

Appendix P

Work Groups Key Concerns: Priority Coding

Priority Code

Group 1. Medical Care

- A* M1. Establish and resource a formalized and standardized IET PTRP program at all IET installations. *See reference R4.*
- A M2. Develop and standardize a BCT profile form and an AIT site specific profile form.
- A M3. Establish a quality profile PT program for all IET units based on installation resources.
- B M4. Conduct health care orientation for all IET soldiers: conduct a cadre training course for all medical providers at each IET installation. *See reference T9.*
- C* M5. Establish chartered committee to address/monitor injury prevention issues/recommendations from seminar.

Group 2. Research Issues

- A* R1. Develop surveillance systems (identify and link appropriate databases). Pilot Systems: MTS/ADS FT Jackson, FT Sam System.
- A R2. Coordinate research efforts: identify test beds; allocate resources; prioritize research topics. *See Reference T3.*
- A* R3. Research intervention: disseminate existing information: current forums; www. *See Reference W2.*
- X R4. Research implementation: Standup and monitor PTRP & FTU across TRADOC now. *See Reference M1.*
- B R5. Research Monitoring: establish IET CALL: publication; www database. *See Reference T1.*

Group 3. Injury Prevention Training

- XA* T1. Establish an IET CALL Forum (publications and web based). Link with an injury prevention web page. (TRADOC, CHPPM) *See Reference R5.*
- A* T2. Revise the Drill Sergeant MFT Curriculum to be battle focused & hands-on for IET environment. (APFS) *See Reference W1.*
- A* T3. Incorporate IET Injury Prevention Training into all POIs for PCC, CTC, DS School, and any cadre level school. (TRADOC). *See Reference R2.*
- A* T4. Review and update FM 21-20 to include injury prevention. (APFS/TRADOC)
- A* T5. Establish standardized database for IET commanders providing a feedback mechanism. (TRADOC/MEDCOM consultants-MRMC, CHPPM)
- B T6. Establish quality assurance teams at post level to evaluate training (similar to APFS fitness teams). (APFS/TRADOC)
- B T7. Involve medical personnel in training (physical therapist, athletic trainer, exercise physiologist). (TRADOC/Fitness School/Medical).
- B T8. Establish MOS-based PT in AIT. (TRADOC/Branch specific/USARIEM/Fitness School)
- XC* T9. Establish injury prevention training, education, and physical fitness conditioning at the Reception Battalion. (TRADOC) *See Reference M4.*

Appendix P (continued)

Priority Code

Group 4. Pre-Basic Combat Training

- A P1. Bring MEPS under TRADOC for QA.
A* P2. Change recruiter quota system.
A* P3. Initial physical assessment and training plan at recruiting station.
See Reference W2.
B P4. Letter through to COS USA, to SecDef encouraging wellness improvement in our schools.
C* P5. Continued interest of Soldier physical fitness and injury prevention by DCS for IET training.

Group 5. The Way We Train: Practices and Procedures

- XA W1. Revise MFT course (+ field test) (APFS); less classroom and more practical; revise POI. (Benning/APFS) *See Reference T2.*
XA W2. Revise screening criteria to include injury risk factors. (CHPPM, APFS, TRADOC) *See References P3 and R3.*
C W3. Define fitness requirements for each MOS. (USARIEM, ARL, Branch Proponents)
C W4. Create a test on these requirements. (TRADOC and above)
B* W5. Soft-run track with proper lighting at each training center (ideal= 1 track/bn). (TRADOC) **
B* W6. Cross training equipment (examples: bikes, pools, weights, medicine balls, plyometric equipment). (TRADOC) **
A* W7. Increase personnel for special programs (FTU, PTRP, etc.). (TRADOC) **
B* W8. Standardize training areas. (TRADOC) **
 - Lighting protection
 - Heat prevention shelters
 - Safety equipment—mats, etc.
 - Risk assessment required for this...
B W9. Design a test for LE stress index. (USARIEM)
C W10. Define obtainable goals (different for men and women, etc.). (CHPPM)
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A, B, and C - Issue priority designated by work group.

* Issue should receive general officer attention.

** Exchange ideas with other commands.

X Combined with another issue; note: reference is made to combined issue.