



# The Rehab Rambler

## Therapist Professional Advisory Committee

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### **Newsletter Committee:**

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## CPO Message



**CAPT Scott Gaustad**  
Chief Therapist Officer

Dear Colleagues,

I trust all is well with you. It's Memorial Day and I can't help but feel a sense of honor, pride and gratefulness to wear the uniform and be part of something much larger than each one of us.

May commemorates many National health observances. One observance is National Physical Fitness and Sports Awareness. This program emphasizes the importance of physical fitness and activity and how both impact the health and wellness of Americans. Of course there are many health observances throughout the year. Two national programs that our category remains engaged with are Healthy People 2020 and the National Prevention Strategy.

So why the emphasis on physical fitness? Perhaps today more than any time in recent history we are seeing,

hearing and reading more on the topics of physical fitness, health and wellness, mental health and well being, prevention, health promotion, disease prevention, physical activity, and health. The U.S. Public Health Service Commissioned Corps and Therapist Category's mission and vision statements could not be more salient with respect to health promotion and disease prevention. These statements are the blueprints which help direct our practices in managing and treating health and wellness disparities, disabilities, and impairments. The Therapist Category is a principle stakeholder in the changing paradigm of Health Care to Health. In essence, we are the front page of protecting, promoting and advancing the health and safety of the Nation. Our professional organizations have prepared us with the foundation to do this. For instance, the American Occupational Therapy Association's Centennial Vision is "Wellness", physical therapists are trained in 98 skill sets; one of which is "prevention and health promotion", and the American Association of Respiratory Care's mission is the promotion of health - lung health.

March 21st was the end of the open application season for the Therapist Category. The new Call to Active Duty (CAD) process for our category was a success.

The feedback from Headquarters and our first appointment board was very positive. We had over 30 applications

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# CPO MESSAGE

## (Continued)

from all professional disciplines. Thank you to the Headquarters CAD staff and the Therapist Category officers who volunteered to serve on the board. The next board will convene in July.

As our category continues to grow and as the entry-level academic requirements strengthen we must be ready to seize opportunities within our professional scope of practice. We are rehab professionals and key to the success of the health care team, whether in traditional or non-traditional positions. Audiologists and physical therapists are trained at the doctoral level. The entry-level degree for Respiratory Therapists will soon be at the baccalaureate level. Speech-language-pathologists and occupational therapists are at the master's level. Just a few days ago, May 23rd, Oklahoma became the 49th state to approve direct access for physical therapists. Are we, the Therapist Category, ready to seize the opportunities and responsibilities of greater autonomy? Can we demonstrate that our best practices, evidence and clinic based practices are indeed showing improved outcome measures, both clinically and economically? Are we concerned about universal productivity measures? Does productivity interfere with the perceived patient care benefits? These are questions that we as leaders in rehabilitation, health promotion and disease prevention must answer.

June 1st marks the beginning of the 2014 Hurricane Season. Preparedness is paramount. NOAA predicts a normal hurricane season (3-6 hurricanes). I cannot over emphasize the importance of becoming and maintaining basic readiness. Basic readiness is not only a requirement for promotion; it is a condition of service. The U.S. Public Health Service Commissioned Corps is an integral team member in emergency response and is also a critical component of Emergency Support Function-8 and the National Response Framework. Our ability to rapidly respond in the event of a natural or man-made disaster is critical to the success of the mission. Be Prepared – Stay Prepared.

Next month we meet in Raleigh, North Carolina to exchange ideas, concerns, research, accomplishments and strategies to strengthen our practices. The theme of this year's USPHS Scientific and Training Symposium is Public Health: Prevention, Innovation, Progress. I cannot think of a more relevant theme that encapsulates what we as

Therapist Category officers do each and every day. It should be an educational and enjoyable week!

In Health,

CAPT Scott Gaustad

# PAC Chair's Corner

*Contributed by:  
CDR Tarri Randall*

Hello and welcome back to the TPAC Rehab Rambler. As we begin a new operational year for TPAC on July 1, I will have completed my term as your TPAC Chairperson. I want to thank all of you who have made these past two years enjoyable and stimulating in all the tasks completed. I consider myself fortunate to have such a committed and motivated group in the TPAC committee chairs, subcommittee chairs and the voting members. Each of you has stepped forward to assume leadership roles in our category and all have truly contributed to the successes of the TPAC over the last two years as well as years prior to my tenure as TPAC Chair. I have truly enjoyed getting to know you and our entire category better.

I have now been an officer in the United States Public Health Service for 17 years. Being part of the Therapists category has continuously motivated me over the years to take risks and to do more. What I have learned in my time with the USPHS is the more optimism and dedication to my work, the more opportunities present themselves and allow for further personal and professional development. Taking risks that push me into the "uncomfortable" zone has typically resulted in positive experiences. I suppose those risks increased the chances of success and although I feel lucky, I can't help but acknowledge that the efforts exerted over the years have influenced the outcomes.

Each of you as officers in the USPHS has taken some degree of risks and exerted efforts to improve from the day of your commissioning. These efforts extend from accelerating your annual APFT results to professional achievements like specialty certifications, to broader improvements across the category or inclusive of the USPHS as a whole. The positive outcomes of a select few of our category have been acknowledged via our category awards. Congratulations to LCDR Chandra Preator (Junior Officer of the Year), CDR Matt Armentano (Therapist of the Year), CAPT David Byrne (Josef Hoog Award) and CAPT Michaele Smith (William Fromherz Award).

As a category we lie in various stages of risk and improvement. The Information Management Committee has successfully moved us into the realm of the cloud and the secure share point with the All Partners Access Network (APAN). The Readiness Committee is involved with ongoing collaboration with the Cross Category Readiness Work Group to prepare our officers for the anticipated APFT changes that will occur in 2015. The Health Promotion and Disease Prevention Subcommittee continues to deliver the anticipated Wellness Booth at the COF Symposium and roll out the National Prevention Strategy. With untiring efforts of the Strategic Planning and Development Committee the University Contacts Program is now integrated and functional. The Strategic Growth Subcommittee is enthusiastically primed to trial the recently completed Rehabilitation Department Development Plan. The Education Subcommittee continues to deliver informative TPAC Journal Club presentations. There is much more beyond this and I hope each committee will take the opportunity to share with you their activities via this newsletter.

Again, thank you all for everything you do!

– Tarri

# Therapist Spotlight

Contributed by:  
CAPT Rita Shapiro

EnGarde' Ready Fence!! Is a phrase you hear for every point of every fencing bout. That also means there are two elite fencing athletes giving their all to score points to defeat their opponent. Giving their all includes strategic thinking and split second reactions. The sport of fencing requires mental and physical agility, flexibility, and hand-eye coordination.

There are three types of Fencing swords:

**The Foil:** A light, flexible weapon with which only thrusts with the point of the weapon to the opponent's trunk of body count as valid hits.

**The Epee:** A development of the dueling rapier, this weapon is used in the Modern Pentathlon. A heavier thrusting sword and valid hits can be scored with the point of the weapon on any part of the opponent's body, including the head.

**The Sabre:** A lighter, more flexible version of the military sabre and hits can be scored by using edge 'cuts' or point thrusts.

Fencing is a combat sport that has gained popularity from its appearances in the Olympics and the exciting, fast-paced nature of each match. Each fencing session is a full-body workout and challenges muscles in legs, arms and back. Fencing involves constant footwork. To be skillful in the sport, it is necessary to be able to move quickly, demonstrate profound agility and flexibility with movements. Strong calf muscles lead to quick, explosive movements hence are quite prone to injuries such as Gastrocnemius-Soleus strains, Achilles tendon tear, inversion and/or eversion ankle sprain. Also not uncommon are the blisters primarily along the plantar surface of the 1st MTP joint of the non-dominant foot.

The majority of fencing injuries involve the knees and ankles. The shoulder and arm injuries can be chronic overuse injuries. However, acute injuries do happen due to sudden unexpected moves from the opponent. The incidence of these injuries is pretty even during practice and competition albeit the in-

tensity of competition seems to increase the likelihood of injury.

A fencing lunge, for example, can have an impact equivalent to seven times the body weight on the lead foot.<sup>1</sup> The lunge is a fundamental footwork technique used in all three weapons.



An Epee fencer in a full explosive lunge



Foil fencers in attack Fleche moves

**The En Garde' Stance:** This stance is the basic stance of fencing: you can't fence without it! To get into the en garde' position, fencers keep their feet shoulder length apart at about 90 degree angle with each other. The ipsilateral foot will be forward with the dominant hand.

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# Therapist Spotlight

Contributed by:  
CAPT Rita Shapiro



Garde' but note the far fencer with full Eversion of left ankle

Muscle Groups that are mostly engaged during fencing include but not limited to are:

**Abdominals:** The core stabilizers and abdominal muscles while responsible for balance, posture and stability are also extremely vital in fencing. Poor or inadequate core strength will not allow a fencer to maintain balance during quick movements.

**Quadriceps:** The Quadriceps concurrently fire with Hamstrings every time a fencer lunges forward, backward or to the side. In addition to lunges, fencers challenge their quadriceps whenever they dart in any direction or perform a split-step movement to center their center of gravity.

**Shoulders:** Shoulder muscles and the scapular stabilizers are heavily engaged during each move. Rotator cuff strength is invaluable in sustained parrying, when darting forward to jab or pulling backward to avoid an attack.

**Lower Back:** Bouncing, an integral part of fencing requires participants to attain and sustain the lumbar neutral to maintain balance and move effectively. The coaches always instruct fencers to stay on the balls of their feet when bouncing and to brace the lower back.

## Monitoring for injuries and on-site management:

A typical fencing meet will have as many as 16 duels going on concurrently that means 32 athletes to monitor. So it is extremely important for me to keep an eye on as many concurrent bouts as possible. I may at times stay at one bout for the whole time if I am concerned about our fencer or I will move between three strips monitoring activity. My primary responsibility is to the US Naval Academy Team. However, if there is no other medical support available, I provide limited sideline care to the other teams as well.



A typical scene at a Fencing meet.



Active foot-work and ankle engagement.

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# Therapist Spotlight

Contributed by:  
CAPT Rita Shapiro



Left knee at risk for ACL injury.

Common musculoskeletal injuries that I have encountered and managed on site include, Ankle sprains, Ankle fracture, ACL Tear, Rotator cuff strain, Wrist Sprain, Sacro-iliac strain and Achilles tendon tear. These injuries get evaluated immediately and if with minor side line care like ice, taping or a brace athlete is able to go back to fencing I will let them go otherwise they are taken out of competition and for injuries such as fracture they are sent to the nearest emergency department.

Besides the musculoskeletal injuries, I also at times encounter small cuts on hands, throat or the lateral abdominal wall which happens if a blade breaks and the sharp end pierces through the protective gear.

Blisters do happen either to the posterior heel or the plantar surface of the head of the first metatarsal. The care is taken not to allow the skin to break and provide standard protection and additional barrier. If the skin does break; the first aid is provided and the fencer is asked to obtain appropriate wound care from their provider back at school.

Quite uncommon but once I also encountered a concussion when a fencer (not our team) fell backward hitting his head on the ground and the fencing mask though protected him but was inadequate. After the acute concussion assessment, the fencer was taken out of the tournament, placed on rest and EMS was called for transportation to the nearest emergency department.



The whole 2013-2014 fencing team with the Naval Academy Alumni fencers.

## How Did I get Involved with the Fencing Team?

In the first semester of her youngster (sophomore) year at the Naval Academy, my daughter said “Mom come to my fencing meet”. So like a very supportive mother, I went to cheer the team and her of course. During the next meet a month later as I observed someone limping and a few minor injuries, I asked the head coach where the medical support or at least a corpsman was. I was informed with a chuckle that because this is a club sport the Academy does not provide any support except a little place to practice and to store the gear. That the team doctors, corpsmen or athletic trainers were reserved for varsity sports. So being a credentialed and privileged provider at the Naval Academy for the practice of sports/orthopaedic physical therapy, I promptly offered my services for the support of the team and took care of the fencers. I notified the head of sports medicine program that I had volunteered my services for the fencing team.

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# Therapist Spotlight

*Contributed by:  
CAPT Rita Shapiro*

Needless to say they accepted with gratitude but have also provided me with necessary items for the emergency bag so I did not have to purchase them myself. From the following year I attended briefings from the athletic department and have since continued with providing my services to the team including traveling with them for the tournaments. My daughter has been graduated for two years but I continue with my commitment to the team and will do so until I move out of the area.

Committed to injury prevention and rapid intervention!!

CAPT Rita Shapiro, PT, MA, DPT

## References:

Morris, N., Farnsworth, M., Robertson, D.G.E 2011. Kinetic Analyses of Two Fencing Attacks – Lunge and Fleche. Portuguese Journal of Sport Sciences 11 (Suppl.2).

# Officer Development

Contributed by LCDR Carlos Estevez, Bureau of Prisons

## Preparing for Life After Retirement “Pearls of Wisdom from Retired Uniformed Therapists Officers”

We can all recall when we joined the USPHS, some of us joined for an opportunity to serve our country, others for the appeal of the public health mission and others for a rich clinical career, despite of the reasons none will deny the great incentive which comes from being able to retire after a mere 20 years of service. All officers should feel a great sense of honor and pride from serving honorably after 20 plus years. Many officers retire at a relatively young age, prompting them to consider a new career or continue with clinical roles in the civilian or government sector. Something we as officers do not consider is how our professional decisions today will impact our professional future tomorrow. To help create awareness in this area and to hopefully motivate others to start planning for the "next chapter", I decided to interview 3 retired therapist PHS Officers, all with distinct and successful careers and asked them to share their wisdom in helping us prepare for the next chapter.

### Please state your name and title, clinical certifications, branch of service and total number of active duty years you served and rank at retirement:

- 1) Roger M. Nelson, PT, PhD, FAPTA (25 Years, CAPT Retired)
- 2) Karen Siegel, PT, MS (28 Years, CAPT Retired)
- 3) Louis Nicholas Iannuzzi, PT, DPT, C.Ped (22 Years, CAPT Retired)

### Why did you decide to retire?

#### CAPT (Ret) Nelson:

I had the opportunity to head up a PT educational program.

#### CAPT (Ret) Siegel:

I started my job search 2 years in advance of mandatory retirement at 30 year, and found the right opportunity more quickly than I expected, so I retired at 28 year.

#### CAPT (Ret) Iannuzzi:

I retired due to budgetary cuts to the National Hansen's Disease Center and my billet was eliminated. Within a year, I became an assistant professor at NYU School of Physical Therapy.

### Do you feel that PHS retirement benefits are still a good reason to stay past 20 years of service?

#### CAPT (Ret) Nelson:

I stayed past 20 years of service because the PHS sent me to two outside service educational opportunities (one for a masters degree and the second for a Doctor of Philosophy degree. I felt I wanted to repay the 5-years of support.

#### CAPT (Ret) Siegel:

I was committed to serving a full 30 year career in uniform. Some other factors reinforced that decision. I was appointed as CPO after completing 21 years, which committed me to another 4 years of service. My goal for post-retirement employment was a government position similar to my active duty responsibilities, so there certainly was no financial incentive to leave earlier. My biggest concern was having a gap in employment if I worked for the full 30 years, which led me to start my job search 2 years in advance. Retired pay was not a factor in my decision about timing, but is an outstanding component of an officer's benefit package.

#### CAPT (Ret) Iannuzzi:

I stayed past 20 years of service because I enjoy what I do! Mark Twain said, "If a man enjoys what he does, he will never work a day in his life". This remains my philosophy which I carry forth in my civilian environment. The retirement compensation is excellent and makes it logical to stay for 30. Additionally, I participated in the Thrift Savings Plan to which we are entitled to increase retirement savings. Every officer should have the opportunity to remain on active duty past 20+, as it makes sound financial sense; however, it remains a personal decision. The privilege of serving as a therapist in the USPHS is the absolute best lifetime "job security" retirement plan. (Continued on page 5)

# Officer Development

*Contributed by LCDR Carlos Estevez, Bureau of Prisons*

**In hindsight is there anything that you could have done differently while you were still on active duty that could have better prepared you for retirement?**

**CAPT (Ret) Nelson:**

No, I had a series of great tours of duty. No regrets.

**CAPT (Ret) Siegel:**

I felt well prepared for retirement professionally and logistically. This allowed me to submit my request for voluntary retirement and out process very quickly once I identified a civilian position.

**CAPT (Ret) Iannuzzi:**

Yes, I should have consulted with a retirement specialist. I should have seen the writing on the wall with the NHDP and transferred to the IHS.

**In terms of professional development, what advise do you have for current active duty therapist officers that can help can help them to prepare for the “next chapter”?**

**CAPT (Ret) Nelson**

Plan ahead and prepare for the next chapter. Do not wait until the last year; plan, look and understand. If you want to teach when you retire then get the PhD during your last several years in the service. Teach as much as you can in University of settings.

**CAPT (Ret) Siegel:**

Consider your post PHS career goals well in advance of retirement and prioritize PHS positions and associated training opportunities that will prepare you for your first civilian job. Six years before I retired I transferred to a new position and said “this is the position that will get me a job when I retire” and ultimately I was right.

**CAPT (Ret) Iannuzzi:**

Today every physical therapist should be practicing at the “Doctoral level”, therefore, I advise an advanced degree, to prepare for both a clinical and academic career. Most DPT programs would readily welcome the opportunity to bring on board retired

military trained therapists as adjuncts or clinical faculty position to strengthen their programs. Most military trained therapists possess a wide breadth of clinical expertise, which greatly benefits the academic and clinical development of students. Additionally, it also benefits the profession and increases opportunity in private practice.

We would like to thank CAPT’s (Retired) Nelson, Siegel and Iannuzzi for taking their time to answer these questions for the benefit of our category.

LCDR Carlos Estevez, PT, OCS, FAAOMPT

# Health and Readiness

Contributed by LT Shawn Shermer, FDA

## Army Ten-Miler

This year is the 30 year anniversary for the Army Ten-Miler which will be held on October 12, 2014. It is the third largest 10 mile race in the world. The Army Ten-Miler (ATM) is produced by the Military District of Washington (MDW). The MDW serves as the Army Forces Component and core staff element of the Joint Force Headquarters National Capital Region to conduct operations that deter, prevent, and respond to threats aimed at the National Capital Region; and conducts world-class ceremonial, musical and special events in support of our Nation's leadership. Over 600 Soldiers from 3rd Infantry Regiment (The Old Guard) volunteer race weekend. Now in its 30th year, the ATM is held each October in Washington, DC. All race proceeds benefit Soldier MWR programs. The mission of the ATM is to promote the Army, build esprit de corps, support Army fitness goals, and enhance community relations. (Army Ten-Miler About).

### Registration

CAPT Shelley Hoogstraten-Miller and CDR Evan Shukan solicited USPHS CC officers to join the PHS running team. At the time of writing, the number of PHS officers that joined the PHS running team is unknown. Hopefully, we reached the goal of 200 registered PHS officers. If you have missed the deadline to register with the team, you may still be able to register as an individual. Registration opens on May 6, 2014 for all U.S. Military and runners who have participated in 7 or more ATMs. General registration opens May 20 and is open to the general public. The race capacity is 35,000 runners. If you are not able to secure a spot during registration, you may be able to purchase a registration through the online transfer program.

### Historical Results

The Army Ten-Miler started with just over 1300 finishers in 1985 and has grown to over 25,000 finishers in 2013. For a list of all historical results, please reference <http://www.armytenmiler.com/about/history.aspx>.

| October 13, 1985 – 1 <sup>st</sup> Army Ten-Miler |                           |
|---|---------------------------|
| Finishers   | 1,379                     |
| Teams   | 105                       |
| Overall Male                                      | Kevin McGarry, 50:56      |
| Overall Female                                    | Marianne Dickerson, 58:45 |
| Master Male                                       | Don Davis, 55:23          |
| Master Female                                     | Cindy Dalrymple, 1:03:55  |

| October 16, 1994 – 10 <sup>th</sup> Army Ten-Miler |                             |
|--|-----------------------------|
| Finishers  | 6,403                       |
| Teams  | 428                         |
| Overall Male                                       | Peter Weilerman, 48:33      |
| Overall Female                                     | Bonnie Barnard-Lopez, 56:59 |
| Master Male  | Ric Banning, 51:49          |
| Master Female                                      | Rose Malloy, 1:02:26        |
| Commanders Cup                                     | Fort Carson, N/A            |

| October 20, 2013 – 29 <sup>th</sup> Army Ten-Miler |                         |
|--|-------------------------|
| Finishers  | 25,969                  |
| Teams  | 649                     |
| Overall Male                                       | Solonei Silva, 48:04    |
| Overall Female                                     | Kerri Gallagher, 54:56  |
| Master Male  | Ray Pugsley, 53:01      |
| Master Female                                      | Perry Shoemaker, 59:06  |
| Commanders Cup Male                                | Mountain Post, 3:28:43  |
| Commanders Cup Female                              | Fort Bragg, 4:17:43     |
| International Cup                                  | Brazilian Army, 3:14:44 |

# Health and Readiness

Contributed by LT Shawn Shermer, FDA

## Army Ten-Miler

| October 20, 2013 – 29th Army Ten-Miler |                         |
|--|-------------------------|
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| Teams                                  | 649                     |
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| Commanders Cup Male                    | Mountain Post, 3:28:43  |
| Commanders Cup Female                  | Fort Bragg, 4:17:43     |
| International Cup                      | Brazilian Army, 3:14:44 |

### Training

Assuming you start training the beginning of June, you have 18 weeks to prepare for the Army Ten-Miler. There is a plethora of training programs available for your use. Runner's World offers a customizable training program for \$9.95 per month or \$19.95 for four months. If you are not interested in joining a for-fee training program, there are many example training programs online. Here is a training program for a beginner. (Indiviglia, 2007)

#### WEEK 1

Monday: Rest  
Tuesday: 3 mi @ 70% maximum heart rate (MHR)  
Wednesday: Cross-train  
Thursday: 4 mi w/ 2 mi @ LT pace  
Friday: Cross-train  
Saturday: Rest  
Sunday: 6 mi w/ 4 mi @ 60% MHR  
Total: 13 mi

#### WEEK 2

Monday: Rest  
Tuesday: 4 mi @ 70% MHR  
Wednesday: Cross-train  
Thursday: 5 mi w/ 3 mi @ LT pace  
Friday: Cross-train

Saturday: Rest  
Sunday: 6 mi w/ 4 mi @ 60% MHR  
Total: 15 mi

#### WEEK 3

Monday: Rest  
Tuesday: 4 mi @ 70% MHR  
Wednesday: Cross-train  
Thursday: 5 mi w/ 3 mi @ LT pace  
Friday: Cross-train  
Saturday: Rest  
Sunday: 8 mi w/ 6 mi @ 60% MHR  
Total: 17 mi

#### WEEK 4

Monday: Rest  
Tuesday: 5 mi @ 70% MHR  
Wednesday: Cross-train  
Thursday: 5 mi w/ 4 mi @ LT pace  
Friday: Cross-train  
Saturday: Rest  
Sunday: 6 mi w/ 4 mi @ 65% MHR  
Total: 16 mi

#### WEEK 5

Monday: Rest  
Tuesday: 5 mi @ 70% MHR  
Wednesday: Cross-train  
Thursday: 6 mi w/ 4 mi @ LT pace  
Friday: Cross-train  
Saturday: Rest  
Sunday: 10 mi w/ 8 mi @ 60% MHR  
Total: 21 mi

#### WEEK 6

Monday: Rest  
Tuesday: 6 mi @ 70% MHR  
Wednesday: Cross-train  
Thursday: 5 mi @ 60% MHR  
Friday: Cross-train  
Saturday: Rest  
Sunday: 10-K race @ LT pace  
Total: 17 miles

# Health and Readiness

Contributed by LT Shawn Shermer, FDA

## Army Ten-Miler

### WEEK 7

Monday: Rest

Tuesday: 4 mi @ 65% MHR

Wednesday: Cross-train

Thursday: 8 mi w/ 4 mi @ LT pace

Friday: Cross-train

Saturday: Rest

Sunday: 10 mi w/ 8 mi @ 70% MHR

Total: 22 mi

### WEEK 8

Monday: Rest

Tuesday: 6 mi @ 70% MHR

Wednesday: Cross-train

Thursday: 5 mi w/ 3 mi @ 75% MHR

Friday: Cross-train

Saturday: Rest

Sunday: 8 mi @ LT pace

Total: 19 mi

### WEEK 9

Monday: Rest

Tuesday: 5 mi @ 65% MHR

Wednesday: Cross-train

Thursday: 5 mi w/ 3 mi @ 75% MHR

Friday: Cross-train

Saturday: Rest

Sunday: 6 mi @ 70% MHR

Total: 16 mi

### WEEK 10

Monday: Rest

Tuesday: 5 mi @ 70% MHR

Wednesday: Cross-train

Thursday: 4 mi @ 65% MHR

Friday: Cross-train

Saturday: 20 minutes easy

Sunday: 10-MILER

The Army ten-miler is an exciting event that has grown tremendously in the last 29 years. This year

marks their 30th anniversary and is a great time to get involved. Training for the Army 10 miler is an excellent way to take your physical fitness to the next level. Additionally, USPHS participation in this highly visible event highlights our commitment to health promotion. Pre-registration is on May 6, 2014 go to <http://www.armytenmiler.com/> for more information on how to get involved.

### Bibliography

Army Ten-Miler About. (n.d.). Retrieved April 27, 2014, from Army Ten-Miler: <http://www.armytenmiler.com/about.aspx>

Indiviglia, L. (2007). Run your best 10-miler.

# Therapists in Action

Contributed by LT Clara Stevens

CAPT Ron West (Row 2, far right) and CDR Karen Kilman (Row 1, 2nd from left) from PMIC in Phoenix, AZ attended the **5th Annual ACAS Health Leadership Award Ceremony.**

Arizonans Concerned About Smoking (ACAS) is an organization run by retired USPHS officers that work to raise public awareness regarding the hazards of tobacco use .



(Above) CDR Jeff Lawrence, PT, DPT, OCS from Piñon Health Center in Piñon, AZ teaching/conducting Basic First Aid Triage Lanes to the Pinon High School Junior Army R.O.T.C. CDR Lawrence educated more than 160 cadets. The Triage Lanes focused on having the students apply the knowledge they learned in the classroom and working as a team to problem solve various scenarios.



## CONGRATS

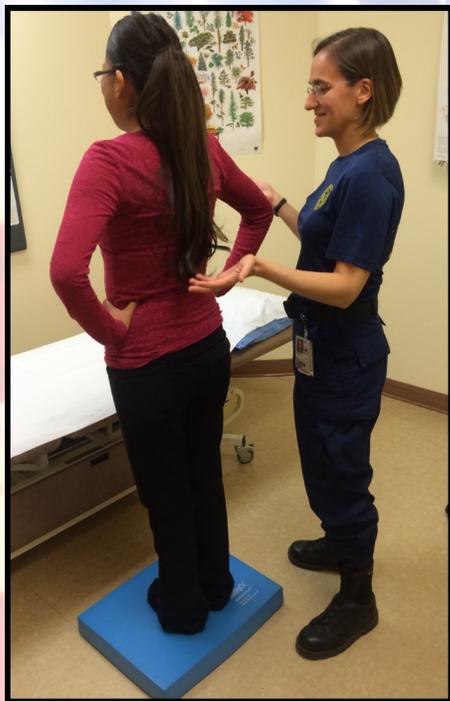
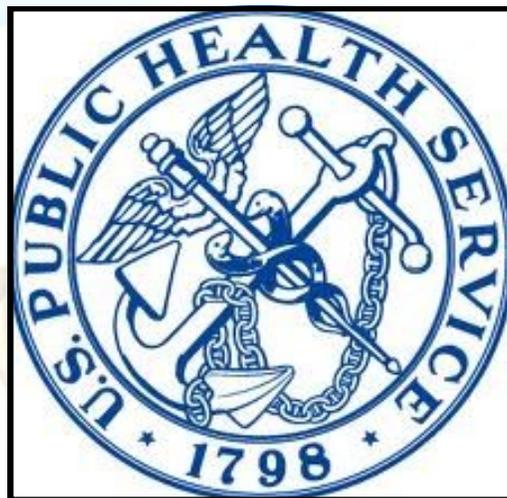
LT Molly Rutledge, Speech-Language Pathologist at Tséhootsooí Medical Center, in Fort Defiance, AZ prepares for a pediatric feeding treatment session with use of play food and puppets. LT Rutledge recently received Chronic Care Professional (CCP) Health Coach certification in February, 2014.

# Therapists in Action

Contributed by LT Clara Stevens



(Above) LT Molly Rutledge, SLP (far left) and LT Kathryn Jacques, PT (far right) participated in MyPlate Day with fellow USPHS officers from Fort Defiance, AZ. Officers engaged in interactive activities with the local Navajo community to promote healthy eating and physical activity.



LT Selena Bobula, DPT, from Piñon Health Center in Piñon, AZ performed baseline concussion screens on 111 High School athletes. LT Bobula is a key member of the Navajo Area Neurologic Special Interest Group. In addition to the screening exam, she also gave a speech to over 430 High School students and over 30 faculty regarding concussions in young athletes!



## WELCOME ABOARD

LT John Burkart, Audiologist (above) with Cherokee Nation, W.W. Hastings Hospital in Tahlequah, OK. He graduated from OBC 68.

# Bulletin Board

Contributed by CDR Doug Fiorentino, FDA



## Opportunity for *your* contribution!

*Therapist Category* Reader - Do you have a story to share? Take the opportunity to contribute to the collective success of *your* newsletter. We are excited to publish your article about important information you would like to share for the good of the whole! Whether it be detailing a program accomplishment, pictures of your committed service in action, or promoting volunteering opportunities, help us give voice to the tremendous mission we undertake everyday to protect, promote and advance the health and safety of the Nation. We are calling for newsletter articles in the following topic areas:

1. Healthy Lifestyle and Fitness - e.g. APFT
2. Did You Know - e.g. uniforms, benefits
3. Therapist Spotlight - This is a chance to recognize the wonderful work we ALL do. The section is for therapists, (officer or civil service), or we can highlight a therapy group's work.
4. Career Development - Highlight opportunities to develop leaders such as professional development, mentoring, leadership, choosing career paths, HHS agencies, promotions.
5. Bulletin Board - announcements



### **Upcoming Meetings for TPAC** **August 15, 2014**

The call-in number is: 1-866-705-8612 (Passcode: 9396977)

**Please mark your calendar!!!!**

### **Educational Opportunities**

**Please see the links below for on-line continuing educational opportunities!**

#### **PT/OT**

**<http://www.athomeseminars.com/>**

#### **SLP/Audiology**

**<http://www.continuingeducation.com/audiology-slp>**

#### **RT**

**<https://www.theonlinelearningcenter.com/respiratory-therapist-ceus>**

# Upcoming Events & Meetings

TPAC Meetings are held the third Friday of the month at 12pm EST.

The next three meetings will be on:

June 20, 2014

August 15, 2014

October 17, 2014

Join us for TPAC's quarterly Education Subcommittee Journal Club

TBA

By Conference Call:  
1-866-705-8612

Passcode: PIN: 9396977#

Join the PHS Listserv to receive updates and information and stay connected to the TPAC:

[Click to Join Now!](#)

This newsletter has been provided by the TPAC Newsletter Workgroup. For more information on how to contribute to future editions, please contact newsletter Lead:

LCDR BJ Saunders at [b1saunders@bop.gov](mailto:b1saunders@bop.gov)

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