PRE-CONFERENCE SURVEY
RESULTS TO NARRATIVE QUESTIONS

Question 3. List factors that contribute to the occurrence of injuries in the IET setting.

Prior to basic:
1. Recruits are "out of shape" and not use to physical activity. 103
2. Previous injuries (injuries that should have been EPTS'd). 17
3. MEPS physicals are inadequate. 6
4. Soldiers are not use to wearing boots. 6
5. Overweight soldiers. 5
6. Too many waivers are approved at MEPS. 3

Issues at Reception:
1. Improper running shoe selected or improperly fit. 18
2. Improper boot fit. 8
3. Soldiers get hurt at reception. 2
4. PT and road marches need to start at reception. 2
5. PX's do not have proper running shoes. 2
6. APFT assessment at reception is too lenient. 1

Related to Physical Training:
1. Run surfaces and routes are not adequate. 23
   (Includes running on roads, pot holes, rocks, hazardous lane markers, and running too close to the edge)
2. Improper or inadequate stretching. 46
3. Progression of PT is too fast for unfit soldiers. 18
4. Poor lighting of run routes and PT fields. 7
5. Soldiers are unable to fully recover from training. 5
   (Run on MS and CR days, push-ups every day, training schedule)
6. Soldiers do not know how to run properly. 4
7. Running in formation (cadence/step). 4
8. Inappropriate exercises during PT or motivational PT. 3
9. Insufficient supervision by cadre of run groups. 2
10. Soldiers do not stretch properly when cadre are not watching. 2
11. Too many high impact exercises. 2
12. Too many repetitions of some exercises. 2
13. Too much emphasis on time – train too fast. 2
14. Soldiers are unable to meet 50 point standard when they arrive at AIT. 2
15. Inadequate planning of PT sessions. 1

Related to training:
1. Too many road marches. 12
2. Road marching on roads. 5
3. Don't stretch before road marches or other events. 3
4. Insufficient foot inspections by cadre. 3
5. Some AIT's are too short to allow proper progression of physical training. 1
6. Too much weight in ruck sacks for women. 1

Soldier knowledge:
1. Soldiers lack knowledge about their bodies – how to care for injuries. 6
2. Soldiers do not know how to select correct running shoes. 4
3. Soldiers do not understand the difference between "injury" and "soreness". 3
4. Soldiers lack knowledge about proper diet. 1

Question 3 (continued). List factors that contribute to the occurrence of injuries in the IET setting.

Soldier and cadre attitudes and behaviors:

1. Soldiers wait too long before going to sick call (do not want to miss training). 10
2. Soldiers get hurt and won't go to sick call. 7
3. Soldiers do not let their drill sergeants know they are hurt. 5
4. Drill sergeants do not make injured soldiers go to sick call. 4
5. Soldiers do not care for themselves in their personal time (ice, rehab exercises, stretching exercises). 3
6. Leaders do not recognize the limitations of their soldiers. 2
7. Insufficient safety equipment. 2
8. Too much pressure on cadre to meet training quotas. 1
9. POI is not followed for training. 1

General safety issues:

1. Soldiers are careless in activities (jumping from vehicles, fall on stairs, horseplay, competition between privates). 13
2. Soldiers do not pay attention during safety briefings. 8
3. Some obstacles are unsafe. 2
4. Unavoidable accidents. 1
5. Insufficient attention to soldiers by cadre. 1

Medical issues:

1. Soldiers do not get early and complete treatment for injuries. Too many just get profiles and are not evaluated fully. 9

Question 5. List factors that could be changed to decrease the number of injuries in the IET setting.

Issues prior to basic:

1. Develop program to help recruits get into shape before BCT. 5
2. Soldiers need more time at MEPS to get in shape. 2
3. Higher medical standards at MEPS. 2

Issues at reception:

1. Better quality running shoes. 4
2. Be sure footwear (boots and running shoes) fit correctly. 3
3. Begin physical training at reception. 2
4. Begin road marches at reception. 1
5. Soldiers should stay at FTU longer. 1

Related to physical training:

1. More emphasis on stretching (includes proper technique for stretching). 30
2. Slower progression of intensity for physical training sessions. 12
3. Improve the running surfaces and tracks to limit running on pavement. 7
4. Allow more time to do PT correctly. 5
5. Teach proper technique for running. 5
6. Improve the lighting of run routes and PT fields. 5
7. Run at own pace and cadence in ability group. 4
8. Reduce high impact exercises during PT sessions. 3
9. Follow FM 21-20 for PT sessions. 3
10. Decrease distance of runs and increase the speed. 3
11. Allow more gradual progression of running in AIT. 3
12. Monitor the pace and distance on CR runs. 2
13. Do more "interval runs". 2
14. Allow for recovery between exercise sessions. 2
15. Improve the profile PT program. 2
16. Increase the number of ability groups. 2
17. Learn the proper way of conducting PT. 1
18. Stress proper technique on all exercises. 1
19. Run in the middle of the road, not on the edge. 1

Question 5 (continued). List factors that could be changed to decrease the number of injuries in the IET setting.

20. Limit runs to 3 days per week. 1
21. Identify "special population" for PT by 1st APFT score. Train more slowly during the first 2 weeks. Teach running technique, slower progression. 1
22. Add weight training in BCT. 1
23. Don't "smoke" soldiers in the first week. 1
24. Keep CR and MS events separate. Don't do MS and also run on the same day. 1
25. Allow a better "cool down" after exercise and after training events. 3

Related to training:
1. Decrease the number of road marches. 8
2. Less emphasis on "time" and more emphasis on "quality". "Train to standard, not time". 6
3. The Army needs a better issue boot. 1
4. Allow soldiers to wear running shoes in personal time. 5
5. Monitor soldiers more closely during training events. 4
6. Stretch prior to physical training events (road marches, obstacle courses). 3
7. More foot inspections by cadre prior to training. 3
8. Allow gradual increased wear of boots during the first two weeks. 2
9. Road marches are too fast. 2
10. Stop wearing ruck sacks on non-tactical road marches. 2
11. Decrease the weight of ruck sacks during road marches. 1
12. Allow soldiers to ice and stretch after hard training events. 1

Soldier knowledge:
1. Nutrition classes for soldiers. 1

General Safety issued:
1. Prevent soldiers from unsafe conduct such as jumping from vehicles and obstacles. Avoid poor concentration during training. 4
2. All drill sergeants should be MFT qualified. 3
3. Better utilization of MFT qualified drill sergeants. 3
4. Provide more safety briefings. 2
5. Classes for cadre during cycle break on nutrition, correct physical training exercises, injury prevention, and safety. 2
6. Emphasize safety during "off" training hours. 1
7. Provide safety briefings before the weekend. 1
8. Leadership needs to assess risks versus training value on dangerous obstacles. 1

Medical issues:
1. Ensure adequate recovery time for injured soldiers. 3
2. Soldiers return to training from PTRP too fast. 2
3. Assign a Sports Medicine doctor or physical therapist to each brigade. 1

Question 12. Which programs from MEDDAC have been most helpful to you and your unit?

1. Assistance with Profile PT Program. 15
2. PTRP. 8
3. Physical Therapy. 6
4. Running shoe selection program. 4
5. Classes during cycle break. 3
6. Assistance with physical training program. 2
7. BAS improve access to medical care for soldiers. 2
8. Soldiers are given ice packs and mole skin at the TMC. 2
9. Community Mental Health Clinic. 2
10. Injury Prevention booklet. 1

Questions 14 and 15. Is the profile adequate and is it easy to understand?

1. Profiles are not specific enough. 15
2. Soldiers need to be adequately evaluated by medical staff and not just given a profile. 5
3. DD Form 689 (sick call slip) is used too much. 4
4. Profiles are not realistic for the training environment. 4
5. Profile is too easy to alter. 2
6. Profiles do not address extra duties. 1
7. Make profiles positive. 1
8. Most common profile is "No running for 2 weeks and PT at own pace". 1

Question 16. Additional Comments.

Issues prior to basic:
1. Soldiers are not screened properly for EPTS conditions at MEPS. 5
2. Exercise program for recruits before coming to BCT. 4
3. Review the waiver process at MEPS. 3
4. Exercise program for delayed entry soldiers. 2

Issues at reception:
1. Better running shoes at the PX for soldiers to select. 3
2. Supervise soldiers' purchase of running shoes. 2

Related to physical training:
1. Allow soldiers to run at own pace in ability groups. 2
2. Allow more individual runs during PT in basic. 1

Related to training:
1. Don't send injured soldiers to AIT. 5
2. Improve the issue boot. 1
3. More safety classes for soldiers and more emphasis on following safety precautions. 1

Soldier knowledge:
1. Classes for soldiers on the following topics: body mechanics, caring for injuries, general safety, injury prevention, stretching, nutrition, selecting running shoes, using ice, proper way to take medicines, use of sick call. 10
2. Classes during cycle break for cadre on fitness, nutrition, injury prevention, medical briefings, identifying "soldiers at risk", and "profile PT". 7

Medical issues:
1. Medical staff need to spend more time with each soldiers at sick call. 8
2. Doctors need to take more time with soldiers. 4
3. There are not enough doctors. 3
4. Injured soldiers should be new-started or sent to PTRP. 3
5. Cadre need to be better informed of what is wrong with injured soldiers. 3
6. Civilian doctors do not understand training. 3
7. Soldiers need to stay in PTRP until healed. 2
8. Convalescent leave is used too much. 2
9. Too many soldiers are sent back to the unit on crutches. 2
10. Medical staff need to educate soldiers about what is wrong with them. 2
11. Medical staff need to make profiles more clear and related to training. 2
12. Soldiers on profile for 7 days should go to PTRP. 1
13. Soldiers need better and faster access to health care. 1
14. Doctors need to write more clearly. 1
15. Need to increase control of soldiers while at sick call. 1
16. Get soldiers out of the clinics faster. 1
17. Improve the working relationship between privates, units and medical staff. 1
18. Soldiers need to be referred earlier to Physical Therapy for their injuries. 1