



Corps Chief's Message

By COL Rebecca S. Hooper
Chief, SP Corps

Making a Difference

A belated Happy New Year to everyone. As we head into 2003, I'm sure all of you have the same questions about the future that I do. We are in a time of turmoil and change, especially in the world situation. Everyday I hear about SPs who are either deployed or preparing for deployment. All of us in the SP are praying for the safety of all of those we know and love who may end up in harms way.

Last week I was reminded of the story of the man on the beach at low tide. Another man came upon him as he tossed beached starfish after beached starfish back into the sea. The second man asked the first what he was doing. He replied, "putting the starfish back in the ocean so they won't die". The second man said, "there must be thousands of starfish on this beach alone. How can you possibly make a difference?" The first man picked up the nearest starfish and tossed it far into the water. He turned to the man who doubted his efforts and said, "it made a difference for that one" and walked on.

As your Corps Chief, I must tell you how much I appreciate all that you do for our soldiers, their families, and ultimately for our country whether you are deployed in a far away land or working diligently at your home station. Sometimes we may not feel that what we do makes a difference, but I assure you it does. As health care providers in one of the most complex systems in the world, you truly make a difference...one patient at a time.

Thank you.



OT Section

By LTC Karen Cozean, Chief, OT Section

This time last year we were recovering from the events of September 11, and as we begin this year, we prepare for a potential war. We have had military OT's and OTA's deployed all over the globe during the past year and they have made us proud with their professional contributions. It takes teamwork to keep the machine going and many of you over the past year have worked hard to cover the workload for those who have deployed. Everyone is important and needed to make sure our mission is complete, and I thank each of you for your tireless commitment, dedication, and for the quality health care you provide to your patients.

Have you heard the saying, "luck is opportunity and preparation"? We all have opportunities that arise before us daily, but very few of us are prepared for these opportunities. This saying makes me think of those of you who are PROFIS. Being prepared will help to reduce some of the anxiety caused by not knowing whether or not you will deploy. A number of you already have warning orders. Be proactive in getting your personal and professional effects in order, do not wait for the warning order to respond! Even if you are not PROFIS, it is important to be ready. And likewise clinic chiefs, have a plan in place on how you will operate with the loss of one, or possibly more, of your staff deployed. There is no guarantee that you will be back-filled, so look at your programs and develop a plan on what you can and cannot do with the loss of your staff. Market this through your chain of command so they are aware of the changes that will occur in your system. They will need to adjust and plan accordingly too. This is all common sense information but it is so easy to put it aside, "to do later", when trying to keep up with your day-to-day operations. Carve out time to prepare now so it will not be overwhelming to you should it occur.

Remember, we have a wealth of information to assist you should you deploy. The new SP Smart Book (actually it is a CD) is a valuable reference and the old smart book on the SP web page is great too. Call me if you would like a copy of the CD and we will mail it to you. There are OT's out there to assist you. MAJ Sharon Newton, CPT Robert Montz, and CPT Karen Luisi, our CSC OT's, have been very busy deploying this last year and I know they would be willing to answer questions you may have. MAJ Steve Gerardi is our expert for CSC, and he is a tremendous asset with valuable references. After action reports that I have received from therapists who have deployed, are on KE in the OT Section. Call or email me if you have questions and keep me abreast of your staffing deployments.

Two of our CSC OT's returned home in December after six-month deployments. MAJ Sharon Newton returned from Guantanamo Bay, Cuba and CPT Karen Luisi returned from Camp Doha, Kuwait in support of Operation Desert Spring. We look forward to hearing about your deployments during our next VTC in March. Welcome home!

Project Paratus

Project Paratus continues and I would like to provide you with the time line LTC (P) Bill Howard and MAJ Steve Gerardi forwarded to me so that you all have a visual of the dates and progress of the important work being done by this team. If you have an interest in joining this group do not hesitate to call me. We will arrange for you to join. We welcome our RC therapists input and membership as well! Again my thanks for the work you are doing with this project.

Timeline for Project Paratus

1. All comments in on Definition and Objectives - 1 Feb 2003
2. SOP's/program statements from the field that encompass all facilities to LTC Howard/MAJ Woods for posting on KE- 15 Feb 2003
3. Complete the review of current practice by teams* - 15 March 2003
4. Complete research and compilation of practice models in the VA and other environments and review of literature. This includes review/research of evaluation/assessments tools, interventions/prevention models and techniques. 15-20 May 2003.
5. Ensure complete posting of all information gathered to include articles, any powerpoint presentations, bibliographies, etc. for transition to next step of establishing deliverables. - 30 May 2003
6. Upon completion of the literature/program review, the working group will need to establish what should be done and what tools programs will be used as the "standard" pieces of all OT psychiatric programs. Suspense - 15 July 2003

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Physical Therapy Research Arena

by LTC (P) Timothy W. Flynn, PT, Army-Baylor PT Program

1. Research conducted by the U.S. Army-Baylor University Graduate Program in Physical Therapy was recently recognized with the 2002 Texas Physical Therapy Association Outstanding Research Presentation.

The accuracy of the palpation meter (PALM) for measuring pelvic and leg length inequality.

1LT Matthew Petrone, PT; 1LT Jennifer Guinn, PT; 1LT Amanda Peralta, PT; LTC Thomas G. Sutlive, PT, PhD, OCS; LTC (P) Timothy W. Flynn, PT, PhD, OCS, FAAOMPT; MAJ Matthew P. Garber, PT, DScPT, OCS, FAAOMPT

Leg length inequalities have been associated with a variety of musculoskeletal conditions. Therefore, the clinical measurement of leg length has become a routine and important part of the physical examination. The award winning study examined leg length measurements in 15 healthy and 15 symptomatic subjects using the PALM which is an instrument that was recently developed to measure leg length inequalities, however little was known about its measurement properties. The PALM was found to be a reliable and valid instrument for measuring leg length inequalities. The authors recommended that clinicians consider this convenient, cost-effective clinical tool as an alternative to radiographic measurement of pelvic crest height differences.

2. Collaborative project garners national and international attention

The 2002 Excellence in Research Award was recently bestowed upon LTC(P) Timothy Flynn, PT, PhD, OCS, FAAOMPT and colleagues at the Annual Conference of the American Academy of Orthopaedic Manual Physical Therapists (AAOMPT) in Orlando, Florida. The team of physical therapists included Flynn, Dr. Julie Fritz, Capt. Julie Whitman, Lt. Col. Rob Wainner, LCDR Jake Magel, MAJ Dan Rendeiro, CDR Barb Butler, MAJ Matt Garber, and COL Steve Allison. The AAOMPT is an organization that promotes excellence in orthopedic manual physical therapy practice, education, and research. The prestigious award recognized a collaborative project of the U.S. Army-Baylor Graduate and Post-Professional Doctoral Programs in Physical Therapy, Brooke Army Medical Center, Wilford Hall Air Force Medical Center, and the University of Pittsburgh, entitled "A Clinical Prediction Rule for Classifying Patients with Low Back Pain Who Demonstrate Short Term Improvement with Spinal Manipulation." The study examined 75 patients with moderate to severe low back pain, and identified those individuals that responded favorably to a standardized spinal manipulation treatment program. The researchers demonstrated that the presence of certain factors in the history and physical examination could increase the probability of success with spinal manipulation from 45% to 95%, thus allowing patients likely to respond dramatically to be clearly identified prior to treatment. The research was recently published in the December 15th issue of *Spine*. Recognized internationally as the leading journal in its field, *Spine* is an international, peer-reviewed, bi-weekly periodical that is the leading subspecialty journal for the treatment of spinal disorders.

3. Lt Col. Rob Wainner the Research Director in the U.S. Army-Baylor Graduate Program in PT published a paper in the January 2003 issue of *Spine* entitled the Reliability and Diagnostic Accuracy of the Clinical Examination and Patient Self-Report Measures for Cervical Radiculopathy. The team of physical therapists Wainner, Dr. Fritz, Dr. Boninger, Dr. Irrgang, and Dr. De-litto, as well as COL Steve Allison from USARIEM. Recognized internationally as the leading journal in its field, *Spine* is an international, peer-reviewed, bi-weekly periodical that is the leading subspecialty journal for the treatment of spinal disorders.

Physician Assistant Section

By COL William L. Tozier, Chief, PA Section

Tops on the agenda is readiness. Individual PAs must be certain they have their family matters squared away, especially the PROFIS PAs. As this letter goes to print, we are all heavily involved in SRPing our troops. From this level, I hear about all the problems -- the soldiers who have not had immunizations, medical evaluations, or eyeglasses and meds. Most of these problems arise with the RC compos being activated, but there are also incompletely prepared AD. Keep on top of your soldier readiness.

The new IPAP class, which began January 6th, will be the first class where students are earning masters'. Those students will be awarded a baccalaureate at the end of Phase I here at the Schoolhouse and receive a master's at the completion of Phase II and all course requirements. For the extra degree they are being required to do additional work. Students now take several classes on writing and exploring research which will culminate in a final paper written at the end, much like the current University of Nebraska distance learning program.

AER 40-20 became effective in Germany in December. This regulation, written by AMEDD personnel, was published by the Army in Europe. The regulation is significant in that it specifies quality control measures and practice limitations in BASs. This is the first such regulation on this topic I am aware of. It does not change the status of not reporting BAS workload, but reflects AMEDD control of garrison medical care. The regulation arose out of three bad outcomes in Germany which occurred in BASs. Currently the Division Surgeon is serving as the intermediary for policy negotiation between the MTF and battalions. The point of this issue is that PAs must police themselves in this myriad of patient care. The care is not recorded in the AMEDD reporting system, nor is it performed in an approved facility. However, the MTF commander is nonetheless responsible. Where control is not clear, there is no license to ignore quality of care standards. You must be certain that everything is documented on the patient record. It may take an extra minute to make all the notations, but you will appreciate the effort when you're talking to a judge. Medic work must be supervised. PAs love to have medics work in the BAS. It's difficult to get medics to the MTF, and frequently they encounter restrictive policy which prevents them from training to their full scope of practice (another issue). Training them is critical to what I call "the PA-Medic team". Not unlike the surgeon and the surgical nurse team, AMEDD team members must train together to their full scope of practice. Training leads to mission readiness. Ninety-nine percent of all medical evacuations during combat are for DNBI -- not combat related. Thus, medics must get to see patients, work out the complete SOAP-P process, and be given feedback by the supervising provider. You must take the time to do this. If you don't, medics will not learn the critical thinking skills and gain the clinical experience to prevent the DNBI that will make the soldier mission ineffective.

The PA Refresher Course has just been completed under the expert direction of CPT Engelhard. In addition to the resident course, a VTT for four hours on three consecutive afternoons, was broadcast to 217 sites, CONUS and OCONUS. I hope you all took advantage of the opportunity to attend some of the lectures. The CME CD is currently being developed, and you will be notified when it is available. The resident course, VTT, and CD are all accredited for Category I CME. Under the direction of LTC Kuwamoto and MAJ Albert at DHET, a program of monthly CME development is being planned to go year round so that we can keep supplying CDs with updated material.

Another way I plan to supply medical education is through the quarterly VTCs. I am disappointed at the attendance for PA VTCs. This year the VTC will have a lecture included, minimizing the administrative talk. On February 12th, MAJ Hernandez from Nutrition Care will present a brief lecture on performing nutritional assessments in large camps of displaced persons. I have found this information totally new and vital to our extra mission taskings. In March, CPT Montz of Occupational Therapy will discuss the Combat Stress Control units and how they interface with the PAs and BASs. Again, this is a new and important topic. There are still two VTCs remaining to plan this Fall. Please send me some ideas on topics that you would like to hear, and I will add them to the agenda.

Manpower projects I am working on include gaining positions for 65DM3, APAs, to replace 61N, Flight surgeons, as well as gaining a Neurosurgical residency for PAs trained in orthopedic surgery. Replacing 61Ns in aviation battalions should result in 20 or so positions for APAs. Training for Neuro PAs will be much smaller as there is only a need for 2-4 to assist in a few loca-

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tions. There is still no indication of an opportunity to start a general surgery PA residency, but I keep my ears open for the chance.

Resolution of the requirement for PAs to get licenses is continuing. The letter to all the state medical boards was sent from DODHA two months ago. DODHA confirmed that about one-third of the states have responded, but the replies have not yet been reviewed. The outcome could go one of two ways. If there are enough states that will grant valid, current, and unrestricted licenses to federal PAs, then PAs will be required to obtain a state license. If there are not enough states willing to license federal PAs, then we will request a waiver for federal PAs from DODHA. As soon as we know more about the states' responses, I will notify you of the results and planned outcome.

February 4th is the 11th anniversary of PA commissioning. In retrospect, I believe that this was a very positive move forward for PAs. PAs are pivotal in providing significant input to military health care. Rank equates with credibility, and even though our rank is generally behind our peers, based upon our experience, I believe that we now get more consideration from the AMEDD.

Reserve PAs will finally have an officer in the AMSC office. The other AMSC branches have had IMA officers drill with the branch chiefs. The IMAs provide a strong connection between the compos. Last fall I identified an IMA possessing extensive AD, reserve, and VA backgrounds. LTC James Shear was put on orders as the DIMA (Drilling Individual Medical Augmentee) for my office. I plan to bring him on board as soon as I can for a two-week drill and then assign him projects to be completed during his individual drills at home. One of our big challenges is getting PA field training and education to reserve PAs. Reserve PAs of all compos are now being called up and are performing outstanding service alongside their AD peers. I want to better prepare them for deployment and mission medical requirements unique to the Army. LTC Shear will be a big asset in that mission.

I recently asked you to send in examples of preventive programs you had completed in the last year. I got a good response and was pleased to see all the different prevention programs you are doing in your community. A lot of PAs are giving classes on tobacco cessation, weight control, and conducting health fairs. One unique project provided classes to soldiers' spouses on the use of over-the-counter meds. We have a lot of young families in the military community, and they are now having to learn how to take care of themselves. All these projects improve the health of Army members and support mission readiness.

Finally, please keep in touch, even if you get deployed. E-mail me at any time, or call for any reason. I enjoy hearing from each of you.

Thanks again for taking care of the soldiers and their families.

Congratulations to the 9A AMSC Recipients

The following are the 9A Recipients for 2002:

- 65A: LTC Amaker, WRAMC
LTC Harvey, Ft. Bragg
- 65B: LTC Flynn, AMEDD Center and School
LTC Moore, West Point
LTC Crunkhorn, Ft. Benning
- 65C: LTC Dilly, National War College, Ft. McNair
- 65D: LTC Brand, FORSCOM
MAJ Ellyson, TRADOC

PERSCOM Pointers!

by COL Bonnie DeMars, PERSCOM

Point 1:

If you've noticed that we haven't been as available lately, it is because we were heavily involved in the Captain and VI board scrub process. My, saying this has been quite a challenge is an understatement!! Records were not as complete as they could have been prior to us starting the scrub. Reviewing your record takes a tremendous amount of time. This does not need to be so!! **All officers** have access to their individual files on AKO!

So...I would like to challenge each of you to do your own version of 'reality TV' and **get involved in your own career management!!** You do not want to join the ranks of Clay or Jerri or Rodger who were voted off the Survivor show!! Your promotion and other positive personnel actions depend on you staying the course!!!

May I suggest...

Supervisors: Conduct your counseling sessions in an office that has Internet access. Have your officer bring a copy of their ORB and then have them pull up their file on AKO. Use this time to **crosscheck** the ORB with the officer's AKO file. The ORB should reflect the documents that are on your file. If you discover an inaccuracy or omission, correct it!!

Officers: Go to your PSB or military personnel office and **get a copy of your ORB** (officer record brief). Review both your AKO file and the ORB to make sure that your file is correct and complete.

Here are some helpful tips to assist YOU in making a successful review of your **ORB** and **AKO file**:

-**Personal Family Data (Section IV)**. Make sure you have a physical indicated (PULHES/DATE and HEIGHT/WEIGHT).

-**Military Education. (Section VI)** Make sure it lists your highest level of education achieved. MEL 7 (OAC), MEL 6 (OBC) and MEL 4 (CGSC). Also list any courses that are longer than 2 weeks duration or military schools such as Airborne or Air Assault, OT & Dietetic Internships, IPAP and PT Baylor.

-**Civilian Education (Section VII)**. Your school, the degree awarded and the year it was awarded should be indicated. Also, you should see corresponding transcripts on your AKO file for the schools from which you graduated.

-**Military awards or badges (Section VIII on the ORB)**. If documents are missing, submit copies of the **certificate/citation** (not the orders, DA638) for awards and **orders** for badges to your PSB and fax a copy to us so that these errors can be resolved. For example, if you have 4 ARCOMs, your ORB should read ARCOM-4 and there should be 4 certificates on your AKO file.

-**Duty Title**. Section IX is where you list your duty title. The last time I checked, I do not think we have an AOC for Incoming Personnel! Seriously, if you see this it may be because you never finished inprocessing!!

-**Licensure and/or NCCPA (Section X)**. If the data is missing or the date is expired, you need to fax us a copy so that this information can be updated.

-**Remarks (Section X)**. Officers married to service members should see this reflected here. EFMP and any prior service information are listed here also.

Point 2

Be Prepared!! The SP staff here at PERSCOM scrubs promotion board records 30 days before a board is held. We work very hard to inform you of discrepancies or of missing documents.

We work equally as hard scrubbing records for officers in the zone and below the zone. It is important to work with us to get your records in the best shape possible. The recent release of the MAJOR's board indicated that we had two SP officers selected below the zone. Although this is not generally a common occurrence, it can happen. Be prepared and make sure your record is squared away!!!

Retired Army Medical Specialist Corps Association (RAMSCA) ENDOWMENT FOR SCHOLARLY ACTIVITY

At the RAMSCA general meeting in 2001, a fund was established to support clinical research and/or special projects undertaken by active duty, USAR, and retired or former Specialist Corps (SP) officers. The total amount available to be awarded for 2003 is \$1600. Applications will be accepted for funding in the range of \$200 to \$1600. The recipients will be announced at the 2003 RAMSCA Biennial Meeting in Branson, Missouri in April 2003.

The RAMSCA Scholarship Review Committee will assess the applications using the following criteria:

1. Quality of the narrative description of the project or activity
2. Potential for successful completion of the project or activity
3. Potential for contribution to the medical profession
4. Potential for publication
5. Availability of other sources of funding

A complete application for this funding will consist of the following items:

- Application Cover Sheet
- Curriculum Vitae
- Project or activity narrative description. (The narrative should explain this project's potential for completion, discuss how and why it will contribute to the medical profession, outline possible avenues for publication, and list other sources of funding that are being sought or that have been acquired.)
- Timeline
- Copy of Research Proposal (if applicable)
- Copy of Institutional Review Board approval (if applicable)
- Letter of Recommendation

The cover sheet, CV, narrative description, timeline, proposal, and IRB information should be sent by the applicant to the committee POC, COL (Ret) Mary E. Lucas, 707 Sweetbrush, San Antonio, TX 78258. E-mail submission of documents may be made to maryelucas@aol.com. The letter of recommendation should be sent directly from the individual writing it to the POC. Deadline for the submission of applications is **15 March 2003**.

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RAMSCA ENDOWMENT FOR SCHOLARLY ACTIVITY

APPLICATION COVER SHEET

DATE: _____

NAME: _____

RANK: _____

SSN: _____

STREET ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

TYPE OF ACTIVITY (select the one which best describes your activity):

- Clinical Research
- Continuing Education
- Special Project
- Publication
- Other

AMOUNT OF FUNDING REQUESTED (range = \$200 to \$1600) _____

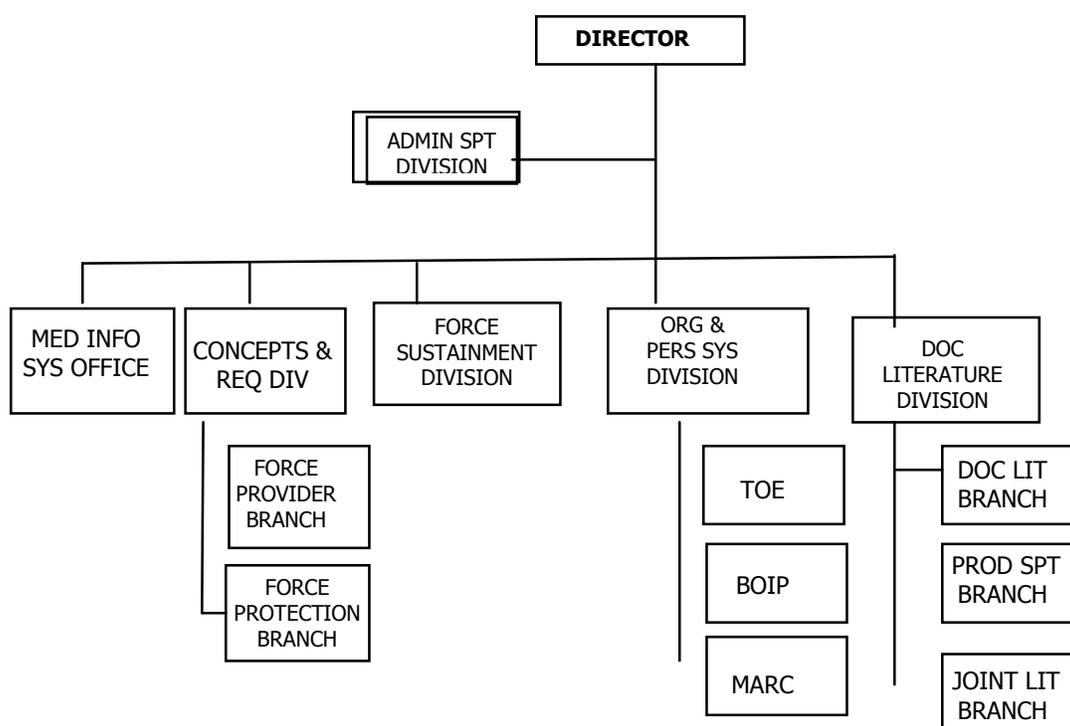
DEADLINE FOR SUBMISSION: 15 March 2003

The PA in DCDD

by MAJ James Bean, DCDD

Each major schoolhouse in the Army has a Department of Combat and Doctrine Development (DCDD). The AMEDD's DCDD is located at Ft Sam Houston, Texas at the AMEDD Center & School (AMEDDC&S). Its mission is to determine Combat Health Support/Force Health Protection future operational capabilities that support the Army across the continuum, from war to stability operations and support operations. DCDD represents the user – both the warfighter and TOE medical units. Analytical modeling and analysis, as well as identification of the medical threat supported by intelligence assessments, accomplish the identification of future operational capabilities. The goal of DCDD is to determine and develop concepts, organizations, material and doctrine for future combat health support in support of the warfighter across all operational continuums under the future warfighting vision.

Within DCDD there are several areas (see fig 1)



There is one Physician Assistant (PA) assigned to DCDD and that slot is in the Force Provider Branch of the Concepts and Requirements Division. The mission of this Branch is to determine the combat health support future operational capabilities and requirements that support the Army across the operational continuum, and identify solutions across the domains of doctrine, organization, training, leadership and training, material, personnel and facilities (DOTLM-PF).

The duties of the PA in DCDD are many and varied. They include, but are not limited to:

The primary consultant for Echelon I and II Force Health Protection (FHP) and front line primary care.

Responsible for developing concepts and requirements that lead to the successful integration of products/ doctrine that is cost efficient, technologically advanced and user friendly.

Serve as the Combat Development Clinical Operations/ Physician Assistant (PA) to Force Provider Branch, Directorate of Combat and Doctrine Development (DCDD).

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To support and assist in the development of FHP concepts and requirements to support the future vision of the Army Warfighter.

Evaluate developments in medical science and technology in all future health professional's functional areas to ensure a comprehensive, integrated, and seamless system of soldier care.

Provide input into force modernization issues, continue and maintain liaison with external agencies to facilitate issues. Serves as the combat development clinical consultant to the OTSG.

In addition to the above tasks the PA interacts with and advises both other Army branches and other services on medical doctrine and issues. Current tasks include being the SME on Land Warrior/Objective Force Warrior (LW/OFW), the Army's transformation of the soldier incorporating the concepts of the Soldier as a System (SAAS) which will increase his lethality, survivability, sustainability, mobility and Command and Control computers Communications and Intelligence (C4I). Medical issues that include the Warfighter Physiological Status Monitor (WPSM), a suite of sensors that will detect wounding, determine live/dead status, and provide guidance for remote triage for the medic, maximize warfighter operational effectiveness and prevent casualties by integrating predictive modeling with real-time physiological monitoring, generate operationally relevant performance and health status indicators for use by commanders and medical personnel and provide a non-invasive, wear and forget, physiological monitor system for mounted warriors as well as

other medical components of these systems. Being the SME on the medical aspects of Urban Operations and the DCDD POC for issues dealing with Army PAs and the 91W. This is an important position for Army PAs. The position results in the ability to impact medical issues early and to be a collecting point for issues from PAs in the field on equipment, training and organization. Calling or e-mailing the PA may save field PAs time and resources on equipment or doctrinal issues. There may not be an immediate answer for the problem but at least DCDD will know there's a problem.

POC MAJ James Bean @ (210) 295-0536 or james.bean@amed.army.mil

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OT Section (con't)

Project members will be divided into working groups. There are four groups:

- a. Jackson group (PTRP type work found at Jackson, Leonard Wood, Sill)
- b. MEDCEN group (similar type work should occur across centers)
- c. CSC/Prevention outpatient services group
- d. ASAP (Army Substance Abuse Program) group

Work done by groups can and will be posted as it occurs for the benefit of all group members to view, however, each group will first stay focused on their own area. Upon completion of the review by o/a 20 May 2003, we will then begin working through what to use, develop further, modify or discard.

Each group will have a team leader as well. LTC Howard and MAJ Gerardi will be involved in all groups.

Literature review will use the criteria model from the Stroke rehab guideline development process as presented by MAJ Walters in July 2002. I will post the entire power point presentation to KE for all.

Thanks for the support, LTC(P) Bill Howard and MAJ Steve Gerardi

Two courses were offered during this past quarter and I would like to thank the OT Branch Staff AMEDDC&S for the valuable contributions they made to the Enlisted Management Course held in San Antonio, 21 – 25 Oct. The feedback I received from this course was very positive! I'd also like to thank the WRAMC staff and Project Officer, CPT Lisa Smurr, for hosting the Comprehensive Management of the UE Amputee on 8-9 Nov with Diane J. Atkins, OTR/L, FISPO. Great feedback was received for this course as well.

Some important dates to remember

Submit your articles by **28 Feb**, to LTC Sandra Harrison-Weaver who chairs the board for the Myra L. McDaniel

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Annual Writers Award. A number of you have published during the last year and this is a nice way to be recognized for your good works.

The Management of Combat Stress Casualties Course **11 – 23 May**.

Management of Burns and Multiple Trauma Course, **4 - 8 August**.

Evaluation and Treatment of UE Conditions, **18 – 29 August**.

CALL FOR PA HISTORICAL CONTRIBUTIONS

by CPT Gail, Maxwell, SP Corps, Executive Fellow

The SP Corps Chief's office in coordination with the PA Branch Chief is currently involved in a history project to document the history of PAs in the Army. Any contributions you would like to make to this project are welcome and greatly appreciated.

Below are some but, certainly, not all the areas where you may consider making contributions:

1. Photos depicting major events and milestones (Ex: Commissioning).
2. PA Class Photos or Class Yearbooks.
3. Newspaper/Journal Articles.
4. Deployment AAR's/Trip Reports.

Contributions may be sent to:

Office of the Chief, Army Medical Specialist Corps
ATTN: MCCA-CA
2250 Stanley Road
Bldg 2840, Suite 276A
Fort Sam Houston, Texas 78234-6100

Contributions will also be received at the Society of Army Physician Assistants Conference in Fayetteville, NC (28 April – 2 May, 2003). All are encouraged to bring whatever historical items you wish to contribute.

POC for this project is CPT Gail Maxwell, PA-C, Executive Fellow, SP Corps Chief's Office. Contact information is provided below.

Phone: COMM (210)221-8627
DSN 471-8627/8306
FAX (210)221-8360
E-Mail: gail.maxwell@cen.amedd.army.mil

Thanks to all, in advance, for your generous cooperation with this effort.



Soldiers Can Forward AKO E-mail to Other Accounts

by Patrick A. Swan

WASHINGTON (Army News Service) - Using an Army Knowledge Online e-mail address doesn't mean soldiers must surrender their current military or commercial e-mail accounts.

In fact, with AKO's forwarding rule, e-mails from "us.army.mil" addresses can be automatically forwarded to any other e-mail address a user selects, AKO officials explained. They said users can do this by clicking on the "personalize" button after they log on, and then choosing "user profile."

AKO officials set up the forwarding rule because they said they realized most AKO e-mail accounts complement, rather than replace, soldiers' local post and AOL- or Hotmail-type accounts, said Harold Tucker, AKO systems architect.

"Considering how often soldiers move around," added David Hale, AKO webmaster, "it is a significant advantage for them to have one e-mail address that does not change as they move from post to post or from mission to mission.

"Having a `us.army.mil' email address is much easier for soldiers' buddies, families and colleagues to remember than the typical installation e-mail address string," Hale said.

The Army's global e-mail directory doesn't always have a soldier's most current e-mail address, Hale said. However, he said that AKO's global e-mail directory does. "That means you stand a much greater chance of reaching the person you want to contact via e-mail," Hale said.

Also, because soldiers can gain access to their AKO accounts from any Internet terminal in the world, Hale said they can maintain communication at times they wouldn't ordinarily have any Army e-mail address, such as when they are in-between assignments or in jobs that don't provide regular Internet access.

Note: If you change your name (marriage, divorce, etc.) please provide your new AKO address as soon as possible to 210-221-8306 DSN: 471 or email yvette.woods@us.army.mil. This will allow us to keep a free flow of pertinent SP information to you. If you PCS please discontinue AKO forwarding until you reach your new address or change it to your personal email address.

OT Enlisted Corner

By SFC John Holmes, 91WN3, NCOIC

The Occupational Therapy Branch was very happy to take part in the recent Enlisted Management Course. I would like to thank all the participants who took part in making this course a success, and also the clinic Chiefs who made it possible by allowing their attendance! The participants were able to network among themselves and establish a line of communication with the guest speakers that presented at the Enlisted Management Short Course. The attendees were exposed to new splinting ideas, new splinting material and were given a refresher class on the BTE Primus. The participants shared new ideas and experiences on pieces of equipment from their respected clinic and discussed the pros and cons with everyone so we could gain some insight on the new technology that is available to the OT field. I challenged all the course attendees to go back to their units and provide in-services to their perspective clinics or units. They were able to meet with the OT, Chief, Consultant to the Surgeon General, LTC (P) Cozean and discuss the future plans for the OT Department. Thanks again to all, for helping make this course a great success.

The Management of Combat Stress Casualty Course is just around the corner, get your DA 3838s in as soon as possible. The CSC course dates are from 11-23 May 03, please contact SFC Holmes or LTC Harrison-Weaver @ DSN 471-3694 for any further questions.

2003 Colonel Mary Lipscomb Hamrick AMSC Research Course

CALL FOR PARTICIPANTS

The Colonel Mary Lipscomb Hamrick AMSC Research Course will be held 28 Apr to 2 May 2003 in Boston, Massachusetts. This course will feature didactic sessions covering various aspects of the research process.

The target audience is SP officers interested in planning and conducting research, those currently engaged in research activity, and SP officers selected for doctoral and masters programs.

All AMSC active duty and reserve officers are invited to apply to attend this course. We will centrally fund approximately 20 participants. You do not have to submit an abstract in order to be considered.

Please call the course Project Officer LTC Grediagin at DSN 256-5322 (Commercial 508-233-5322) if you have questions about this course.

To apply:

1. Complete a DA 3838
2. Prepare a short summary paragraph describing your interest in research (i.e. research questions ideas). Also, please indicate if you have been selected for the Long Term Health Education and Training Program.
3. Submit both to LTC Grediagin (US Army Research Institute of Environmental Medicine, Natick, MA) by fax (508)233-5833 or email Ann.Grediagin@na.amedd.army.mil
4. The deadline for applications is 31 Jan 03.



2003 Colonel Mary Lipscomb Hamrick AMSC Research Course

CALL FOR RESEARCH AWARD NOMINATIONS

This award was established in 1986 by a grant from BG (Ret) William Hamrick to recognize exemplary long-term contributions to clinical investigation and research by an AMSC officer. The award is given in memory of Colonel Mary Lipscomb Hamrick, Ph.D., R.D., former Corps Chief and the first AMSC officer to pursue doctoral study. Previous recipients of the award are: LTC Michael Smutok, PT, MS, 1986; LTC David Greathouse, PT, PhD, 1987; LTC Madeleine Rose, RD, PhD, 1988; MAJ Jean Bryan, PT, MPT, 1989; MAJ Steve Luster, OTR, MS, 1990; LTC Kathleen Westphal, PT, PhD, 1993; LTC Nancy King, RD, PhD, 1995; COL Valerie Rice OT, PhD and LTC John Warber, RD, PhD., 1997; COL John Obusek PT, ScD and LTC Stephen Allison PT, PhD, 1999; and LTC Timothy Flynn PT, PhD, 2001.

Any AMSC officer, regardless of rank or seniority, who has made exceptional contributions in the areas of research or clinical investigation is eligible for this award. Each nomination must be made on the nomination/application form (following) and accompanied by a CV and copies of published articles from refereed journals. Self-nominations for the award are accepted.

Selection for this award will be based on demonstrated accomplishments and contributions in the areas of research and clinical investigation. Contributions are expected to **exceed** those normally associated with the nominee's duty requirements and may include, but are not restricted to:

- a. Active participation in research or clinical investigation studies.
- b. Publication of research papers in professional journals.
- c. Presentation of research and related papers at professional meetings.
- d. Active leadership in the field of research and clinical investigation. [examples: 1) provided support and encouragement to other AMSC officers to conduct research and clinical investigation; 2) established research networks with allied military, governmental, and non-governmental agencies, academic institutions, and professional organizations; 3) promoted the importance of research and the integration of research into clinical practice, etc.]
- e. Initiating a unique scientific study which has the potential to make significant contributions to the quality of health care delivery, enhance clinical practices or positively impact the AMSC, AMEDD or Army.
- f. Making other significant or unique contributions to research and clinical investigation that have the potential to make a long-term positive effect on the AMSC, AMEDD or Army.

Nominations (self nominations accepted) will be reviewed by the AMSC Chief and Assistant Chiefs for selection of the 2003 AMSC Research Award. Selection criteria and a nomination/application form are attached. **Note that the submission deadline to MAJ Woods is 17 March 2003.**

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NOMINATION/APPLICATION FORM COL MARY LIPSCOMB HAMRICK AMSC RESEARCH AWARD

SOURCES OF NOMINATION: supervisor, colleague, or self-nominations are equally acceptable.

1. Name of nominee:
2. Rank:
3. OT, PT, RD, PA (PLEASE CIRCLE)
4. Location/duty assignment of nominee:
5. This AMSC officer has made significant research or clinical investigation contributions in the following ways: (Review criteria on the reverse of this page and continue on separate page if needed).

Your Signature _____ Date _____

Return by 17 March 2003 to:

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

"SP Monthly" VTC Schedule

<u>Dates</u>	<u>Times</u>	<u>AOC Participants</u>
12 Feb 2003	1400-1630 EST	DTs (65C) and PAs (65D) session
12 Mar 2003	1400-1530 EST 1530-1700 EST	OTs (65A) TBD
9 Apr 2003	1400-1530 EST 1530-1700 EST	PTs (65B) TBD
14 May 2003	1400-1530 EST 1530-1700 EST	OTs (65A) DTs (65C)
11 Jun 2003	1400-1530 EST 1530-1700 EST	PTs (65B) Council of Colonels (LTC/COL)
2 Jul 2003	1400-1530 EST 1530-1700 EST	OTs (65A) TBD
13 Aug 2003	1400-1530 EST 1530-1700 EST	PTs (65B) DTs (65C)
10 Sep 2003	1400-1530 EST 1530-1700 EST	OTs (65A) PAs (65D)
8 Oct 2003	1400-1530 EST 1530-1700 EST	PTs (65B) PAs (65D)
5 Nov 2003	1400-1530 EST 1530-1700 EST	OTs (65A) DTs (65C)
10 Dec 2003	1400-1530 EST 1530-1700 EST	PTs (65B) Council of Colonels (LTC/COL)

Congratulations to the 2002 SP Corps Chief's Award of Excellence Recipients

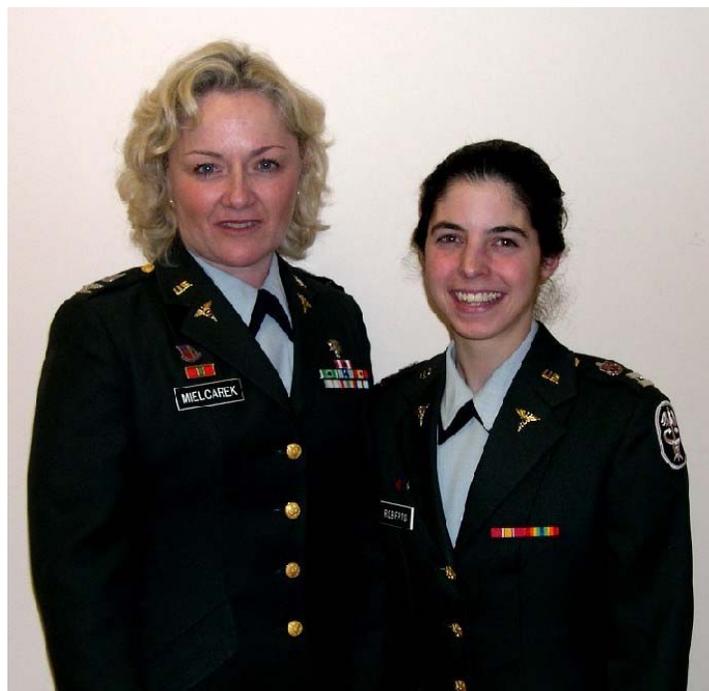
Occupational Therapy:

CPT Ted Chapman, ISR



Physical Therapy:

CPT Holly Roberts, WRAMC



Nutrition Care:
CPT Elizabeth North, AMEDDC&S

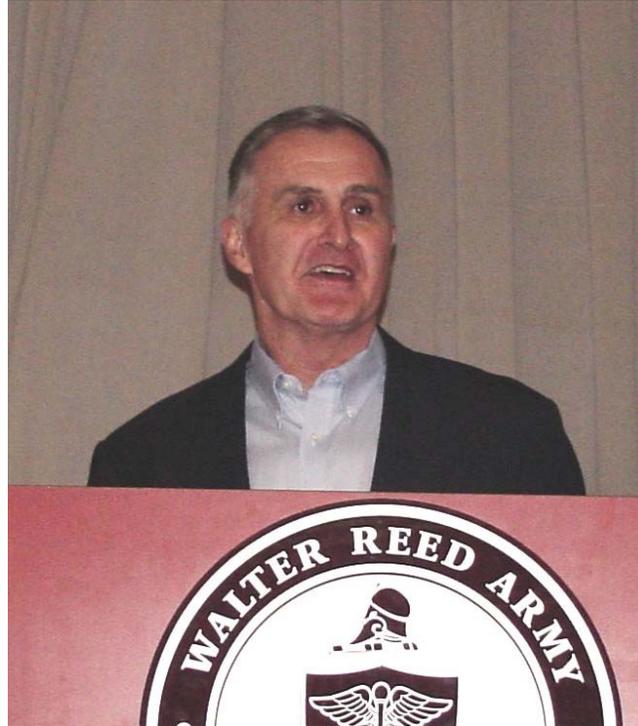


Each of these fine officers was nominated by their chain of command and their records voted on by the senior leadership of the SP Corps. The awardees were announced at the December Council of Colonels VTC. The recipients each received a numbered Corps Chief's Coin of Excellence and a letter from The Surgeon General.

The Surgeon General also acknowledges an outstanding PA each year. The TSG Physician Assistant Recognition Award (TSG-PARA) will be announced during the Society of Physician Assistants Annual Meeting in April.

Shelton Returns to Walter Reed, Walking

by Bernard S. Little
Command Information Officer



Retired Gen. Hugh Shelton, former chairman of the Joint Chiefs of Staff, walked steadily down the aisle of Walter Reed's Joel Auditorium Wednesday. He then gave a speech offering sound advice on leadership, and answered a number of questions from the attentive and appreciative audience of mostly Walter Reed physical and occupational therapists, dietitians, physician assistants, doctors and nurses. The former paratrooper, who strikes an imposing figure at 6-foot-5, stood unassisted all the while.

Shelton standing, much less walking again, was in serious question seven months ago after a fall he severely injured his neck while he was doing yard work at his Northern Virginia home. He was brought to Walter Reed, where he underwent surgery and intensive physical and occupational therapy. He left Walter Reed in June, walking unassisted from the hospital. He still returns for therapy sessions.

"I want to thank you personally for the great work that you do," Shelton said Wednesday to those gathered for a meeting of the Army Medical Specialist Corps Guild. "I'm indebted to you. [You've] allowed me to return to a somewhat normal life. I should say, 'return to a very hectic life' because I'm trying to do too much. They got me so I can walk again, but they still don't have me to where I can run, which is a favorite of mine. And I can't parachute yet, but we're still working. We still got the bar set pretty high.

"When I'm with you all, I'm reminded of a great team and what it takes to be a great team," Shelton said of the Walter Reed staff. "This is a world-class and a championship team, and I want to thank all of you for the great work you do day-in and day-out on behalf of thousands of active duty and retired service members."

In addition to discussing his recovery from his accident, Shelton talked about his military career and leadership. He said despite being JCS chairman and receiving honors from more than 15 different countries, the highlight of his military career was

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when he was a second lieutenant and a platoon leader. He said he still can remember most of the names of the 40 people who made up that platoon and how they became a team, a combat-ready outfit that would deploy to Vietnam. "I learned a lot in that process from some great soldiers -- E-6s and E-7s. It was a chance to really make a difference with people."

A low point in his military career, Shelton recalled, was a colonel he worked for "who didn't know how to deal with people. He liked to work them long and hard, and then tell them whatever they did was wrong. And he would belittle people in front of their peers. I learned a lot from him. I learned what not to do when you're a leader, how to take care of them and give them guidance up front."

Another difficult period in his career was during the late 1970s, Shelton said. It was then, following Vietnam, as a battalion commander, that most of his troops were in the military to stay out of jail. "But then we began to weed out the riffraff. By 1985, when I was commander of the 82nd Airborne Division, it was a difference between night and day. We had a superbly trained, motivated, want-to-be-here kind of Army."

If there was one thing Shelton said he wished he had changed during his more than 38 years in uniform, it would have been to have spent more of it with his sons and created a better balance between family and his professional life. He said his accident reinforced these feelings, teaching him what's most important in life -- "faith, family and friends."

Shelton said in order for people to "maximize their military experience," they must strive to "be all they can be, both personally and professionally. Seek schools to prepare for the next level up, and seek responsibility."

He said that he's optimistic about the future of the armed forces. "Sure there are some challenges out there, but this is the most respected organization in the United States today." He added that although good people may leave the military, there will be always someone just as capable and ready to "step up to the plate. It's there at every level.

"What's really important in terms of day-to-day activities is [for leaders] to do what's right and be willing to step up and do right by the people who work for them and our nation."

SPs in the News!

Promotions

CPT Liana Zacharias, BAMC
1LT Jennifer Rodgers, BAMC
CPT Jennifer Sherwood, Ft. Bragg
SPC Erin Dorval, Ft. Bragg
CPT Cheryl Chmielewski, Ft. Leonard Wood
SSG Gregory Adams, BAMC
SSG Mike Rotan, BAMC
SSG Frank Obregon, BAMC
SGT Curtis Mensch, BAMC
SGT Dianna Camacho, BAMC
CPT(P) Teresa Brininger, LTHET
CPT(P) Roger Bannon, Ft. Polk
CPT(P) Matthew St.Laurent, Ft. Gordon
CPT(P) Jeff Nelson, Wuerzburg.

Births

Major Cynthia Gorczyca, BAMC: Baby boy on Christmas Day named Ryan Christopher
SGT Edwin Rivera, Ft. Sam Houston: Baby girl on 25 October 02 named Vivany
SGT Glenn Goodridge, BAMC: Baby girl on 21 November 02 named Nakiyah
PFC Melissa Woods, Wuerzburg: Baby girl on 17 November 02 named Joczlyn Rene
CPT Janetta Blackmore, Westpoint: Baby boy on 25 November 02 weighing 8lbs 7 oz & 21 inches

Certifications

Congratulations to our newest Certified Dietary Managers --- SFC Reginald Harris and SSG Casey Sarver, Nutrition Care Branch, AMEDDC&S

Liz Bonometti (former Army RD) passed her renewal exam for her CDE status and Ruth Linhart became a new CDE. Judy Hart, completed a certificate program through Penn State on Nutrition and the Elderly.

SGT Joshua McKim completed the Army Advanced Culinary Arts Class at Ft. Lee, VA in November and received a silver medal for his work.

CPT Claudia Drum received the Certificate of Training in Adult Weight Management through the American Dietetic Association in October.

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LTC (P) Len Cancio, Tripler, MAJ Stephanie Daugherty, Ft. Knox, and CPT Michael Robertson, Ft. Lewis received their certification in hand therapy.

SSG Javita Facion, Ft. Hood, passed the COTA exam

Marriages

CPT Joseph Frost was married to the former Jessica Purvis from New Jersey on Thanksgiving Day in Wuerzburg, Germany. A stateside June wedding is planned. Congrats to Joe and Jessica!

PFC Erik Borja
SPC Roberto Alvarado

Miscellaneous

We are sorry to report that LTC(R) James Kurt Herzberger (PT) passed away last week. His wife resides in MD. If you would like to contact her please call the SP Corps office.

BAMC Dietetic Interns Add a New Dimension to "Weigh to Stay"

BAMC Dietetic Interns have started teaching "Weigh to Stay" to deployed units in Bosnia and Honduras using telemedicine technology. This initiative has received much Command attention and support on the ground where services are encouraged to be pushed to soldiers. This initiative meets TSG's BSC in Initiative L5 to integrate information and medical technologies and IP2 Improve services of deployed units. Great job interns!!

SGT Mark Thibodeau is doing an outstanding job representing the 91Ms downrange in Kosovo with the 67th CSH. You can email SGT Thibodeau at mark.thibodeua@bondsteel2.aur.army.mil (note spelling of last name is correct for email).

West Point Nutrition Care staff awarded a grant from Health Promotion and Prevention Initiatives (HPPI) to be a Dietary Supplements replication project site. This is a joint effort between CPT Blackmore, USA MEDDAC, West Point and Dr. Matt Beekley, USMA Associate Professor. Dietary Supplement education will be provided to some 1000 cadets. Our intent is to make this education a permanent part of the USMA Health and Wellness class curriculum. This grant was also awarded to the Nutrition Staff at Womack Army Medical Center.

SFC Carmen Vega, Tripler, successfully completed Air Assault School

CPT Robert Montz, Ft. Bragg, successfully completed Jumpmaster School

LTC Robinette Amaker, WRAMC and MAJ Andrew Frabizio, Ft. Hood were selected as item writers for the Hand Therapy Certification Examination for HTCC

LTC Robinette Amaker, WRAMC presented the keynote address at the PA Fall Conference 18 OCT.

The following WRAMC OT's participated in the Army 10 miler 20 Oct: CPT Stacie Caswell, CPT Charles Quick; CPT Jay Clasing; 1LT Patricia Stange; 1LT Marianne Pilgrim, 2LT Mark Tenhor, LTC Robinette Amaker, and MAJ Stephanie Daugherty was there to represent Ft. Knox.

LTC Robinette Amaker, WRAMC, ran the Marine Corps marathon 27 OCT 02



**U.S. ARMY
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