TO&E environment. The draft report is complete and will be shared with the field very soon. Contact LTC Rich Meaney if you have questions or input for the report. (*continued next page*)



Participants of the ANSFHP and OIF Lessons Learned Conference



COL Forman presented each OIF veteran with a n OIF commemorative coin at the conference

Chief, Dietitian Message continued:

OIF Commemorative Coin

Thanks to many of you, we were able to purchase and present OIF commemorative coins to the dietitians and 91M's attending the OIF Lessons Learned Conference. I would love to present a coin to every soldier – 91M and 65C who deployed or will be deployed. If you'd like to contribute to the "coin fund", please feel free to do so. Checks can be mailed to me at the following address:
COL Brenda Forman
12914 Vista Haven
San Antonio Texas 78216

Many thanks to you in advance for your contributions.

OIF Lessons Learned Teleconferences:

I have directed LTC Sweet at the Nutrition Care Branch to host bimonthly teleconferences, which will give dietitians, and Nutrition Care Specialists an opportunity to share their story regarding recent deployments. The first conference will be held in Feb 2004 and will commence every other month thereafter. The POC for this initiative is LTC Anaychebelu at the Nutrition Care Branch.

Farewell to MSG Anthony Tate and welcome to MSG Rene Kinsey

We recently had farewell festivities for MSG Tate who will report to the Sergeant Major's Academy in January 2004. His replacement is MSG Rene Kinsey who comes to us from Tripler Army Medical Center, where he served as NCOIC, Nutrition Care and Senior Enlisted Advisor for the Pacific Region. MSG Kinsey has hit the ground running and I look forward to working with him.

March is National Nutrition Month

It's time again to begin planning activities for National Nutrition Month. MAJ Corum at CHPPM has put together an awesome resource packet, which can be accessed at the following CHPPM link: <http://chppm-www.apgea.army.mil/dhpw/Wellness/nm.aspx>.

I look forward to hearing about all of your initiatives in your April monthly report.

Corps Chiefs Award of Excellence Recipient

Congratulations are in order for **CPT James Pulliam**, the 2003 Corps Chiefs Award of Excellence winner for Dietetics. CPT Pulliam is currently serving as MEDDAC Company Commander at Ft Leonard Wood Missouri. CPT Pulliam is an outstanding officer and is very deserving of this award.

FDA Bans Ephedra

I'm sure you've heard the news, but in case you haven't, the FDA announced 30 December 2003 their plans to **ban** dietary supplements containing ephedra from the market. For more information on this subject, check the following website: <http://www.fda.gov/oc/initiatives/ephedra/december2003/> This is a major accomplishment, however, many companies are now marketing ephedra free products, which they claim will provide similar results for decreasing weight and enhancing performance without ephedra. I encourage you to continue to educate military beneficiaries about the appropriate use of dietary supplements.

ADA Call for Abstracts for Posters and Original Contributions

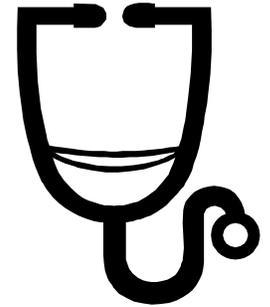
I'd love to see Military Dietitians with poster or original contribution presentations at the upcoming annual Food Nutrition Conference and Exhibits. The conference will be held October 2 – 5th 2003 Anaheim California. The deadline for abstracts for presentations is Wednesday – March 3rd, 2004. You can access the following site for specific details for submitting abstracts: http://www.eatright.org/Public/ConferencesAndEvents/96_18386.cfm



Chief, Physician Assistant Message

COL William Tozier
Chief, Physician Assistant Section

While you are all engaged in taking care of Soldiers during combat and the many deployments, a new opportunity is presenting itself to provide better care back in garrison. The Surgeon General has been monitoring “quality, compassionate health care” as part of the AMEDD Balanced Score Card. Young Soldiers, 18-24 years old, have consistently reported less satisfaction than any other category of beneficiary. Now TSG wants to develop an initiative to improve their health care experiences. This tasking has landed in my lap as PAs provide the most patient care to Soldiers.



Their complaints are familiar – being rushed through sick call, not seeing the same provider, feeling like second-class citizens because their family members are seen at the hospital, Soldiers misusing profiles, having to come back frequently for the same complaint, and more. There has been a large amount of data collected over the years by TSG, the IG, CHPPM, and other researchers. What now remains is to develop a long range plan for change.

I look on this as a great opportunity to refocus the AMEDD on Soldier health. Soldier health care is a difficult issue and not all of the problem falls within the control of the AMEDD. Commanders and first sergeants, FORSCOM, TRADOC, installation managers and others are all involved with their care. Health care for Soldiers is a mix of occupational medicine, family practice, adolescent medicine, and sports medicine. In contrast, the medical problems of spouses, children, and retired members have less complex relationships. Also, all these other groups have the advantage of some political advocate if they have complaints. The Soldier has had very little voice about the quality of their health care services. Now there is an opportunity for change.

I will be convening a steering group the first week in January to develop a plan for action. The group will be briefed by several researchers and presented with information about their complaints as reported on survey research. Additionally, each of the steering group members will be medical professionals, enlisted, physicians, PAs, PTs, and NPs, who are central to Soldier health care. They will bring their own experiences to the meeting. After we have heard background on their complaints, we will hear from places that have instituted change, successful and unsuccessful, in Soldier health care. With this information the steering group can go forward and develop tangible ideas for change, a plan, assign responsibilities, and develop a timeline. This will be briefed to TSG. His intent is that an initiative be developed for the long-term that will extend beyond his tenure as TSG.

The PA motto is health care “From the line, For the line”. We have all witnessed the separate standard of health care for Soldiers. Now we have an opportunity to improve Soldier health care, to improve how we practice health care, and build a stronger, more ready Army. I invite all of you to send me any ideas you have. This will take a lot of work, a long time, and involved many people from many organizations. I will keep you updated on the progress of this initiative.

In line with my practice of adding stories of interest on unique PA jobs, the following was submitted by CPT Mike Pagel:

I am an Army Physician Assistant, assigned to the US Southern Command, as the Joint Interagency Task Force - South (JIATF-S) Surgeon. I work as a Command Surgeon staff member in the office of the Command Surgeon.

I am writing about some new Colombian Combat Lifesaver training that I worked on this year. I think it gives greater evidence as to how PA's, with their diverse level of "Operational" and "Medical" experience, can impact medical training at a national level.

In August 2003, I completed a national level Combat Lifesaver (CLS) Training program with the Colombian Ministry of Defense. The Colombian CLS program was named "Enfermero de Combate." The "Enfermero de Combate" program will eventually be indoctrinated into all branches of the Colombian military, and conducted throughout their country, as in the US military.

The program was a large success, and eagerly accepted by the Colombians. It was designed to equip the Colombian military leadership with the information, training materials, knowledge base, and minimum number of instructors required to initiate their own National level CLS training program. The complete US CLS training program was translated from English to Spanish (600+ pages), including 10 power point presentations, and presented to the Colombians. *(continued next page)*

Chief, Physician Assistant Message continued:

Training in Colombia can be difficult. Due to funding, translation efforts, force protection issues, and other unique difficulties in Colombia, the program development spanned over 6 months.

The program required 3 phases of training and logistical coordination with the Colombian leadership. The final phase culminated in a 2 week train-the-trainer Mobile Training Team (MTT) event, conducted at the Colombian equivalent of Ft. Benning under high visibility of, and participation from, high level Colombian Military leadership.

The MTT training was conducted by myself, 3 (91W/ E-7) Army, and 1 USAF (E-5) CLS Instructors. The two weeks of training produced 50 fully qualified Colombian CLS (Enfermero de Combate) Instructors, and 12 CLS (Enfermero de Combate) Instructor Trainers.

Combat Lifesaver tasks, and similar courses have been conducted in Colombia, at the unit level, for many years. This was the first time CLS has been presented at the National level, with the goal of producing a self-sustaining CLS (Enfermero de Combate) program under complete control of the host nation.

Colombia has been under armed conflict for over 40 yrs. The proliferation and continuation of this program will undoubtedly save many lives. The Colombian CLS training will begin at select military installations and eventually proliferate throughout all services, and will eventually be conducted at the unit level, as in the US.

I have the entire program on electrons, as well as CD. I would be more than glad to share any of this information and lessons learned with any Military unit or prospective medical trainer. For any questions or comments please contact me at:

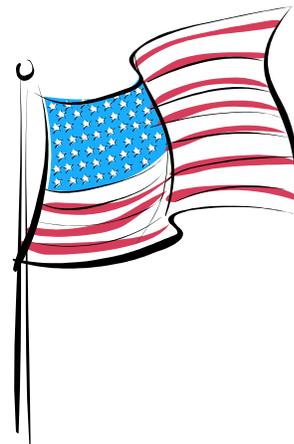
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Miami, FL
305-437-1912 (dsn 567)

To all PAs, Active, Reserve, and National Guard, both stateside and overseas I wish you best for the upcoming Year. Thank you again for all the fine health care you are providing and the hardships you and your families are enduring.

Take care,

Bill Tozier
From the Line, for the Line



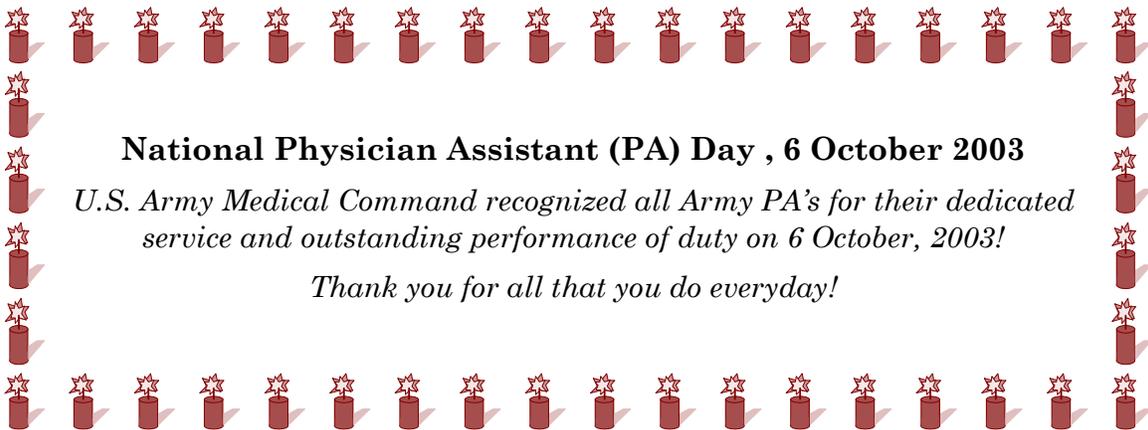
COL Tozier visits Qatar in December

I have just returned from attending the PA Professional Development and Trauma Management Conference at Camp As-Sayliyah, Doha, Qatar, Dec 6-9. This outstanding CME, the first in a combat zone, was attended by over 102 PAs, MDs, nurses, medics, PT, and MS officers. There were 83 PAs, including two Air Force, and many National Guard and Reserve in addition to AD PAs. Physicians from the 21st CSH as well as physicians from the nearby AF base provided timely lectures on trauma. Several Navy surgeons from the naval research center came and gave talks on infectious diseases of the area. One lecture focused on diarrhea, providing the PAs with information current epidemiology based on cultures and advising on appropriate medical treatment. Most all the PAs indicated they would be altering their treatment patterns after hearing the lectures. Special instruction was also given in the Class VIII ordering system, as the MEDLOG was located right next door. The PAs found this class to be particularly helpful, one that I believe we will start offering stateside for new PAs. Finally, the PAs formed into groups by area of mobilization and developed presentations on AARs and unique issues, like urban warfare, they had encountered. As several PAs had flown in from IID in Germany, this was particularly valuable in preparing PAs who will be arriving as replacements later this year.

The CME event also provided some R&R for many of the PAs, some of whom had not had a day off in ten months. CPT James Jones, the PA in charge of the clinic was the organizer of the CME. He and his staff including his replacement, CPT Ken Brooks, took the PAs into town for shopping, and dining on their own time. Everyone had a great time getting to network with one another, be updated on current medical treatment, and get a few days of rest before going back to their units.

I want to especially thank CPT Jones for his outstanding effort in funding, organizing, and hosting this outstanding CME. CPT Brooks and the staff of the Camp As-Sayliyah Clinic also deserve recognition for their long hours they put into making this such a successful CME event.





National Physician Assistant (PA) Day , 6 October 2003

U.S. Army Medical Command recognized all Army PA's for their dedicated service and outstanding performance of duty on 6 October, 2003!

Thank you for all that you do everyday!

AMEDD C&S: Occupational Therapy Branch

LTC Steven Gerardi
Chief, OT Branch, AMEDD C&S

Project Paratus Update

Project Paratus continues to move forward in its endeavor to transform behavioral health (BH) occupational therapy (OT) practice in the Army. Working toward this end, the "Army Behavioral Health Occupational Therapy Questionnaire" was recently disseminated to Army OT practitioners to determine their BH experience, perceptions and training needs. I want to again say "thank you" to all those OT practitioners who responded. I'm glad to report 144 responses to the questionnaire. The raw data has been compiled and is being analyzed to determine future OT training needs and marketing strategies for BH OT services. Initial review of the data indicates that current Army BH OT practice is limited but Army OT practitioners are interested in engaging in BH OT practice in the future. The data will be presented at the 14 January VTC.

With this information in hand, the 91WN3 program curriculum is being reviewed and revised to better prepare future Army OT assistants for BH OT practice. The intent of this revision is to ensure that Army OT assistants develop the relevant skills needed to function effectively in behavioral healthcare practice upon graduation from training. Given world events, we cannot count on the availability of prolonged on-the-job-training (OJT), after initial MOS training, to develop our go-to-war BH OT skills prior to deployment. As such, future N3 students must develop key BH practice skills during their level I training, refine them on level II, and leave their level II fieldwork training ready for deployment in a behavioral healthcare setting.

A key issue that will help in the training process is the development of the new MOS Task List for the 91WN3 SOLDIER'S MANUAL and TRAINER'S GUIDE. The new MOS Task List has been approved. There are over a dozen new tasks that relate directly to BH practice. The training curriculum for the 91WN3 program is being revised based on this new task list to give future 91WN3s the skills they need to function effectively in BH practice. Writing the new task standards should begin shortly and should be completed within the next six months. The approved task list will be sent to the field ahead of time so leaders can offer input as the task standards are being written. One of the most important effects of the new task list is that therapists and NCOs in the field will be able to use this task list to guide their prime time and Sergeant's time training. This is essential to prevent the atrophy of infrequently used skills.

Several training opportunities are currently available to enhance OT practitioners' BH skills. The "Management of Combat Stress Casualties Course" is scheduled to be held at Camp Bullis, TX from 9 to 21 May, 2004. This year's course content is being revised based on lessons learned from Iraq as well as from data derived from the BH OT Questionnaire. Get your DA form 3838's in to the OT Branch early. Additionally, the Alcohol and Drug Training Section of the Soldier and Family Support Branch at the AMEDD C & S provides several courses (available to OT officers and enlisted members) in support of the Army Substance Abuse Program (ASAP). Available courses include: Individual Counseling, Group Counseling and Advanced Counseling. While these courses are not specifically designed for OT practitioners, they have information pertinent to OTs working with patients dealing with addictions. If you are looking for a funded TDY to enhance your practice skills with this population, this is a great opportunity. More information can be found at this website: https://www.cs.amedd.army.mil/sfsb/AD_Courses.asp. Be sure to take advantage of this great training opportunity.

The role of the Army OT practitioner is to enhance the occupational performance of soldiers so they can fulfill their chosen occupational roles. We do this by improving or restoring the functional abilities of our clients, regardless of the source of the occupational dysfunction. Project Paratus is on course to ensure Army OTs are prepared to fulfill our important role of enhancing the occupational performance of soldiers experiencing dysfunction due to behavioral health conditions.

"We sleep safely in our beds because rough men stand ready in the night to visit violence on those who would harm us." Rough Men, George Orwell

Perpetual Optimism is a Force Multiplier

The ripple effect of a leader's enthusiasm and optimism is awesome. So is the impact of cynicism and pessimism. Leaders who whine and blame engender those same behaviors among their colleagues. I am not talking about stoically accepting organizational stupidity and performance incompetence with a "what, me worry?" smile. I am talking about a gung ho attitude that says "we can change things here, we can achieve awesome goals, we can be the best." Spare me the grim litany of the "realist"; give me the unrealistic aspirations of the optimist any day.

GEN Colin Powell

AMEDD C&S: Physical Therapy Branch

LTC Josef Moore
Chief, PT Branch, AMEDD C&S

Happy New Year from the faculty and staff of the PT Branch at the AMEDDC&S. Our 65B and N9 programs are continuing to advance their respective curriculums to meet the ongoing transformation needs of the Corps and the military in general. To this end we too are going through a transformation, particularly with our post-graduate short courses. I'll address those changes and program highlights in a moment.

But first, I would like to say that the Class of '06, the inaugural DPT class, is in full swing. The beginning of this class marks another historical milestone in the long tradition of this program, one all 65Bs can take with pride. The process to bring us to this historic event began several years ago. Under the leadership of my predecessors, COL Steve Allison and then LTC(P) Tim Flynn, the faculty, a few current and others now stationed elsewhere, worked diligently to transform our program from the master's to the doctoral level. The result of their vision and efforts will continue to insure that this program leads from the front. However, to be the academic "tip of the spear" in our profession, we need and must rely on all 65Bs to play a vital role. I assure you we are well aware of how much the field means to our success. We hold your input in high esteem and are sincerely grateful!



The inaugural Army Baylor DPT Class of 2006

You will soon notice that our post-graduate short courses are also transforming. Based on today's military strategic environment and the continued emphasis on evidence-based practice (EBP), we too are upgrading our courses to better provide you with current and relevant diagnostic and intervention strategies to use from the clinic to the battlefield. The Advanced Spine Course will now be part of a two week advanced competencies course, which will replace the NMSE course. The new course, title still to be determined, will use a regional approach format, similar to the old NMSE course. We also will offer a new annual course beginning this April titled, "Joint Operational Deployment Course". This course is based on the "sports medicine on the battlefield" concept. It is designed to provide guidance to all military physical therapists on their roles and responsibilities while deployed, whether for combat operations, support/sustainment operations, or an FTX. The course will also offer EBP diagnostic and intervention strategies to help expand your skill set in those environments.

(continue next page)

AMEDD C&S: Physical Therapy Branch continued:

Finally, I would like to say we are proud to announce that military physical therapists are again being recognized with national-level research awards. The below cited studies have been chosen for the 2004 APTA-SPTS Excellence in Research Award in Sports Medicine and the APTA-Orthopaedic Section Rose Award for Excellence in Research!

Rosenthal MD, Moore JM, Taylor DC, DeBerardino TM. Effect of ACL reconstruction on the femoral nerve H-reflex.

Flynn T, Fritz J, Whitman J, Wainner RS, Magel J, Rendeiro J, Butler B, Garber M, Allison S. A Clinical prediction rule for classifying patients with low back pain who demonstrate short-term improvement with spinal manipulation. *Spine*. 2002; 27: 2835-2843.

The first study is a collaborative effort between our program and the post professional PT-Sports Medicine Doctoral Program at West Point. The second is a collaborative study between our program, the University of Pittsburgh and the post professional doctoral program in OMPT at BAMC. With collaborative efforts between our program and the 2 post professional doctoral programs at West Point and BAMC, we have now captured the top APTA research awards for 2004 in sports medicine and orthopaedics. In the history of these awards, this is the third recognition for our program, the second each for the residencies. I believe it is also the first time that both awards were captured simultaneously by the same institutions!

Again, we hope everyone has a safe and healthy new year! We also wish a safe and speedy return for our colleagues deployed or deploying down range!

AMEDD C&S: Nutrition Care Branch

LTC Laurie Sweet
Chief, Nutrition Care Branch, AMEDD C&S

Short Courses:

The **Advanced Nutrition Support in Force Health Protection (ANSFHP) Short Course** was held in San Antonio Oct 20-25. It was a combined PROFIS training and OIF AAR that ended with the Uniformed Services Nutrition Symposium. The AMEDD Center and School Team that put this together did an outstanding job! A special thanks to the OIF veterans who participated!

Joint Field Nutrition Operations Course (JFNOC) is scheduled for 15-23 April. We like to call it: **SPRING BREAK AT CLUB BULLIS!!** And, it's centrally funded!!

For more information, check out our website at: <http://www.cs.amedd.army.mil/ncb/> Select "courses"

Surveys to the Field:

We are re-evaluating our BNCOC tasks to ensure we train mid-grade NCOs with the skills they need to support today's high OPTEMPO in fixed and field facilities. You should have received a survey on 91M30 tasks with a request for response by the suspense date of 15 Dec 03. If you have already responded, thank you. If not, please provide feedback. We will consolidate responses and conduct the task selection board in January 2004. (*continued on next page*)

Visit the Nutrition Care Branch Website!! <http://www.cs.amedd.army.mil/ncb/>



AMEDD C&S: Nutrition Care Branch continued:

We train 91Ms to support you, so your feedback is VERY VALUABLE!! POC is SFC Casey Sarver at (210) 221-3466, on Outlook or email Casey.Sarver@amedd.army.mil

Medical Proficiency Training (MPT)

We published information in the last Medallion about this website, but we unfortunately are having technical difficulties. We are working a solution and will send out the details ASAP. Sorry for the inconvenience.

91Ms – Get a Degree

Professional Opportunities --- DISTANCE LEARNING OPPORTUNITIES!! Feedback from the last E7 promotion board indicate how important education is to career advancement for 91Ms. The dietetics 91M Army Career Degree builder is posted on the Servicemembers Opportunity Colleges (SOC) Website. Check it out by going to <http://www.soc.aascu.org/socad/91M.html>, then select either the Central Arizona College (CAC) link or the Barton County Community College link. Contact your local Education Center to speak with a counselor. 65Cs, please encourage your 91Ms!!! **If you are having any difficulty getting information or assistance, please let LTC Sweet know (Laurie.Sweet@us.army.mil or call (210) 221-3466/3376)**

Deployed or deploying and wonder what references you need? Thanks to LTC Will Wheeler and SSG(P) Casey Sarver, you have the answer at your fingertips!! Check out our website at: http://www.cs.amedd.army.mil/ncb/deployment_resources/index.html

2004 SP Monthly VTC Schedule

This is a tentative schedule. Any changes will be posted to the SP Corps web page under VTC schedule. All VTC's are scheduled from 1400-1700 EST. The first session is from 1400-1530 EST and the second session is from 1530-1700 EST.

14 Jan	1. OT	14 Jul	1. OT 2. DT
11 Feb	1. PT 2. DT	11 Aug	1. PT 2. PA
10 Mar	1. OT 2. PA	8 Sep	1. OT 2. TBA
14 Apr	1. DT 2. PA	6 Oct	1. PA 2. TBA
12 May	1. OT 2. PT	10 Nov	1. OT 2. DT
16 Jun	1. Council of Colonels 2. TBA	8 Dec	1. PT 2. Council of Colonels



Human Resources Command Update

COL Bonnie DeMars
HRC Branch Chief, SP Corps

PERSCOM became Human Resources Command (HRC) on 2 October 2003. Essentially there is one personnel command now with 2 branches, HRC-Alexandria and HRC-St. Louis. The new HRC has many leading edge technological capabilities as you know with our AKO capabilities. Soon your DAPMIS photo will become a part of your ORB. It will not be long before you will be able to download your own RFOs and send us an electronic preference statement. Be on the lookout for these new changes.

There are a few points regarding current operations that we at HRC want you to be aware of..

You need to embrace the new Army themes of “*Our Army at War...Relevant and Ready*” and “*Every Soldier is a Rifleman*”. Actually our Corps theme of “*Soldiers First, Professionals Always*” is right in keeping with this.

It is NOT business as usual. All of us need to be focused on the accomplishment of our missions related to the Global War on Terrorism, operations in Iraq and Afghanistan and Army Transformation. The main things you need to remember is that HRC will provide full support to deploying and deployed units and that Stop Loss/Stop Move (SL/SM) initiatives will insure for minimal disruption to the forces in theater. Officers who are assigned to units affected by SL/SM will remain in theater for the entire deployment. Officers affected by SL/SM will be deferred for SSC and CSC resident courses and those with current dates for ETS, voluntary retirements or REFRADS will have their dates involuntarily extended to 90 days post deployment.



PROFIS officers are not bound by SL/SM, however, MEDCOM is trying to make sure that the folks who have been selected for PROFIS are officers who will be able to remain with the deployment. AMEDD does have some exceptions. Some officers will be able to leave theater if they are scheduled for LTHET and any of our AOC-producing courses.

You need to be aware that ‘flexibility’ during these times is paramount. Some of your assignment expectations may need to be modified. You can expect a number of 2nd and 3rd order effects due to OPTEMPO. Officer preference is still important in assignment decisions, but it is not the driver. The high school stabilization program is still in effect, but we may or may not be able to accommodate it to the fullest.

You have probably already realized that notification for assignments has slipped from the one year out plan. Many things are in a constant state of flux, so be patient with us. Changes in report dates and staffing underlaps can be expected, too, during these times. It will be important for chiefs and supervisors to work with their Commands on hiring actions and securing Reserve backfills to help you maintain your capabilities in your clinics and other operations.

There have also been occasions when we have asked our officers in overseas assignments to voluntarily extend until we can get replacements in theater.

Thanks for remaining adaptive. The Army is still about Selfless Service and Duty.

Thanks again for your patience and understanding.

**There is no secrets to success. It is the
 result of preparation, hard work,
 learning from failure.**

GEN Colin L. Powell

USARIEM: Research Roles of AMSC Officers

Research Roles of AMSC Officers Assigned to the U.S. Army Research Institute of Environmental Medicine (USARIEM), Natick, Massachusetts

The U.S. Army Research Institute of Environmental Medicine (USARIEM) is a laboratory of the U.S. Army Medical Research and Materiel Command, Fort Detrick, MD. The Institute's mission is to conduct basic and applied research to determine how exposure to extreme heat, severe cold, high terrestrial altitude, occupational tasks, physical training, deployment operations, and nutritional factors affect the health and performance of military personnel. For more information, visit the USARIEM homepage at www.usariem.army.mil. Army Medical Specialist Corps officers are assigned to two of the four research divisions at USARIEM.

Military Performance Division (65A, 65B, 65D)

Currently, three Army Physical Therapists and one Physician Assistant are assigned to USARIEM's Military Performance Division (MPD), which has the mission to conduct research to enhance the performance (physical, cognitive, behavioral and psychomotor) of military occupational tasks, and to prevent performance decrements due to physical overload, nutritional deprivation, environmental and operational stresses and musculoskeletal injuries. The MPD's research programs are Injury Epidemiology, Biomechanics, Performance Physiology, and Cognitive Performance. The Institute has one authorization for an Occupational Therapist that is currently unfilled.

65A:

Occupational Therapists at USARIEM have been involved in a variety of research areas related to their clinical background and educational qualifications. These include ergonomic/occupational task performance, exercise and work fatigue, stress diagnostic methods, and cognitive/behavioral studies. Prior to his retirement last summer, LTC Max Ito worked closely with research psychologists in MPD's Cognitive Performance research program. This program's objective is to identify and/or validate diagnostic measures or tools of operational mental stress and to develop strategies to sustain mental performance by investigating cognitive and behavioral decrements due to environmental and operational stress.

65B:

Physical therapists at USARIEM have led and contributed to research efforts in all four research programs within MPD, and have filled various administrative roles. All are currently working on a new 5-year Scientific and Technology Objective (STO) entitled *Physical Training Interventions to Enhance Military Task Performance & Reduce Musculoskeletal Injuries*. Included in this effort are several research projects designed to test new training programs designed to improve performance while minimizing injuries. These include methods for short-term train-up for rapid deployment; alternative training to high volume running; resistance training for improved occupational performance; resistance training to reduce injuries; and identification of biomarkers that reflect the positive and negative responses to training. If successful, these programs will have far reaching benefits for individual health, army readiness, and for the clinician who treats musculoskeletal injuries. Physical therapists at USARIEM are currently collaborating with the Center for Health Promotion and Preventive Medicine (CHPPM) in writing a new TB MED on prevention of musculoskeletal injuries associated with physical training in the Army. The most recent research effort where 65Bs are the lead agents is the study entitled "Shoulder-fired Weapons with High Recoil Energy: Quantifying Injury and Shooting Performance". This particular study is a collaborative effort between USARIEM, the Army Research Laboratory (ARL), and Walter Reed Army Medical Center (WRAMC) and is in support of CHPPM's efforts to establish a health hazard assessment of recoil from shoulder-fired weapons. The next research effort that will involve 65Bs is entitled "Physical Training and Bone Remodeling: Singular vs. Combined Effects of Resistance and Aerobic Exercise". This effort is a collaborative study with the University of Connecticut and is in the final stages of approval. Another area of responsibility located at USARIEM, which is under the care of an army physical therapist is the \$27 million congressionally sponsored Bone Health and Military Medical Readiness program. MAJ Rachel Evans serves as the director of this program and has been responsible for establishing a new Bone Health Laboratory with state-of-the-art imaging equipment at USARIEM. For more information on the exciting work and research opportunities at USARIEM contact COL Steve Allison, MAJ Rachel Evans or MAJ Kenneth Blankenship, 508-233-4800.

65D:

Physician Assistant contributions to the research activities at USARIEM focus on injury prevention in Soldiers. The Physician Assistant performs injury epidemiologic analysis on training in conventional and unconventional units to assess the risk of injury and evaluate interventions. Additionally, the Physician Assistant is the current Chair of the Human Use Review Committee. The Physician Assistant research conducted in the past year has primarily focused on injuries in general in SOCOM units, particularly foot injuries, and injury incidence in a Forward Support Battalion. He is currently developing research projects that will help us better understand readiness, deployability, and injury issues for reservists and National Guard soldiers. For more information contact LTC Joe Creedon, 508-233-4286. *(continued next page)*

USARIEM: Research Roles of AMSC Officers continued:

Military Nutrition Division (65C)

The Military Nutrition Division's (MND) mission is to conduct research to define the nutritional requirements and standards for operational rations, develop nutritional strategies to sustain and enhance warfighter performance in all environments, identify effective weight management strategies, and to evaluate ration and feeding systems. There are seven military and civilian doctoral investigators in the MND, two of whom are Army Registered Dietitians. We are fortunate to also have a Public Health Service dietitian, with a doctoral degree, join our staff, even if briefly, to provide research support in the weight management program. One MS trained Army Dietitian is also assigned to the MND. MND investigators respond to and represent The Surgeon General, the DoD Executive Agent for Nutrition, in areas of nutrition research. In order to accomplish its mission, MND researchers partner with other research facilities to include Pennington Biomedical Research Center, Tufts University, the Massachusetts Institute of Technology (MIT), Boston University (BU) and Harvard University. The three research programs (task areas) that support the bioenergetics and metabolism core capability of the MND are:

- **Nutritionally Optimized Future Warrior Assault Rations.** The goal of this task area is to elucidate metabolic mechanisms that can be exploited by novel nutritional strategies that enhance health and performance in terms of fueling function and performance and sustaining the biological matrix. Included is research to optimize warfighter mental status by nutritional intervention, which examines mechanisms involved in neurobiological control of cognitive, sensory, and motor responses to maintain homeostasis.
- **Weight Management Strategies.** The goal of this task area is to identify strategies to reduce the prevalence of overweight/overfat personnel (noncompliance with AR 600-9, The Army Weight Control Program) and weight related attrition. Monitoring compliance with AR 600-9 and identifying risk factors for unsuccessful weight control and subsequent attrition and behavior modification are the major focus areas of this task area.
- **Ration Sustainment Testing.** It is under this program that MND establishes nutritional standards for meals served to military personnel, evaluates and approves current and proposed operational rations, and conducts assessments and surveys of the nutritional status and food consumption patterns in military personnel.

65C

Dietitians have a rich history of conducting important research at USARIEM. They provide research and technical expertise in each MND research program and serve on the USARIEM Human Use Review Committee and other key committees.

LTC Ann Grediagin's research is focused on protein requirements at altitude and during periods of energy restriction. A recently completed study at Pikes Peak suggests that, compared to sea level, altitude exposure accelerates protein loss for a given energy deficit. An ongoing study "The effect of fitness level, caloric intake, and protein intake of short-term nitrogen balance during a 1000-calorie increase in daily energy expenditure" specifically targets protein utilization during a scenario that simulates deployment. The results of these studies will be used to evaluate the current Military Dietary Reference Intake and Nutritional Standard for Operational Rations for protein and to make recommendations regarding the optimal protein content of operational rations and/or nutritional supplements.

LTC(P) Gaston Bathalon has focused his research on weight management strategies. A recent focus has been to study the impact of changes to AR 600-9, The Army Weight Control Program, on compliance/noncompliance rates. Much of this work is being done at a recently established USARIEM satellite research laboratory within WAMC at Ft. Bragg. This work supports increasing female screening table weights and changing to new DoD body fat equations and has been briefed to the highest levels of Army leadership. These changes will be made in the newly published AR 600-9 in the coming fiscal year. LTC Bathalon is now conducting a survey of Soldiers placed on the Army Weight Control Program to identify behaviors and characteristics that make them more at risk for noncompliance with AR 600-9. We are currently in the early stages of protocol development to evaluate and compare each service's weight management programs and to evaluate the behaviors (healthy and unhealthy) and characteristics of Soldiers that comply with AR 600-9. Taken together, these research efforts will provide needed focus areas for the web-based weight management site being developed by weight management experts at the Pennington Biomedical Research Center. Future plans include the evaluation of new interventions programs for efficacy in military settings. (*continued next page*)

USARIEM: Research Roles of AMSC Officers continued:

CPT Susan Jordan has recently joined the MND and is making important contributions to two protocols. She is a collaborator on the protocol, "Physical Training and Bone Remodeling: Singular vs. Combined Effects of Resistance and Aerobic Exercise." This protocol will measure changes in dietary intakes, attitudes and behaviors of female subjects engaged in different physical training regimens. CPT Jordan is also a co-investigator for the MRE Nutrient Analysis Project. The purpose of this project is threefold: to update the MRE nutrient database, to elucidate micronutrient discrepant values, and to evaluate/validate label claims provided by the three MRE manufacturers. CPT Jordan also submitted a chapter for publication on nutritional myths and misinformation for a new book on weight management targeting military health care providers working with overweight recruits.

We can do anything we want as long as we stick to it long enough.

Helen Keller



CPT Michelle Ross, 65D, assigned to Chicago Health Care Recruiting Team, 3rd AMEDD Recruiting BN, receives Top RA Recruiter of the Year

Recruiting Command: 65D Receives Top RA Recruiter for FY03

CPT Michelle Ross, 65D, who is assigned to the Chicago Health Care Recruiting Team, 3rd AMEDD Recruiting BN (FT Knox) once again has been named Top RA recruiter of the year (FY03). She was the Top RA recruiter of the year last year (FY02) and COL Hooper, who was the guest of honor at the time, presented her award. This year, COL Larry Campbell, Director of Personnel, OTSG, presented the award to her at the annual training conference in Detroit, Michigan. This is very significant award for those in recruiting. Michelle is a very dedicated recruiter who always goes the extra mile. Her mission included recruiting physicians and nurses. Recruiting is always very difficult under the best circumstances, but our recruiters today have even a greater challenge to overcome with very little recognition for their efforts. To be the Top recruiter not just once but two years in a row shows true dedication and devotion to the Army.

AMEDD Officers:

Help prepare SGTs for the Basic Noncommissioned Officer Course

The graduation requirements for the 91W Basic Noncommissioned Officer Course (BNCOC) have recently changed. Soldiers must attain the certifications to transition from 91WY2 to 91W20 to graduate. **Any Noncommissioned Officer who does not have certifications as an EMT-B (or higher) and either BTLS or PHTLS at the conclusion of the course will receive a DA 1059 (Service School Academic Evaluation Report) performance summary of "failed to achieve course standards."** The ramifications of this are severe: the soldier would return to his or her unit, go before the promotion board again and repeat BNCOC. These new standards apply to the current class that will finish early this year.

One way you can help is to encourage the soldiers in your unit to complete this training prior to attending BNCOC. The National Registry of Emergency Medical Technicians allows **three** attempts to pass the certification exam before additional training is required. **Due to TRADOC regulations, only two attempts at passing the National Registry Emergency Medical Technician-Basic exam are allowed at BNCOC.**

The U.S. Army has 268 approved Emergency Medical Services training sites that offer EMT training for soldiers. Those training sites can be located at www.cs.amedd.army.mil/91W. Additionally, soldiers may use tuition assistance to earn college credits while obtaining their EMT certification. Please be proactive and help your NCOs to prepare to succeed while at BNCOC. POC for further information is MAJ Janet Rogers, Chief, Advanced Training Branch at 210-221-3268.

National Physical Therapy Month Celebrated

October was National Physical Therapy Month and several Army physical therapy clinics conducted activities to recognize the profession and highlight the contributions Army physical therapists make to the AMEDD.

The **Fort Carson** PT clinic conducted an Open House on the 16 October. Activities included a 10-point physical therapy quiz consisting of questions ranging from naming the four rotator cuff muscles to referral guidelines to PT. The prize was a PT month T-shirt. The clinic also conducted a carpal tunnel screening using Nerve Conduction Velocity testing. Personal fitness stations covering topics on injury prevention, posture, flexibility, and running shoes and a back health station were also on display. A crowd of more than 150 participants enjoyed some PT month cake and refreshing Gatorade.



Fort Hood organized an Open House for patients and providers in the PT Clinic for 2 hours over the lunch period. Six interactive stations were established so providers and patients could experience first hand what PT offers regarding evidence-based care. It was a great opportunity for the PT staff to interact and educate the hospital staff about what physical therapists do for patients. The physical therapy staff purchased T-shirts designed by the staff which were worn for "Casual Friday" and other special activity days such as Retiree Day and the Open House. Retiree Day activities included setting up interactive stations to assess participants balance, posture, home safety, and to provide safety checks on assistive devices and replaced defective parts. In addition, the PT staff wrote several articles in the post newspaper on the history of the physical therapy profession, Army physical therapy, and the services available to beneficiaries. They also decorated bulletin boards in the PT clinic and throughout the hospital. The staff also posted information on the hospital Internet and Intranet Sites about physical therapy month activities. The staff also provided an in-service to their Physician Assistant colleagues on how to effectively access PT services and what PT had to offer during upcoming deployments to Iraq. Another in-service was scheduled to go review a new handbook that the PT Clinic developed for the PA's and other providers deploying to assist in evaluating and treating uncomplicated musculoskeletal conditions such as anterior knee pain and shoulder impingement. The new handbook, called "Physical Therapy Handbook for Physician Assistants", was well received by the PA's, especially since the booklet fits easily into a BDU pocket and contains basic exercises with written instructions and pictures. The staff also made copies on CDROMs to give the PAs. Anyone interested in the booklet and CDROM can contact the Ft. Hood PT Clinic.

The **WRAMC** PT clinic conducted a PT fair consisting of community education on ergonomics, a back class, physical agent use, orientation to aqua therapy and vestibular therapy, postural screens, and free ice massages. They also submitted articles to the Stripe, the WRAMC newspaper, on the history of Army PTs and the role of the active duty physical therapist in the military health care system. A weekly information table was placed in the main lobby of WRAMC that was manned by clinicians and other staff members to pass out informational literature and show pictures of activities mounted on an informational poster. WRAMC also conducted "PT Month Olympics" between various services in the Department of Orthopaedics and Rehabilitation with teams from PT, OT, Physical Medicine and Rehabilitation, the Gait Lab/ Orthotics and Prosthetics shop. Events included:

- Specimen cup relays
- Wheel chair slalom
- Triathlon of tricycle race, exam stool serpentine, and basketball free throw with non-dominant hand on compliant surface
- Vestibular Obstacle course (compliant surfaces, steps, cones, inclines, spinning discs after 5 rotations with head on strait cane to allow for appropriate disorientation).

A blood drive was also done in conjunction with the blood donor center at WRAMC resulting in 25 whole blood donors and 5 platelet donors.

BAMC had a booth on fall prevention at the annual Ft. Sam Houston Retiree Fair providing information to over 200 participants. They also provided a booth on running shoes and injury prevention and taught a recurrent 20 minute class on knee pain and injury prevention at the annual Ft. Sam Houston Health Fair, providing information to 70 people, while teaching the 20 minute class to a group of special population physical training soldiers as well. *(continued on next page)*

National Physical Therapy Month continued:

Ft Riley conducted a "Feet in Motion" clinic at the post exchange on 25 October. A booth was set up outside the PX where they conducted foot analysis, running shoe anatomy, and running shoe/ walking shoe selection education. The PX provided shoes to use as models and also a free pair that were awarded to the winner of a "PT Fun Facts" test. Over 140 people participated during the 6 hour display. The clinic received many positive responses to the clinic and a several inquiries were made the following week from people that heard about the display from friends.

TAMC hosted a fitness-themed open house for all medical center staff and patients. The open house consisted of six stations, including fitness testing, body composition, posture assessment, balance screening, strength and flexibility testing, and running shoe recommendations. Participants also got to meet the physical therapy staff, tour the clinic, and enjoy refreshments. Planning for the PT Month open house started several months in advance and included a fundraising bake sale and distributing "For Your Health" magazines and fitness brochures to 50 different clinics at TAMC, promoting good health and inviting individuals to attend the open house. The PT staff coordinated with the Provost Marshall, Health Promotions, and Public Affairs office to advertise and promote the activities, which included electronic advertisements at the front gates, posters at each hospital entrance, displays in the dining facility, and advertisements in the hospital newspaper. Over 200 people attended, with one participant stating it was "by far the best open house" he had ever been to.

NMSE Course a Great Success!

*MAJ Tracy Smith
Program Director, 91WN9
AMEDD C&S*



*Navy and Army PTs
transporting patient during
EMT lane*

The 2003 Colonel Douglas Kersey Neuromusculoskeletal Evaluation Course for Physical Therapists was a great success this year. This was an intensive hands-on course, which included over 35 attendees from the Army, Air Force, Navy, and Public Health Service. The course incorporated several classes on the Physical Therapists role in deployed environments, including presentations on Deployment for PTs, Wound Care for PTs and Traumatic Amputee Care. In addition, the attendees received an outstanding talk on Triage for PTs, which incorporated traumas seen recently in Afghanistan. This was followed by a full day at Camp Bullis where attendees put their knowledge to the test during a challenging and realistic EMT Lane focusing on traumatic injuries.

The second part of the course utilized the amazing technology of VideoTele-Training (VTT). VTT allowed the course to be broadcast to PT Clinics around the world from Alaska to Qatar. Several clinics had tapes made to send to their deployed therapists who otherwise would not have access to the continuing education.



*PTs conducting triage during EMT
lane*

Adding to the expertise of our nationally recognized military faculty were several renowned civilian therapists. This part of the course focused intensely on advanced practice techniques such as spinal and peripheral joint mobilization and manipulation. This cutting edge course provided a great vehicle to spread the concept of evidence-based practice to physical therapists across the DOD system.

EAMC PT's Sponsor Local CME Course

CPT Luke Heusel
MPT, Eisenhower Army Medical Center

The quest for excellence and clinical applicability in a continuing education course can sometimes seem like something out of “The Lord of the Rings”...sometimes things are not what they seem. If you’ve ever attended a course and left feeling that the best part of the weekend was the spinach and artichoke dip at Chili’s, you’re probably not alone. However, you can facilitate clinical excellence for your staff members utilizing the talent pool of excellent Army physical therapists.

Recently (12-13 Dec 03), Eisenhower Army Medical Center Physical Therapy sponsored a day and a half course on “Manual Therapy Intervention for the Extremities” taught by Army physical therapists MAJ Bob Boyles, DSc, OCS, FAAOMPT and MAJ Mike Walker, DSc, OCS, FAAOMPT. MAJ Boyles and MAJ Walker are recent graduates of the Orthopaedic and Manual Physical Therapy doctoral program at BAMC. The quality and immediate clinical usefulness of the course exceeded anything we had experienced in civilian CME programs.

EAMC Education and Training Department (not the Physical Therapy Department) funded the course including TDY funds for the instructors. Instead of sending PT’s to CME courses in the local area, which are typically overpriced and under-researched, we were able to bring excellent clinicians to our facility and invite PTs in our region for little to no cost to our clinic or participants. Just think of it.... excellence in evidence-based clinical education....with money left over for an extra night at Chili’s.

91M Deploys to Support Honduras Mission

LTC Karen Geisler
Chief, Clinical Dietetics and Research, WRAMC

First Nutrition Care Specialist (91M) Provides Support to the San Antonio Military Pediatric Center (SAMPC) Residency Training Program Mission to Honduras

SGT John Broesamle recently deployed as the first Nutrition Care Specialist (91M) to support the San Antonio Military Pediatric Center Residency Training Program mission to Honduras. SGT Broesamle served as an invaluable team member during the 7-15 November 2003 mission. This mission is a collaborative effort between the San Antonio Military Pediatric Center (SAMPC), the Honduran Ministry of Health, Joint Task Force Bravo, Honduras, and the Center for Disaster and Humanitarian Assistance Medicine, Uniformed Services University of the Health Sciences.

During the mission, team members conducted nutrition surveys, tested for anemia, collected samples of sugar, salt, and flour for fortification analysis, and collected blood/serum samples for analysis of iron and vitamin A status. Data was collected using true random sampling and convenience sampling methodologies. In addition, health care was provided at the household level as well as during a clinic day.

During the mission, SGT Broesamle performed a myriad of tasks. These tasks included:

- Obtaining anthropometric measurements:
 - Mid-upper Arm Circumference (MUAC) measurements
 - Height/Length/Weight measurements
- Testing for anemia (hemoglobin)
- Obtaining blood samples for Zinc Protoporphyrin (ZPP)
- Electronically recording nutrition survey information
- Obtaining location and altitude using Global Positioning System (GPS) technology
- Processing serum samples using a centrifuge
- Labeling and storing specimens
- Obtaining sugar, salt, and flour samples for fortification analysis
- HUMVEE driver



Nutrition Care Specialists can serve very effectively as Registered Dietitian extenders collecting research data in support of missions to remote areas. SGT John Broesamle currently serves as NCOIC of Cash Control in the Nutrition Care Directorate at Walter Reed Army Medical Center, Washington D.C.

Uniformed Services Dietitian's Nutrition Symposium Boasts 194 Attendees!

SYMPOSIUM BOASTS 194 ATTENDEES!

San Antonio was a big draw for this year's Uniformed Services Dietitian's Nutrition Symposium that was held before the American Dietetic Association's Food & Nutrition Conference & Expo in Oct. The 194 attendees were a record number for the symposium and included active duty and reserve from all three military services, dietitians from the Public Health Service, Veterans' Administration, and several retired military dietitians. The one and one-half day format allowed time to hear about a variety of topics ranging from reports from OIF, research initiatives, and eating disorders.



All three military services gave updates on OIF experiences, COL Vroegindewey, Assistant Chief, US Army VETCOM spoke about food as a weapon, and we heard about the new initiatives for the Public Health Service from CAPT Shirley Blakley. Col Ester Myers (USAF, Ret) brought us news from the American Dietetic Association, and Dr. Lori Love, MD, from the FDA Commissioners Office discussed dietary supplements. These were just some of the interesting and timely topics and professional presentations given by high caliber speakers.

The American Dietetic paid a special tribute to military dietitians at the opening ceremony where CPT Cherita Ogunsanya sang the National Anthem while photos of OIF dietitians in action were being flashed on the big screens. Military dietitians were also recognized during the 2003 President's Lecture where LTC (Ret) Kickbush gave an inspiring talk on leadership.

We want to thank the American Dietetic Association for their support of the Uniformed Services Dietitians Nutrition Symposium and remind everyone that next year the meeting will be held in Anaheim, CA. By the way, the convention center in Anaheim is next door to Disney Land!

Military Breakfast Honors Award of Excellence Recipient as Keynote Speaker



During the American Dietetic Association's Food & Nutrition Conference & Exposition, CPT Elizabeth North, 2002 SP Corps Chief, Award of Excellence recipient, was the keynote speaker at the Military breakfast. Her speech inspired all who attended the breakfast! For those who could not attend, please read her remarks below...I think you will find it delightful and true!

Good morning COL Hooper, COL Forman, COL Helms and fellow Army dietitians! When COL Forman requested I do this, at first, I was very flattered and excited. Then, I became a little nervous when I started thinking about what I would say to a group of dietitians ranging from dietetic intern to Colonel. Not to mention, this is a room full of published scientists, specialized clinicians and successful managers. What do I have to say that will have an impact on everyone? I decided to address you in groups. Some of you may fall into more than one group.

CPT North guest speaker at Military Breakfast

Group #1: Without hesitation the first group I must address includes those of you who have deployed. Not only those recently deployed to Iraq, but everyone who has deployed. I thank you for your sacrifice. I had difficulty leaving my 3 year old and 11 month old just for this 5-day TDY. Some of you have sacrificed up to a year away from your families and loved ones. You are the reason we are here in this uniform! You have shown the value that dietitians can provide and you have performed miraculously. I thank you for your SELFLESS SERVICE.

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Military Breakfast Keynote Speaker continued:

Group #2: The next group includes the Lieutenants and dietetic interns. I think everyone here would agree that you have an incredible level of enthusiasm and energy. The first day I signed in to the MEDDAC at Fort Jackson, my LT, LT Amy Baker, was bursting with energy describing her programs, plans and ideas. I had to tell her to please let me sign in first. I also have had the opportunity to observe and train interns while at the Nutrition Care Branch. This group keeps us refreshed with their enthusiasm, new ideas, and willingness to try new things! I thank you for your ENTHUSIASM! I encourage you and challenge you to continue with your incredible energy and enthusiasm.

Group #3: The next group is the most near and dear to me because I fall in this category...the Captains and Majors. You are, without a doubt, the hardest working people on the face of the earth. You are doing more with less as staff officers, section chiefs, and chiefs. You are going to military schools, you are going to civilian schools, and many of you are having/raising families. Many of you, like me, are trying to do all of these things at once. We get stressed with these demands and think we have taken on too much. Then, we accomplish them, and turn around and ask for more!! I thank you for being a great group of peers and encourage you to continue with your DUTY as an officer and dietitian in the U.S. Army. I encourage you and challenge to continue with your hard work and face your challenges as opportunities.

Group #4: Wow, what do I have to say to the Lieutenant Colonels and Colonels. First, I thank you for your vision. Through the past 8.5 years of my military experience, every boss I have had, and I say this with reservation because a few of my old (I mean past) bosses are in this room, have come up with at least one idea that I thought was absolutely crazy. However, a couple months later the idea was a completed project that turned out to be “the greatest thing since sliced bread.” Because of your vision, Army dietetics has excelled tremendously just within the few years I have been in. A goal of mine is to try and be more visionary. Second, I thank this group for your mentorship and willingness to “take care” of junior soldiers. After recently graduating from OAC, I had the opportunity to share and compare with other AMEDD officers. We as dietitians are certainly more “taken care of” than many of our other AMEDD peers. Once again, every boss and senior officer that I have worked with has taken the time to discuss my career both short and long term. I thank you for your VISION and MENTORSHIP. I encourage you and challenge you to continue looking after the future of dietitians and 91Ms.

Group #5: Last but certainly not least, I want to address the 91Ms. I saved this group for last, because I want you to remember it the most. I have had the opportunity to work with many 91Ms at the Nutrition Care Branch for the last 4 years. It absolutely opened my eyes to what the 91Ms do for us. They are also a huge part of why we are in these green uniforms. We must continue to put emphasis on not only their training, but also sustainment of their skills. It was such a reward to walk into my new dining facility at Ft. Jackson and see 4 of my 9 enlisted that had recently gone through classes I had taught at the NCB! I now rely on them heavily for so much whether they are working in supply, screening patients or teaching a group of soldiers. I want to thank you, the 91Ms, for the DUTY you do everyday! I challenge you to continue with your hard work and to seek opportunities to continually enhance your skills.

Lastly, I want to leave everyone with a message. As dietitians and Army officers, we are always planning for our futures, especially you visionary LTCs and COLs. I think sometimes we get so busy planning our futures that we forget to have fun today. We are always thinking about that next assignment or that next promotion. I know that some planning is required for our futures and career paths, however, we need to remember to make the most of what we are doing right now. My 3-year old has fun every minute of every day (aside from a tantrum here and there). He is having fun whether we are at Wal-mart, the grocery store, the doctor's office, and even the dentist's office. Whether he is cruising in a cart at Wal-mart, letting a doctor check his ears, or a dentist check his teeth he has a smile on his face and a giggle to go with it. He has taught me to be patient and enjoy what I am doing right now. I think this is good advice for us all. Have fun today! In fact if you want, eat chocolate, get it all over your mouth, and run around like a 3 year old.

I am proud to wear this uniform. I am proud to serve my country.
I am especially proud to work with such a fine group of professionals.

Thank-you.

Some succeed because they are destined to, but most succeed because they are determined to.

-Unknown

USACHPPM PA's Hard at Work

MAJ Phillip Cosby
PA, Occupational Medicine Program
USA CHPPM

The Physician Assistant assigned to OMP, CHPPM serves as project officer (PO) addressing medical issues identified in Health Hazard Assessment Reports (HHAR) for various military equipment systems in support of Army Material Acquisition Decision Process. The objective of the program is to enhance soldier performance and readiness by minimizing the effects of health hazards in the workplace to include field operations. The OMP PA is also part of a CHPPM team that has participated in site visits involved in analysis of workers compensation claim data to identify installations that are outliers in new injury claim rate. Reports are then generated detailing the causes and nature of injuries and shared with the installations to assist them in developing preventive strategies. The OMP promoted the goal of a three percent reduction by educating occupational health clinicians about their role in installation-level Federal Employee Compensation Act (FECA) committees, case management teams, Safety and Occupational Health Advisory Councils (SOHACs), and ergonomics subcommittees.



In the Injury Prevention Program (Program 12), CPT Roberto Marin was the principle investigator on a study examining the Surveillance of Illness/Injury rates and the associated risk factors during deployments to the National Training Center (NTC), Ft. Irwin, CA. He is also coordinating injury/illness surveillance with the 2/70th Armor Battalion (Ft Riley KS) and will compare in-garrison to in-theatre injury/illness rates. The 2/70th Armor Battalion was recently deployed to Iraq for OIF. CPT Marin also took part in the evaluation of the TRADOC Standardized Physical Training Program for Basic Combat Training. The TRADOC program developed by the US Army Physical Fitness School and was administered to over 1000 basic trainees during several BCT cycles. CPT Marin evaluated the program for its effects on attrition, fitness and injuries. In addition, a questionnaire was developed to obtain the opinions of basic trainers with regard to the new program and this questionnaire was administered to almost 80% of the cadre. CPT Marin has recently departed to Ft Hood, TX in preparation for deployment to Iraq with the 1st Calvary.

Occupational and Physical Therapy at WRAMC: Treating Those Who Sustain Trauma From Operation Iraqi and Enduring Freedom

LTC Barbara A. Springer, PT, Ph.D., OCS, SCS
COL William J. Howard III, MSS, OTR/L, CHT

Walter Reed Army Medical Center (WRAMC), an echelon V facility, has been the primary hub in the United States in receiving Army battle casualties from Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). Walter Reed has treated approximately 2700 patients from OIF alone since the war began, 400 of which were inpatients. The care of service men and women from injury to disposition is truly a joint service and specialty effort including the efforts of both Occupational and Physical Therapy. The injured service member is initially treated in the field and subsequently at a variety of far forward medical care facilities. Patients are then usually transferred to Landstuhl Regional Medical Center (LRMC) in Germany, an echelon IV facility, for further stabilization prior to transfer back to the United States versus returning to duty (RTD). The WRAMC Department of Orthopaedics and Rehabilitation continues to be integrally involved in receiving, caring for and managing battle casualties. The following is a synopsis of the structure that was established, modified and integrated in the care of a continuous flow of large numbers of the contaminated, multi-extremity injured patient that required multiple surgical procedures followed by extensive rehabilitation of which Occupational and Physical Therapy are an integral and valuable team members.

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Treating Those Who Sustain Trauma From OIF & OEF continued:

As part of a patient-centered team, Occupational Therapy (OT) and Physical Therapy (PT) staff members work closely together and are responsible for assisting Operation Iraqi Freedom and Operation Enduring Freedom (OIF/OEF) soldiers, sailors, airmen, marines, coastguardsmen, and their families in rehabilitation for return to the highest level of function possible. Occupational therapists (OTRs), physical therapists (PTs), certified occupational therapy assistants (COTAs, technical level personnel), physical therapy assistants (PTAs), and physical therapy technicians work with a host of other professionals including but not limited to physiatrists, orthopedic and general surgeons, neurosurgeons, psychiatrists, social workers, dietitians, speech/language therapists, nurse case managers, prosthetics, orthotists and nurses to provide the highest quality of care throughout the treatment continuum.

Specifically, occupational therapy (OT) addresses deficits in Activities of Daily Living (ADL), upper extremity motor performance deficits secondary to injury or disease and occupational, or role performance deficits due to mental/behavioral health deficits.

Physical Therapy concentrates on deficits in bed mobility, balance, transfers, strength, motion, gait, conditioning, trunk stability, and general and athletic performance. OIF/OEF patients are referred to inpatient or outpatient physical therapy (PT) primarily from physiatrists and orthopaedists.

During the first month of the war, the PT on call was present at the triage center with orthopaedic, general, and vascular surgeons to identify patients with physical therapy needs, assist with dressing changes, and communicate directly with the surgeons about weight-bearing status, restrictions, and precautions. This allowed for thorough consultations, enhanced communication, and inpatient physical therapy staffing planning. However, due to the number and frequency of patients from overseas, and the hours of arrival, the decision was made to have on call physicians triage and make recommendations and referrals within 24 hours.

Amputees make up a large part of the OIF/OEF patient population at WRAMC and are evaluated and treated by a multidisciplinary amputee center team in which PT and OT play a significant role. Other team members include, but are not limited to physiatrists, physician assistants, nurses, a psychiatrist, PTs, a PTA, OTRs, COTAs, an orthopaedist, prosthetics, a social worker, a dietician, and a speech therapist. The team meets twice weekly to evaluate each amputee patient during a case review. Each patient is evaluated individually for both short and long-term needs in both the physiological and psychological areas.

Inpatient Occupational Therapy

OT receives consults on OIF/OEF patients from surgical services, primarily Orthopedics and General Surgery. These consults usually are received within 24 hours of the patient being admitted to Walter Reed Army Medical Center (WRAMC). There is usually a warning or anticipatory notification from the Department Chief of Orthopedics and Rehab on patients coming through the air evacuation system, particularly amputees, which provides some ability to project workload in the amputee care arena. Injuries of patients seen from the OIF/OEF theaters include amputations, fractures (both upper and lower extremity), soft tissues injuries, peripheral nerve injuries, spinal cord injuries and closed head injuries. Ophthalmologic injuries of one or both eyes are also a significant co-morbidity. A significant number of patients' wounds are left open, increasing the complexity of care for these soldiers.

Once consults are received, patients are evaluated within 24 hours. The OT amputee care team consists of two OTRs and two COTAs and they evaluate and treat patients with upper and lower limb amputations. The team is augmented as needed with additional staff, depending on the workload. The inpatient orthopedic and rehabilitation sections see patients with other traumatic injuries without amputations. Evaluation and treatments for physically injured patients are conducted both on the wards and in the OT Clinic. Patients evacuated from the theater of operations with mental/behavioral health deficits are also seen on the ward when in an inpatient status and in the OT Clinic as outpatients.

Amputees require specialized care. This specialized care involves wound management, pre-prosthetic training, and prosthetic training (basic and advanced). Factors involving residual limb care in terms of strengthening, regaining range of motion and activities of daily living occur within each phase. Typically, inpatient amputee patients are in Phase I pre-prosthetic care and training. The Occupational Therapy Amputee Section coordinates weekly outings to facilitate community integration. These outings include trips to local shopping malls, sporting activities such as bowling, and tours of local military relevant places such as the Pentagon and other national treasures. Several team members including Physical Therapy and Nursing participate in the outings.

Particular attention is paid to the psychological aspects of adjustment to the soldier's amputation as a part of individual interaction and treatment. All OIF/OEF soldiers are provided several treatment and support groups as part of their treatment plan.

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Treating Those Who Sustain Trauma From OIF & OEF continued:

Those OIF/OEF patients who sustained significant trauma not resulting in amputations are seen for the remediation of their deficits using standard OT methods and protocols addressing strengthening, coordination, range of motion and endurance. Initial evaluation and treatment is focused on assisting patients in ADL independence of personal hygiene, feeding and dressing, as well as the remediation of whatever musculoskeletal system has been affected. Documentation is done electronically on the Computer Information System (CIS) for all inpatients at WRAMC.

OT is part of the inter/multidisciplinary team, which sees those OIF/OEF patients who sustained mental/behavioral health deficits. Patients requiring inpatient care are seen in a milieu model of treatment. Outpatient OIF/OEF patients are seen as part of the Partial Hospitalization Program (PHP). This is a specialized outpatient program, which is part of Psychiatry's Continuity Services. Occupational Therapy has a life skill group as part of the PHP.

Inpatient Physical Therapy

Inpatient consults for PT are typically received within 24 hours from time of admission or when the patient is stable enough to receive PT. PTs provide evaluations and treatments for these OIF/OEF patients on any of the wards, to include the intensive care units (ICUs). Most injuries incurred by these patients are caused by landmines, improvised explosive devices (IEDs), rocket propelled grenades (RPGs), gunshot wounds (GSWs), and motor vehicle accidents (MVAs). Examples of common conditions evaluated and treated by PT staff include: multiple trauma, soft tissue injuries, burns, skin grafts and flaps, fractures, amputations, traumatic brain injuries, hemiplegia, spinal cord injury, and vestibular dysfunction. Unfortunately, many patients do not sustain just one injured limb, but rather suffer multiple injuries and conditions. For example, challenging patients include those who undergo double or triple amputations, are blinded, and suffer traumatic brain injury. PT treatments include bed mobility, transfers, gait training, don and doffing of prosthesis, mat exercises, residual limb desensitization, strengthening, stretching and range of motion, conditioning, aquatic therapy, balance training, neuro rehabilitation, and patient and family education. Inpatients are treated twice daily where appropriate on weekdays and once a day on weekends. There is a pool of contract weekend PTs, and PTAs and technicians. Two of each are scheduled to work every Saturday and Sunday. If there is a need for more than four staff members on the weekends, the military on-call PT and/or technician come in to assist. In order to provide continuity of care for our amputees throughout the entire week, rotating schedules were created for our full time amputee therapists. Our PT amputee section consists of three PTs and one PTA who evaluate and treat all the upper and lower extremity amputees.

Inpatient PTs work closely with social workers and nurse case managers to coordinate further care, to include evaluating rehabilitation and equipment needs. Occasionally an OIF/OEF patient needs to go to a specialized Veteran Affairs (VA) Rehabilitation hospital for severe traumatic brain or spinal cord injury rehabilitation. Other times they are discharged and stay in the local guesthouse awaiting further surgery and/or wound checks. Inpatient PTs also help coordinate outpatient PT--whether it is at WRAMC, at the patients' mobilization site, or home. Sometimes patients go home on convalescent leave, then return for further work-up and/or rehabilitation.

Outpatient Occupational Therapy

Most OIF/OEF patients seen for outpatient care have been inpatients and are seen within 48 hours of discharge from the hospital. Those patients who air evacuated to WRAMC as an outpatient and in need of OT are seen within 72 hours and usually in less time once a referral has been received. The evaluation and treatment process is similar to inpatients. The evaluation and treatment process is documented and placed in the patient's outpatient record.

Outpatient Physical Therapy

Outpatient physical therapy is provided within 72 hours (and typically less) of receiving a consult from health care providers such as physiatrists or orthopaedists. There are three mornings that are dedicated to OIF/OEF patients (and all active duty) each week. To further meet their needs, there are also 72 hour slots available. After these patients are evaluated, PTs determine their rehabilitation needs and may refer them to other specialty clinics such as neurology or orthopaedics. They write a detailed treatment plan for PT at WRAMC (if they are staying for any other health reasons), or refer them to other military or civilian PT clinics, depending on their status. There is a dedicated nurse case manager for these OIF/OEF patients to help coordinate their medical needs at their mobilization sites, or at home if they go on convalescent leave.

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Treating Those Who Sustain Trauma From OIF & OEF continued:

Lessons Learned (Occupational Therapy)

1. The number of patients from the Iraqi theater increased significantly in July with more attacks on Coalition Forces. The following is a rough estimate of the number of OT clinic visits for amputees and OIF/OEF patients:

	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
AMPUTEES	62	71	88	125	198	171	269	220
TOTAL OIF/OEF	175	226	277	289	308	382	424	395

The patient accounting system for these patients was not as accurate as it could be. More accurate accounting can be accomplished with a more labor intense effort. The staffing in April and May was clearly inadequate to handle the volume and intensity of patient care. The complex nature of the war/battlefield-injured patient requires a higher level of individual attention to each patient.

Solution:

The Department of Orthopedics and Rehabilitation was provided contract authority to hire three additional staff members. Two were dedicated specifically to amputee care. The other position was placed in the general inpatient rehabilitation section. This allowed for the development of a team from available therapists dedicated specifically to amputees. The additional resources allowed for weekend coverage, without burning out the staff. The OT Service received two reserve personnel in April 2003, one OTA from the 4219th USA Hospital and a 91W who is slated to become an OTA from the 2290th General Hospital. This was a tremendous acquisition, which has assisted in the complex care of the OIF/OEF population.

2. The initial process in OT for taking care of the OIF/OEF patients had several inefficiencies. The amputee patients were evaluated and treated by multiple staff members lacking some consistency.

Solution:

A dedicated OT Amputee Section was created in late August 2003 to work with this population of patients. This centralized the care to a group of therapists who provide consistent evaluation and treatment to all amputees. This team consists of two OTRs and two COTAs. There is one military OTR and one military OTA, who will rotate with other military staff, to allow cross training of all OT staff over time. This team process allowed better synergy with the larger Amputee Care Center working closely with Prosthetics, Physical Therapy, and the physician staff. A protocol/treatment pathway was developed to provide an objective reproducible method for amputee care from pre-prosthetic training to discharge with all upper extremity and lower extremity prosthetics. Close coordination with the contract personnel from the Prosthetics lab has resulted in a solid team approach in the upper extremity prosthetics fitting and training of soldiers and in the education of their family members.

3. From the groups of patients from the Afghanistan Theater in the fall of 2001 and through 2002, it was clear the type of rehabilitation of these patients would require a more comprehensive ADL area.

Solution:

In the spring of 2003, part of the OT Clinic was renovated to accommodate an apartment type Activity of Daily Living area, which was completed in June 2003. This area is heavily used, providing the OIF/OEF patients a place to practice skills necessary to return to independent functioning. The apartment allows patients to become independent in personal hygiene and bathing, transfers, cooking, household cleaning and computer use.

4. The media, although extremely positive in their desire to cover important stories and our equal desire to have them document these patients recovery, sometimes came at inopportune times. This sometimes affected the quality of the therapy time.

Solution:

The Public Affairs Office (PAO) staff has done a great job including the OT Service in scheduling members of the media within the clinic. This has allowed scheduling to improve. Media visits are much better anticipated and the information provided to them is better organized.

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Treating Those Who Sustain Trauma From OIF & OEF continued:

Lessons Learned (PT):

1. The number of multiple traumas, blast injuries, gunshot wounds, amputations, and burns incurred by OIF/OEF patients has been numerous and ongoing. The PT Service incurred the following number of OIF/OEF amputee patient visits/month (the number of all amputee visits other than those from OIF/OEF is larger), and number of OEF/OIF visits/month:

	APR	MAY	JUN	JULY	AUG	SEP	OCT	NOV
AMPUTEES	80	70	115	137	202	202	346	163
OEF/OIF	772	550	569	593	768	768	768	726

This number is conservative, because the data collection process for this population was novel and may not have accurately captured all the visits. These visits are not the typical ankle pain or low back strain patients normally evaluated and treated in outpatient PT. OIF/OEF patients have a much higher acuity and require many more resources such as increased staff and time. For example, there have been a number of double and triple amputees, blind amputees with multiple limbs involved, and many of the injured patients have traumatic brain injury and/or open wounds and fractures. This has caused the PT Service to shift focus entirely, to provide the necessary care to the OIF/OEF and other inpatients. The continued increase in patients due to OIF/OEF has made it necessary for the PT Service to go to a prime-only status for a period of time, which reduced outpatient visits by approximately 45%. This resulted in decrements in PT specialty services such as vestibular rehabilitation, total joint evaluation and treatments, and Chronic Obstructive Pulmonary Disease exercise classes.

Solutions:

Reservists should be called up early and dedicated to services such as PT and OT to help ease the burden on staff during this time of increased casualties. Even though PT Service was not able to have a long term reservist called to active duty dedicated to work in PT during this time, PT did receive a TPU soldier attached to the 339th CSH in Harrisburg, PA for 1 month. As a reservist, he serves as the Clinical Operations Coordinator, in the Office of the Command Surgeon in 99th RSC. Additionally, WRAMC command provided funding to hire three additional contract PTs and one physical therapist assistant (PTA) to continue providing quality care for all. The Amputee Section staff increased in size from 1 PT and 1 PTA to three PTs and 1 PTA. Another solution was to send patients over 65 years old, such as many of the diabetic amputees, to civilian facilities where they can use their Medicare benefits. Additionally, civilian security personnel were hired to guard the WRAMC gates freeing our enlisted staff to concentrate on providing patient care. They are still pulled from our clinic for multiple taskings, but not for the month-long gate guard duty.

2. There is a greater need for space in both the 3rd and 5th floor PT clinics due to the higher need for patient equipment such as inpatient beds, geri chairs, wheelchairs, and prosthetics. Additionally, space is required to provide safe functional training, especially for the young traumatic amputee population. Functional training includes balance training, functional drills, hopping, running, climbing, and ambulating on uneven terrain. Currently, these patients can be progressed to high levels of function, to include athletic competition and military duties; however, adequate space will provide better rehabilitation.

Solutions:

The temporary solution has been to take some of the patients outside (when the weather cooperates) or to the gym on the WRAMC campus. A long-term solution is to build a dedicated clinic space for the amputee population. In 2002, Congress provided funding to establish an amputee care program for these young, healthy, highly functional individuals who sustain traumatic amputations. Plans are in place to build the dedicated clinic space that can be shared by all the team members involved in amputee care.

3. There has been some difficulty tracking OIF/OEF outpatients. No particular caseworker was accountable for patients who stay at the local guest house. If they do not show up for scheduled PT treatments, there was no one to contact. In addition, PT staff and the patients would like early and accurate guidance on how to effectively manage OIF/OEF patients, and to determine the length of stay, location of further evaluations and/or surgeries, follow-on outpatient PT, and eligibility issues.

Solutions:

A nurse case manager has been coordinating care for the OIF/OEF patients and answering these questions. Additionally, a nurse case manager was hired specifically for the amputee patient management.

(continued on next page)

Treating Those Who Sustain Trauma From OIF & OEF continued:

4. The media and visiting VIPs have a positive effect on the casualties. It is very important to the patients. However, occasionally it is excessive and may interfere with getting patients to the PT clinic for treatment.

Solution:

VIPs and the media should certainly be allowed to visit, and there has been close coordination with the public affairs office and PT service. Another suggestion is to have most of the VIPs visit during evening visiting hours (or at least after 1500).

5. Some military patients are being brought back from Iraq because of pre-existing conditions (such as hammer toes, chronic knee, or chronic back pain). PT resources are used to evaluate and treat these patients.

Solution:

Health care professionals at the medical evaluation sites should closely screen those who are being called up for active duty to make sure they can do their mission before they are deployed.

On a positive note, PT and OT have been well received and respected by patients and co-workers alike during this very busy time. The PT and OT staff members have kept a positive attitude and genuinely feel like they are appreciated and well respected.

Conclusions

The care of the OIF/OEF patients is a high honor. The nature of battlefield injuries requires more complex and time intense evaluations and treatments. It also requires a strong multi- and interdisciplinary team of dedicated professionals to address all aspects of the military member injured in the defense of our country. The amount of effort necessary from the numerous professionals involved in the rehabilitation of these patients cannot be measured in time or money. The true measurement is seen in the dedication and caring of a truly world class military medical team, from the battlefield back to the medical center. Physical and Occupational Therapists, part of the team of Soldiers First...Professionals Always.

Competing to Save Lives: Medics Go Head to Head for Honors in Qatar

ARCENT, Qatar

Call it continuing education with an incentive. In October, the "Medic of the Year" competition allowed ARCENT-Qatar CPT Jim Jones, PA, director of health services, to assess the strengths and weaknesses of his staff. It allowed his staff of soldiers and NCOs to compete for three and four-day passes off post. While Jones had organized similar events at other posts, it was the first such competition to take place at a military post in the Middle East.

"Most medical facilities in the United States have a plan like this," said Jones. "It definitely motivated those involved. It gives them something to shoot for, but at the same time it also builds up the team and lets us assess their capabilities."

SGT Michael Graydon, the winner of the "NCO of the Year" award and a four-day pass, described the two-day competition as intense but well worth the time and effort expended.

"CPT Jones has very high standards that he expects us to live up to, but he pushes hard for things like the passes awarded," said Graydon. "He does things for the soldier."

The testing consisted of hands on drills, a lengthy written test and an oral interview with SGM George Ponder. Jones plans to use the results to design a specific training plan for his staff. "It was a very unique opportunity that enabled us to assess and award the staff simultaneously," said Jones.

Operation Iraqi Freedom: Thoughts from a deployed Dietitian

*MAJ Colleen S. Kesselring
Dietitian
21st CSH, Balad, Iraq*

As I approach my 9 – month anniversary in Iraq, my thoughts turn to those at home who may be called upon to replace me now or years in the future.

The thought of deploying can be frightening. Out of many Unknowns, there is ONE known - leaving the comforts of home and your support system. You will find that nearly everyone feels the same way as you, but the stoic ones will not speak of it. Anxiety levels rise prior to deploying. This healthy response allows you to effectively channel your energy for preparing to leave. Most people don't want to leave the comforts of home, but the overwhelming majority face the music. What is great about the Army is that we are all in the same boat. In a short time you will establish a routine and a support system with your new brothers and sisters. What was previously anxiety producing, becomes the norm and becomes comfortable.

While most of us would rather be with our families in the comforts of home, there is one thing out here that cannot be found in the states and is a tremendous source of pride, one that stays with us forever...treating combat soldiers, casualties and/or supporting those who do. Our fellow soldiers were called to place their lives in far more danger than a combat support hospital may face, but we patiently wait for them to come. We eagerly provide care and comfort to the injured soldier who is so grateful for our service. I will never forget the brave and battered faces when they look up from the cot into my eyes and quietly whisper, "Thanks." It's an experience that can not be found in garrison. Nothing can replace the bond of shared suffering grown out of an austere environment and nothing can describe its rewards. This feeling is my own medal, my own reward that I will carry with me forever.



*MAJ Colleen Kesselring,
21st CSH Dietitian*

Deploying is about personal courage - facing your fears and anxieties and stepping up to the challenge. Many people will reexamine why they want to stay in this organization when they may be called to serve in far away places with imminent danger. This reflection is a healthy response. In the words of my father, "If you never consider leaving, you may never understand why you stay." All of us need to come to terms with why we are in the Army. There is nothing wrong with serving your country and moving on to something else. But as you reflect on your motivations and your commitment to serve, remember the words of a Chaplain, "Courage is Fear after you've said your prayers."

My life was very comfortable prior to September 11th. I had finally arrived at FT Hood after 18 months of geographical separation from my new husband and was enjoying life. However, I always kept the words of Retired COL Margaret Applewhite in the back of my head, "It's not a matter of IF you'll deploy, it's a matter of WHEN." FT Hood is the Mecca of deploying units. When September 11th hit, my anxiety did, too. Sure enough, I was designated PROFIS and within almost 4 months of September 11th, found myself in Kuwait, supporting those who hunted and captured the Taliban. After a 5-month deployment, I was still readjusting to life back in the States when the talk of war began again. In contrast to the first deployment, I was filled with doubts and anger. But I left silently, again serving when called to do so. All of those doubts and anger were erased when we traveled through Iraq, listening to the children and people cheering us. Iraqis, once forbidden to speak their minds, now openly engage in conversation discussing the benefits and fears of our presence here. Doctors who were once forced to cut off the ears of Iraqis without anesthesia can now provide care and comfort to the sick. I am one of over 100,000 soldiers who are helping to make history by lifting a nation out of unimaginable horror, and helping to repair their infrastructure as well as their hope. No matter the volume and strength of criticism about forces in Iraq, be mindful, we live in a society where the ability to criticize is a guaranteed freedom!

Yesterday, I ate my lunch with soldiers who had come in out of the danger for a few days. These 2 young soldiers were scouts who conduct reconnaissance missions for their company who will patrol, raid, and above all keep us safe. Every time I meet one of these young soldiers, my heart swells with gratitude as I say, "God bless you for what you do." As they looked at me their surprised eyes revealed pride. These fleeting moments make up a collage of experiences that turns hardship into reward and acknowledges the vast teamwork, which grows from complete strangers. *(continued on next page)*

Thoughts from a deployed Dietitian continued:

We all came into the army for different reasons. Some wanted the education; some wanted to escape their lives; a smaller number joined for sheer patriotism. No matter the reason, there is one thing that bonds us, Army values. The Army's framework of leadership is Be, Know, Do. What is the 'Be'? Army values: loyalty, duty, respect, selfless service, honesty, integrity, and personal courage. If you don't accept or live those Army values, you will never be an effective leader in this Army. For the 'Be' is the foundation of all levels of Army leadership. The hallmark value called upon when deploying is selfless service – putting the welfare of the Army before your own. You don't get to choose where or when you'll deploy or for how long. Struggling marriages, degree programs, children and understaffed organizations are not reasons for avoiding deploying. In the words of my commander, COL Liening, "Selfless service is NOT about, 'What's in it for me?', but rather what does the Army and the organization need FROM me?"

Even as I approach 400 days deployed in a two year period, I will stay until the end of my rotation and redeploy with my unit. I would not choose anything else. Despite the ups and downs, the successes and failures of life out here, the bond is strong and unbreakable, no matter the daily challenges that greet us. I will neither leave the warfighter, nor my team until ordered to do so.

So my message to you is this: examine why you chose to enter the Army, be honest with yourself, make a decision, execute, and don't look back. But above all serve with pride and dignity while you are with us. Sometimes the most difficult things in life are the most rewarding. Don't underestimate yourself; you never know what you can do until you do it.

Operation Iraqi Freedom: COTA SGT does outstanding job during deployment

SGT Brian Christman, COTA, deployed to the CENTCOM Theater of Operations in support of Operation Iraqi Freedom from 10 Mar 03 to 02 Oct 03. He was assigned to the 47th CSH, a 296 bed CP-DEPMEDS Combat Support Hospital, designated as the theater evacuation point. SGT Christman offered OT guidance and performed OT treatments. He also used his 91W skills in administering nursing care on a 20 bed Neuro-Psychiatric Unit in a combat environment. SGT Christman also functioned as the enlisted team leader and directed the delivery of nursing care and force protection for his fellow staff. As the enlisted team leader, he appointed nursing care assignments and assisted with admission and discharge procedures for the unit. SGT Christman is currently working at MAMC and has reenlisted for an assignment in Germany this Spring. We acknowledge and thank him for his support of our troops and our country.



Thank you for your sacrifice

How would you like to have one of these to open your jar lids? Another new invention by CPT Arthur Yeager and Mr. Steve Chervak, called the lid driver, was approved for a provisional patent.

Great Job CPT Yeager!!!



Operation Iraqi Freedom: Thoughts from a deployed Physical Therapist

*MAJ Mary Adams-Challenger
Physical Therapist
21st CSH, Balad, Iraq*

Happy Holidays to all. May we continue to pray for peace in the New Year.

First, I want to thank the many people of the SP Corps and Physical Therapy Branch for the overwhelming support. The letters, packages, emails and prayers are so appreciated.

I am currently serving with the 21st CSH, A Co in Balad Iraq, approximately 50 miles NW of Baghdad. When Christmas day arrives, we will have been in theater just over 9 months. During the course of that time, I have had the pleasure of working and corresponding with a number of fellow SPs also in theater. To include PAs, CPT Maria Marlow, CPT Doug Dusenberry, CPT Joel Bachman to name a few; Dietitians, MAJ Colleen Kesselring, 1LT Tamrin Massey; OTs, MAJ Beth Salisbury, CPT Rob Montz, CPT Karen Norton, CPT Florie Gonzales, CPT Jay Clasing, 1LT Sherielee Camacho; PTs, MAJ Macrina Alaya, MAJ Danny Jayne, CPT Derek George, CPT Kirk McBride, CPT Steve Seward, LT Kevin Harris, LT Scott Kushner, LT Eric Grenier and USAF 1LT Brian Langford.

Because we are without orthopedic technicians and PT technicians here at A Co, I am always looking for assistance. CPT Dusenberry and CPT Bachman thought they were just passing through the CSH, but I snagged them and they were kind enough to assist me. CPT Bachman assisted with a splint in the EMT and CPT Dusenberry gave a steroid injection for a soldier with shoulder impingement syndrome not responding to conservative treatment. Unbeknownst to them, their timing was perfect.

CPT Montz performed sick call here with us for the few weeks he was here in Balad and provided us with further training in splinting and wound care. CPT Norton also spent a few days here. During her stay she assisted us with performing wound care on a couple of soldiers with burns to their hands and legs resulting from mishaps with the infamous burn out latrines. CPT Clasing stopped by during the UN Bombing MASCAL and quickly stepped in to assist us with treating the victims. CPT Gonzales was at the CSH less than an hour and I had consulted him on a young Iraqi girl, Aya, who had been badly burned. He helped to educate the nursing staff on wound care and positioning. In addition he continues to offer his expertise through electronic consultation. MAJ Salisbury and LT Camacho fabricated a wash mitt, lapboard and an ADL cuff for a young Iraqi boy who was shot. Iraqis commonly fire their weapons in celebration. Young Mustafa was hit during a wedding celebration and as a result is a C5 quadriplegic.

I am also fortunate in that I have a N3 working with me. SGT Erick Cedeno was initially attached to the 10th CSH out of FT Carson. He volunteered to cross-level to the 21st CSH. His skills as an OT technician have been invaluable and his willingness to cross train as PT tech has made my job so much easier as well as improving the access to and quality of care for our soldiers.

The PTs of course have provided me with incredible moral support in theater and from CONUS. I had the pleasure of working with CPT McBride during the early days of the war. We assisted with sick call on Camp Victory, Kuwait while we patiently awaited orders to move north. CPT George and LT Langford provided us with much needed supplies early on in the deployment. I continue to correspond with fellow PTs in theater, sharing experiences, discussing issues and exchanging ideas. *(continued on next page)*



Left: MAJ Adams-Challenger (PT) and CPT Florie (OT) Gonzales with 6 year old burn victim

Right: MAJ Kesselring (RD), MAJ Adams-Challenger (PT), and SGT Erik Cedenon (N3) with Mustafa, a C5 quad patient



Thoughts from a deployed Physical Therapist continued:

I would be remiss if I did not mention the incredible work SSG Wendy Hansen, N9 did for B Co, 21st CSH in Mosul, Iraq. She provided excellent care for the soldiers of the 101st Airborne (Air Assault) and was instrumental in running the Specialty-Outpatient Clinic in addition to getting much needed orthopedic supplies for both A and B Co. She recently PCSd to Germany leaving a huge void up North.

Also, N9, SGT Michael Winter, 546th ASMC, volunteered for over a month to assist us with afternoon clinic. Our numbers almost doubled with his assistance. His willingness and eagerness to assist us was inspiring and is a true testament to the truly caring professionals we have within our Corps.

It is this kind of teamwork that allows us to do what we are doing out here. It is the support and friendship from fellow SP soldiers that have made this deployment a positive and memorable experience.



*MAJ Adams-Challenger,
PT, assists with a UN
bombing patient*

Operation Iraqi Freedom: Thoughts from a deployed Occupational Therapist

*MAJ Sharon Newton
Occupational Therapist
85th Medical Detachment (CSC)*

The deployment of many of our colleagues in support of the Global War on Terrorism has had an effect on us all. In addition to many Specialist Corps officers being deployed, the workload for those in Germany and who remain in CONUS has increased. I was one of those fortunate to be in the right unit at the right time, and have had the opportunity to deploy twice. (Guantanamo Bay, Cuba and most recently to Kuwait and Iraq) I consider myself fortunate because it has truly been a challenging yet rewarding experience; I recognize that not all of us get that opportunity.

During my time in Iraq, there is one experience in particular that really stands out as memorable. One day the Civil-Military Affairs Officer of the brigade I was supporting asked me to accompany him on a visit a local Iraqi rehabilitation center. (One of two rehabilitation centers in Iraq) Entering the facility was like taking a step back in time. As we walked down dark, quiet hallways, the years of neglect and lack of financial support had clearly taken their toll. I observed signs on the outside of offices written in English and Arabic that read “social work”, “physiotherapy” “hydrotherapy”, and “occupational therapy”! I was so surprised to see that sign!

First, we walked through the physiotherapy clinic (aka “physical therapy”). It was busy with several treatment tables on which patients were receiving treatments with physical agent modalities and exercise. The next stop was the occupational therapy clinic. When I walked in it was as if I had stepped onto a page in history. The first thing I saw was a loom on the counter! I later saw a large, floor loom as well. (My fellow occupational therapists who were trained “back in the day” will remember these!) There was a small kiln in one corner. We then entered the main workshop. It looked much like any typical occupational therapy workshop, with large tables in the center and shelves along the wall. The shelves were empty, except for one handmade game with pegs. (It reminded me of an occupational therapy intern’s project!) The administrator explained that they were not able to use the occupational therapy clinic for a while because of the limited number of occupational therapists and the need to focus efforts elsewhere in the hospital. He did hope that would change soon, now that the hospital was receiving much needed assistance. *(continued on next page)*



Thank You!

Thoughts from a deployed Occupational Therapist continued:

My next stop was the “limb fitting” shop, where lower extremity prostheses are made – from the mold to the finished product. (I noticed there were no upper extremity prostheses!) Unfortunately, I was not able to accept the offer to go to the ward and see patients as my escorts had to leave. It was a quick trip, but it provided a glimpse into the personal lives of the Iraqi people. These people were very proud of their facility, and excited to now be able to provide their services to *any* citizen of Iraq. When I envision the future there, I can see a bustling occupational therapy workshop!



Lower extremity prostheses molds and patterns



MAJ Newton with Iraq Physicians



Lower extremity prostheses

Operation Iraqi Freedom: Greetings from a PA in Baghdad

*CPT Jonathan Boswell
Army PA, Baghdad*

Greetings from Baghdad! Army PA's and other health care professionals are taking great care of soldiers and civilians here, as well as some Iraqi citizens. Many PA's are serving as district administrators, with the job of reorganizing the local health care system. We are also glad to have some of our Reserve and National Guard counterparts with us, though many of them serve at great personal sacrifice.

We have made vast improvements in our Aid Stations, with purchases of AED's and 12-lead EKG machines. That will be good news for MAJ Gary Aspera and his docs and PA's in the mighty 1st CAV--we'll be ready for you come spring! Our facilities, professional and personal, continually improve.

Additionally, we would like to thank you all for your prayers and concern for us. As your newspapers tell you daily, this is a dangerous place. Thankfully, no medical people have been killed or seriously injured up to now, to my knowledge; at least in Baghdad. But many other Americans and allies have been; and it's not over yet. Hopefully our leadership, with the firm backing of the American people, will be able to convince the Iraqis that democracy is the way to go. There is still a powerful criminal element loose out there, though; and there is still a military mission here. And if we don't do it--if we don't stabilize the Middle East--no one will.

You can email me anytime at Jonathan.Boswell@us.army.mil



CPT Boswell, PA in Baghdad, taking care of our soldiers

Ft Wainwright Starts Spouses PT Wellness Program

*CPT Christa Daino, PT,
Ft. Wainwright, Alaska*

At FT Wainwright, we (community health nursing, PT, NCD, Health Promotions, local gym, ACS and CDC) started a spouses PT program. You can read part of our memo below. We have been doing it for about a month now. We provide educational classes as well as different types of exercise opportunities i.e. yoga, aerobics. We made a logo and T-shirts. I think our program is unique because of being for spouses only and we have a co-op childcare on site. We call it FAME for Family Activity and Motivational Exercise.



Spouses PT Wellness Program Logo

PURPOSE: To provide a non-judgmental, motivational environment to exercise at Melaven Gym from 0915-1115, Mondays and Wednesdays. Target audience for this program would be family members of authorized patrons of the physical fitness centers.

GENERAL: FAME is a program developed to provide an opportunity for the participants, especially spouses to utilize Melaven Gym for routine exercise programs. We want to provide a non-judgmental, no excuses environment for participants to exercise with educational and motivational support from the military community.

- a. The program will be designed for persons to utilize Melaven Gym for individual exercise programs. To provide a non-judgmental environment we propose access to Melaven Gym is restricted to the programs target audience only. The two-hour blocks chosen are the least used for routine exercise sessions by active duty members at this facility. During this time the Physical Fitness Center is still available for any authorized patrons to use.
- b. The program will be touted as a no-excuses environment. Participants in the program can voluntarily utilize the parent co-op for temporary childcare.

Ft Stewart Dietitian Hosts Open House

*CPT Kimberly Brenda
Chief, Nutrition Care Division, Ft Stewart, GA*

NCD Open House

The Nutrition Care Division hosted an open house July 16 to celebrate the opening of the Outpatient Nutrition Clinic and Patient Education Center. The clinic offers a modern teaching environment complete with TV/VCR, laptop computer, projector and screen, and a patient resource room. The resource room contains videos and materials for patient use with internet access, individual TV/VCR stations for viewing health videos. This area also contains a blood pressure, weight and health appraisal station. The room is for patient education classes and providers are encouraged to send patients for handouts, videos and internet research on almost any health issue. This new area, initiated and designed by CPT Kimberly Brenda, Chief, Nutrition Care, has already allowed Winn Army Community Hospital to consolidate approximately 35 classes into one location. This makes access to classes easier for patients and greatly improves the class environment. The added benefit for providers conducting the class is the time saved by having a confirmed classroom room, with all the necessary equipment, ready for use at a regularly scheduled time.



CPT Brenda celebrates opening of new Outpatient Clinic and Patient Education Center

SP Corps Chief's Award of Excellence

Congratulations to the recipients of the 2003 SP Corps Chief's Award of Excellence.

IAW MEDCOM Regulation 15-8, each year, the SP Corps recognizes a company grade officer in Occupational Therapy, Physical Therapy, and Dietetics for their leadership, job performance, and self-improvement.

CPT David Admire, 65A, is a staff OT at BAMC. During the past year, Dave has worked diligently at McWethy Troop Medical Clinic instituting an Upper Extremity Screening Clinic to decrease AIT students appointment wait time. In February, CPT Admire deployed in a PROFIS position with the 115th Field Hospital to Camp Arafjon, Kuwait. While in theater, his team provided OT services to over 20,000 Soldiers and civilians. Shortly upon his redeployment from Kuwait, Dave was sent on a humanitarian mission to Honduras where he provided a level of hand rehabilitative care otherwise unavailable to over 50 pre- and post-op patients. He also provided education seminars to Honduran rehab professionals. In his spare time, Dave is working towards a master's degree. CPT Admire was nominated by COL Kathleen S. Zurawel, Chief PT and PM&R at BAMC.

CPT Dan Fisher, 65B, commands the largest Fitness Training Company in the Army that at times exceeds more than 750 soldiers. Under his command, the company has instituted numerous innovative programs. He has combined conditioning, military skills training, and educational programs in a unique way to reduce attrition and motivate Soldiers to return to training. "Return to Training" ceremonies and pictures on the "Warrior Wall" recognize those Soldiers who successfully transition back to full training. In addition to typical command duties, CPT Fisher is a member of the TRADOC multi-service Attrition Reduction and Injury Prevention Task Force and is working to obtain a grant from CHPPM in order to purchase more rehab equipment. CPT Fisher was nominated by LTC Barbara L. Zacharczyk, the Commander of the 120th Reception Station at Fort Jackson.

CPT James Pulliam, 65C, is currently the MEDDAC Company Commander at General Leonard Wood MEDDAC, Fort Leonard Wood, MO. Jim was selected to command based on his demonstrated leadership potential and willingly accepted a dual-hatted role as Chief, Production & Service and Company Commander. While expertly commanding Soldiers, he continues making improvements in Nutrition Care including launching a new Room Service patient menu and a grab and go service. CPT Pulliam demonstrates a phenomenal ability to do many things at once as he completed a master's degree, became certified as an Adult Weight Manager, and earned his Air Assault badge. CPT Pulliam was nominated by LTC Rhonda L. Podojil, Former Chief, Nutrition Care at Fort Leonard Wood.

The Surgeon General's Physician Assistant Recognition Award (PARA) will be announced in the spring during the annual Society of Army Physician Assistants meeting.



COL Hooper, SP Corps Chief, presented a SP Corps coin to CPT Admire and CPT Pulliam in San Antonio, TX, while CPT Fisher will receive his SP Corps coin from LTC Zacharczyk at Fort Jackson in January.

Congratulations to the Following
Award of Excellence Recipients!

Occupational Therapist

CPT David Admire

Physical Therapist

CPT Dan Fisher

Dietitian

CPT James Pulliam

WRAMC OTs Participate in Army 10 Miler



Walter Reed Army Medical Center Occupational Therapy Clinic team participate in Army 10 Miler

The Walter Reed Army Medical Center Occupational Therapy Clinic team participated in the 19th Annual Army Ten Miler on October 5, 2003. The team of Occupational Therapists included COL William Howard, LTC Karoline Harvey, CPT Stacie Caswell, CPT Kate Yancosek, CPT Charles Quick, 1LT Marianne Pilgrim, 2LT Chris Ebner, SSG David Paz, SSG Ibrahim Kabbah, and SPC Harvey Naranjo. SFC Ramon Diaz volunteered to assist with injured runners at the medical tent. The team proudly wore t-shirts that promoted Occupational Therapy, designed by CPT Charles Quick. The Army Ten Miler is the nation's largest ten-mile race, with over 18,000 people registered to run. Military and civilian runners from around the world join in the U. S. Army's premier running event which starts and ends at the Pentagon and courses through famous sights of the nation's capital: Lincoln Memorial, Washington Monument, Jefferson Memorial, Capitol Building, Kennedy Center. The Occupational Therapy Clinic has participated in this event for the past 2 years and looks forward to continuing this annual tradition.

SPs in the News!

Congratulations to the following Officers selected for LTHET!

PhD:

MAJ Yvette Woods, OT
MAJ Scott Shaffer, PT
MAJ Leslee Sanders, DT
MAJ Anne Albert, PA

Masters Degree:

CPT Florie Gonzales, OT
MAJ Matthew St. Laurent, OT
CPT Trisha Stavinoha, DT

Sports Medicine Physical Therapy Resident Program:

MAJ Page Karsteter
MAJ Michael Johnson

Congratulations to the following Officers for completing their DScPT degrees in Sports Medicine

MAJ Danny McMillian
LCDR Michael Rosenthal
Capt Marc Weishaar

Congratulations and Great Job!

Certified Hand Therapist (CHTs) Exam!

LTC Steve Gerardi
MAJ Matt St. Laurent
Jackie Jurokowski

Certified Occupational Therapist Assistant (COTA) Exam!

SGT Wiggins SGT Merritt
SGT Charles SPC Martin

Commandant's List at BNCO

SSG Nilda Lugo, COTA

Native American/Indian Heritage Month

1LT Bramlett was the guest speaker for the Native American/Indian Program. He spoke on American Indian Heritage and Culture...great job!!!

CPT Kennedy, 1LT Carney and 1LT Bramlett received Certificates of Appreciation for their assistance with the NMSE Course

SPs in the News!

Babies! Babies! Babies!

Amanda Lei-Ling and Clara Mei-Ling born to CPT Claudia Lee on 25 October 2003 121st General Hospital, Seoul, Korea

Ethan Rodriguez born to 1LT Jennifer Rodriguez and TSGT Andres Rodriguez on 8 September at MAMC, father currently deployed to Kyrgyzstan

Chandler Olson born to PFC Shauna Gervais and SSG Olson on November 30 at MAMC, father currently deployed to Iraq

CPT Lance Platt and Dorothy welcomed daughter Esther Tram Ngoc Platt on 31 August at RWBACH

CPT Lorie Fike had a baby girl, Lillian on Nov 2, 2003

Congratulations!!

Selected for Colonel :

LTC (P) Steve Hunt
LTC (P) Gaston Bathalon
LTC (P) Rutan

Reserves selected for Colonel:

LTC (P) Donald Black
LTC (P) Claretha Ferguson
LTC (P) Shirley Gerrior
LTC (P) Gary Graham
LTC (P) Gregg Hammond
LTC (P) Dianne Hawkins
LTC (P) Karen Klinkener
LTC (P) Debra Long

Reserves selected for Lieutenant Colonel:

Paul Ballinger	Rebecca Lange
Mary Bessette	Craig Meinking
Mark Boomershine	Charles Oleary
William Byers	David Patten
Patrick Cronin	Cynthia Pierce
Daniel Danaher	William Reisz
Zavala Davila	Robert Santiago
William Eckberg	Randy Spear
John Gardiner	Stephen Steepleton
Arland Haney	Gary Tooley
Eugene Jackson	Kenneth Wade

Selected for Senior Service College:

LTC Andrea Crunkhorn

Way to Go Tripler NCD!!

Tripler Nutrition Care Division for the second year in a row, won the annual Poster Board Christmas Card Decorating Contest



Selected for Command General Staff College:

CPT David Duplessis
MAJ Sarah Flash

O2M3 Award:

COL Brenda Mosley MAJ Danny Jaghab

AMEDD C&S Nutrition Care Branch

Promotions:

1 Oct: SSG(P) Casey Sarver was promoted to SFC
31 Oct: MAJ(P) Lovett Anyachebelu was promoted to LTC (effective 1 Nov)
5 Dec: SSG(P) Francisco Alexander was promoted to SFC (effective 1 Dec)

OT Selected for PA School!

The OT Section at WAMC bid farewell to CPT Michele Kennedy, who was selected for PA School. She will be missed, but at least she'll still be a SP! Good luck CPT Kennedy!

Army 10 Miler!

LTC Amaker, 1LT Carney and 1LT Bramlett of WAMC, OT Section, participated in the Army 10 Miler

Publication:

Lee, Claudia, Robbins, David, Roberts, Holly, Feda, Jessica, Bryan, Jean, Masullo, Lawrence, & Flynn, Timothy. "Reliability and validity of single inclinometer measurements for thoracic spin range of motion." *Physiotherapy Canada* 2003; 55(2): 73-78.

Runner Up for 67th CSH Soldier of the Year!

SPC(P) Samantha Diver was also selected to compete in the 30th Medical Brigade Soldier of the Year