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The Pulse of Army Medicine Podcast

Tom Roost:

Welcome to the Pulse of Army Medicine podcast. I'm Tom Roost with the Borden Institute. Today we got to sit down with 68 Foxtrot instructor, Major Schneeberger, to talk about how a shift to a holistic health model helped a unit improve combat effectiveness.

Major Monique Schneeberger:

So I would say that being preventive in care, let's take a BCT, for example. I was the H2F injury control director at Third Brigade Combat Team at Fort Bliss. And a huge concern of ours was that we were having a lot of bone stress injuries, particularly with our new Soldiers just getting to the unit. They did not have adequate time to go from basic training, initial entry training, and then right into the Brigade Combat Team. Their rucking and running were increasing significantly at a very high pace they were not adjusted to, and we were seeing a lot of overuse injuries and bone stress injuries.

So preventive in nature for something like that would be volume management, which is what myself and my physical therapy technician really focused on when we were at Third Brigade. We created what is known as

a Green Platoon. It was an on-ramp program. So that incorporated not only physical therapy, but also nutrition (with the registered dietitian), occupational therapy (with sleep readiness and mental readiness), our strength and conditioning coaches, and spiritual support from the chaplains for the spiritual readiness domain. We were just a piece of that puzzle. It wasn't just the PT that created the whole thing, but we were part of that.

Roost:

That would seem to be one of the advantages of having specialists more embedded where the rubber meets the road is they can see those kinds of trainings.

Schneeberger:

Yes, and we were co-located with our brigade. We were not at some MTF that they had to drive to; we were working out of a COFF in the motor pool with the CAV scouts. So, all they had to do was walk across the motor pool, and we were right there. We had great access, very accessible hours, and we made sure we were in line with S3 and the training schedule. We set appointment times, sick call hours, and reconditioning PRT at times that the Soldiers could actually attend. The only way we were

able to do that was because we were embedded and right there with them.

Roost:

Did you see a change?

Schneeberger:

Yeah, We started seeing, initially, an interesting trend. When we first got there in 2020 and Soldiers had access to healthcare providers, we saw a significant spike in documented MSK injuries—so a spike in profiles. At first, it was alarming because we thought we were supposed to be making them better. Why were there suddenly so many injuries? Well it was because they now had easy access to us, and someone was documenting and providing that care. So initially it seemed that there were injuries, that didn't fit well, but over time, we started to see a steady decline in not only the number of MSK injuries but also the amount of time on temporary profiles. We had fewer injuries overall because of preventive education and intervention before the injury even happened.

Those who did get injured had access to care extremely fast, and it wasn't just care. If they weren't

sleeping or eating right, we would get them to the right provider. They were getting holistic intervention, which shortened their profiles for MSK injuries. That was a really big benefit of the system.

The PT technician is vital in that system. My PT technician at Fort Bliss ran our reconditioning physical readiness training program for those on profile. He oversaw that entire program, ensuring the exercises were safe and that the Soldiers stayed conditioned. So when they came off profile, they were ready to go.

Roost:

Thank you, Major Schneeberger. This has been produced in line with the Harding Project. The intent is to share lessons that improve Army medicine or influence broader Army debates. For the Borden Institute, I'm Tom Roost. Thank you for listening.