



## **JO VOICE: *Weight Standards and the APFT*** ***June 2018***

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*The information below, developed by CDR Elizabeth DeGrange in collaboration with the Junior Officers Advisory Group (JOAG), is designed to serve as an unofficial guide. Please refer to USPHS websites for changes or updates to any of the below information.*

### **Questions/Responses**

#### Questions related to weight standards and pregnancy:

1. What is the process for pregnant officers? Do we need a waiver? If so, how do we get one, who is it submitted to, and at what point in pregnancy? How does this fit into readiness?

Officers who are pregnant should have a medical waiver in place (regardless of weight standards policy!). To request a waiver, officers need to submit documentation to Medical Affairs, specifically Dr. Melvin Williams and Dr. Alvin Abrams. Contact information is available on the Medical Affairs tab on CCMIS.

Pregnancy waivers currently cover the date of waiver request through six (6) months post-anticipated delivery date. Officers can work with their healthcare provider and/or Medical Affairs to determine what the best time is to request a pregnancy waiver, though we recommend that officers do so when they learn of their pregnancy. For postpartum and breastfeeding waivers, officers must contact Medical Affairs to request a waiver extension and provide necessary documentation.

Officers with waivers in place are not impacted with regards to readiness, and will not be impacted with regards to compliance with Retention Weight Standards, either.

2. My APFT is scheduled to expire this December. I am due to deliver a child in August. How will the BMI standards apply to the postpartum period and what documentation will be required?

If the proper medical waiver is in place, then this officer would not need to complete her APFT until February, or potentially later if she requests and is approved an extension during the post-partum and/or breastfeeding period(s). The waivers will specifically note that deployment, APFT, some immunizations, and compliance with Retention Weight Standards are not required during the waiver period.

Remember that even if an officer is on a pregnancy, post-partum, or breastfeeding waiver, she still MUST submit the initial verified weight by 30 September 2018. Official guidance on how to submit that information is forthcoming, and no officer on a waiver will be impacted.

*Also, just a reminder that “BMI standard” is not completely accurate, so be sure to refer to the standards as “Retention Weight Standards.”*

3. How long do we have postpartum until we have to meet weight or fitness standards? Pregnancy waivers currently cover the date of waiver request through six (6) months post-anticipated delivery date. For postpartum and breastfeeding waivers, you must contact Medical Affairs to request a waiver extension and provide necessary documentation.

Other questions related to weight standards:

4. When I first joined the Corps I received a medical waiver because I was overweight. I received a letter at that time from Medical Affairs Branch stating that the target weight I would be allowed to reach to have the waiver removed was the standard max weight plus 5%, so instead of having to get down to 150 lbs I could get the waiver removed at 157 lbs. Is this kind of allowance going to be offered this time?

Any officer who feels that s/he cannot get into compliance with Retention Weight Standards must contact Medical Affairs to discuss any other request for waiver. If an officer is concerned about medication or specific treatment impacting his/her ability to meet compliance, contact Medical Affairs for further information. If you would like to request a waiver, submit the request with medical documentation to Medical Affairs as noted in Q1 above.

Expect that if a waiver is granted, the waiver will only modify the accepted weight and will reflect the evidence-based impact of specific treatment(s) or condition(s). Do not send medical information directly to RedDOG or Medical Affairs.

5. I know the weight standards' height and weight values address Body Mass Index (BMI), but they do not address percentage body fat. When I was in the Army I had to be taped all the time because I was muscular, which I still am. I think percentage body fat should be incorporated as an alternative, because muscles weigh more than fat.

Actually, the Retention Weight Standards do address estimated percent body fat. Officers who are over the maximum allowable BMI can take measurements and calculate their estimated percent body fat (“taping”) by following the Navy Guide that’s on CCMIS

[https://dcp.psc.gov/ccmis/pdf\\_docs/Body%20Composition%20Assessment%20\(BCA\)%202016.pdf](https://dcp.psc.gov/ccmis/pdf_docs/Body%20Composition%20Assessment%20(BCA)%202016.pdf). As long as their estimated percent body fat is below the values located in the “Threshold Percent Body Fat for Officers Exceeding Maximum BMI” table (also on CCMIS:

[https://dcp.psc.gov/ccmis/pdf\\_docs/Commissioned%20Corps%20Retention%20Weight%20Standards.pdf](https://dcp.psc.gov/ccmis/pdf_docs/Commissioned%20Corps%20Retention%20Weight%20Standards.pdf)), then they are considered to be in compliance with the Retention Weight Standards.

NOTE: The tables that are in the Navy Guide do not have the same values as the Table noted above, so be sure to use the “Threshold Percent Body Fat for Officers Exceeding Maximum BMI” table on CCMIS!

6. The new weight standards are to maintain the integrity of our corps readiness. Some officers participate in weight-lifting and weight-bearing exercises (such as cross fit and other strength-training workouts) and have gained weight due to the increase in muscle mass. An officer may be considered over weight standards but is not ‘fat’ and is a very functionally fit athlete:
  - A. Considering that many tools utilized for measuring an individual’s body mass are outdated and inaccurate. To maintain readiness within our service, it would benefit the corps to offer modernized guidance and tools when an officer’s increased weight is due to muscle mass vs fat. If an officer is a weight lifting athlete and surpasses his/her respective weight standard, how will the Corps incorporate and differentiate fat vs. muscle mass?

First, see the answer to Q5 above.

Know that the Corps established a work group of dietitians, clinicians (doctors, midlevel providers, and nurses), therapists, behavioral health professionals, scientists, pharmacists, and many of the officers that worked on the APFT revision several years ago. This work group did extensive scientific literature and discipline best practice review in order to make recommendations to OSG and the ASH regarding the Retention Weight Standards policy. We understand the limitations of BMI as a lone measure of weight evaluation, and the many various evaluations of body composition, and have followed evidence-based science and best practices currently used across weight management.

- B. Will the Corps take punitive measures against functionally fit and strong officers? Officers who are in compliance via estimated percent body fat determination (“taping”) will not be penalized. If an officer feels that s/he is being penalized somehow, then s/he should contact Medical Affairs to discuss those concerns. Officers may also email [WeightStandards@hhs.gov](mailto:WeightStandards@hhs.gov) with questions or concerns.

#### Questions related to the APFT:

7. Do any of the Recognition for Excellence in Physical Fitness Program certificates (i.e., getting outstanding/maximum, increasing level) help in promotion?  
It is not certain how a particular board does/does not regard these certificates.

8. As a new officer, the requirement to submit our annual fitness scores once annually seems quite easy and inspires me to not only maintain my current physical fitness level but strive to better myself and my abilities. How do senior officers view this requirement?

I can only speak for myself as a senior officer, and remind myself (and other officers, junior and senior!) that we are the Commissioned Corps of the United States Public Health Service, and the very mission that we serve is to help our communities, especially underserved communities, to be healthier. As officers, we must exemplify that in ourselves, in order do that for those we serve. I think this is about our dedication to our mission, and we must 'live' what we're expecting to teach those that we serve.