



## Corps Chief's Message

By COL Rebecca S. Hooper  
Chief, SP Corps

### Exploring, Dreaming, and Discovering

Mark Twain once wrote, "Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover."

I am truly honored and humbled to know that whether you consciously know it or not, many of you are following Twain's guidance. Let me give you a few examples:

CPT Jesse Ortel (65B) and MAJ Colleen Kesselring (65C) "explored" a new concept during their deployment to Bosnia. Their "dream" was to establish a clinic where the soldiers were located, essentially bringing their services to the soldiers rather than vice versa. They "discovered" that their efforts were valued and effective.

CPT Frank Tucker (65D) "explored" and "dreamed" his way into a multimillion-dollar project to develop a database to track soldier injuries, profiles, and deployability. He "discovered" that not only were his efforts valued by his local command, but also he caught the attention and enthusiasm of TSG.

MAJ Danny Jaghab (65C) is "exploring" the connection between President Bush's "Healthier U.S." initiatives and the inherent roles and responsibilities of the SP. LTC Karen Cozean (65A) "dreamed" into reality a two-day satellite broadcast for OTs on the topic of Upper Extremity Amputee Care. MAJ Anne Albert (65D) "discovered" the wide spread effect and appeal of a CD version of the PA Refresher Course.

I'm really glad that you, the members of the SP Corps, are better at exploring, dreaming, and discovering than I. I realize that activities like these are in addition to those things that keep you gainfully employed each and everyday. But you know, it is through such ground breaking activities that we grow, progress, and demonstrate that SP's will always be in demand because we do, what we do, better than anyone else!

Thank you. Keep dreaming.



# Occupational Therapist Section

*By LTC Karen L. Cozean  
Chief, OT Section*

I hope each of you had an enjoyable summer. For many of you it was a very busy time and I will share some of the exciting things going on within Army OT.

Two OT Professional Short Courses were held since the publishing of the last Medallion and I'd like to begin by first acknowledging the project officers and their staff who provided these excellent courses. LTC Harrison-Weaver, SFC Holmes, MAJ Gerardi and the OT branch staff did an outstanding job hosting the Management of Combat Casualties Course held at Camp Bullis this past May. The guest speakers reinforced how critical this training is for our military mission. CPT Bannon and CPT Montz enriched the course with their personal involvement and perspective during 9/11 and Operation Enduring Freedom. SFC Robert Goodale also shared his experience with course members of his deployment to Bosnia. Thank you all for an outstanding course. In August, LTC Karoline Harvey and her staff hosted the Upper Extremity Evaluation and Treatment Course at Fort Bragg. Course participants continue to share with me the excellent training they received and I offer a big thank-you to LTC Harvey and her staff for an outstanding course.

## Updates

The ASAM III Survey is presently underway (virtually) at Ft. Bragg and Ft. Knox. Surveyors will be on site throughout Europe during Oct and TAMC/WBAMC in Nov. Remember that I have placed information on our KE SP web site to assist you and please contact me for any questions you may have. The model that was built for staffing OT, is not only to assist you in what you do today, but also to provide you with the staff needed to support our mission in psychiatry and ergonomic injury prevention. I know many of you are not able to do this with the present staffing level; therefore you need to support and justify this staffing change as you meet with the ASAM team. They are not necessarily going to give you an increase in staff without you justifying the need for staff to do these important missions. Call me for your staff numbers to help strengthen your position when meeting with the team.

For a first time attempt to utilize VTT technology, I think our two-day conference, Sept 13-14<sup>th</sup>, on the Comprehensive Management of the UE Amputee went well. Feedback from the 12 sites that participated has been very helpful. Some of the technical difficulties we experienced were in part due to the mixing VTC signals with VTT signals. We will ensure that future broadcasts in this forum will be VTT only. So locate those classrooms that have this capability for future use. Guest speakers, Diane Atkins and Randy Alley, were excellent speakers and very knowledgeable in this topic. It was their first experience to live broadcasting as well. Participants who attended the full two days were awarded 12 type II CEU's by the Texas Board of OT Examiners. I am meeting with the Distance Learning staff this week to plan the next step to make the tape recording of this two-day course available to those of you in time zones where it was not feasible to participate. So further information will be provided to you shortly. In order for you to receive your CEU's via tape viewing, you will need to successfully pass the test at the end of the 12 hour course to meet the criteria set by the Texas Board. I'd like to thank the OT staff at BAMC and MAJ Woods, for coordinating the logistics to make this course a success. This course will be offered at WRAMC on Nov 8<sup>th</sup> and 9<sup>th</sup> so there is one more opportunity to catch it live. Please contact CPT Lisa Smurr at WRAMC for the details.

Congratulations to COL Mary Lopez who received this years Myra L. McDaniel's Annual Writers Award for her article titled, Ergonomic Evaluation of a Government Office Building. I thank all who submitted their articles for this prestigious award and thank you to the nominating committee: LTC Harrison-Weaver (Chair), LTC Max Ito, LTC Len Cancio, and LTC Karoline Harvey.

During our July VTC, MAJ Chuck Walters gave us an informative brief on the new Practice Guidelines for CVA patients. I asked him for some additional information to pass onto you in case you might want to pursue this further. The final draft of this guideline can be found at [www.guideonline.info/cpg.htm](http://www.guideonline.info/cpg.htm). There are training tapes available to help evaluators learn to use the NIH stroke scale and estimate inter-rater reliability, discussed in the guideline. If you use this

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scale, it would be helpful for you to have a neurologist provide you some additional training of the items, as to how they are traditionally rated by a physician. These training tapes are available from the American Academy of Neurology store: [www.selling.net/store.asp?storeid=11](http://www.selling.net/store.asp?storeid=11). MAJ Walters also has more information on the FIM and will assist you with any questions you may have on this assessment tool. Thanks MAJ Walters for your participation in representing OT in this important guideline.

It is never too early to plan for the opportunity to apply for LTHET. For the 04 board convening **next MAY 03**, OT's desiring a Masters degree in OT (emphasis is your choice), Public Health with USUHS/CHPPM, or MHA through Baylor University is acceptable for this year's applicant. For the PhD, we are looking for the applicant to select one of the following: a doctorate in OT, Education, Ergonomics, or Science with strong research base. Remember there is an option for degree completion as well. Call me to discuss your interests. Application deadline is 1 April 03.

Nominations for the SP Chiefs Award of Excellence are due by **30 OCT**. This award recognizes our outstanding company grade officers. Information about this award is on the SP web site. Please send your completed form to the SP Fellow: CPT Maxwell at [Gail.Gilchrist@us.army.mil](mailto:Gail.Gilchrist@us.army.mil).

To date, there are presently 59 OTR/COTA's registered on Knowledge Exchange. Keep the registrations coming. Let's all get on board by the next VTC in November! Call MAJ Woods or CPT Maxwell for any questions you may have in how to access this system.

### **Deployments**

MAJ Sharon Newton continues to provide CSC prevention interventions, and consultation to members of the Camps, Base and Command Staff in Cuba.

CPT Karen Luisi has been the XO and medical operations officer for the CFLCC – FWD- Surgical Office and is presently working in the protocol office. Please send positive thoughts and energy to MAJ Newton and CPT Luisi as they continue to do an outstanding job representing OT.

CPT Ted Chapman was a member of the Subject Matter Expert Exchange Team to Bogota Columbia on 28 Jul to 3 Aug. He provided a number of lectures on burn and hand rehabilitation. (To see his AAR, go to the OT Section on KE.)

LTC Cassandra Lewis and SFC Kathy Rasmussen participated in the third annual Hand Reconstructive Surgery MEDRETTE to Tegucigalpa, Honduras. Their report is in this issue of the Medallion.

### **Goodbye to our departing therapists:**

Two fine officers are departing the Army, CPT James Staeben and CPT Michaelle Selcke will begin their terminal leave this November. We thank you both for your service and many contributions to the section. We wish you the very best as you begin new careers in the civilian sector.

There is one officer I failed to recognize last summer as I was coming on board and COL DeMars was moving onto her PERSCOM job. And this officer definitely warrants recognition. COL Ann Amoroso, who was well respected by the Section for her outstanding clinical skills and her gifted ability to teach and mentor students and staff alike. COL Amoroso began her career in 1981 at FT Benning, GA. Her tours included: WRAMC; Chief, OT Ft. Benning; Chief, OT FAMC; Chief OT BAMC, and Chief, WRAMC. She held two staff jobs as the base closure officer for FAMC and the acting SP Corps Proponency Officer in 1997 at FSH. Ann, we thank you for your dedication of 20 years of service and wish you well in your retirement. Ann and Frank are building their beautiful retirement home in Fredericksburg TX.

Thank you for the tremendous work you do, I hear compliments on your efforts daily. Your work is valued and very important to the AMEDD. Please take time to enjoy your journey. All the best to each of you!

# Hand Reconstructive Surgery Medrette

*By LTC Cassandra Lewis  
Chief, Occupational Therapy, BAMC*

LTC Cassy Lewis, OTR and SFC Kathy Rasmussen, COTA, participated in the third annual Hand Reconstructive Surgery MEDRETTE to Tegucigalpa, Honduras. The other team members included hand surgeons, anesthesia, OR nurse and OR technician.

The mission was to provide evaluation and treatment to patients with congenital hand deformities, acute and chronic traumatic injuries (usually machete), burn scar contractures, and other deformities and afflictions of the hands. In addition local surgeons, residents, and Occupational Therapy students were provided hands on training and didactic lectures. The team members experienced operational medical readiness in a foreign, austere environment closely simulating wartime field conditions.

Seventy-one patients were seen the first clinic day and 55 were scheduled for surgery. Some of the patients with complex nerve and tendon injuries were not candidates for reconstructive surgery because of joint stiffness. OT had an immediate caseload and saw 8 to 10 patients a day for treatment. The patients were quite stoic, very compliant and so appreciative. Some made amazing gains in a short period. We went to the OT school and provided lectures and demonstrations/lab sessions. The students were very enthusiastic. Their resources were limited. They had one goniometer and it had been copied and laminated. The one dynamic splint they showed us was out of plaster and wire and was quite high profile. Their textbooks were limited and were in English. The OT instructor wrote a rehab text in Spanish that was the main OT textbook. One student asked what option was available for splinting when plaster and plastics were not available. One suggestion from a Mexican OT was to use empty lotion bottles and sponges for lining. The rehab approach was traditional with Physical Therapy providing the exercises and modalities and OT providing functional activities. We had a tour of the clinics and saw mainly family members working with the patients because of limited staff.

In the past, a COTA was not part of the hand team. The addition of SFC Rasmussen was essential due to the large rehabilitation and teaching component of the mission. More therapy supplies need to be added to the packing list to include toys for the pediatric cases. The team had toys to donate so OT took some of the toys to use for the pediatric post op and therapy patients.

The Honduran experience was definitely a career highlight.

# Physical Therapy Section

*By COL Charles R. Scoville  
Chief, Physical Therapist Section*

During the past year and a half I have been working to develop the population based ASAM Model. I just returned from a cold, wet, but quite enjoyable visit to Germany and have requested one additional change to the model. I think it is important that everyone understand the basis of the model so that when you are surveyed you know where the numbers are coming from. First I strongly believe that while we are excellent Primary Musculoskeletal Evaluators, we are not Primarily Musculoskeletal Evaluators. The demand for physical therapists is not because we are the best at patient evaluation, it is because once we have evaluated the patient we are able to effectively treat the patient. It is our treatment skills that make us

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invaluable to the organization. It is also our ability to work with the units to identify and correct risk factors and decrease injuries that places us in high demand. So, the model is based upon the role of the therapist evaluating, providing direct, hands-on treatment, and doing injury prevention activities.

I was recently asked by a hospital commander - "I have always been able to meet access standards with one therapist - your model identifies the requirement for 2.5 therapists - why do I need more than one?" I was able to point out that the therapist was Primarily a musculoskeletal evaluator, did very little hands-on patient care or injury prevention activity, and the majority of patients were treated by the PTAs, with only weekly follow-up by the PT. I discussed the importance of the therapist seeing the patient each day and by doing so being able to adjust treatment plans instantaneously based upon the patients responses and decrease the lost duty time.

I developed a population model that varied with the age of the patient and status of the patient (the time required to evaluate and treat an 18 yr old AD is much different than a 60 yr old dependent retired). The folks at ASAM wanted to work initially with one population number so we settled on 1 PT per 7,500 population. We then addressed the support staff. Initially they wanted a fixed 1.7 support per PT. Over time we agreed on a sliding scale that for a single therapist you would begin with 1 receptionist and 2 assistants. This was followed by an addition of therapist to tech at 1:1 with an additional technician added in when there was a need for an NCOIC. Additional receptionists were added at total therapists levels of 6 and 12. These numbers may have changed a little as they have gone through the ASAM process, but the concept is still in place. Now, back to my trip to Germany. While there we identified that, similar to the Rangers, there are a number of locations with troop populations below 7,500 that still require a physical therapist. Here is where our treatment skills become crucial, because it is easy to justify one independent PT doing the evaluation, treatment and injury prevention, but supporting additional staffing is difficult. I have asked that the model now include independent physical therapists for troop populations between 2,500 and 5,500. We identified a number of these positions in Europe and we are currently working on obtaining authorizations to increase the number of therapists in Europe.

I will continue to emphasize the patient treatment role of our therapists and our skills as primary musculoskeletal evaluators, but will also emphasize that we are not, and should not be, **primarily** musculoskeletal evaluators.

## Army Dietitian Wins Armed Forces Bodybuilding Contest

CPT Brenda White, C, Nutrition Care Division at Lyster Army Community Hospital recently competed in the Armed Forces Bodybuilding contest on 14 September 2002, which was held at Virginia Beach. The Armed Forces Bodybuilding competition is a major contest that is done annually by the National Physique Committee for all members of the military, to include active, National Guard, reserve, dependents, and retirees. More than 60 competitors, in various categories, competed in this year's contest.

According to CPT White, she normally, works out year round with cardiovascular conditioning and weight training. During non-contest season or when preparing for a contest, her cardiovascular conditioning consist of 45 minutes to 1 hour of training. Weight training consists of heavy weights with a three-day on/one-day off routine. Four weeks prior to this contest, she changes her weight-training workout to lighter weights with increased repetitions with a six-day on/one-day off routine.

There are three weight classes, light, middle, and heavy weight. CPT White entered as a middleweight. There were five women in the middleweight class. After winning 1<sup>st</sup> place in the middleweight class, she then competed against the light and heavyweight winners and won the overall women's title.

The overall prizes for this contest are trophies, plaques and 10K yellow gold rings for the overall winners.

According to CPT White, "It feels great to train hard, to eat healthy, and to win"! Congratulations CPT White on behalf of the entire Army Medical Specialist Corps.

# TriWest Armed Forces Eco Challenge in Alaska (August 2002)

*By CPT Erica Clarkson  
US Army Health Care Recruiter*

Recently I participated on a team with 3 orthopedic surgeons (2 from BAMC and 1 from Ft. Benning). We were one of seven teams who actually completed the course. We finished 4th and the top 3 teams had all participated in the event last year, so we had the best finish for first time participants.

Event coverage and photos can be found on the team website at <http://www.triwest.com>. Our team name is TriWest Army.



Team TriWest Army members left to right, Gene Griffiths, Team Captain Jim Ficke, Dave Brown and Erica Clarkson, discuss their strategy.



A wet Erica Clarkson attempts to dry her attire.



Team TriWest Army member Erica Clarkson – The true meaning of “dining out.”



Left to right, Dave Brown, Erica Clarkson, Gene Griffiths, and Team Captain Jim Ficke - Another successful finish!

# Dietitian Section

*By COL Brenda Forman  
Chief, Dietitian Section*

Greetings everyone and Happy New Fiscal Year!

I hope you all had a wonderful summer and are now getting settled back into your routines. Let me start by saying thank you for all of your contributions to Army Dietetics and to our Corps. I am refreshed daily as I reflect on all of your accomplishments this past year. Please know I appreciate all that you do.

I want to highlight just a few issues in this edition:

## **WELCOME HOME**

First, let me say welcome home to dietitians and 91M's that recently returned from deployments. These soldiers are **MAJ Colleen Kesselring** and **SSG Wells** who returned from Kuwait in June. We also welcome **MAJ Sara Speilman** who returned from Bosnia on 11 September 02. **SGT Roy Mass** recently returned to 67<sup>th</sup> Combat Hospital, Wurzburg Germany after spending 6 months in Kosovo with Task Med Falcon Force 6. Welcome home to each of you and thank you for your sacrifice. These officers and NCO's will be sharing their experiences with you either by VTC or at various military conferences throughout the year. We now have two reserve dietitians deployed – **MAJ Marie Patti** replaced **MAJ Kesselring** in Kuwait and **COL Char Norton** is serving as the Executive Officer for the medical task force now in Bosnia. SGT Mark Thibodeau replaced SGT Mass in Kosovo.

**DIETITIANS IN THE NEWS:** Dietitians are making a difference in so many ways throughout the command. Take a moment to read an update provided by MAJ Corum from CHPPM where she has provided highlights from the recent Force Protection Conference. **MAJ Corum** was the conference coordinator and several dietitians presented either posters or platform presentations. Make sure you check out the feature about CPT Brenda White who recently won the Army Bodybuilding Competition in 3 categories. What an awesome accomplishment. . Check out the news feature of the Medallion to find out about all the other great things dietitians are doing to include some news about new babies and newlyweds.

**UPCOMING VTC:** Mark your calendars for 30, October 02, which is the date for our next VTC. This meeting will feature an update from the recent Healthcare Foodservice Managers conference as well as a report from the Junior Officer's Council Working Group. The entire agenda will be published soon and distributed by e-mail.

**DOD Nutrition Symposium:** The conference will be 18 and 19 October 02 in Philadelphia. We have 90 individuals who have registered for the conference thus far and I expect there will be even more. Hope to see you in Philly.

## **RETIREMENTS AND OTHER FAREWELLS:**

**LTC Francis Finegan** is currently on terminal leave and transitioning into retired life. LTC Finegan has made many notable contributions to the AMEDD throughout her career and will be missed by all. I extend my thanks to you LTC Finegan and your family for your contributions.

**CPT Jessica Stanton**, staff dietitian from 121<sup>st</sup> General Hospital, Seoul Korea will leave the Army soon. My thanks to you CPT Stanton for your many contributions and I look forward to continuing to work with you as a member of the Army Reserves.

# Physician Assistant Section

*By COL William L. Tozier  
Chief, PA Section*

In July 2002 I was appointed to the position of Chief, Physician Assistant Section. I am now settled in the MEDCOM office and look forward to working with my fellow PAs and AMSC officers in supporting the mission of soldier care. I have been in the military for 31 years, 26 of which as a PA, and this is a tremendous opportunity to represent my fellow PAs and to serve Army Medicine.

The most important goal has always been and will continue to be providing the best health care for the soldier at every time and every place. PAs are the experts in Level I/II health care. To that end I will support PA efforts towards making certain that soldiers have the best battlefield medical care. Optimal career assignments, education, and time for family and self are owed to you for this commitment. The needs of the Army come first, but I pledge to do everything within my power to support you in your life and your missions.

Now I am settled into my office and the responsibilities that come with this position. What that means is that I've located a good parking space and have learned new phone numbers, acronyms, and organizational titles. I keep up my fitness routine by pacing back and forth, and I've dialed-in a good radio station for my mental health.

During the last few months I assembled some of the ideas that I've had for many years – the 'if only I were in charge' ideas. I cannot promise that these ideas will be accomplished, or even get off the ground, but I believe they are important to target.

The following may give you a better idea of my philosophy and goals as PA Section Chief.

- Develop some program of educational assistance for applicants to the IPAP who have difficulty in getting the necessary required academic courses due to frequent deployments and the increased tempo of the Army.
- Develop leaders to replace the PAs who replace the current leadership.
- Develop a Combat Trauma Life Saver course and decide the appropriate timing and method of delivery in PA careers for the course.
- Develop a format for operational medical topics for AD and Reserves that is portable and current.
- Increase PA utilization on the battlefield
- Consider a core Surgical PA curriculum that could be the basis for several surgical specialties
- Collect data on PA productivity, especially AARs and unit readiness
- Visit all PAs
- Encourage PA research and writing, especially on Echelon Level I medical topics.

These ideas will not be magically created in my office. I am asking for your assistance in working these ideas and strongly encouraging you to call my office and offer your ideas.

Perhaps a brief description of what I do in this position would be helpful. First, I am an Allied Health Staff officer in the Health Policy and Services Division of MEDCOM. Taskings from OTSG are passed to our office to review for clinical matters. These issues range from designing processes for clinicians to provide the most efficacious care and evaluating clinical care to re-writing policy and regulations. This may also include gathering data for specific AMEDD Balanced Score Card initiatives or completing a business case analysis of an AMEDD function. As Chief, Physician Assistant Section I am also involved directly in matters relating to PAs and other midlevel practitioners within the AMEDD. This is how I contribute PA experience and knowledge to the HP&S Division. Secondly, I am the PA Consultant to TSG. Questions and issues specifically regarding PAs are directed to me. These issues may be general questions, such as PA utilization, medical topics, PA training and education, or individual PA issues. In this role, I represent PAs as a profession and AMEDD team member. Finally, I am Assistant AMSC Chief for PAs. The AMSC Chief works on issues for individual SP officers, such as career management, education, and promoting midlevel practitioner roles in the AMEDD.

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Current projects and issues include:

- Tattoo Policy – generating a policy for TSG approval which outlines what AMEDD responsibilities are in tattoo treatment (removal is a misnomer) for soldiers identified as having prohibited tattoos as described in the new AR 670-1 (published July, 2002);
- Working with COL Hooper to complete a Business Case Analysis for TSG on the cost and return for PA residencies such as Cardio-vascular Perfusion;
- Compiling data for the AMEDD Balanced Score Card on Orthopedic backlog in AD clinic and surgery;
- Licensure- I will include a short information paper on the status of PA licensure.

I am excited about the next four years. I have a lot of ideas, and I know you also have ideas that we can work on. There are problems to be developed as we forge ahead, improving soldier health care and our profession. I am here to work for you, but I need your assistance in this task. I will try and visit all of you, but in the meantime, call, write, email – just let me know what is going on.

## NEWS

**LTC Louis Smith** was picked up for SSC, the first PA to be selected. Congratulations! We have achieved another milestone for PAs!

**DHET.** The Physician Assistant Recertification Training CD is now available online. A new project, creating a CD accredited for Category I CME hours, was added to the annual PA Refresher Course in 2002. **MAJ Anne Albert** was the lead on this project, assisted by **LTC Rod Kuwamoto**, who came up with funding, and **COL Robin Tefft's** (Dietitian) Department of Learning Innovation and Technology, who produced this incredibly professional product. Register online at <http://swankhealth.com/>. You can complete the CME one course at a time, and then you will be given a certificate for registering your CME.

**IPAP.** MG Porr, Commanding General, AMEDD C&S approved the IPAP for a Master's Degree in June 2002. Implementation is currently being worked out. As soon as the details of rank and starting date are complete you will be notified. There will be no change in the admission requirements. Also, OTSG has permanently approved officer admissions to the IPAP. Once again, you are being asked to seek out the excellent soldiers who work with you and encourage them to submit their applications to the IPAP.

12 September 02

## INFORMATION PAPER

1. Purpose. Plan for licensure of Army PAs as required by Department of Defense Instruction (DODI) 6025.13

2. Facts.

a. Army PAs (all components and civil service) are required to have a current, valid, and unrestricted state license when working in federal facilities in accordance with DODI 6025.13, dated 20 July, 1995. The draft Army Regulation 40-68 requires state licensure for PAs.

b. Complications to PA licensure arises from state policies requiring that a PA be licensed with a physician also licensed in the same state, states having different prescribing policies and numbers of PAs that a physician may supervise, licensing PAs overseas, Reserve component PAs working and performing duty in different states, as well as frequent permanent change of stations (PCS) among PAs and physicians assigned to Table of Organization and Equipment (TOE) units.

c. Army PAs meet or exceed all requirements for licensure in every state, as they are all graduates of an accredited PA program, and have passed and maintain National Certification Commission for Physician Assistant (NCCPA) certification.

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tion.

d. In March, 2002, Federal PA Chiefs met in Alexandria, VA to discuss the PA licensure in federal medical facilities. They concluded that licensure is needed but were not able to see how this could be accomplished with current state licensure policy. The American Academy of Physician Assistants (AAPA) also issued a letter recommending against licensure of federal PAs.

e. In July, 2002, the Army PA Consultant and Army Medical Specialist Corps Chief, met with COL John Powers, Department of Defense, Health Affairs (DODHA). COL Powers decided to continue with the Director, Health Policy Services decision to query each state whether they would grant a current, valid, and unrestricted license to DOD PAs given all the conditions that provide exception to normal state licensure. If state licensure is not feasible, then he would proceed with requesting a DOD waiver.

f. The Federation of State Medical Boards was also contacted and they have now offered to meet with the Federal PAs and DODHA to work on the issue.

g. COL Powers will present the status of PA licensure to the DODHA Risk Management Committee Sep 5<sup>th</sup>, 2002. The letters will be mailed to each state in September. Follow-up will proceed once the letters are returned.

COL Tozier/221-6525

Approved by: \_\_\_\_\_

# IMA, Occupational Therapist Reserve Component

By LTC Mary Altena  
*IMA, OT Section*

I am LTC Mary Altena (Kavanaugh). I would like to take this opportunity to introduce myself as the Individual Mobilization Augmentee (IMA) to LTC Karen Cozean, Chief of the Occupational Therapist Section, active component.

I started my military career in the OT Internship Program and was on active duty from July 1979 to January 1986. Since then I have been in a variety of reserve units to include general hospitals, combat support hospitals, creating my own OT "clinic" in Adak, Alaska on the Aleutian Island, to my last unit in a combat stress control detachment.

As a reservist, I know at times I felt completely lost as to what was happening with the SP Corps, what my role was, what opportunities could the Corps provide me. My main job is to be a liaison between the reserve component (RC) with the active component (AC). To keep the lines of communication open, my goal is keep the OT reservists informed of SP corps issues and concerns, their role and responsibilities as a member of the SP Corps/Army, and education/training opportunities.

During my 2-week annual training with LTC Cozean this past July, I initiated steps to promote a communication network with 170 OT reservists to include IRR, IMA, and TPU soldiers. In order to keep in contact with both the active and reserve OTs, I plan to set up data site on the AMSC homepage and the SP KE websites under Reserve Affairs to include a newsletter for the OT reservist and a site to list training opportunities.

As part of training opportunities, I would like to list on the SP KE where OT reservists are needed and can perform their annual training at military clinic facilities. I know some of you are having reservist come to your facility to do their annual training on a regular basis. In order to initiate this site, I need to know from the AC OT sites the need for coverage by the OT reservist. Another issue is who is funding the training. If an OT reservist is part of a TPU, annual training funding is usually covered by their TPU. However, if a reservist has completed their annual training and is looking to do another 2 weeks to help cover your clinic, funding my need to come from the requesting AC OT site. If a reservist OT is in the IRR, their funding to do AT comes from ARPERSCOM.

If you do have a need for an OT reservist to perform annual training with you, please contact me at mary.altena@us.army.mil. I would need to know the dates, name of military facility, area of practice the coverage is needed, and point of contact. We can work out the details if you want the OT reservist to contact your facility directly or have them go through me to set up possible training opportunities for annual training. Reservists in TPU will need to get their unit's approval (DA1058R) to complete AT.

I look forward to working with you all. I need to hear from you as to how I can best serve and keep the lines of communication open between the AC and RC OTs.

Thank you,

Mary M. Altena  
LTC, SP  
IMA, to the chief Occupational Therapy SP Corps

# Training and Doctrine Update from the Nutrition Care Branch, AMEDDC&S

*By LTC Brenda K. Ellison, Chief, Nutrition Care Branch and  
LTC Laurie E. Sweet, Assistant Chief, Nutrition Care Branch*

## **91M Resident Training**

Did you know the 91M MOS resident training has **39 new tasks**? What are they?

- **91M10:** Added CPR, more patient interaction, increased training on the nutrition care process with simulated patient play;
- **91M30:** Added health promotion, nutrition classes, and ServSafe certification. Students teach classes on prenatal, cholesterol, and weight control. Students design, plan, and conduct a health promotion activity. Added more mid-management classes and interaction in nutrition care operations: end of month reporting, MEPRS interpretation; and
- **91M40:** This 21-hour track has one task. --- Students research 5 case studies using current regulation, guidelines, and doctrine and present their results in an information briefing. For more information, check our website: <http://www.cs.amedd.army.mil/ncb/>

## **91M Reserve training:**

Did you know that we train the reserves in the same tasks?

- **91M10 (RC):** Consists of two phases: Phase 1: correspondence phase has been converted to CD-ROM and is in the process of being updated for web-based. Phase 2: Two weeks active duty for training (ADT) at AMEDDC&S. Beginning March 2003, soldiers who complete Phase 1 will then attend the last two weeks of the resident course to complete their 91M10 qualification;
- **91M30 (RC):** Converting to a distance-learning product. The nutrition care training consists of two phases: Phase 3: correspondence has no requirement for testing but will in the future curriculum. Phase 4: ADT-two weeks at AMEDDC&S. Reserve dietitian, MAJ Nancy Pekar, conducts the training in the training battalion.
- **91M40 (RC):** The training is TBD.

## **Doctrine/Publications:**

The school house coordinates all doctrine which pertains to Nutrition Care operations in the TOE or TDA. Some recent publications include:

- **TC 8-502,** Nutrition Care Operations, drafted in 1995, located at: <http://www.adtdl.army.mil/cgi-bin/atdl.dll/tc/8-502/toc.htm>
- **AR 30-22:** <http://www.usapa.army.mil/>: This regulation is the Army Food Program for garrison and field units. Check out page 33, paragraph 4-13. This outlines policy for medical field feeding. Note (c), para (1). The verbiage is very clear and states that units will request patient rations for training. This is very important for our Reserve counterparts. This gives them the authority to enforce "patient play." Check out the **DA PAM 30-22**. This publication includes the procedures to AR 30-22.
- **FM 8-505** is ready for final review and a very short staffing cycle soon from LTC Wheeler's office at the Directorate of Combat and Doctrine Development. This updated regulation will have a new publications number of FM 4-02.56.

**Accreditation and College Credits** --- great resources to prepare soldiers for continuing formal education!

Recently the American Council on Education (ACE) reviewed the MOS and the 91M curriculum. These credits are posted in the ACE manual at the Education Centers or on the website. <http://www.acenet.edu/calec/military/> The credits are a direct reflection of our efforts in the interview process and the improvements in the curriculum.

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Servicemembers Opportunity Colleges for the Army (SOCAD) is the gateway to formal education. SOCAD contains approved programs that accept college credit transfer for attending military training and MOS on-the-job. We have two. One is with Barton Community College for Associate degree in Dietary Management. The second will be with Central Arizona College for Dietary Technician (Registered), which we will finalize in November. This is a huge step in carving a DTR pathway for our 91M soldiers. <http://www.militaryedu.com/index.html>

Professional Postgraduate Short Course Program (PPSCP): We conduct two short courses annually: Advanced Nutrition Support in Force Health Protection and Joint Field Nutrition Operations Course. Contacts for the Nutrition Care Branch are LTC Sweet for ANSFHP and MAJ Hernandez for JFNOC. This is the website for the course descriptions: <http://www.cs.amedd.army.mil/dhet/index.htm>

You are our customers! Please feel free to contact any of our staff members at (210) 221-3466/3284; DSN: 471.



# The 2<sup>nd</sup> Annual DoD Population Health and Health Promotion Conference

By MAJ Sonya Corum, 65C  
USACHPPM

The US Army Center for Health Promotion and Preventive Medicine (USACHPPM) hosted over 600 health care professionals from the health promotion and population health disciplines in Baltimore this past August for the 2<sup>nd</sup> Annual DoD Population Health and Health Promotion Conference, held in conjunction with the 5<sup>th</sup> Annual Force Health Protection Conference.

Pre-conference workshops, such as the American College of Sports Medicine Exercise Leader Certification and Humanitarian Assistance in Disasters, were offered 9-11 August. MAJ Steven Bullock, USACHPPM Physical Therapy Staff Officer, coordinated the Controlling Injuries in the Military Workshop. During this workshop, MAJ Bullock presented his work with the US Army Ordinance Center and School Injury Control Project. LTC Gaston Bathalon joined renowned speakers from the Pennington Biomedical Research Center to conduct the Weight Management Workshop.

The Joint Conferences' plenary session on Monday, 12 August, kicked off the core conferences. The Surgeons General from all of the services emphasized the joint conference theme, "Adapting to a Changing Global Environment", during their presentations. CPT Roberto Marin, PA at USACHPPM, was the escort officer for Dr. William Winkenwerder, Jr., Assistant Secretary of Defense for Health Affairs, who also presented during the plenary session. Additional highlights from the day included presentations from SMA Jack Tilley and Col Deneice Van Hook, Director, Operational Health Support and Chief, Operational Prevention Division, Air Force Medical Operations Agency.

Ms. Diane Carlson-Evans, Vietnam Women's Memorial Project, launched the DoD Population Health and Health Promotion core conference on Tuesday with a great reminder that all of us make a difference and each of us play an important role in health promotion and population health. The rest of the morning speakers continued the motivational theme set by Ms. Carlson-Evans. Col (Ret) Frank Cumberland, Axiom Resource Management, Inc., initiated Tuesday afternoons marketing and communication sessions with his presentation "The Patient Wins, the System Wins: Delivering Integrated Communications in Health Care". COL Mary Lopez presented "Ergonomic Initiatives", as a part of the FHP Conference offerings. Tuesday was also the day the doors opened to the Exhibit Hall that showcased over 80 exhibitors and 43 poster presenters. Among those poster presenters were LTC Linda Rowbotham and LT Lauren Bailey who presented their poster entitled " "Weigh" to Stay: Transforming Army Weight Control Nutrition Education Programs into a Standardized Approach"; and MAJ Joanna Reagan who presented her poster entitled "Wellness and Weight Outcomes During a 6-Month Deployment to Bosnia".

Wednesday's focus was on Complimentary and Alternative Medicine. The keynote speakers for this day were Dr. Tieraona Low Dog who presented "Complimentary and Alternative Medicine and Mainstream Health Care: A Sensible Approach Towards Integration" and Dr Herbert Benson, Mind/Body Medical Institute, who presented "How to Counteract the Harmful Ef-

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fects of Stress: The Relaxation Response”. Breakout speakers on this day offered presentations that included topics such as dietary supplements, stress management, behavior change, and weight management.

Dr. Randolph Wykoff’s, Assistant Secretary for Health, Department of Health and Human Service, presentation, “A Public Health Approach to Understanding Health Promotion and Disease Prevention: A Discussion of Health Status in the United States”, turned Thursday’s focus to population health. Dr. Collins O. Airhihenbuwa, HOPE Award Winner, presented “Global HIV/AIDS and the Contexts of Culture and Communications”. His presentation sent a strong message to participants that whether you are working with a population on HIV or weight management that culture must be recognized in the education and intervention processes.

Friday provided the services with an opportunity to share among themselves. The Army offered breakout sessions to inform participants about funding issues in the current environment, the Health Promotion and Prevention Initiative (HPPI) Program and Hooah 4 Health.

This year’s conference provided a great opportunity for participants to hear renowned specialists as well as network within their specialties and among the multi-disciplinary professionals represented at the conference. If you are interested in the presentations offered this year, please visit <http://chppm-www.apgea.army.mil/fhp/>. Both conferences’ presentations will be posted later this month.

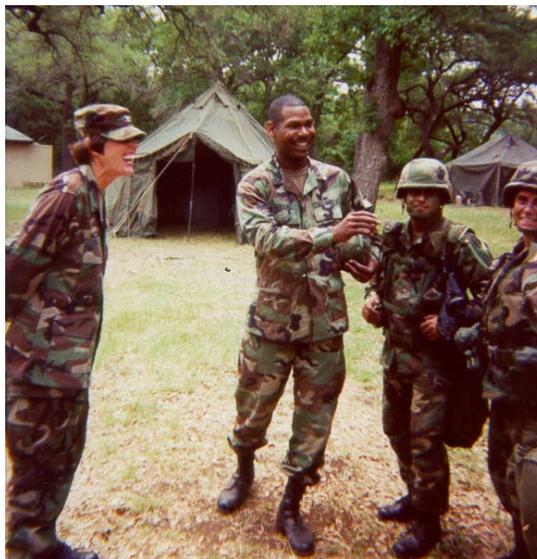
Interested in next year’s conference? The Navy Environmental Health Center will host the 3<sup>rd</sup> Annual DoD Population Health and Health Promotion Conference at the Town and Country Resort and Conference Center in San Diego, 8-16 May 2003. More information will be available at <http://www-nehc.med.navy.mil/2003Workshop>.

# SPs in the News!

## Camp Alpha



U.S. Army Specialist Autumn Blewett, 20, of Marshall, Mo., left, is consoled by Army **MAJ Sharon Newton** of Copperas Cove, Texas, right, following a ceremony at Camp Alpha commemorating the first anniversary of the World Trade Center attacks at the U.S. Naval Base a Guantanamo Bay, Cuba Wednesday, Sept. 11, 2002. This camp houses military personnel who guard the detainees at nearby Camp Delta. (AP Photo/Lynne Sladky)



COL Hooper, left, visits the participants of the Combat Stress Course, Camp Bullis, TX. SSG Craigreon Wallace (Ft. Leonard Wood), SSG Steven Nieves and MAJ Cindy Pierce (USAR).

# SPs in the News!

## USARIEM



LTC Ann Grediagin prepares urine and plasma samples for storage in the USARIEM research facility on the top of Pikes Peak, elevation 14,110.

LTC Grediagin (65C) is assigned to the US Army Research Institute of Environmental Medicine (USARIEM) and is studying the effect of a caloric deficit induced by increased activity (vs. from food restriction) on nitrogen balance and amino acid profile. Other goals of this collaborative research effort coordinated by the Palo Alto Veterans Administration Health Care System are to 1) determine if antioxidant supplementation will affect the incidence, severity, and duration of acute mountain sickness and markers of oxidative stress and immunity and 2) determine if carbohydrate supplementation during prolonged exercise at altitude will result in improved exercise performance. The results from this research will be used to protect the health and performance of soldiers rapidly deploying to high altitude operations.

## Promotions

SSG Carlton Lee, Ft. Sam Houston to E-7  
SSG Barrie Land, Tripler, were selected for E-7  
SFC Loretta Joyc'e, Ft. Bragg, promoted  
SGT Kathia McConnico, Ft. Bragg, promoted  
SGT Frank Obregon, West Point was promoted to SSG on 1 September 2002.

## Marriages

Congratulations to LTC Jill McCoy, Ft. Hood, who recently got married in September 02.

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## **Births**

1LT Lori Fike, Ft. Hood, had a baby girl (Adelaine) born 28 Sept.  
CPT Colleen Daniels had a baby girl (Courtney) born 7 Aug.  
CPT Michaelle Selcke, EAMC, had a baby boy (James) born 1 Aug.  
CPT Michael Kim, BMACH, and his wife had a baby girl (Grace) born 5 Aug.  
CPT Robin Jarrell, BACH, on the birth of her baby girl - Mackenzie Louise Jarrell.  
LT Angela (Briscoe) Harvill, Ft. Bragg, delivered a son, Michael, on 20 July.

## **PA School**

CPT Michelle Kennedy, Ft. Bragg, SSG Leon Richardson, Ft. Bragg, and SSG Craigrean Wallace, Ft. Leonard Wood, were selected for PA School. Congratulations!

## **NCO of the Quarter**

SSG Craigrean Wallace, Ft. Leonard Wood, was also NCO of the Quarter, GLWACH.

## **Drill Instructor Selection**

SFC Robert Goodale, MAMC, was selected for Drill Instructor.

## **Miscellaneous**

CPT Robbin Jarrell, Ft. Campbell, presented a poster at the American Association of Diabetes Educators meeting in Philadelphia in August 02. This poster described the very successful Diabetes Education Program at Blanchfield Army Community Hospital

For the second year in a row, the Augusta Dietetic Internship has recognized the superior quality of the DDEAMC dietitians by selecting 1LT(P) Nichelle Johnson as preceptor of the year. Her rotations in outpatient MNT and cardiology were recognized for excellence by the interns.

The dietitians at DDEAMC continue to serve on the board of the Augusta District Dietetic Association. Three dietitians from DDEAMC will continue in various levels of the presidency for this upcoming year: MAJ Victor Yu (now in Korea) as Past President (After serving successfully as President and President-elect.), CPT Kerri Murphy as President (After serving successfully as President-elect.), and LTC Karen Wish as President-elect. 1LT Michael Trust is continuing as the newsletter editor and 1LT(P) Nichelle Johnson has been involved in fund raising and was a guest speaker in 2002.

The BAMC interns graduated and moved to their first duty assignments. We wish them the best of luck!!

2LT Baker - Fort Jackson, SC; 2LT Hubbard - WBAMC, El Paso, TX; 2LT Rodriguez - MAMC, Fort Lewis, WA; 2LT Snyder - Fort Riley, KS; 2LT Turner - Fort Hood, TX; and 2LT Wedel - Fort Benning, GA.

CPT Reva Rogers, Ft. Belvoir, was selected as one of six females in the Army for the All Army Triathlon Team in

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May! It was very stiff competition... ONLY six females out of the entire Army get picked to go compete. The competition was held in Oxnard California. "Dietitians lead the way!" Results: Army came in first, followed by the Air Force, Marines and Navy. CPT Rogers got her personal best time!

LTC George, Dilly, Ft. Sam Houston, presented a poster at the Senior Leader Conference on Room Service at BAMC.

AMSC anniversary celebration and BAMC was recognized with a cake cutting ceremony, displays from the AOCs, and a specialty meal.

Ms. Janet Fabling, Ms. RD, LD, CNSD, MAMC, contributed to the new ASPEN publication:

Nutritional Considerations in the Intensive Care Unit. Science, Rationale, and Practice

She functions as the dietitian on Madigan's nutrition support team, and she along with other team members: Dave Bell, RPh, and Mary McCarthy RN, MN, CNSN, wrote the chapter 'Drug-Nutrient Interactions'

SSG Graciette Wallace, Ft. Leonard Wood, received her Associates Degree in General Studies.

SGT's Brian Christman, MAMC; Christopher Blaine, TAMC; SGT Frank Head, Landstuhl; Kim Diaz, Ft. Sam Houston, and PFC's Melvin Steed and Melinda Allen passed their National Certification Exam and are now COTA's.

Congratulations to the following officers who passed their National Certification Exam:

CPT Arthur Yeager, Tripler; 1LT Patricia Stange, WRAMC; 1LT Michelle Greer, MAMC; 1LT Sean Smith, WBAMC; 2LT Felipe Guzman, BMACH; and 1LT Marianne Pilgrim; WRAMC.

MAJ Charles Walters', Ft. Carson, paper, *An Evaluation of Provocative Testing in the Diagnosis of Carpal Tunnel Syndrome*, was published in the August issue of Military Medicine.

LTC Robinette Amaker, WRAMC, is the keynote speaker for the PA State OT Conference this Oct.

CPT Ted Chapman, Ft. Sam Houston, interviewed with KEN5 TV on 17 Sept. for his work with transparent face-masks, along with the prosthetic staff of the Univ. Health Science Center, San Antonio.

MAJ Stan Breuer, Landstuhl, was the captain of the Kaiserslautern military team who successfully completed the 4-day Nijmegen March in Holland. They marched 25 miles for four successive days and earned the team medal.

# VTC

The following is the schedule for upcoming VTCs:

9 Oct	PA PT	1400-1530 EST 1530-1700 EST
30 Oct	DT	1500-1630 EST
15 Nov	Enlisted (91WN9 ONLY)	1430-1600 EST
19 Nov	OT PT	1400-1530 EST 1530-1700 EST
11 Dec	DT Council of Colonels	1400-1530 EST 1530-1700 EST

It is that time of year again to set up VTC schedules for CY 03. I will contact each Sr. SP officer via email to facilitate this scheduling. If you are currently participating in the SP Monthly VTCs please ensure that you will continue to receive the transmission as before and that the facilitator is the same so that information can be relayed. If you are not participating now and would like to, please go the SP Home Page at [www.amsc.amedd.army.mil](http://www.amsc.amedd.army.mil) and select VTCs/policies and procedures. After reading please submit your information to me ASAP. We look forward to another year of regularly scheduled VTCs.