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Clinical Public Health and Epidemiology Directorate
Military Injury Prevention Program**

**Evaluation of the Soldier Readiness Test and Training Program (SRT2P),
April – December 2017**

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14. ABSTRACT The Commanding General (CG) of Forces Command (FORSCOM) directed that a pilot study be conducted to assess the effectiveness of functional fitness-based training programs, targeting both health and skill-based fitness components, on the readiness of standard functional and multifunctional brigade combat teams. The primary purpose was to evaluate the effects on functional fitness and injury after the completion of a Soldier Readiness Test and Training Program (SRT2P) using three different readiness models over a 4-month period. Brigade combat teams participated in a Gold, Silver, or Bronze readiness model. Participants in the Gold model had an embedded physical therapist, registered dietitian and occupational therapist. They were also provided with a certified strength and conditioning specialist (CSCS), tactical strength and conditioning facilitator (TSAC-F) training to selected non-commissioned officers, and functional fitness training equipment. Participants in the Silver model also had a fitness training team and equipment, but no medical personnel. Participants in the Bronze model did not have any additional fitness or medical personnel assigned to their brigade or receive any functional fitness equipment. Each brigade combat team completed a Soldier Readiness Test (SRT) (functional physical fitness test similar to an obstacle course) at the beginning and end of a four month implementation period. There were 7,128 Soldiers who participated in SRT2P with 3,376 Soldiers (47%) completing an initial survey, 1,530 (21%) Soldiers completing a follow-up survey and 832 (12%) Soldiers completing both the initial and follow-up survey. One of the primary changes in unit training was a decrease in the amount of foot marching per month for the Gold and Silver readiness models. The Gold and Silver groups decreased their foot marching from an average of 14.1±8.9 and 10.1±8.3 miles per month to 9.0±6.9 and 8.1±6.3 miles per month, respectively. Injury rates determined from medical records remained similar for all three groups before and after the implementation of SRT2P. The average number of limited duty days (e-profile data) before and during the implementation of SRT2P was also similar for the Gold and Silver groups (Gold, 23.1±18.8 days per month vs 21.1±17.6 days per month, Silver 24.8±18.1 vs 24.7±19.1 days per month). However, the average number of limited duty days per month before and during SRT2P for the Bronze group increased (28.5±22.4 vs 32.5±20.9 days per month). The top five injured body areas attributed to the limited duty days were the lumbar (17%), knee (15%), ankle (13%), shoulder (12%) and elbow (10%). Overall, SRT pass rates were initially 33% for men and 5% for women. After SRT2P implementation, SRT pass rates improved for men (44%) and remained similar for women (6%). Evidence from this project suggests that a longer evaluation was necessary to establish potential benefits of the SRT2P.				
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1 SUMMARY

1.1 Purpose

With multiple human performance and injury prevention programs currently being executed throughout the Army, it is not clear which type of human performance and injury prevention program (readiness model) may be most effective for United States Army Forces Command (FORSCOM) functional and multifunctional brigade combat teams. As a result, the Commanding General (CG) of FORSCOM directed that a pilot study be conducted to assess the effectiveness of a functional fitness-based training program, targeting both health and skill-based fitness components on the readiness of standard functional and multifunctional brigade combat teams. Therefore, the primary purpose of this project is to evaluate the effects on functional fitness and injury after completion of a Soldier Readiness Test and Training Program (SRT2P) using three different readiness models (Gold, Silver, and Bronze as described in the methods below) over a 4-month pilot period from 1 August to 30 November 2017. Data from the evaluation was needed to inform the FORSCOM CG's decision on which readiness model was most effective and efficient in reducing injuries and improving performance.

1.2 Methods

Four brigade combat teams at three different installations participated in this evaluation. The brigade combat teams consisted of Armor, Infantry, Multi-functional, and Stryker battalions. One battalion from each brigade combat team participated in one of three human performance and injury prevention models (Gold, Silver, or Bronze). Participants in the Gold model had an embedded physical therapist (PT), registered dietitian (RD), and occupational therapist (OT). They were also provided with a certified strength and conditioning specialist (CSCS), tactical strength and conditioning facilitator (TSAC-F) training to selected non-commissioned officers (NCOs), (e.g., unit physical training leaders, master fitness trainers (MFTs)), and functional fitness training equipment (Appendices C and D). Participants in the Silver model were provided with a CSCS, TSAC-F training to selected NCOs, and functional fitness training equipment. Participants in the Bronze model were not provided with any additional medical or fitness personnel and did not receive any functional fitness equipment. All three groups had MFTs within their brigades as normally assigned. Each brigade combat team completed a Soldier Readiness Test (SRT) (functional physical fitness test similar to an obstacle course) at the beginning and end of the 4-month implementation period. Descriptive statistics were calculated and compared within the three groups using frequencies for categorical variables. Means $\pm$ standard deviations (SD) were compared for limited duty days (LDDs), physical activity levels, physical fitness performance, and health behaviors (e.g., number of push-ups, hours slept per night). Frequencies were also calculated for medical provider knowledge, MFT knowledge, and family support by group. The Armed Forces Health Surveillance Division (AFHSD) provided Defense Medical Surveillance System (DMSS) International Classification of Diseases 10th Revision (ICD-10) diagnosis codes for all outpatient and hospitalized musculoskeletal injury (MSI) medical encounters for the calendar year 2017. This data was requested for all survey respondents. Injury incidence was calculated as the number of Soldiers with one or more injuries during the specified time frame (calendar year 2017, 4 months before implementation,

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and 4 months during implementation) divided by the total number of Soldiers during the entire year, before, and during SRT2P. Both independent and paired T-tests were used to determine statistically significant differences between means within the readiness groups. A Chi-Square test was used to determine statistically significant differences before and after the implementation of SRT2P. For participants with follow-up survey data, univariate logistic regression was used to determine associations between injury and various physical activity levels, physical fitness, and health behaviors. Odds ratios (ORs) and 95% confidence intervals (95%CI) were calculated to determine injury risk factors. Multivariable logistic regression models (OR and 95% CI) were used to determine statistically significant independent injury risk factors.

1.3 Results

There were 7,128 Soldiers who participated in SRT2P. This includes 3,376 (47%) Soldiers completing an initial survey at the beginning of the program, 1,530 (21%) Soldiers completing a final survey at the completion of the program, and 832 (12%) Soldiers completing both the initial and follow-up surveys. A majority of the surveys (initial or follow-up) were completed by men (92-93%) with an average age of 25 years old and had an average body mass index (BMI) of 26.1 kg/m². Women who had an average age of 24 and BMI of 24.6 kg /m² completed only 7-8% of the surveys. During the pilot period, one of the primary changes in unit training was a decreased amount of foot marching per month for the Gold and Silver groups. The Gold and Silver groups decreased their foot marching from an average of 14.1±8.9 and 10.1±8.3 miles per month to 9.0±6.9 and 8.1±6.3 miles per month, respectively.

As far as awareness of MFTs within a company, awareness in the surveyed Gold and Silver groups increased from 42% to 64% and 48% to 68%, respectively, compared to 51% to 47% for the Soldiers surveyed in the Bronze group after SRT2P implementation. The embedded medical team in the Gold battalion consisted of a PT, RD, and OT. Overall > 80% of the embedded medical team's time was spent performing nonclinical encounters such as phone consultations and talking to Soldiers in the field. For family support, between 35% and 44% of those in the Gold, Silver, and Bronze groups indicated that family has an effect on mission readiness and rated their families support as positive.

There were differences in aerobic and muscular endurance as measured by the Army Physical Fitness Test (APFT) after the implementation of SRT2P. Even though these changes were significant, the overall differences were minor. Injury incidence determined from medical records remained similar before and after the implementation of SRT2P. The number of LDDs determined from e-profile data was also similar for the Gold and Silver groups before and during SRT2P (Gold, 23.1±18.8 vs 21.1±17.6; Silver, 24.8±18.1 vs 24.7±19.1). However, the number of LDDs before and during SRT2P for the Bronze group significantly increased (28.5±22.4 vs 32.5±20.9, p<0.05). The top five injured body areas with the highest number of associated LDDs were lumbar (17%), knee (15%), ankle (13%), shoulder (12%), and elbow (10%). Initially, SRT pass rates were 33% for men and 5% for women. After SRT2P, SRT pass rates improved for men (44%) and remained similar for women (6%). Characteristics of men more likely to pass the SRT before the implementation of SRT2P included age > 21, height >67 inches, body fat (BF) composition between 17% and 22.6%, 2-mile run time < 15.64 minutes, push-up completion ≥ 63, sit-up completion ≥ 61 sit-ups, and an APFT score ≥ 220.

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Independent risk factors for injury among all men (regardless of the readiness model) were evaluated using follow-up survey data. Men with a lower percentage of BF had a lower risk of injury compared to those with the highest percentage BF (≤ 17.02 %BF: ≥ 22.66 %BF, OR = 0.46 [95%CI 0.27-0.81]; 17.03-20.18 %BF: ≥ 22.66 %BF, OR = 0.44 [95%CI 0.25-0.78]; 20.19-22.65 ≥ 22.66 %BF, OR = 0.57 [95%CI 0.33-0.98]). Men who performed higher amounts of unit resistance training (RT) had a lower risk of injury compared to those who performed the least amount of unit RT (90.01-120 min RT: ≤ 60 min RT, OR = 0.54 [95%CI 0.29-0.98]; ≥ 120.01 : ≤ 60 min RT, OR = 0.53 [95%CI 0.29-0.95]).

1.4 Conclusions and Recommendations

Overall injury incidence remained similar before and after the implementation of SRT2P. However, the average number of profile days increased within the Bronze group, while remaining similar for the Gold and Silver groups after implementation of the SRT2P. Therefore, the medical asset team and/or strength and conditioning coaches may have had a positive influence on LDDs because one might expect that injury rates as well as LDDs would initially increase with implementation of a new fitness program. In addition, networking with Soldiers outside the clinic (nonclinical encounters) enabled a larger number of Soldiers to interact with the medical action teams. SRT pass rates improved in all three groups after the implementation of SRT2P. Men who were older, taller, had lower BF, or performed well on all three APFT events were more likely to pass the SRT relative to their male peers who did not fall into these categories. The strongest predictor of SRT performance for men was higher aerobic fitness as measured by the 2-mile run times. A lower risk of MSI was shown for men who participated in unit resistance training for more than 90 minutes per week and had a lower percentage of BF ($<22.66\%$). A longer-term study is currently investigating medical action teams and strength and conditioning coaches assigned at the battalion level. Appendix H lists recommendations for SRT2P challenges and lessons learned.

2 REFERENCES

See Appendix A for a listing of references used within this report.

3 AUTHORITY

The Department of the Army Regulation 40-5, *Army Public Health Program*, 12 May 2020, paragraph 2-19a, tasks the U.S. Army Public Health Center (APHC) to provide epidemiologic consultation and program evaluation services in the area of injury prevention and control to Army commands and direct reporting units upon request. See Appendix B for FORSCOM memorandum requesting evaluation support from APHC.

4 BACKGROUND

4.1 Mission

The primary purpose of this project is to evaluate the effects on functional fitness and injury of the SRT2P using three different readiness models (Gold, Silver, and Bronze) over a 4-month pilot period from 1 August to 30 November 2017.

4.2 Oversight

The APHC has oversight of this evaluation.

4.3 Background

With multiple human performance and injury prevention programs currently being executed throughout the Army, it is not clear as to which type of human performance and injury prevention program (readiness model) may be most effective for FORSCOM functional and multifunctional brigade combat teams. As a result, the FORSCOM CG directed that a pilot study be conducted to assess the effectiveness of functional fitness-based training programs, targeting both health- and skill-based fitness components, on the readiness of standard functional and multifunctional brigade combat teams. The SRT2P is a FORSCOM human performance program with embedded fitness professionals and medical providers at the battalion level in one of three readiness models. FORSCOM was interested in assessing the effectiveness of the SRT2P on outcomes such as injury incidence, injury profiles, and physical performance through surveys and analyses conducted by the APHC. Prior to SRT2P, Soldiers were participating in physical readiness training.

Since injury impacts medical readiness and Soldier health accounting for 2 million medical encounters and approximately 10 million days of limited duty a year, injury is a considerable contributor to the Army's healthcare burden.⁽¹⁾ Functional fitness programs have been shown to reduce injury risk and improve physical performance.⁽²⁻⁴⁾ Implementing a wider variety of exercises (e.g., interval training, resistance training, agility training) would enable Soldiers to complete mission tasks more efficiently by being more combat focused compared to the traditional exercise programs primarily consisting of running, push-ups, and sit-ups. In addition, onsite fitness professionals have shown positive outcomes by reducing LDDs and enabling a more rapid return to work.^(5, 6)

5 METHODS

5.1 SRT2P Readiness Models

The SRT2P was conducted within four different brigade combat teams (Armor, Infantry, Stryker, and Multifunction (Engineer and Calvary)). Three battalions from each brigade participated and were placed into a Gold, Silver, or Bronze readiness model. Participants in the Gold model had an embedded PT, RD and OT. They were also provided with a CSCS, TSAC-F training to selected NCOs (e.g., unit physical training leaders, MFTs), and functional fitness training

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equipment. Participates in the Silver model were provided with a CSCS, TSAC-F training to selected NCOs and functional fitness training equipment. Participants in the Bronze model were not provided with any additional medical or fitness personnel and did not receive any functional fitness equipment (Table 1). All three groups had MFTs within their brigades as normally assigned. Each brigade combat team completed an SRT (functional physical fitness test similar to an obstacle course) at the beginning and end of the 4-month implementation period. Even though the fitness professionals and providers were embedded and located within the battalion, they were still assigned to the Military Treatment Facilities. See Appendix C for illustration of the models and Appendix D for functional fitness equipment.

Table 1. Soldier Readiness Models

Readiness Model	Units	Testing	Training Resources			Medical Resources
Bronze Battalions	Infantry Stryker Armor Engineer	Soldier Readiness Test	No Additional Training or Medical Resources			
Silver Battalions	Infantry Stryker Cavalry Engineer	Soldier Readiness Test	Functional Fitness Training Equipment	Tactical Strength & Conditioning Facilitator (TSAC-F) Certification Training (10 NCO's per Battalion)	Certified Strength & Conditioning Specialist (CSCS)	No Additional Medical Resources
Gold Battalions	Infantry Stryker Armor Engineer	Soldier Readiness Test	Functional Fitness Training Equipment	Tactical Strength & Conditioning Facilitator (TSAC-F) Certification Training (10 NCO's per Battalion)	Certified Strength & Conditioning Specialist (CSCS)	Embedded Medical Team of Physical Therapist (PT), Occupational Therapist (OT), and Registered Dietitian (RD) (1 Team per Battalion)

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5.2 Soldier Readiness Test (SRT)

The SRT was completed before and after the implementation of Soldier Readiness Training, consisting of three phases performed back-to-back (i.e., the clock did not stop between phases). Phase I consisted of a tire flip (225 lb, 6 flips), Illinois agility drill (60 total meters), and casualty drag of a manikin (240 lb, 15 meters). Soldiers had 2 minutes or less to complete Phase I. Phase II consisted of the following specific events based on the brigade combat team type:

- Armor – Two full 5-gallon water cans (45 lb each) carried 200 meters;
- Infantry – ten 40-lb sandbags carried and stacked;
- Multifunctional – 40-lb sandbag lift and twist to stack on a platform; and
- Stryker – 16-inch step-ups, 15 per leg, holding a 40-lb sandbag.

This was followed by a sandbag toss (for all brigade combat teams) of ten 40-lb bags over a 7-foot wall. Soldiers had 3 minutes or less to complete Phase II. Phase III consisted of a 1.5-mile movement going over two 4-foot obstacles and under two 4-foot obstacles. Soldiers had 18 minutes or less to complete Phase III. Performance data from the SRT was provided by FORSCOM. Not everyone who completed the survey completed the SRT. See Appendix C for an illustration of the SRT2P Readiness Model and SRT Course and Appendix E for the Soldier Readiness Test Handbook, which provides more in-depth details.

5.3 Survey Design and Administration

The APHC Injury Prevention Program designed the survey, with feedback and review from the FORSCOM Surgeon's Office. APHC surveys were printed and mailed out at the beginning and end of the SRT2P evaluation period to the participating battalions with return labels. Responses were received from August to September 2017 for the initial surveys and December 2017 to March 2018 for the follow-up surveys. The initial survey was administered before or just as SRT2P was being implemented; results from the initial survey will be referred to as "before SRT2P implementation." Follow-up or final surveys were administered after the Soldiers participated in 4 months of SRT2P and results from these surveys will be referred to as "after SRT2P implementation."

Appendices F and G includes the survey questions.

5.4 Human Protections Review

Prior to the administration of the survey, the APHC Public Health Review Board reviewed and approved this project as a public health practice and was exempt from IRB review and approval.

5.5 Data Collection and Analysis

5.5.1 Data Collection

The survey collected personal characteristics from Soldiers such as sex, age, height, weight, rank, and most recent APFT results. High correlations have been found between actual APFT scores and self-reported APFT scores as well as actual and self-reported height and weight.^(7, 8) BMI was calculated as weight in kilograms divided by height in meters squared (kg/m^2). BMI

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was categorized according to the Centers for Disease Control and Prevention (CDC) classifications for “normal,” “overweight,” and “obese.” Predicted maximal oxygen uptake ($VO_2\text{max}$) was estimated for men from 2-mile run times using the following equation: predicted $VO_2\text{max} = 99.7 - (3.35 \times (2\text{-mile run time}))$.⁽⁹⁾ Predicted $VO_2\text{max}$ was estimated for women from 2-mile run times using the following equation: predicted $VO_2\text{max} = 72.9 - (1.77 \times (2\text{-mile run time}))$.⁽⁹⁾ The survey also collected information on physical training, utilization of fitness and medical professionals, health behavior (e.g., smoking, vaping, sleep), and injury. Physical training data were collected for both unit and personal physical training. Soldiers were asked about injuries occurring within the last 12 months. They could list up to three injuries and were asked where the injury occurred (body area), cause, associated activities, whether they sought medical attention, and the number of associated LDDs (if applicable); these details are typically not available from electronic medical records. A recent investigation of Soldiers, comparing the accuracy of self-reported injuries to injuries from medical records, found that 75% of self-reported injuries from those with an injury medical encounter, within a similar timeframe, were observed to match the details of the medical encounter.⁽¹⁰⁾ The Soldiers from all four brigade combat teams completed the survey. Upon completion of the SRT2P evaluation, focus groups with the fitness specialist and providers were conducted. These focus group findings, along with feedback from FORSCOM action team leaders, U.S. Army Medical Command (MEDCOM) subject matter experts, and pilot unit leadership were summarized by FORSCOM in an After Action Report (AAR) (Appendix H).

The AFHSD provided DMSS data, including personal characteristics (sex, date of birth), visit dates, and ICD-10 diagnosis codes for all outpatient and hospitalized MSI medical encounters for the calendar year 2017. This data was requested for all survey respondents. As outlined in the APHC Injury Taxonomy, MSI was defined as “The damage or interruption to the normal functioning of body tissues that results from an overload of kinetic energy that exceeds the threshold of tissue tolerance either suddenly, i.e., in less than one second, known as “acute traumatic injury;” or gradually, i.e., over minutes, hours, days, or weeks, known as “cumulative micro-traumatic” or “overuse” injury.”⁽¹¹⁾ Injury indices were created for the entire year, 4 months before SRT2P implementation, and 4 months during SRT2P. Injuries were categorized into three groups (overall, overuse, and acute) using the primary (first) ICD-10 diagnosis code. The overall injury index captures all ICD-10 MSI-related codes, both overuse and acute (i.e., traumatic) injuries.⁽¹¹⁾ The overuse injury index captures the subset of MSI resulting from cumulative micro-trauma.⁽¹¹⁾ The acute injury index captures the subset of MSI injuries presumably resulting from a strong sudden force or forces being applied to the body.⁽¹¹⁾ These injury indices are consistent with prior studies of military training injuries⁽¹²⁻¹⁴⁾ and with recommendations of the Department of Defense (DoD) Military Injury Metrics Work group.⁽¹⁵⁾ Injury incidence was calculated as the number of Soldiers with one or more injuries during the specified time frames: calendar year 2017, 4 months before implementation, and 4 months during implementation. The number of Soldiers with one or more injuries during these timeframes was then divided by the total number of Soldiers for calendar year 2017, 4 months before implementation, and 4 months during implementation. The number of provider-reported non-clinical encounters as well as clinical encounters (reported in medical records) was captured before and after the implementation of SRT2P by month and discipline (PT, OT, RD). E-profile was requested from the Office of the Surgeon General (using the Medical Operational

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Data System (MODS)) and sent in an aggregated format displaying results by readiness group and month, before and after the implementation of SRT2P.

5.5.2 Data Analysis

The Statistical Package for the Social Sciences (SPSS®), Version 19.0, was used for statistical analysis. Descriptive statistics (frequencies, distributions, means, standard deviations [SD]) were calculated for personal characteristics, physical training, and physical performance (APFT and SRT). Total unit and personal physical training time was computed by combining the total time spent performing physical training each week (running+sprinting+agility training+resistance training+calisthenics). A paired T-test was performed to determine pre- and post-SRT2P differences within the readiness level groups. A Chi-square test was used to determine any differences in SRT pass rates before and after the implementation of SRT2P. An independent T-test was used to assess statistically significant differences in means between APFT performance groups. Frequencies were generated on the utilization, awareness, and impact of fitness and healthcare for medical and fitness professionals before and after the implementation of SRT2P. Frequencies were also computed regarding support Soldiers received from their Families before and after the implementation of SRT2P.

To identify characteristics associated with physical performance and potential injury risk, univariate logistic regression using medical records data (overall injuries only), was conducted. ORs and 95% CIs are reported. Variables from the univariate models were then selected using known risk factors and variables of interest. These variables were then entered into a backward stepping multivariable logistic regression model to identify statistically significant predictors of injury when controlling for other potential injury risk factors. ORs and 95% CIs are reported.

6 RESULTS

6.1 Demographics

There were 3,769 men and 305 women who completed at least a baseline or follow-up survey, with 832 of these Soldiers completing both a baseline and follow-up survey. For the SRT, there were 2003 men and 122 women who completed both an initial and follow-up SRT. On average, respondents completing the baseline survey were 25 years old with an average BMI of 26.1 kg/m² and 24.7 kg/m² for men and women, respectively. For the follow-up survey men were, on average, 25 years old with a BMI of 26.1 kg/m², while women, on average, were 24 years old with a BMI of 24.6 kg/m². For men and women who completed both an initial and follow-up survey, men and women were, on average, 25 years old with a an average BMI of 26.1 and 24.1 kg/m² for men and women, respectively. Table 2 displays personal characteristics and fitness performance averages from the baseline and follow-up survey for men and women.

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Table 2. Personal Characteristics and Fitness Performance Comparison for Men and Women who Completed an Initial Survey (n=3,376), Men and Women who Completed a Follow-up Survey (n=1,530), and Men and Women who Completed Both an Initial and Follow-up Survey (n=832)

Average Characteristic or Performance	Men Initial Survey (n=3,137)	Men Follow-up Survey (n=1,409)	Women Initial Survey (n=239)	Women Follow-up Survey (n=121)	Men Completed Both Surveys (n=777)	Women Completed Both Surveys (n=55)
Age (years) (n)	24.8±5.5 (3,072)	24.8±5.5 (1,407)	25.3±6.6 (228)	24.0±4.7 (120)	24.8±5.5 (766)	24.8±5.2 (54)
Height (in) (n)	69.7±3.0 (3,019)	69.7±2.8 (1,365)	64.4±3.0 (219)	65.0±2.8 (117)	69.7±2.8 (752)	65.6±3.3 (53)
Weight (lbs) (n)	180.5±25.8 (3,057)	180.3±25.8 (1,365)	145.5±20.5 (226)	147.9±20.0 (117)	180.7±25.9 (752)	147.3±19.7 (53)
Body Mass Index (kg/m ²) (n)	26.1±3.1 (3,003)	26.1±3.2 (1,365)	24.7±3.0 (216)	24.6±3.0 (117)	26.1±3.1 (752)	24.1±3.0 (53)
APFT Push-Up repetitions (n)	65.2±12.3 (2,925)	64.3±12.1 (1,317)	39.5±11.1 (214)	38.2±11.3 (109)	64.1±11.9 (726)	38.0±11.5 (49)
APFT Sit-Up repetitions (n)	69.1±10.6 (2,929)	67.6±10.3 (1,321)	66.7±11.4 (208)	65.6±10.9 (107)	68.1±10.0 (730)	65.5±10.7 (47)
APFT 2 Mile Run (minute and fraction of a minute) (n)	14.5±1.3 (2,847)	14.5±1.3 (1,253)	17.0±1.6 (193)	16.9±1.7 (100)	14.5±1.3 (692)	16.8±1.6 (45)
Total SRT Time (min and fraction of a min) ^a (n)	25.7±6.8 (1,440)	22.8±4.0 (668)	31.4±10.1 (91)	28.2±4.3 (60)	22.5±3.8 (451)	27.4±4.0 (37)

Note:

^a Less than 50% of Soldiers who completed a survey had taken an initial or follow-up Soldier Readiness Test (SRT)

Table 3 displays personal characteristics and estimated aerobic capacity for men who completed both the initial and follow-up survey by readiness model before and after the implementation of SRT2P. Differences indicated that age, weight, and estimated percent BF increased within the groups after the implementation of SRT2P. BMI increased within the silver and bronze groups, while estimated VO₂ max decreased within the silver group after the implementation of SRT2P.

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Table 3. Personal Characteristics by Group and Health Behaviors for Men who Completed both an Initial (Before SRT2P) and Follow-up Survey (After SRT2P)

Average Characteristic or Physical Performance	Gold		Silver		Bronze	
	Before SRT2P N=220	After SRT2P N=220	Before SRT2P N=181	After SRT2P N=181	Before SRT2P N=376	After SRT2P N=376
Age (years) (n)	24.6±4.9 (220)	25.0±4.9^a (220)	24.6±5.9 (181)	25.1±6.0^a (181)	24.2±5.5 (376)	24.5±5.5^a (376)
Height (in) (n)	69.5±2.9 (205)	69.6±2.8 (205)	70.0±2.7 (166)	69.9±2.7 (166)	69.5±2.9 (362)	69.6±2.9 (362)
Weight (lbs) (n)	178.9±24.2 (208)	180.0±24.3^a (208)	180.9±25.6 (169)	182.7±26.1^a (169)	178.0±25.1 (364)	180.5±26.5^a (364)
Body Mass Index (kg/m ²) (n)	26.0±2.8 (204)	26.1±2.7 (204)	25.9±3.2 (165)	26.2±3.3^a (165)	25.8±3.1 (362)	26.1±3.2^a (362)
Estimated % Body Fat (n)	19.8±3.6 (203)	20.0±3.5^a (203)	19.6±4.3 (163)	20.0±4.3^a (163)	19.5±4.0 (361)	19.9±4.0^a (361)
Estimated VO ₂ Max (n)	52.9±4.0 (189)	52.7±3.9 (189)	51.0±4.2 (156)	49.8±5.1^a (156)	51.0±3.9 (313)	50.9±3.9 (313)

Note:

^aPaired T-test differences within each group p <0.05

Table 4 displays personal characteristics and estimated aerobic capacity for women who completed both the initial and follow-up survey by readiness model before and after the implementation of SRT2P. Within the groups, there was an increase in age for the silver and bronze groups after the implementation of SRT2P. No other statistically significant differences were detected within the groups.

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Table 4. Personal Characteristics by Group and Health Behaviors for Women who Completed both an Initial (Before SRT2P) and Follow-up Survey (After SRT2P)

Average Characteristic or Physical Performance	Gold		Silver		Bronze	
	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
	N=22	N=22	N=12	N=12	N=21	N=21
Age (years)	25.4±4.8	25.5±4.8	22.3±3.5	22.8±3.3^a	25.0±6.4	25.2±6.4^a
(n)	(21)	(21)	(12)	(12)	(21)	(21)
Height (in)	65.4±3.1	65.2±2.8	65.6±4.6	66.6±4.8	65.7±3.7	65.2±2.7
(n)	(19)	(19)	(11)	(11)	(18)	(18)
Weight (lbs)	153.3±21.8	154.6±20.4	136.8±14.3	136.9±16.8	144.4±17.6	146.5±19.4
(n)	(20)	(20)	(11)	(11)	(19)	(19)
Body Mass Index (kg/m ²)	24.7±2.8	25.2±2.8	22.4±2.0	21.8±3.0	24.0±2.5	24.4±2.9
(n)	(19)	(19)	(11)	(11)	(17)	(17)
Estimated % Body Fat	31.8±4.0	32.5±3.9	28.1±3.7	26.8±5.1	30.9±4.0	31.4±4.5
(n)	(19)	(19)	(11)	(11)	(17)	(17)
Estimated VO ₂ Max	44.4±3.4	44.6±2.8	42.8±1.3	42.1±2.2	42.4±1.9	42.3±2.5
(n)	(16)	(16)	(10)	(10)	(17)	(17)

Note:

^aPaired T-test differences within each group p <0.05

6.2 Physical Training

Table 5 displays the average amount of unit physical training performed per week for men and women who completed both the initial and follow-up survey by readiness model before and after the implementation of SRT2P. Within the Gold group, women ran less miles per week, while men performed more resistance training per week after the implementation of SRT2P. Within the Silver group, men performed less calisthenics after the implementation of SRT2P. Within the Bronze group, men performed more resistance training per week and the total amount of time spent performing unit training increased per week after the implementation of SRT2P.

Table 5. Unit Physical Training Activities by Group for Men and Women Before and After the Implementation of SRT2P (Survey Data, Mean $\pm$ SD and (n))^a

Unit Physical Training Activity	Sex	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Running Distance per Week	Men Mean $\pm$ SD (n)	9.8 $\pm$ 4.3 (165)	9.6 $\pm$ 5.7 (165)	9.1 $\pm$ 3.2 (121)	9.1 $\pm$ 6.1 (121)	8.8 $\pm$ 3.9 (273)	9.0 $\pm$ 5.6 (273)
	Women Mean $\pm$ SD (n)	9.4 $\pm$ 3.3 (12)	6.6$\pm$2.9^b (12)	12.3 $\pm$ 2.6 (4)	10.9 $\pm$ 2.3 (4)	9.3 $\pm$ 6.1 (12)	8.2 $\pm$ 2.9 (12)
Sprint Training Minutes per Week	Men	51.0 $\pm$ 34.9 (136)	53.6 $\pm$ 30.0 (136)	55.4 $\pm$ 31.5 (107)	63.8 $\pm$ 51.7 (107)	50.0 $\pm$ 25.1 (244)	54.0 $\pm$ 28.8 (244)
	Women	40.0 $\pm$ 15.8 (9)	54.5 $\pm$ 49.5 (9)	65.0 $\pm$ 50.9 (6)	76.7 $\pm$ 36.7 (6)	72.7 $\pm$ 40.5 (13)	72.7 $\pm$ 42.4 (13)
Agility Training Minutes per Week	Men	55.4 $\pm$ 38.9 (56)	66.7 $\pm$ 50.6 (56)	59.9 $\pm$ 38.0 (58)	64.4 $\pm$ 40.8 (58)	62.7 $\pm$ 35.3 (102)	70.1 $\pm$ 44.9 (102)
	Women	63.3 $\pm$ 55.1 (3)	70.0 $\pm$ 95.4 (3)	58.0 $\pm$ 36.3 (5)	122.2 $\pm$ 103.1 (5)	61.3 $\pm$ 37.2 (8)	68.1 $\pm$ 44.6 (8)
Resistance Training Minutes per Week	Men	99.6 $\pm$ 70.1 (111)	113.2$\pm$72.4^b (111)	93.7 $\pm$ 51.1 (91)	94.4 $\pm$ 61.2 (91)	85.4 $\pm$ 54.2 (127)	132.6$\pm$106.0^b (127)
	Women	102.9 $\pm$ 29.3 (7)	149.0 $\pm$ 125.3 (7)	71.3 $\pm$ 44.8 (4)	72.5 $\pm$ 37.7 (4)	80.0 $\pm$ 45.8 (3)	40.0 $\pm$ 17.3 (3)

Table 5. Unit Physical Training Activities by Group for Men and Women Before and After the Implementation of SRT2P (Survey Data, Mean $\pm$ SD and (n))^a (continued)

Unit Physical Training Activity	Sex	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Calisthenics Minutes per Week	Men	72.5 $\pm$ 37.5 (130)	68.3 $\pm$ 40.2 (130)	90.0 $\pm$ 50.0 (95)	70.5$\pm$41.7^b (95)	83.2 $\pm$ 38.6 (236)	82.2 $\pm$ 44.8 (236)
	Women	64.5 $\pm$ 48.6 (10)	66.0 $\pm$ 29.9 (10)	110.0 $\pm$ 46.9 (4)	72.5 $\pm$ 55.0 (4)	77.7 $\pm$ 24.5 (13)	77.3 $\pm$ 33.8 (13)
Average Unit PT Minutes per Week	Men	316.3 $\pm$ 117.8 (177)	328.2 $\pm$ 115.9 (177)	342.6 $\pm$ 118.2 (131)	333.1 $\pm$ 128.3 (131)	291.9$\pm$114.3 (294)	309.2$\pm$115.8^b (294)
	Women	282.5 $\pm$ 105.8 (12)	272.9 $\pm$ 117.1 (12)	365.7 $\pm$ 140.5 (7)	344.3 $\pm$ 137.9 (7)	290.4 $\pm$ 114.1 (14)	307 $\pm$ 101.8 (14)

Notes:

^a Men and women who completed both an initial and follow-up survey

^b Paired T-test differences within each group p <0.05

Table 6 displays the average amount of personal physical training performed per week for men and women who completed both the initial and follow-up survey by readiness model before and after the implementation of SRT2P. Within the Gold group, women performed more resistance training per week after the implementation of SRT2P. Within the Bronze group, women ran less mile per week and the total amount of time spent performing unit training for women decreased per week after the implementation of SRT2P.

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Table 6. Personal Physical Training Activities by Group for Men and Women (Survey Data, Mean $\pm$ SD and (n))^a

Personal Physical Training Activity	Sex	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Running Distance per Week	Men Mean $\pm$ SD (n)	7.8 $\pm$ 4.1 (42)	7.7 $\pm$ 3.9 (42)	8.1 $\pm$ 6.8 (41)	8.1 $\pm$ 5.2 (41)	8.1 $\pm$ 5.2 (67)	6.9 $\pm$ 3.6 (67)
	Women Mean $\pm$ SD (n)	13.2 $\pm$ 9.0 (3)	5.7 $\pm$ 2.9 (3)	3.0 $\pm$ 0 (1)	6.0 $\pm$ 0 (1)	13.6 $\pm$ 5.6 (8)	7.4$\pm$3.6^b (8)
Sprint Training Minutes per Week	Men	43.3 $\pm$ 17.8 (26)	50.1 $\pm$ 11.1 (26)	55.4 $\pm$ 35.4 (26)	50.2 $\pm$ 25.1 (26)	51.1 $\pm$ 31.0 (35)	51.6 $\pm$ 34.1 (35)
	Women	35.0 $\pm$ 21.8 (3)	81.7 $\pm$ 53.9 (3)	0 $\pm$ 0 (0)	0 $\pm$ 0 (0)	85.7 $\pm$ 68.0 (7)	55.7 $\pm$ 27.0 (7)
Agility Training Minutes per Week	Men	38.9 $\pm$ 20.3 (9)	42.2 $\pm$ 18.6 (9)	72.3 $\pm$ 34.7 (11)	44.5 $\pm$ 40.4 ¹ (11)	67.8 $\pm$ 53.3 (9)	60.6 $\pm$ 41.1 (9)
	Women	0 $\pm$ 0 (0)	0 $\pm$ 0 (0)	0 $\pm$ 0 (0)	0 $\pm$ 0 (0)	46.7 $\pm$ 37.9 (3)	71.7 $\pm$ 53.0 (3)
Resistance Training Minutes per Week	Men	205.1 $\pm$ 116.3 (71)	198.4 $\pm$ 118.0 (71)	202.8 $\pm$ 152.1 (52)	161.8 $\pm$ 107.6 (52)	236.5 $\pm$ 142.2 (116)	229.4 $\pm$ 123.0 (116)
	Women	110.0 $\pm$ 62.5 (3)	160.0$\pm$69.3^b (3)	180.0 $\pm$ 0 (1)	30.0 $\pm$ 0 (1)	176.1 $\pm$ 131.7 (9)	164.4 $\pm$ 83.5 (9)

Table 6. Personal Physical Training Activities by Group for Men and Women (Survey Data, Mean $\pm$ SD and (n))^a (continued)

Personal Physical Training Activity	Sex	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Calisthenics Minutes per Week	Men	64.7 $\pm$ 56.3 (36)	54.3 $\pm$ 40.8 (36)	70.9 $\pm$ 47.6 (27)	68.0 $\pm$ 41.4 (27)	77.5 $\pm$ 60.2 (61)	82.0 $\pm$ 60.0 (61)
	Women	77.5 $\pm$ 20.6 (4)	67.5 $\pm$ 45.7 (4)	90.0 $\pm$ 42.4 (2)	45.0 $\pm$ 21.2 (2)	88.3 $\pm$ 52.2 (9)	65.0 $\pm$ 45.1 (9)
Average Personal PT Minutes per Week	Men	315.6 $\pm$ 149.4 (107)	336.4 $\pm$ 212.7 (107)	348.2 $\pm$ 194.8 (83)	318.0 $\pm$ 192.5 (83)	331.7 $\pm$ 188.9 (199)	352.5 $\pm$ 231.3 (199)
	Women	269.8 $\pm$ 104.4 (8)	256.4 $\pm$ 149.2 (8)	326.7 $\pm$ 235.0 (3)	350.0 $\pm$ 346.4 (3)	429.2 $\pm$ 224.2 (13)	312.0$\pm$159.8^b (13)

Notes:

^a Men and women who completed both an initial and follow-up survey

^b Paired T-test differences within each group p <0.05

Table 7 displays the average amount of time spent foot marching per month for men and women who completed both an initial and follow-up survey before and after the implementation of SRT2P. After SRT2P implementation, men and women in the Gold group reported decreased average foot miles marched per month compared to themselves before SRT2P. Men in the Silver group reported decreased average foot miles marched per month compared to themselves before SRT2P, and their average percent body weight carried was lower after the implementation of SRT2P compared to themselves before SRT2P. Men and women in the Bronze group reported decreased amounts of weight carried, while foot marching and percent body weight carried was lower after the implementation of SRT2P compared to themselves before SRT2P.

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Table 7. Unit Physical Training Foot Marching for Men and Women by Group (Survey Data, Mean±SD and (n))^a

Unit Foot Marching	Sex	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Average Foot Miles Marched per Month	Men Average ± SD (n)	14.1±8.9 (167)	9.0±6.9^b (167)	10.1±8.3 (134)	8.1±6.3^b (134)	11.1±8.0 (311)	11.3±8.3 (311)
	Women Average ± SD (n)	16.5±8.3 (13)	10.3±6.8^b (13)	9.3±7.2 (8)	6.8±5.5 (8)	6.9±7.2 (17)	8.0±7.1 (17)
Average Weight (lbs) Carried during Foot Marching	Men Average ± SD (n)	42.4±8.2 (161)	43.4±10.8 (161)	43.3±10.6 (132)	42.3±9.2 (132)	42.0±9.1 (306)	39.4±7.2^b (306)
	Women Average ± SD (n)	37.5±4.3 (14)	38.2±6.7 (14)	35.6±5.6 (8)	40.0±7.1 (8)	41.5±9.1 (17)	36.0±3.2^b (17)
Percent of Body Weight Carried during Foot Marching	Men Average ± SD (n)	24.0±.05 (151)	24.8±.07 (151)	24.5±.07 (125)	23.4±.06^b (125)	23.9±.06 (298)	22.2±.05^b (298)
	Women Average ± SD (n)	25.3±.05 (13)	25.5±.05 (13)	25.5±.06 (7)	29.2±.06 (7)	29.4±.07 (16)	25.3±.04^b (16)

Notes:

^aMen and women who completed both an initial and follow-up survey

^bPaired T-test differences within each group p <0.05

6.3 Physical Fitness

Table 8 displays the average APFT results by group for both men and women before and after the implementation of SRT2P who completed both an initial and follow-up survey. In the Gold group, estimated percent BF increased after the implementation of SRT2P compared to themselves before SRT2P. In the Silver group, 2-mile run times were slower, estimated VO₂ max decreased, and estimated percent BF increased for men after the implementation of SRT2P compared to themselves before SRT2P. In the Bronze group for men, the number of sit-ups performed decreased and estimated percent BF increased after the implementation of SRT2P compared to themselves before SRT2P. For women in the Bronze group, the number of push-ups performed decreased and 2-mile run times were slower after the implementation of SRT2P compared to themselves before SRT2P.

Table 8. Army Physical Fitness Test (APFT) and Percent Body Fat by Group (Survey Data)^a

Fitness Measures	Value	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
APFT Push-Ups (Repetitions)	Men Average ± SD (n)	67.8±12.8 (190)	67.2±12.0 (190)	65.1±12.5 (164)	64.5±12.0 (164)	63.6±12.2 (338)	63.4±11.6 (338)
	Women Average ± SD (n)	38.1±11.4 (18)	39.4±14.8 (18)	38.6±9.8 (9)	33.9±6.4 (9)	44.2±11.0 (19)	37.4±10.0^b (19)
APFT Sit-Ups (Repetitions)	Men Average ± SD (n)	70.5±10.1 (194)	70.6±10.1 (194)	67.6±11.4 (274)	67.3±9.5 (274)	68.3±9.7 (342)	67.6±9.9^b (342)
	Women Average ± SD (n)	67.3±9.8 (15)	65.7±10.4 (15)	70.3±13.6 (9)	68.9±8.6 (9)	63.8±11.4 (19)	63.5±11.3 (19)

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Table 8. Army Physical Fitness Test (APFT) and % Body Fat by Group (Survey Data)^a (continued)

Fitness Measures	Value	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
APFT 2-Mile Run (Min and Fx Min)	Men Average ± SD (n)	13.9±1.21 (189)	14.0±1.2 (353)	14.6±1.3 (156)	14.9±1.5^b (156)	14.5±1.2 (313)	14.6±1.2 (313)
	Women Average ± SD (n)	16.1±1.9 (16)	16.0±1.6 (16)	17.0±0.7 (10)	17.4±1.3 (10)	17.2±1.1 (17)	17.3±1.4^a (17)
Estimated VO ₂ Max	Men Average ± SD (n)	52.9±4.0 (189)	52.7±3.9 (189)	51.0±4.2 (156)	49.8±5.1^b (156)	51.0±3.9 (313)	50.9±3.9 (313)
	Women Average ± SD (n)	44.4±3.4 (16)	44.6±2.8 (16)	42.8±1.3 (10)	42.1±2.2 (10)	42.4±1.9 (17)	42.3±2.5 (17)
Estimated % Body Fat	Men Average ± SD (n)	19.8±3.6 (203)	20.0±3.5^b (203)	19.6±4.3 (163)	20.0±4.3^b (163)	19.5±4.0 (361)	19.9±4.0^b (361)
	Women Average ± SD (n)	31.8±4.0 (19)	32.5±3.9 (19)	28.1±3.7 (11)	26.8±5.1 (11)	30.9±4.0 (17)	31.4±4.5 (17)

Notes:

^aMen and women who completed both an initial and follow-up survey

^bPaired T-test differences within each group p <0.05

6.4 Soldier Readiness Test (SRT)

There were 2,003 men and 122 women who completed both an initial and follow-up SRT (i.e., a subset of surveyed population, not necessarily those who completed both an initial and follow-up survey) during the evaluation period. Men had an initial SRT pass rate of 33%, which increased to 44% after the implementation of SRT2P. Women had an initial pass rate of 5%, which increased to 6% after the implementation of SRT2P. Table 9 displays the SRT pass and fail rates by readiness model group. There was a statistically significant increase in pass rates for each group. The Silver group started with the lowest baseline pass rates, which then improved to a pass rate similar to the Gold group.

Table 9. Men and Women who Completed both the Initial and Follow-up SRT (Soldier Readiness Test) by group (n=2,126)^a

	Initial SRT		Final SRT		Attempted both initial and final SRT			
Group	Failed n	Passed n	Failed n	Passed n	n	% Passed SRT1	% Passed SRT2	Percent Difference
Gold	473	292	420	345	765	38	45	18 ^b
Silver	585	196	447	334	781	25	43	72 ^b
Bronze	405	175	362	218	580	30	38	26 ^b

Notes:

^a One Soldier's sex was unable to be determined providing a total n of 2,126 when compared to the 2,125. Soldiers for whom sex was available. This is a subset of the population and not necessarily those who completed both an initial and final survey.

^b Chi Square p-value < 0.01 (compared within each group).

Table 10 displays average APFT performance for men (who completed both an initial and follow-up SRT) passing and failing the SRT after SRT2P implementation, men in Special Forces units, and men in infantry brigades. The data for men in the Special Forces units and infantry brigades were from other evaluations and were not part of the SRT2P pilot. The intent of this table is to compare average APFT scores with other populations. Compared to men who passed the follow-up SRT, Special Forces units had higher

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average APFT performance, while men in other Infantry brigades had lower APFT performance. A table displaying APFT performance for women was not run since there were no women who passed the SRT and who had completed both an initial and follow-up survey with APFT data.

Table 10. Men APFT Performance Comparison to Prior Studies

APFT Event1	Passed Follow-up SRT^a	Failed Follow-up SRT^a	Men in Special Forces Units^b	Men in Infantry Brigades^b
Push-Ups (Repetitions) Average±SD (n)	67±12 (289)	63±12^c (209)	78±10^c (543)	65±13^c (1,662)
Sit-Ups (Repetitions) Average±SD (n)	70±9 (292)	66±11^c (207)	80±9^c (543)	68±12^c (1,650)
2-Mile Run (Minutes and Fx min) Average±SD (n)	14.1±1.3 (287)	15.0±1.2^c (191)	13.9±1^c (531)	15.0±2^c (1,555)

Notes:

^a APFTs taken Aug-Dec 2017 by men who completed both an initial and follow-up SRT.

^b Unpublished data from APHC field investigations.

^c Independent T-test (p<0.05) compared to Passed Follow-up SRT.

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Table 11 displays the pass, fail, or did not attempt percentages for all three phases of the follow-up SRT events for all men and women who took both an initial and follow-up SRT by medical readiness group. The events with the lowest pass percentage were the 7-foot high sandbag toss and the 1.5-mile movement.

Table 11. Percentage of Men and Women who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group

		Gold % (n)			Silver % (n)			Bronze % (n)		
Phase	Event	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
Phase 1	Tire flip	87 (663)	<1 (5)	13 (97)	94 (735)	2 (13)	4 (33)	92 (532)	1 (8)	7 (40)
	Agility T-test	87 (665)	<1 (3)	13 (97)	95 (738)	9 (1)	4 (34)	94 (547)	<1 (1)	6 (32)
	240-lb casualty carry	84 (643)	3 (24)	13 (98)	92 (719)	3 (25)	5 (37)	89 (518)	3 (20)	7 (42)

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Table 11. Percentage of Men and Women who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group

		Gold % (n)			Silver % (n)			Bronze % (n)		
Phase	Event	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
Phase 2	Soldiers completed one event below assigned to their battalion based on their mission: (a) Water can carry (b) Sandbag carry and stack (c) Step up with Sandbag and (d) Sandbag lift and stack	81 (622)	6 (44)	13 (99)	88 (688)	7 (56)	5 (37)	90 (519)	4 (23)	7 (38)
	7-ft high sandbag toss	58 (443)	25 (193)	17 (129)	63 (494)	30 (237)	6 (50)	63 (366)	27 (157)	10 (57)
Phase 3	1.5 mile movement	52 (401)	34 (260)	14 (104)	51 (396)	45 (351)	4 (34)	47 (273)	50 (287)	3 (20)
	4 ft over/under obstacles	79 (603)	8 (64)	13 (98)	82 (643)	13 (104)	4 (34)	90 (520)	4 (20)	7 (39)

Notes: ^a Go: successfully passed this event. ^b No go: attempted the event but did not pass do to time or improper form.

^c DNA: did not attempt this event.

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Table 12 displays the pass, fail, or did not attempt percentages for all three phases of the SRT events for men who took both an initial and follow-up SRT by medical readiness group. The events with the lowest pass percentage were the 7-foot high sandbag toss and the 1.5-mile movement.

Table 12. Percentage of Men who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group

		Gold % (n)			Silver % (n)			Bronze % (n)		
Phase	Event	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
Phase 1	Tire flip	87 (627)	<1 (1)	13 (92)	95 (706)	1 (8)	4 (28)	92 (499)	1 (5)	7 (37)
	Agility T-test	87 (627)	<1 (1)	13 (92)	96 (709)	1 (6)	4 (27)	94 (509)	<1 (1)	6 (37)
	240-lb casualty carry	86 (620)	1 (8)	13 (92)	94 (699)	2 (14)	4 (29)	92 (495)	2 (9)	7 (37)
Phase 2	Soldiers completed one event below assigned to their battalion based on their mission: (a) Water can carry (b) Sandbag carry and stack (c) Step up with Sandbag and (d) Sandbag lift and stack	83 (599)	4 (28)	13 (93)	90 (668)	6 (44)	4 (30)	90 (485)	4 (19)	7 (37)

Table 12. Percentage of Men who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group (continued)

		Gold % (n)			Silver % (n)			Bronze % (n)		
Phase	Event	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
	7-ft high sandbag toss	60 (431)	24 (170)	17 (119)	66 (489)	29 (212)	6 (41)	67 (361)	25 (133)	9 (47)
Phase 3	1.5 mile movement	54 (392)	32 (231)	14 (97)	53 (392)	43 (321)	4 (29)	50 (272)	46 (249)	4 (20)
	4 ft over/under obstacles	79 (571)	8 (56)	13 (93)	83 (616)	13 (97)	4 (29)	90 (488)	3 (16)	7 (37)

Notes:

^a Go: successfully passed this event

^b No go: attempted the event but did not pass do to time or improper form

^c DNA: did not attempt this event

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Table 13 displays the pass, fail, or did not attempt percentages for all three phases of the SRT events for women who took both an initial and follow-up SRT by medical readiness group. The events with the lowest pass percentage were the 7-foot high sandbag toss and the 1.5-mile movement.

Table 13. Percentage of Women who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group

Phase	Event	Gold % (n)			Silver % (n)			Bronze % (n)		
		Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
Phase 1	Tire flip	80 (36)	9 (4)	11 (5)	74 (29)	13 (5)	13 (5)	84 (32)	8 (3)	8 (3)
	Agility T-test	84 (38)	4 (2)	11 (5)	74 (29)	8 (3)	18 (7)	97 (37)	0 (0)	3 (1)
	240-lb casualty carry	51 (23)	36 (16)	13 (6)	51 (20)	28 (11)	21 (8)	58 (22)	29 (11)	13 (5)
Phase 2	Soldiers completed one event below assigned to their battalion based on their mission: (a) Water can carry (b) Sandbag carry and stack (c) Step up with Sandbag and (d) Sandbag lift and stack	51 (23)	36 (16)	13 (6)	51 (20)	31 (12)	18 (7)	87 (33)	11 (4)	3 (1)

Table 13. Percentage of Women who Passed (Go), Failed (No go), or Did Not Attempt (DNA) the Follow-up SRT by Phase, Event, and Medical Readiness Group (continued)

		Gold % (n)			Silver % (n)			Bronze % (n)		
Phase	Event	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c	Go ^a	No go ^b	DNA ^c
	7-ft high sandbag toss	27 (12)	51 (23)	22 (10)	13 (5)	64 (25)	23 (9)	13 (5)	61 (23)	26 (10)
Phase 3	1.5 mile movement	20 (9)	64 (29)	16 (7)	10 (4)	77 (30)	13 (5)	3 (1)	97 (37)	0 (0)
	4 ft over/under obstacles	71 (32)	18 (8)	11 (5)	69 (27)	18 (7)	13 (5)	84 (32)	8 (3)	5 (2)

Notes:

^a Go: successfully passed this event

^b No go: attempted the event but did not pass do to time or improper form

^c DNA: did not attempt this event

Table 14 displays unadjusted ORs examining physical, behavioral, and fitness characteristics of male Soldiers who were more likely to pass the follow-up SRT. Men who had a statistically significant increased odds of passing the SRT were older (>23 years), taller (>67"), had a normal to slight overweight BMI (range 23.74-25.82), did not smoke cigarettes, had faster 2-mile run times (<15.48 min), and performed more push-ups (>56) and sit-ups (>69).

Table 14. Univariate Analyses Examining Physical, Behavioral, and Fitness Characteristics of Male Soldiers More Likely to Pass the Follow-up Soldier Readiness Test

Characteristic	Level	n	Fail	Pass	% Passed SRT	Unadjusted Odds Ratio 95%CI	p-value
Age (years)	≤ 21	541	414	127	24	1.00	
	22-23	258	189	69	27	1.14 (0.88-1.47)	0.32
	24-27	376	249	127	34	1.44 (1.17-1.77)	<0.01
	≥28	331	225	106	32	1.36 (1.10-1.70)	<0.01
Height (inches)	≤ 67	335	276	59	18	1.00	
	68-69	362	253	109	30	1.71 (1.29-2.26)	<0.01
	70-72	544	383	161	30	1.68 (1.29-2.19)	<0.01
	≥73	243	150	93	38	2.17 (1.64-2.89)	<0.01
Weight (lbs)	≤160	366	288	78	21	1.00	
	161-175	356	242	114	32	1.50 (1.17-1.93)	<0.01
	176-195	407	269	138	34	1.59 (1.25-2.02)	<0.01
	≥195	379	277	102	27	1.26 (0.98-1.63)	0.07
BMI	≤23.73	364	265	99	27	1.20 (0.93-1.55)	0.17
	23.74-25.82	370	238	132	36	1.57 (1.24-1.99)	<0.01
	25.83-28.13	394	282	112	28	1.25 (0.98-1.61)	0.08
	≥28.14	348	269	79	23	1.00	
Est % Body Fat	≤17.39	383	281	102	27	1.16 (0.90-1.49)	0.27
	17.40-20.13	367	242	125	34	1.48 (1.16-1.88)	<0.01
	20.14-22.63	374	261	113	30	1.31 (1.02-1.68)	0.03
	≥22.64	347	267	80	23	1.00	
Cigarette Use	Non-Smoker	1179	823	356	30	1.31 (1.06-1.61)	<0.01
	Smoker	364	280	84	23	1.00	
Cigarette Use Number of years Smoked	Non-Smoker	1179	823	356	30	1.73 (1.00-2.98)	0.03
	< 5 years	201	153	48	24	1.37 (0.76-2.47)	0.29
	5-9 years	72	53	19	26	1.51 (0.78-2.93)	0.21
	≥ 10 years	63	52	11	18	1.00	

Table 14. Univariate Analyses Examining Physical, Behavioral, and Fitness Characteristics of Male Soldiers More Likely to Pass the Follow-up Soldier Readiness Test (continued)

Characteristic	Level	n	Fail	Pass	% Passed SRT	Unadjusted Odds Ratio 95%CI	p-value
2-mile Run Time	≤ 13.60	343	145	198	58	7.60 (5.30-10.91)	<0.01
	13.61-14.50	405	271	134	33	4.36 (2.99-6.35)	<0.01
	14.51-15.47	314	245	69	22	2.90 (1.93-4.35)	<0.01
	≥ 15.48	382	353	29	8	1.00	
Push-Ups	≤ 56	383	326	57	15	1.00	
	57-65	359	260	99	28	1.85 (1.38-2.48)	<0.01
	66-75	424	282	142	34	2.25 (1.71-2.96)	<0.01
	≥76	302	176	126	42	2.80 (2.13-3.69)	<0.01
Sit-Ups	≤ 62	415	341	74	18	1.00	
	63-69	355	274	81	23	1.28 (0.97-1.70)	0.09
	70-77	342	238	104	30	1.71 (1.31-2.22)	<0.01
	≥ 78	355	187	168	47	2.65 (2.10-3.35)	<0.01

Note:

Bolded values are significant (p<0.05).

Table 15 displays statistically significant adjusted ORs from multivariate analyses examining physical and fitness characteristics of male Soldiers who were more likely to pass the follow-up SRT. Men who were more likely to pass the SRT when controlling for multiple characteristics were older (>23 years), taller (>67"), weighed more (>160 pounds), had faster 2-mile run times (<15.48 min), and performed more push-ups (>56) and the most sit-ups (≥78).

Table 15. Multivariate Analyses Examining Physical, Behavioral, and Fitness Characteristics of Male Soldiers More Likely to Pass the Follow-up Soldier Readiness Test (n=1,333)

Characteristic	Level	n	Adjusted Odds Ratio 95%CI*	p-value
Age (years)	≤ 21	486	1.00	
	22-23	227	1.30 (0.87-1.94)	0.20
	24-27	339	1.75 (1.22-2.49)	<0.01
	≥28	281	2.09 (1.42-3.07)	<0.01
Height (inches)	≤ 67	301	1.00	
	68-69	328	2.07 (1.36-3.15)	<0.01
	70-72	491	2.01 (1.33-3.05)	<0.01
	≥73	213	2.85 (1.70-4.76)	<0.01
Weight (lbs)	≤160	333	1.00	
	161-175	323	1.65 (1.11-2.45)	0.01
	176-195	357	1.72 (1.14-2.61)	0.01
	≥195	320	1.66 (1.02-2.68)	0.04
2-mile Run Time	≤ 13.60	316	16.33 (9.82-27.16)	<0.01
	13.61-14.50	370	6.34 (3.91-10.29)	<0.01
	14.51-15.47	294	3.77 (2.27-6.27)	<0.01
	≥ 15.48	353	1.00	
Push-Ups	≤ 56	346	1.00	
	57-65	324	1.73 (1.14-2.62)	0.01
	66-75	384	1.54 (1.01-2.35)	0.04
	≥76	279	1.69 (1.06-2.71)	0.03
Sit-Ups	≤ 62	371	1.00	
	63-69	323	1.06 (0.70-1.32)	0.78
	70-77	310	1.09 (0.71-1.65)	0.70
	≥ 78	329	1.83 (1.18-2.82)	<0.01

Notes:

*Multivariable Backward Stepping Logistic Regression

Variables entered into the Backward Stepping Multivariable Model: age, estimated percent body fat, height, weight, smoker-non-smoker, 2 mile run time, and push-ups and sit-ups

Bolded values are significant (p<0.05)

6.5 Medical and Non-Medical Assets

Table 16 displays awareness of MFTs and the perceived effectiveness of the unit physical training leaders among Soldiers surveyed before and after SRT2P implementation. MFTs can also be unit physical training leaders. One noticeable change was a greater awareness of MFTs and their supportive efforts working with the units after the implementation of SRT2P for the Gold and Silver groups compared to Soldiers surveyed in these groups before SRT2P. However, a lower percentage of Soldiers in the Bronze group indicated that their units had MFTs after the implementation of SRT2P compared to the Soldiers survey in the Bronze group before SRT2P. A greater percentage of Soldiers surveyed reported that MFTs worked with their units after the implementation of SRT2P. For performance, a greater percentage of Soldiers surveyed in the Silver group reported a positive moderate to large effect on physical performance associated with unit physical training leaders after the implementation of the SRT2P. No other significant changes in physical performance associated with unit physical training leaders were shown for the other surveyed categories or groups. For injury prevention, a greater percentage of the Soldiers surveyed in the Gold and Bronze groups indicated that Unit physical training leaders did have some effect on injury prevention, while a greater percentage of Soldiers surveyed in the Silver group indicated that unit physical training leaders had a moderate to large effect on injury prevention after the implementation of SRT2P.

Table 16. Soldier Awareness of Master Fitness Trainer and Physical Fitness Leader by Group (Survey Data)

Fitness Professionals and Providers Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Does Your Company have a Master Fitness Trainer	No	27 (289/1053)	10 ^a (42/409)	25 (232/935)	11 ^a (33/297)	22 (252/1160)	22 (156/724)
	Yes	43 (449/1053)	68 ^a (278/409)	49 (459/935)	68 ^a (201/297)	52 (600/1160)	46 ^a (338/724)

Table 16. Soldier Awareness of Master Fitness Trainer and Physical Fitness Leader by Group (Survey Data) (continued)

Fitness Professionals and Providers Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Do not know	31 (323/1053)	22^a (89/409)	27 (251/935)	21^a (63/297)	27 (312/1160)	32^a (230/724)
If Yes , has your Company Master Fitness Trainer Worked with your Unit	No	14 (64/448)	4^a (11/277)	11 (49/459)	8 (15/199)	20 (118/600)	9^a (31/336)
	Yes	65 (293/448)	87^a (242/277)	72 (329/459)	82^a (164/199)	64 (384/600)	69^a (233/336)
	Do not know	20 (91/448)	9^a (24/277)	18 (81/459)	10^a (20/199)	16 (98/600)	21^a (72/336)
Has your Unit's Physical Training Leader had a positive effect on your physical performance	No/little effect	30 (303/1026)	26 (103/391)	29 (268/914)	24 (68/284)	33 (375/1134)	31 (214/687)
	Some effect	29 (292/1026)	31 (122/391)	30 (273/914)	26 (74/284)	28 (313/1134)	27 (183/687)

Table 16. Soldier Awareness of Master Fitness Trainer and Physical Fitness Leader by Group (Survey Data) (continued)

Fitness Professionals and Providers Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Moderate/large effect	42 (431/1026)	43 (166/391)	41 (373/914)	50^a (142/284)	39 (446/1134)	42 290/687)
Has your Unit's Physical Training Leader had a positive effect on your injury prevention	No/little effect	46 (484/1053)	40^a (158/394)	46 (431/948)	38^a (110/292)	49 (571/1157)	45 (326/717)
	Some effect	27 (287/1053)	33^a (131/394)	26 (247/948)	27 (79/292)	24 (276/1157)	29^a (206/717)
	Moderate/large effect	27 (282/1053)	27 (105/394)	29 (270/948)	35 ¹ (103/292)	27 (310/1157)	26 (185/717)

Note:

^a Chi-Square p-value ≤ 0.05 comparing before SRT2P and after SRT2P within each group

Table 17 displays Soldier utilization of registered dietitians (RD) by readiness model group. The SRT2P dietitian was only assigned to the Gold group even though 1-2% of Soldiers in the Silver and Bronze group indicated communications with the SRT2P dietitian. A

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lower percentage of Soldiers surveyed reported communicating with the dietitian after the implementation of SRT2P in the Gold and Bronze groups as compared to Soldiers surveyed in these groups prior to SRT2P. However, with the implementation of SRT2P, the SRT2P dietitian was available and 14% (59) of the Soldiers surveyed in the Gold group after SRT2P reported communicating with the SRT2P dietitian. The leading type of communication with the dietitian was briefing or class attendance for healthier eating. In the Gold group, both before and after SRT2P, about two-thirds of the Soldiers surveyed felt that their interaction with the dietitian had some to a moderate/large effect on their physical fitness/performance and medical readiness.

Table 17. Registered Dietitian Utilization by Group (Survey Data)

Registered Dietitian Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Percentage Communicated with a Dietitian (Types of Dietitian)	Dietitian ^a	10 (115/1121)	3 ^d (13/421)	8 (75/1083)	4 (14/315)	8 (95/1201)	4 ^d (30/769)
	SRT2P Dietitian ^b	N/A	14 (59/421)	N/A	2 (7/315)	N/A	1 (9/769)
Type of Communication with the Dietitian ^c	In Person Appt.	28 (38/110)	32 (21/72)	39 (27/69)	48 (10/21)	39 (35/91)	69 (27/39)
	Phone Contact	2 (2/110)	3 (2/72)	0 (0)	5 (1/21)	0 (0)	10 (4/39)

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Table 17. Registered Dietitian Utilization by Group (Survey Data) (continued)

Registered Dietitian Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Briefing or Class	43 (47/110)	47 (34/72)	55 (38/69)	38 (8/21)	52 (47/91)	15 ^d (6/39)
	Spoke on the Side	27 (30/110)	21 (15/72)	6 (4/69)	10 (2/21)	10 (9/91)	5 (2/39)
Reason for Communication with the Dietitian ^c (Select all that apply)	Healthier Eating	84 (36/43)	95 (20/21)	89 (25/28)	75 (6/8)	77 (34/44)	94 (15/16)
	Lose Weight	72 (31/43)	52 (11/21)	71 (20/28)	50 (4/8)	64 (28/44)	75 (12/16)
	Gain Weight	28 (12/43)	24 (5/21)	25 (7/28)	13 (1/8)	7 (3/44)	19 (3/16)
	Improve Performance	72 (31/43)	52 (11/21)	64 (18/28)	100 (8/8)	52 (23/44)	69 (11/16)
	Supplements	42 (18/43)	33 (7/21)	36 (10/28)	25 (2/8)	34 (15/44)	25 (4/16)

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Table 17. Registered Dietitian Utilization by Group (Survey Data) (continued)

Registered Dietitian Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Clinical Condition	28 (12/43)	0	18 (5/28)	0	7 (3/44)	6 (1/16)
Has the Communication with the dietitian affected your Physical Fitness or Performance ^c	No/little effect	38 (42/112)	30 (21/71)	37 (26/71)	19 (4/21)	29 (27/94)	15 (6/39)
	Some effect	30 (34/113)	45 (32/71)	28 (20/71)	19 (4/21)	36 (34/94)	44 (17/39)
	Moderate/large effect	32 (36/112)	25 (18/71)	35 (25/71)	62 (13/21)	35 (33/94)	41 (16/39)
Has the Communication with the Dietitian Affected your Health and Medical Readiness ^c	No/little effect	35 (40/113)	34 (24/70)	41 (28/69)	24 (5/21)	27 (25/94)	28 (11/39)
	Some effect	35 (39/113)	49 (34/70)	26 (18/69)	24 (5/21)	39 (37/94)	44 (17/39)

Table 17. Registered Dietitian Utilization by Group (Survey Data) (continued)

Registered Dietitian Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Moderate/large effect	30 (34/113)	17 (12/70)	33 (23/69)	52 (11/21)	34 (32/94)	28 (11/39)

Notes:

^a Dietitian – assigned to the medical treatment facility.

^b SRT2P Dietitian – Part of the embedded medical action teams working specifically with battalions assigned at the Gold level.

^c Percentage based on those who had communications with the dietitian and not total population.

^d Chi-Square p-value ≤ 0.05 comparing before SRT2P and after SRT2P within each group.

Table 18 displays Soldier utilization of occupational therapists (OT) by readiness model group. A lower percentage of Soldiers surveyed reported communicating with the OT after the implementation of SRT2P in the Gold and Bronze groups as compared to Soldiers surveyed in these groups prior to SRT2P. However, with the implementation of SRT2P, the SRT2P OT was available and 5% (19) of the Soldiers in the Gold group began communicating with the SRT2P OT. The SRT2P OT was only assigned to the Gold group even though <1% to 1% of Soldiers in the Silver and Bronze group indicated communications with the SRT2P OT. The leading type of communication with the OT was in person for injury rehabilitation. Regarding health and medical readiness, a greater percentage of Soldiers surveyed in the Bronze group reported a moderate to large affect regarding their communications with the OT after the implementation of SRT2P as compared to Soldiers surveyed in the Bronze group prior to SRT2P.

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Table 18. Occupational Therapist Utilization by Group (Survey Data)

Occupational Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Percentage Communicated with an Occupational Therapist (Types of Occupational Therapist)	Occupational Therapist ^a	7 (76/1107)	2 ^d (9/420)	5 (46/977)	3 (9/314)	7 (83/1194)	3 ^d (24/749)
	SRT2P Occupational Therapist ^b	N/A	5 (19/420)	N/A	<1 (1/314)	N/A	1 (8/749)
Type of Communication with the Occupational Therapist ^c	In Person Appt.	76 (58/76)	46 (13/28)	87 (40/46)	60 (6/10)	94 (78/83)	87 (27/31)
	Phone Contact	1 (1/76)	11 (3/28)	4 (2/46)	0	0	3 (1/31)
	Briefing or Class	15 (11/76)	43 ^d (12/28)	7 (3/46)	30 (3/10)	6 (5/83)	10 (3/31)
	Spoke on the Side	8 (6/76)	0	2 (1/46)	10 (1/10)	0	0

Table 18. Occupational Therapist Utilization by Group (Survey Data) (continued)

Occupational Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Reason for Communication with the Occupational Therapist ^c (Select all that apply)	Injury/rehabilitation	92 (11/12)	64 (7/11)	87 (13/15)	100 (1/1)	75 (9/12)	100 (6/6)
	Injury prevention	82 (9/11)	27 (3/11)	47 (7/15)	0	75 (9/12)	0
	Strengthening Exercises	64 (7/11)	36 (4/11)	40 (6/15)	100 (1/1)	58 (7/12)	33 (2/6)
	Improve Performance	55 (6/11)	55 (6/11)	40 (6/15)	0	50 (6/12)	0
	Improve Life skills	73 (8/11)	45 (5/11)	47 (7/15)	0	67 (8/12)	0
	Pain Management	64 (7/11)	18 (2/11)	40 (6/15)	0	75 (7/12)	67 (4/6)

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Table 18. Occupational Therapist Utilization by Group (Survey Data) (continued)

Occupational Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Has the Communication with the Occupational Therapist Affected your Physical Fitness or Performance ^c	No/little effect	41 (31/76)	29 (8/28)	51 (22/43)	30 (3/10)	43 (35/82)	26 (8/31)
	Some effect	32 (24/76)	36 (10/28)	28 (12/43)	10 (1/10)	29 (24/82)	23 (7/31)
	Mod/large effect	28 (21/76)	36 (10/28)	21 (9/43)	60 (6/10)	28 (23/82)	52 (16/31)
Has the Communication with the Occupational Therapist Affected your Health and Medical Readiness ^c	No/little effect	43 (33/76)	32 (9/28)	51 (22/43)	60 (6/10)	50 (41/82)	23 (7/31)
	Some effect	28 (21/76)	39 (11/28)	35 (15/43)	20 (2/10)	28 (23/82)	23 (7/31)
	Mod/large effect	29 (22/76)	29 (8/28)	14 (6/43)	20 (2/10)	22 (18/82)	55 ^d (17/31)

Notes:

^a Occupational Therapist – assigned to the medical treatment facility.

^b SRT2P Occupational Therapist – Part of the embedded medical action teams working specifically with battalions assigned at the Gold level.

^c Percentage based on those who had communications with the dietitian and not total population.

^d Chi-Square p-value ≤ 0.05 comparing before SRT2P and after SRT2P within each group.

Table 19 displays Soldier utilization of PT by readiness model group. A lower percentage of Soldiers surveyed reported communicating with the PT after the implementation of SRT2P in the Gold, Silver, and Bronze groups as compared with Soldiers

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surveyed in those groups before SRT2P. However, with the implementation of SRT2P, the SRT2P PT was available and 10% (43) of the Soldiers in the Gold group began communicating with the SRT2P PT. The SRT2P PT was only assigned to the Gold group even though <1% to 2% of Soldiers in the Silver and Bronze group indicated communications with the SRT2P PT. The leading type of communication with the PT was in person for injury rehabilitation. About two-thirds of the Soldiers surveyed in the Gold group, both before and after SRT2P, felt that their interaction with the PT had some or a moderate/large effect on their physical fitness/performance and medical readiness.

Table 19. Physical Therapist Utilization by Group (Survey Data)

Physical Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
Percentage Communicated with an Physical Therapist ^c	Physical Therapist ^a	21 (231/1105)	10 ^d (42/425)	15 (141/963)	10 ^d (31/317)	17 (200/1190)	11 ^d (88/758)
(Types of Physical Therapist)	SRT2P Physical Therapist ^b	N/A	10 (43/425)	N/A	<1 (2/317)	N/A	2 (15/758)
Communication with the Physical Therapist ^c	In Person Appt.	82 (190/231)	80 (68/85)	87 (123/141)	82 (27/33)	87 (174/200)	89 (92/103)
	Phone Contact	2 (5/231)	1 (1/85)	2 (3/141)	9 (3/33)	1 (2/200)	2 (2/103)
	Briefing or Class	5	8	9	6	7	8

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Physical Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
		(12/231)	(7/85)	(12/141)	(2/33)	(14/200)	(8/103)
	Spoke on the Side	10 (24/231)	11 (9/85)	2 (3/141)	3 (1/33)	5 (10/200)	1 (1/103)
Reason for Communication with the Physical Therapist ^c (Select all that apply)	Injury/rehabilitation	89 (47/53)	91 (30/33)	84 (32/38)	100 (6/6)	81 (39/48)	78 (25/32)
	Injury prevention	38 (20/53)	45 (15/33)	26 (10/38)	0	27 (13/48)	34 (11/32)
	Strengthening Exercises	60 (32/53)	39 (13/33)	53 (20/38)	17 (1/6)	66 (25/38)	41 (13/32)
	Improve Performance	51 (27/53)	36 (12/33)	32 (12/38)	17 (1/6)	39 (15/38)	22 (7/32)
	Stretching Exercises	58 (31/53)	42 (14/33)	42 (16/38)	33 (2/6)	66 (25/38)	9 (3/32)
	Pain Management	75	85	68	83	79	50

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Physical Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
		(40/53)	(23/33)	(26/38)	(5/6)	(30/38)	(16/32)
	Other	6 (3/53)	0	0	0	11 (4/38)	0
Has the Communication with the Physical Therapist affected your Physical Fitness or Performance ^c	No/little effect	35 (80/230)	34 (28/82)	41 (57/140)	45 (15/33)	37 (74/199)	26 (27/103)
	Some effect	30 (68/230)	26 (21/82)	31 (44/140)	24 (8/33)	31 (61/199)	28 (29/103)
	Moderate /large effect	36 (82/230)	40 (33/82)	28 (39/140)	30 (10/33)	32 (64/199)	46 (47/103)
Has the Communication with the Physical Therapist had an effect on your Health and Medical Readiness ^c	No/little effect	41 (95/230)	38 (30/80)	51 (71/140)	45 (15/33)	39 (76/195)	28 (29/102)
	Some effect	25 (57/230)	25 (20/80)	31 (43/140)	24 (8/33)	30 (58/195)	34 (35/102)

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Physical Therapist Questions	Value	Gold		Silver		Bronze	
		Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %	Before SRT2P %	After SRT2P %
	Moderate /large effect	34 (78/230)	38 (30/80)	19 (26/140)	30 (10/33)	31 (61/195)	37 (38/102)

Notes:

^a Physical Therapist – assigned to the medical treatment facility.

^b SRT2P Physical Therapist – Part of the embedded medical action teams working specifically with battalions assigned at the Gold level.

^c Percentage based on those who had communications with the dietitian and not total population.

^d Chi-Square p-value ≤ 0.05 comparing before SRT2P and after SRT2P within each group.

The SRT2P PTs, OTs, and RDs also tracked the number of encounters they had with Soldiers in the SRT2P. These may include individual encounters where they may have an appointment, phone consult, or talk in the hallway to address questions, or provide advice and/or therapy to Soldiers. They also tracked the number of Soldiers who attended their classes, which could range from running clinics to nutrition classes. These encounters could be counted as non-clinical (phone consult, talking in the hallway, teaching classes) or clinical, where the medical encounters were documented in their medical records such as an appointment. Table 20 displays the number of monthly encounters by non-clinical visits as tracked by the providers and clinical encounters, or those encounters entered into electronic medical records from July to October 2017, when SRT2P was active. A majority of provider time was spent performing non-clinical-type interactions.

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Table 20. Non-Clinical (NC) (Self-Reported by Provider) and Clinical (C) (Reported in Electronic Medical Records) Encounters (n) by Discipline

Provider	July		August		September		October		Total	
	NC n	C n	NC n	C n	NC n	C n	NC n	C n	NC n (%)	C n (%)
SRT2P Occupational Therapists	510	34	922	77	942	87	879	30	3,253 (93%)	228 (7%)
SRT2P Physical Therapists	682	136	1011	259	767	148	504	73	2,964 (83%)	616 (17%)
SRT2P Registered Dietitians	655	16	1187	15	973	7	740	14	3,555 (99%)	52 (1%)

Table 21 displays the utilization of the strength and conditioning specialist from survey data by group after implementation of SRT2P. The SRT2P strength and conditioning specialist was assigned to the Gold and Silver groups, although a few (<1%) Soldiers in the Bronze group had indicated communications with the strength and conditioning specialist. In the Gold and Silver groups, 7% (32) and 3% (8) of the Soldiers communicated with the SRT strength and conditioning specialist, respectively. The leading type of communication with the strength and conditioning specialist was in person at group presentations or on the side about human performance. Two-thirds or more of the Soldiers felt that their interaction with the strength coach or SRT2P strength coach had some or a moderate/large effect on their physical fitness/performance.

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Table 21. Strength and Conditioning Specialist Utilization by Group (Survey Data)

Strength Coach Questions	Value	Gold	Silver	Bronze
		After SRT2P %	After SRT2P %	After SRT2P %
Percentage Communicated with an Strength Coach	Strength Coach ^a	1 (6/428)	2 (5/319)	1 (5/759)
(Type of Strength Coach)	SRT2P Strength Coach ^b	7 (32/428)	3 (8/319)	<1 (2/759)
If Communicated with Strength Coach, Type of Communication ^c	In Person Appt.	23 (8/35)	23 (3/13)	17 (1/6)
	Spoke on the Side	23 (8/35)	38 (5/13)	50 (3/6)
	Group Session or Presentation	51 (18/35)	31 (4/13)	33 (2/6)
	Phone or email contact	3 (1/35)	8 (1/13)	0
Reason for Communication with the Strength Coach ^c (Select all that apply)	Remedial Physical Training	31 (5/16)	20 (1/5)	0
	Profile or Physical Limitations	19 (3/16)	0	0
	Physical Training	63 (10/16)	20 (1/5)	0
	Injury Prevention	50 (8/16)	40 (2/5)	0

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**Table 21. Strength and Conditioning Specialist Utilization by Group (Survey Data)
(continued)**

Strength Coach Questions	Value	Gold	Silver	Bronze
		After SRT2P %	After SRT2P %	After SRT2P %
	Improve Strength /Power/Agility	69 (11/16)	100 (5/5)	50 (1/2)
	Improve Endurance	63 (10/16)	40 (2/5)	50 (1/2)
	Exercise Technique/Coaching	50 (8/16)	40 (2/5)	100 (2/2)
	Other	31 (5/16)	20 (1/5)	50 (1/2)
Has the Communication with the Strength Coach Affected you Physical Fitness or Performance ^c	No/little effect	33 (11/33)	23 (3/13)	29 (2/7)
	Some effect	27 (9/33)	15 (2/13)	14 (1/7)
	Moderate/large effect	39 (13/33)	62 (8/13)	57 (4/7)

Notes:

^a Strength Coach – assigned to the medical treatment facility.

^b SRT2P Strength Coach – Part of the embedded medical action teams working specifically with battalions assigned at the Gold level.

^c Percentage based on those who had communications with the strength coach and not the total population.

Table 22 displays the utilization of the unit physical fitness training leader by group after implementation of SR2TP. About 7% (98) of the Soldiers performed the duties of a unit PT leader with their primary role as a unit PT training sessions leader. After implementation of SRT2P, the Gold group had the largest number of certified unit fitness leaders compared to the Silver and Bronze groups. More than two-thirds of the Soldiers in the Gold and Silver groups

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indicated that the strength and conditioning coaches had some or moderate to large effect on their ability to improve physical fitness in their unit. This question was not asked on the prior survey, so differences regarding unit physical fitness training leader perceptions before and after SRT2P could not be assessed.

Table 22. Unit Physical Fitness Training Leader Utilization by Group (Survey Data)

Unit PT leader Questions	Value	Gold	Silver	Bronze
		After SRT2P %	After SRT2P %	After SRT2P %
Perform the Duties of Unit PT leader	Yes	8 (35/422)	7 (21/318)	6 (42/765)
Role as Unit PT leader (select all that apply) ^a	Wrote unit PT programs	26 (9/35)	29 (6/21)	40 (17/42)
	Reviewed/Approved PT programs	20 (7/35)	14 (3/21)	14 (6/42)
	Led unit PT training sessions	69 (24/35)	71 (15/21)	71 (30/42)
	Other	9 (3/35)	5 (1/21)	5 (2/42)
Certifications (PT Leaders selected all applicable certificates) ^a	Hold Army Master Fitness Trainer Certification	23 (8/35)	10 (2/21)	22 (9/41)
	Certified as TSAC-F ^b	26 (9/35)	14 (3/21)	0
	Attended TSAC-F, Not Certified	9 (3/35)	10 (2/21)	5 (2/41)
	Hold Fitness Cert other than TSAC-F	0	0	2 (1/41)
	Completed Ed class through College	9 (3/35)	10 (2/21)	7 (3/41)
	None of the above	43 (15/35)	67 (14/21)	68 (28/41)

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**Table 22. Unit Physical Fitness Training Leader Utilization by Group (Survey Data)
(continued)**

Unit PT leader Questions	Value	Gold	Silver	Bronze
		After SRT2P %	After SRT2P %	After SRT2P %
Frequency of Communication with the Strength Coach ^a	None	49 (16/33)	76 (16/21)	83 (30/36)
	<1 time per week	27 (8/33)	14 (3/21)	8 (3/36)
	1 time per week	15 (5/33)	5 (2/21)	6 (2/36)
	> 1 time per week	9 (3/33)	5 (1/21)	3 (5/36)
How much has the Strength Coach Contributed to your ability to improve the Physical Fitness of your Unit ^a	No/little effect	22 (4/18)	0	57 (4/7)
	Some effect	39 (7/18)	20 (1/5)	29 (2/7)
	Mod/large effect	39 (7/18)	80 (4/5)	14 (1/7)

Notes:

^a Percentage based on unit physical training leaders who responded.

^b TSAC-F: Tactical Strength & Conditioning Facilitator.

6.6 Family Support

Table 23 displays support Soldiers received from their Families. Overall, 24-33% of the Soldiers surveyed reported receiving a moderate/large amount of support by their Families regarding mission readiness for all three groups. For those who received support (some – moderate/large effect), Soldiers surveyed reported that their Families showed about the same amount of support regardless of SRT2P and readiness model group for healthy eating, physical fitness safety, and medical health.

Table 23. Family Support Utilization by Group (Survey Data)

Family Support Questions	Value	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
What effect does your Family have on Mission Readiness % (n)	N/A, no regular interaction	32 (352/1112)	31 (130/420)	32 (313/974)	29 (89/311)	29 (345/1206)	26 (199/755)
	No/little effect	31 (342/1112)	33 (144/420)	29 (283/974)	33 (104/311)	29 (343/1206)	40 (298/755)
	Some effect	9 (96/1112)	7 (30/420)	8 (80/974)	7 (22/311)	10 (118/1206)	10 (77/755)
	Mod/large effect	29 (322/1112)	28 (116/420)	31 (298/974)	31 (96/311)	33 (400/1206)	24 (181/755)
Family contributes support or promotes healthy eating habits (1 not likely – 5 highly likely)	Average±SD (n)	3.9±1.2 (487)	3.8±1.2 (182)	3.8±1.2 (425)	4.1±1.0 (134)	3.7±1.2 (581)	3.9±1.1 (309)

Table 23. Family Support Utilization by Group (Survey Data) (continued)

Family Support Questions	Value	Gold		Silver		Bronze	
		Before SRT2P	After SRT2P	Before SRT2P	After SRT2P	Before SRT2P	After SRT2P
Family supports/promotes physical fitness (1 not likely – 5 highly likely)	Average±SD (n)	3.8±1.2 (486)	3.7±1.2 (183)	3.7±1.2 (428)	3.9±1.1 (133)	3.7±1.2 (578)	3.9±1.1 (308)
Family advocates for safety (1 not likely – 5 highly likely)	Average±SD (n)	4.1±1.2 (486)	4.2±1.2 (182)	4.1±1.2 (428)	4.3±1.0 (135)	4.1±1.1 (578)	4.2±1.1 (306)
Family supports/promotes medical health and regular check-ups (1 not likely – 5 highly likely)	Average±SD (n)	4.0±1.2 (484)	4.0±1.1 (183)	4.0±1.2 (426)	4.2±1.0 (134)	3.9±1.2 (578)	4.0±1.0 (307)

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6.7 Musculoskeletal Injury and Limited Duty Days

Table 24 displays MSI rates from medical records for those who completed both a baseline and follow-up survey before and during the implementation of the SRT2P and the entire calendar year. There were no differences in injury rates before and after the implementation of the SRT2P.

Table 24. Medical Record Musculoskeletal Injury (Traumatic and Overuse) Rates for those who Completed both an Initial and Follow-up Survey*

Survey	Readiness Group	n	April 15-July 31, 2017 (BEFORE SRT2P) % Injured	August 1-November 30, 2017 (DURING SRT2P) % Injured	January 1-December 31, 2017 (Entire Calendar Year) % Injured
Completed Initial and Follow-up Survey	Gold	242	32	35	59
	Silver	193	17	19	46
	Bronze	397	25	24	46

Notes:

*Medical record medical encounters classified as musculoskeletal injury.

Chi-square $p < 0.05$: No differences shown comparing injury rates before and during SRT2P within each readiness group.

Table 25 displays the average number of LDDs before and after the implementation of the SRT2P by month. The data shown in Table 27 was captured from MODS using unit identification codes by participating battalion and readiness level (entire SRT2P population). For the Gold and Silver groups, there were no statistically significant changes in total LDDs before and after the implementation of SRT2P. However, the number of total LDDs significantly increased for the Bronze group after the implementation of SRT2P compared to the Bronze group before SRT2P.

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Table 25. MODS E-Profile Data (Limited Duty Days (LDDs)) Before and After the Implementation of SRT2P

Month	Gold			Silver			Bronze		
	N (profiles)	Sum LDD	Average±SD LDD	N (profiles)	Sum LDD	Average±SD LDD	N (profiles)	Sum LDD	Average±SD LDD
April	66	1,409	21.3±15.0	39	995	25.5±21.7	62	1,436	23.2±16.9
May	66	1,637	24.8±21.8	58	1,317	22.7±16.2	71	1,984	27.9±26.1
June	60	1,376	22.9±19.4	52	1,230	23.7±16.2	63	1,950	31.0±24.5
July	46	1,080	23.5±18.5	49	1,377	28.1±19.0	56	1,816	32.4±19.4
Total (Before SRT2P)	238	5,502	23.1±18.8	198	4,919	24.8±18.1	252	7,186	28.5±22.4
August	67	1,471	22.0±20.0	54	1,360	25.2±22.0	61	2,295	37.6±23.6
September	53	950	17.9±16.6	41	993	24.2±15.7	62	2,063	33.3±22.1
October	54	1,144	21.2±16.1	53	1,295	24.4±19.3	65	2,021	31.1±17.9
November	52	1,198	23.0±16.7	50	1,245	24.9±18.8	63	1,772	28.1±18.9
Total (During SRT2P)	226	4,763	21.1±17.6	198	4,893	24.7±19.1	251	8,151	32.5±20.9^a

Note: ^aIndependent T-test $p < 0.05$ (within groups comparing Total Average LLD (before SRT2P) and Total Average LLD (during SRT2P)).

Table 26 displays the total and average number of profile days by body area injured for the entire SRT2P population, as captured by MODS data using battalion unit identification codes. The lumbar area had the highest number of injuries compared to other body areas. The knee had the highest number of total LDDs, while the ulnar, radius, and forearm had the highest average number of LDDs compared to other body areas.

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**Table 26. MODS E-Profile Data (Limited Duty Days (LDDs))
by Body Area Injured April – December 2017**

Body Location	n (profile count)	Total LDDs	Average LDDs
Lumbar	223	5,567	24
Knee	199	5,825	29
Ankle	172	4,074	24
Shoulder	160	4,901	31
Elbow	138	3,635	26
Hip	135	3,473	25
Tibia/Fibula/Lower Leg	62	1,485	24
Foot	59	1,486	25
Cervical	43	1,082	25
Hand	36	1,080	30
Wrist	33	1,072	32
Thoracic	29	444	15
Femur/Thigh	24	378	16
Sacrum/Coccyx	17	341	20
Ulnar/Radius/Forearm	3	116	39
Humerus/Upper Arm	2	43	22
Not Specified	28	412	15

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6.8 Risk Factors for Musculoskeletal Injury

Table 27 displays unadjusted ORs for diagnosed MSI (from medical records during SRT2P implementation 1 August to 30 November) associated with demographics, tobacco use, unit physical fitness training, personal physical fitness, and the components of the APFT (follow-up survey) and SRT for men (final SRT). For demographics, older age (≥ 28 years) and higher BMI (> 28.07) were risk factors for MSI, while lower estimated BF had a protective effect against MSI. For unit physical fitness training, a lower moderate amount of sprinting and foot marching were risk factors for MSI. However, higher amounts of resistance training had a protective effect against MSI. For the APFT, those with the slowest 2-mile run times had the highest risk of MSI. For the SRT, those who did not attempt an event (DNA) had a higher risk of MSI relative to those who passed (Go) or failed that event (No go). Performance on personal physical fitness training activities was not significantly associated with MSI.

Table 27. Univariate Analyses of Musculoskeletal Injury by Demographics, Tobacco Use, Unit and Personal Fitness Training, Army Physical Fitness Test, and the Soldier Readiness Test for Men^a

Category	Variable	Level of Variable	N	Injury (%)	Unadjusted Odds Ratio (95%CI)
Demographics and personal characteristics	Age	≤ 21	439	19.4	1.00
		22-23	231	25.1	1.40 (0.96-2.04)
		24-27	306	24.2	1.33 (0.93-1.89)
		≥ 28	325	32.3	1.99 (1.43-2.77)
	BMI	≤ 23.71	321	20.6	1.00
		23.72-25.82	302	21.2	1.04 (0.71-1.53)
		25.83-28.06	334	23.7	1.20 (0.83-1.73)
		≥ 28.07	323	33.7	1.97 (1.38-2.80)
	Estimated Body Fat	≤ 17.02	329	19.8	0.44 (0.31-0.63)
		17.03-20.18	314	20.4	0.46 (0.32-0.66)
		20.19-22.65	321	23.7	0.56 (0.40-0.79)
		≥ 22.66	316	35.8	1.00
Tobacco Use	Cigarette	Non-Smoker	961	23.6	1.00
		Smoker	332	28.6	1.30 (0.98-1.72)
Unit Physical Fitness Training	Miles Run per Week	≤ 6.00	385	22.6	1.00
		6.01-9.00	362	22.4	0.99 (0.70-1.39)
		9.01-12.00	198	27.8	1.32 (0.89-1.95)
		≥ 12.01	139	24.5	1.11 (0.71-1.75)
	Minutes of Sprinting per Week	≤ 30	295	22.7	1.43 (0.86-2.39)
		30.01-45.00	177	30.5	2.14 (1.25-3.66)
		45.01-60.00	309	21.0	1.30 (0.78-2.17)
		≥ 60.01	147	17.0	1.00

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Table 27. Univariate Analyses of Musculoskeletal Injury by Demographics, Tobacco Use, Unit and Personal Fitness Training, Army Physical Fitness Test, and the Soldier Readiness Test for Men^a (continued)

Category	Variable	Level of Variable	N	Injury (%)	Unadjusted Odds Ratio (95%CI)
	Minutes of Agility Training per Week	≤30	185	20.0	1.00
		30.01-60.00	88	23.9	1.25 (0.68-2.30)
		60.01-75.00	160	23.1	1.20 (0.72-2.01)
		≥75.01	142	24.6	1.31 (0.77-2.21)
	Minutes of Resistance Training per Week ^b	≤60.00	332	25.9	1.00
		60.01-90.00	184	25.0	0.95 (0.63-1.44)
		90.01-120	149	16.8	0.58 (0.35-0.95)
		≥120.01	178	15.6	0.53 (0.33-0.86)
	Minutes of Calisthenics per Week	≤50.00	254	23.6	1.00
		50.01-70.00	254	23.6	1.00 (0.66-1.51)
		70.01-100	196	25.0	1.08 (0.70-1.66)
		≥100.01	217	24.4	1.05 (0.68-1.60)
	Foot Marching Miles per Month	≤4.00	321	23.4	1.53 (1.00-2.35)
		4.02-8.00	251	26.7	1.83 (1.18-2.84)
		8.01-16.00	309	23.3	1.53 (0.99-2.34)
		≥16.01	241	16.6	1.00
Personal Physical Fitness Training	Miles Run per Week	≤4.00	142	25.4	1.46 (0.59-3.60)
		4.01-7.50	127	28.3	1.70 (0.68-4.21)
		7.51-12.00	131	22.9	1.27 (0.51-3.19)
		≥12.01	37	18.9	1.00
	Minutes of Sprinting per Week	≤30	145	24.1	1.68 (0.69-4.11)
		30.01-45.00	32	25.0	1.76 (0.57-5.49)
		45.01-60.00	75	28.0	2.06 (0.79-5.33)
		≥60.01	44	15.9	1.00
	Minutes of Agility Training per Week	≤30	70	24.3	1.00
		30.01-60.00	45	26.7	1.13 (0.48-2.67)
		≥60.01	27	25.9	1.09 (0.39-3.02)
	Minutes of Resistance Training per Week	≤90.00	167	26.3	1.35 (0.78-2.33)
		90.01-180.00	196	24.5	1.23 (0.72-2.09)
		180.01-300.00	173	27.2	1.41 (0.82-2.42)
		≥300.01	129	20.9	1.00
	Minutes of Calisthenics per Week	≤40.00	123	20.3	0.53 (0.27-1.06)
		40.01-60.00	127	22.8	0.62 (0.32-1.21)
		60.01-100.00	69	18.8	0.49 (0.22-1.08)
		≥100.01	65	32.3	1.00
Army Physical Fitness Test	Push-Ups	≤53	249	29.3	1.37 (0.93-2.01)
		54-63	346	22.0	0.93 (0.64-1.34)
		64-72	333	23.4	1.01 (0.70-1.46)
		≥73	301	23.3	1.00

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Table 27. Univariate Analyses of Musculoskeletal Injury by Demographics, Tobacco Use, Unit and Personal Fitness Training, Army Physical Fitness Test, and the Soldier Readiness Test for Men^a (continued)

Category	Variable	Level of Variable	N	Injury (%)	Unadjusted Odds Ratio (95%CI)
	Sit-Ups	≤60	330	25.8	1.32 (0.90-1.93)
		61-67	295	26.1	1.34 (0.91-1.98)
		68-75	336	23.5	1.17 (0.79-1.71)
		≥76	273	20.9	1.00
	2-Mile Run	≤13.67	322	17.7	1.00
		13.68-14.50	294	22.1	1.32 (0.89-1.96)
		14.51-15.50	339	21.2	1.25 (0.85-1.85)
		≥15.51	216	31.9	2.18 (1.46-3.27)
Soldier Readiness Test	Tire Flip	No Go	7	42.9	0.04 (0.003-0.46)
		Go	658	19.8	0.01 (0.002-0.09)
		DNA	21	95.2	1.00
	Agility	No Go	5	40.0	0.05 (0.003-0.71)
		Go	666	20.6	0.02 (0.002-0.14)
		DNA	15	93.3	1.00
	Casualty Drag	No Go	9	44.4	0.08 (0.01-0.60)
		Go	656	19.8	0.03 (0.01-0.11)
		DNA	21	90.5	1.00
	BCT Specific	No Go	13	30.8	0.07 (0.01-0.36)
		Go	651	20.0	0.04 (0.1-0.13)
		DNA	23	87.0	1.00
	Sandbag Toss	No Go	109	14.7	0.07 (0.03-0.16)
		Go	545	20.9	0.10 (0.05-0.22)
		DNA	33	72.7	1.00
	1.5 Mile Movement	No Go	272	27.9	0.10 (0.01-0.88)
		Go	410	18.0	0.06 (0.01-0.50)
		DNA	5	80.0	1.00
	Obstacles	No Go	8	25.0	0.06 (0.01-0.44)
		Go	659	20.5	0.05 (0.01-0.16)
		DNA	20	85.0	1.00

Legend:

Go = passed this event; No Go = did not pass this event; DNA = did not attempt event

Notes:

^aMusculoskeletal Injuries are from medical records during SRT2P implementation (1 Aug to 30 Nov 2017).

^bChi-Square for trend p<0.05

Population: Soldiers who completed a follow-up survey, APFT data from follow-up survey and final SRT scores from DTMS.

Bolded values are significant (p<0.05) (Logistic Regression).

Table 28 displays final results from a backward stepping multivariable logistic regression model with statistically significant adjusted ORs for diagnosed musculoskeletal injuries (from medical records during SRT2P implementation 1 August to 30 November) adjusting for age, body composition, physical training, and physical performance for men (who completed the follow-up

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survey). Those with lower BF and those who spent more time in resistance training had a lower risk of MSI during the SRT2P pilot evaluation.

Table 28. Multivariate Analyses of Musculoskeletal Injury after Adjusting for Age, Body Composition, Unit Physical Training, and Fitness Performance (n=599)*

Category	Variable	Level of Variable	N	Adjusted Odds Ratio (95%CI)
Personal characteristics	Estimated % Body Fat	≤17.02	156	0.46 (0.27-0.81)
		17.03-20.18	149	0.44 (0.25-0.78)
		20.19-22.65	155	0.57 (0.33-0.98)
		≥22.66	139	1.00
Unit Physical Fitness Training	Resistance Training minutes per week	≤60.00	239	1.00
		60.01-90.00	124	0.97 (0.58-1.63)
		90.01-120	115	0.54 (0.29-0.98)
		≥120.01	121	0.53 (0.29-0.95)

Notes:

* Musculoskeletal Injuries are from medical records during SRT2P implementation (1 Aug to 30 Nov 2017).

Population: Soldiers who completed a follow-up survey and provided answers to all of the variables entered into the multivariate model, APFT data from follow-up survey.

Variables entered into the Backward Stepping Multivariable Model: Age, Unit Resistance Training, Estimated Body Fat, Unit Sprinting, Unit Foot Marching, and 2-Mile Run Times.

Bolded values are significant (p<0.05)

7 DISCUSSION

This evaluation investigated physical training, physical fitness, and injuries among Soldiers in three different readiness models (Gold, Silver, and Bronze), before and after implementation of the 4-month SRT2P pilot. Soldier awareness, utilization, and perceived effect of medical assets was also assessed by survey groups (i.e., Soldiers who completed either an initial or a follow-up survey). Findings are discussed below.

7.1 Physical Training

7.1.1 Unit Physical Training

There were a few differences in unit fitness training after the implementation of SRT2P. Men in the Gold and Bronze groups increased the amount of time spent resistance training after the implementation of SRT2P. However, there were no changes for time spent resistance training before or after the implementation of SRT2P for the Silver group. Due to the ACFT assessing strength and power, it seems reasonable that more time, at least initially, would be spent resistance training, learning lifting techniques, and establishing resistance-training programs.

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The time spent resistance training in the Silver group could have remained similar for multiple reasons (i.e., other mission requirements, limited gym space, different strength coach theories on resistance training, etc.). Men in the Bronze group also increased the overall amount of time spent performing unit physical fitness training. Even though the Bronze group did not receive additional support (i.e., medical assets, strength and conditioning coach, or fitness equipment), they were aware of the follow-up SRT. Therefore, after taking the initial SRT, the Bronze group most likely increased unit resistance training time and overall unit physical training time in preparation for the follow-up SRT. Men in the Silver group spent less time performing calisthenics after the implementation of SRT2P, which was similar to the amount of time the Gold group spent performing calisthenics after the implementation of SRT2P. Women in the Gold group decreased the amount of miles ran per week after the implementation of SRT2P. However, the number of women was small and results should be interpreted with caution.

7.1.2 Personal Physical Fitness Training

Personal physical training remained similar before and after the implementation of SRT2P for men. There were a few changes in personal physical training for women after the implementation of SRT2P. In the Gold group, resistance-training time increased after the implementation of SRT2P. For the Bronze group, running mileage per week decreased along with the overall total amount of time spent performing personal physical training per week. Once again, it is reasonable to spend more time performing personal resistance training with addition of strength and power assessments as measured by the ACFT. Although, unit physical training modifications by strength and conditioning coaches or unit physical training leaders may have been more effective and sufficiently challenging; thereby, possibly influencing the amount of time Soldiers spent performing personal physical training. For running duration, previous studies have shown that high-intensity type training can improve aerobic capacity at rates similar or greater than long, slow-distance training.⁽¹⁶⁻¹⁸⁾ Overall training time for the Bronze group did decrease after the implementation of SRT2P; however, it was initially higher than the Gold and Silver groups at baseline and is now more in line with these groups after SRT2P implementation. The number of women in the Gold, Silver, and Bronze groups is small and results should be interpreted with caution.

7.2 Physical Fitness

7.2.1 Army Physical Fitness Test

Changes in physical fitness were seen after the 4 months of SRT2P. Although the changes were minimal, they were still significant. The Bronze group experienced the most changes with men performing less push-ups and women performing less sit-ups and having slower 2-mile run times after the implementation of SRT2P. Men in the Silver group had slower 2-mile run times and percent BF increased for men in all three groups. Even though the changes were minimal, Soldiers may have placed a higher emphasis on training for the new SRT and placed less emphasis on specifically training for the APFT, which may account for the slight changes in performance. Estimated BF did slightly increase for men in all three groups. Since overall physical fitness time per week remained similar or increased for men, no conclusions can be made as to why estimated percent BF increased.

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7.2.2 Soldier Readiness Test

SRT pass rates improved for all three readiness groups after the implementation of SRT2P. Overall pass rates for men increased from 33% to 44% and from 5% to 6% for women. The largest change in pass rates was for the Silver group, which was similar to the Gold group's final SRT pass rate (Gold-45% vs Silver-43%). The Bronze group's final pass rate was slightly lower than the Gold and Silver groups' pass rates at 38%. The medical asset team and/or strength and conditioning coaches likely contributed to the higher pass rates on the follow-up SRT in the Gold and Silver groups. The Gold and Silver groups also received additional fitness training equipment within the footprint of their battalion and were available for use.

Upon further analysis, men with certain physical characteristics (older, taller, normal to low overweight BMI, 2-mile run times of < 15.64 minutes, and ability to perform a greater number of push-ups and sit-ups) were more likely to pass the SRT. Older Soldiers may have performed better than younger Soldiers due to more familiarity and experience with these types of military-specific events. Taller Soldiers may have had an advantage compared to shorter Soldiers on events such as the sandbag toss. It is likely that taller Soldiers had to expend less energy to move the sandbags over the 7-foot wall compared with shorter Soldiers. Soldiers with normal to low overweight BMIs were more likely to pass the SRT, which includes a number of muscular strength and power events. In a study investigating performance and BMI, Soldiers with a higher BMI performed better on muscular strength and power tasks compared to Soldiers with lower BMIs on a warrior task and battle drills obstacle type course.⁽¹⁹⁾ It has been indicated that Soldiers who are classified as overweight and obese have an additional 5-12 kg of muscle mass and an additional 5-17 kg of fat mass compared to those classified as having a normal weight (BMI 18.5-24.9). It is estimated that overweight or obese Soldiers gain approximately 1.3-1.4 kg of additional fat for every 1 kg of lean body mass.⁽²⁰⁾ Therefore, Soldiers who are overweight or obese may have additional muscle mass. However, they also have additional fat mass, which can be associated with negative health consequences and lower aerobic performance. For aerobic endurance, 74% of men who completed the APFT 2-mile run test in under 14 minutes passed the SRT. These data suggest that, in order to have the best chance at passing the SRT, a Soldier needs to develop or maintain lean muscle mass, while also developing and maintaining aerobic endurance.

7.3 Medical and Non-Medical Assets

Between 5-14% of the Soldiers who completed surveys indicated that they had communications with the medical asset team after the implementation of SRT2P. In addition, the medical asset teams attended unit PT, where they would talk with the Soldiers and make themselves available. On average, the medical asset team reported a total of 889 encounters per month, with greater than 80% of these encounters reported as non-clinical. A majority of the Soldiers reported their encounters with the medical asset teams as having some to a moderate/large effect on their performance and medical readiness. In addition, non-clinical encounters provided credible advice and recommendations that Soldiers could use in an effort to prevent injury and improve human performance. Capturing non-clinical encounters documented how the providers were spending their time outside of the clinics and could provide future avenues where guidance and advice is most warranted. A majority of the Soldiers in the Gold and Silver groups

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also reported the strength and conditioning coaches as having some to a moderate/large effect on their physical performance. A majority of the unit physical training leaders also reported that the strength and conditioning coaches in the Gold and Silver groups contributed to their ability to improve performance within their units.

Supervised rehabilitation has also been shown to reduce re-injury and improve functional outcomes compared to non-supervised rehabilitation.⁽²¹⁾ The Gold and Silver groups had fitness professionals that provided supervised rehabilitation or supervision over rehabilitation programs. In both the Gold and Silver groups, injury rates and LDDs were similar before and after the implementation of SRT2P. Therefore, the medical asset team and/or strength and conditioning coaches may have had a positive influence on LDDs because one might expect that injury rates as well as LDDs would initially increase with implementation of a new fitness program. This has been shown in basic combat training, where injury rates initially spike closer to the beginning of training and then decrease throughout the rest of training.⁽²²⁾ It has also been shown that strength and conditioning coaches have a positive impact on athletes' overall psychological well-being during recovery, which could also have an effect on overall recovery time.⁽²³⁾ Given that the Silver group did not have a medical asset team, the strength and conditioning coaches may have had the greatest positive impact on LDDs because the Silver group, similar to the Gold group, maintained their average LDDs after implementation of SRT2P. Focus groups were conducted with the medical and non-medical asset teams at the end of the 4-month SRT2P pilot study. See Appendix H for primary findings from these focus groups.

7.4 Musculoskeletal Injuries, Limited Duty Days, and Musculoskeletal Injury Risk Factors

Overall, there were no statistically significant differences in diagnosed injury incidence for any of the groups before and after the implementation of SRT2P. However, the 4-month implementation period may not have been enough time to measure the effects of SRT2P on musculoskeletal injuries among the three readiness groups. In a multivariate analysis examining potential risk factors associated with injury, men who had a lower percentage of BF and men who performed unit resistance training 90 or more minutes per week had a lower odds of a MSI.

Despite the short execution period, LDDs remained similar for the Gold and Silver groups, while increasing slightly for the Bronze group. The similar number of LDDs for the Gold and Silver groups after the implementation of SRT2P may be partially due to the medical asset team and strength and conditioning coaches. The medical asset team was located in the Gold group Battalion, facilitating rapid care or rehabilitation. In addition, strength and conditioning coaches may have also increased referrals to the medical asset team, while modifying training programs. A study using Military Health System data found that early referral to physical therapy for treatment of low back pain resulted in lower utilization of treatments such as lumbar spinal injections, lumbar spine surgery, and use of opioids. These early referrals resulted in enhanced patient well-being and substantial cost savings.⁽²⁴⁾ Studies using a national database of employer-sponsored health plans as well as Medicare and Medicaid data also found a lower risk of back surgery, lumbar spinal injections, and the use of opioids, with early access to physical therapy.^(25, 26) In the current evaluation, lower back injuries resulted in the greatest number of profiles (223), with a total of 5,567 LDDs. Early access to care may reduce the number of

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subsequent medical procedures. Soldiers in the Silver and Bronze group did not have a battalion medical asset team and had to be referred to a PT, OT, or other specialty providers by their primary care physician. The referral process takes approximately 10-14 days after seeing a primary care provider.⁽²⁷⁾ It is possible that injuries worsened during this lag between provider visits, which may have resulted in more LDDs. However, the Silver group did not have a medical asset team and their number of LDDs remained similar before and after the implementation of SRT2P. The Silver group may have benefitted from the addition of strength and condition coaches through modified training programs.

Foot marching mileage decreased with the implementation of SRT2P for men in the Gold and Silver groups. A previous investigation of foot marching and Infantry Soldiers found that half of reported injuries were attributed to foot marching or running.⁽²⁸⁾ Another study of Infantry Soldiers estimated that walking, hiking, or foot-marching injuries averaged 40 days of limited duty.⁽²⁹⁾ Therefore, reducing the number of miles marched per month may have had a positive effect on reducing the number of LDDs attributable to associated injuries.

A multivariate analysis of factors associated with injury risk among male Soldiers who took the follow-up survey indicated that men with a percentage BF of 22.65% or lower had a lower risk of MSI during the SRT2P pilot. A BF percentage of 22.65% or lower can equate to a BMI of normal or slightly overweight using BMI classifications. Previous studies have also indicated that Soldiers with greater amounts of BF are at greater risk of injury.⁽³⁰⁻³²⁾ In addition, excessive BF has been shown to adversely affect performance on military tasks that require both aerobic and strength components.^(12, 33-35) Men in this evaluation who were normal or slightly overweight had a lower risk of injury and a greater likelihood of passing the SRT. This may be due to the presence of additional muscle mass without the accompaniment of additional or excessive BF.

The multivariate analysis also indicated that men who participated in unit resistance training for 90 minutes or more per week also had a lower risk of MSI during the SRT2P pilot. Similar to a previous investigation, Soldiers who performed unit resistance training at least once per week were at a lower risk of injury than Soldiers who did not perform unit resistance training.⁽¹²⁾ It has also been shown that both strength training and concurrent training (i.e., combination of strength training and endurance training) have larger effects on strength when compared to endurance training alone.⁽³⁶⁾ Strength training or concurrent training may be beneficial when performing the SRT in which additional strength may be advantageous in completing some of the events (i.e., 7-foot sandbag toss). Therefore, it is estimated that lower BF and unit resistance training decrease injury risk and potentially improve physical performance among SRT2P participants.

8. LIMITATIONS

The SRT2P pilot was 4 months in duration and only 832 of the 7,128 Soldiers completed both the initial and final survey, which may not be representative of the entire population. It is also possible that the 7,128 Soldiers who completed a survey were different from other Soldiers who did not complete a survey. However, information from Soldiers who did not complete a survey were not provided by the units. This 4-month time period was most likely not long enough to fully determine changes occurring in PT, injury, and LDDs between the Gold, Silver, and Bronze readiness models. This time period was also too short to fully integrate the medical and fitness

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action teams into the unit. The medical and fitness action teams were tasked to work with the units, but ultimately fell under the supervision and belonged to the Military Treatment Facility. Therefore, they were not always included in unit events, and may not have been fully accepted as part of their team. The medical and fitness action teams need to be assigned and fall under the units for them to be fully integrated. The number of respondents completing both surveys was low for women when stratified by readiness model. Therefore, these findings should be interpreted with caution.

9 CONCLUSIONS AND IMPLICATIONS

9.1 Conclusions

The SRT2P was implemented to assess the effectiveness of functional fitness-based training programs on the readiness of standard functional and multifunctional brigade combat teams. However, the pilot program was only 4 months in duration, so full effects of SRT2P on training and testing could not be entirely determined. This novel fitness program also had to compete with the high operational tempo experienced by these units. However, even with the short implementation period, there were changes in unit training most likely due to the implementation of the SRT. Even the Bronze group, who was not assigned a medical asset team, increased the amount of time spent resistance training and increased the amount of unit physical training performed per week in preparation for the SRT. One of the strongest predictors of passing the SRT was aerobic endurance as measured by the APFT 2-mile run. Seventy-four percent of Soldiers who ran the APFT 2-mile run in under 14 minutes passed the SRT. There were no statistically significant differences in overall injury incidence before and after the implementation of SRT2P. The 4-month evaluation period may have been too short to capture any differences that may have occurred during a longer duration. However, LDDs did slightly increase in the Bronze group, who did not receive a medical asset team or fitness professionals. Overall, Soldiers with a lower BF and those who participated in unit resistance training for 90 or more minutes per week were at a lower risk of a MSI.

The medical and fitness teams were new to the units, and most likely needed more time to fully develop and implement training programs based on the units' needs and mission requirements. The medical action teams spent a portion of their time building relationships with the units by attending unit physical training, providing education briefings, and interacting with the units. Interacting with Soldiers outside of the clinic enabled the medical action team to reach a much larger number of Soldiers who may not have otherwise interacted with them. A longer-term study is currently investigating medical action teams and strength and conditioning coaches assigned at the battalion level. Appendix H lists the recommendations for SRT2P challenges and lesson learned.

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9.2 Implications

The after action report summarizes SRT2P pilot challenges and lessons learned, and contains recommendations for leadership, medical action team professionals, human performance team integration, and execution of educational services and teams (see Appendix H).

10 POINT OF CONTACT

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Appendix A

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Appendix B

Letter of Request



DEPARTMENT OF THE ARMY
HEADQUARTERS, UNITED STATES ARMY FORCES COMMAND
4700 KNOX STREET
FORT BRAGG, NC 28310-5000

6 February 2017

MEMORANDUM FOR Director, U.S. Army Public Health Center, 5158 Blackhawk Road, Aberdeen Proving Ground, MD 21010

SUBJECT: Request U.S. Army Public Health Center (APHC) support to evaluate the Soldier Readiness Test (SRT) and Human Performance Optimization/Injury Prevention (HPO/IP) Program Pilot.

1. Purpose. The FORSCOM Commanding General (CG) has directed that a pilot be conducted to assess the effectiveness of functional fitness based training programs, targeting both health components and skill-based fitness components, on the readiness of standard functional Brigade Combat Teams (BCT) and multifunctional brigades. The program evaluation pilot is to inform the FORSCOM CG's internal decision regarding standardizing FORSCOM SRT and HPO/IP programs. A direct comparison of three physical readiness models, incorporating components of currently executed programs, is need in order to identify the most effective model for FORSCOM readiness. FORSCOM HQ requests the U.S. Army Public Health Center Injury Prevention Division to conduct an evaluation of the SRT and HPO/IP models.

2. Background. FORSCOM SRT action group contacted the APHC Injury Prevention Division on 8 August 2016 to discuss a potential evaluation of the SRT and HPO/IP project. On November 2-3, APHC Injury Prevention Division traveled to FORSCOM HQ at Fort Bragg, NC for a pilot working group meeting. Some of the objectives discussed and observed included specifics of the test itself, pilot structure and process, and included an SRT demonstration.

3. Request that the APHC Injury Prevention Division assist with the design of an evaluation, survey administration, analysis, interpretation, and reporting necessary to assess the SRT and HPO/IP project.

4. The point of contact for this request is MAJ Karen Daigle at 910-570-7267, karen.a.daigle2.mil@mail.mil.

A handwritten signature in black ink, appearing to read "William P. Barras", is written over the typed name.

WILLIAM P. BARRAS
COL, AN
Chief, Clinical Operations Division

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Appendix C

SRT2P Readiness Model Overview and SRT Course Layout

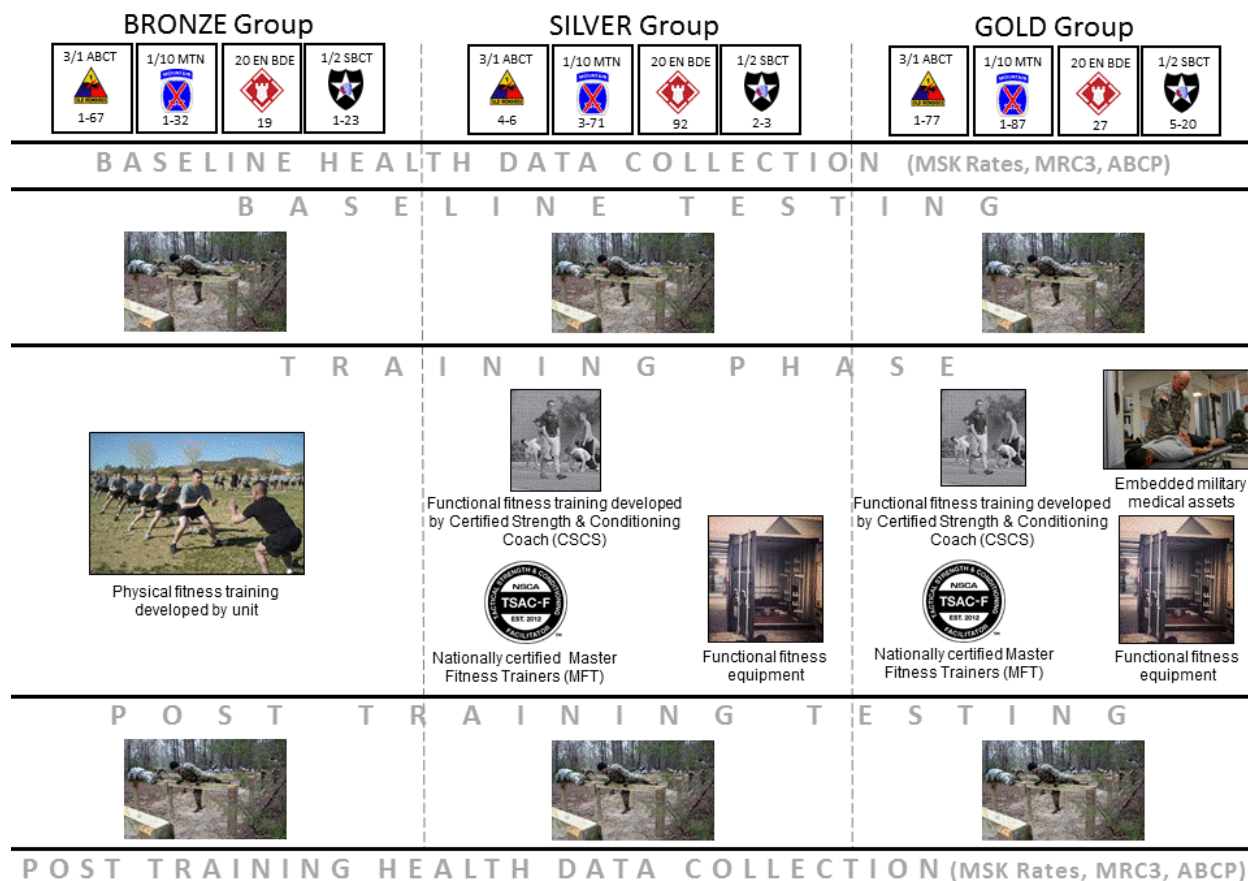


Figure C-1. Soldier Readiness Training and Testing Program (SRT2P) Readiness Model Overview

SRT COURSE LAYOUT

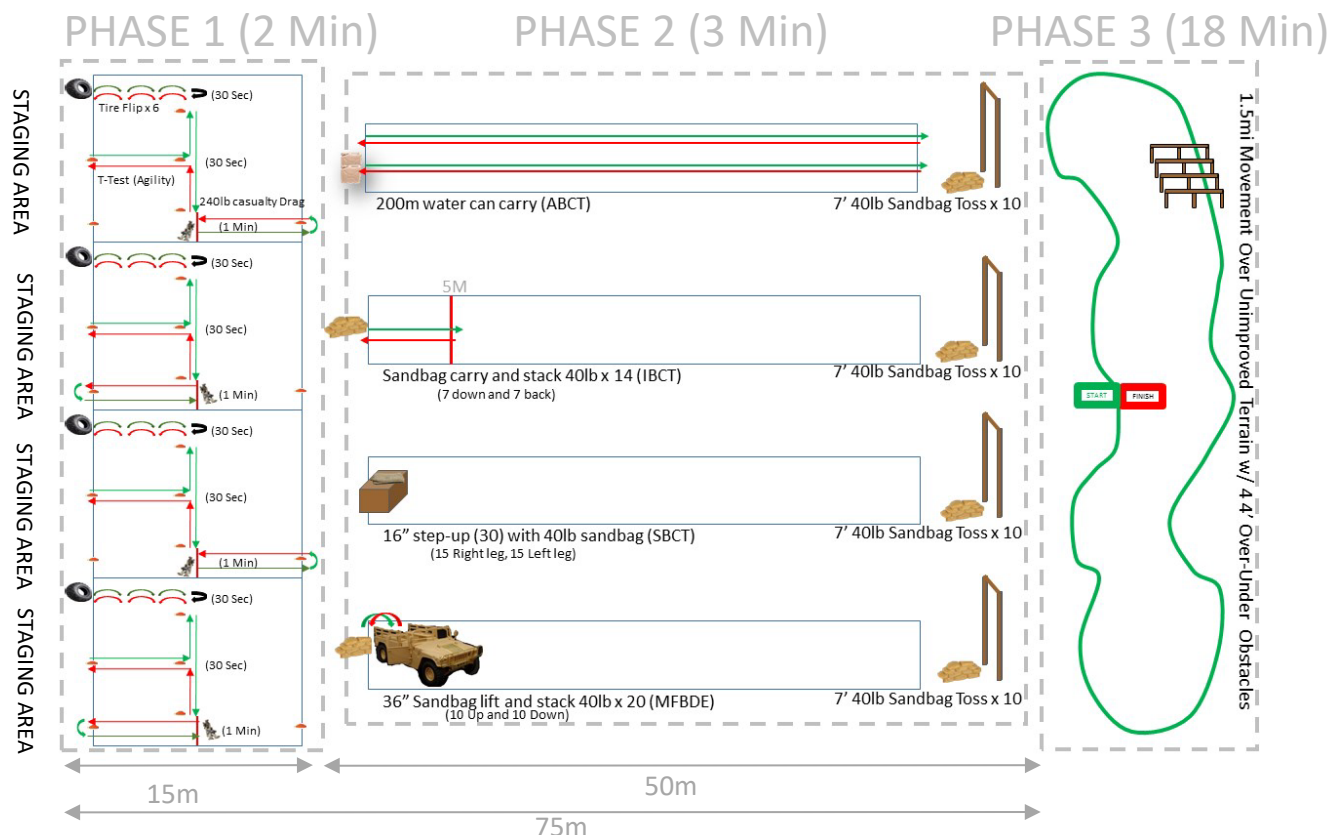


Figure C-2. Soldier Readiness Training (SRT) Course Layout
Phase 2 is events are specific to each battalion (Armor brigade combat team (ABCT), Infantry brigade combat team (IBCT), Stryker brigade combat team (SBCT) and Multifunctional brigade (MFBDE)).

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Appendix D

Functional Fitness Training Equipment Locker Inventory

	Quantity Provided
10-foot shipping container	1
Squat/pull-up stations	3
Climbing rope station	1
Olympic lifting bar, 20kg	4
Olympic lifting bar, 15kg	2
Olympic bumper plate, 10lb	8
Olympic bumper plate, 25lb	8
Olympic bumper plate, 35lb	8
Olympic bumper plate, 45lb	8
Olympic lifting bar collars, pair	4
Utility bench	1
Kettlebell, 6kg/ 10lb	2
Kettlebell, 8kg/ 22lb	2
Kettlebell, 12kg/ 24.6lb	2
Kettlebell, 16kg/ 35.2lb	2
Kettlebell, 20kg/ 44lb	2
Kettlebell, 24kg/ 52.8lb	4
Medicine ball, soft, 10lb	1
Medicine ball, soft, 12lb	2
Medicine ball, soft, 14lb	1
Medicine ball, soft, 16lb	0
Medicine ball, soft, 18lb	2
Medicine ball, soft, 20lb	1
Battling rope, 1.5" diameter, 50ft	2
Climbing rope, 1.5" diameter, 15ft	1
Resistance Band, medium resistance (75lbs)	8
Jump rope	8
Rubber mats (2'x2')	4
Foam roller	8
Strap/suspension trainer	8
Push/pull weight sled	1
Agility cones	20

Appendix E. Soldier Readiness Test (SRT) Handbook

FORSCOM 7-22-1

SOLDIER READINESS TEST

(SRT)

(DRAFT)

Strength, Endurance, and Movement Skills (Agility, Coordination, and Balance)..Create..Soldiers Capable of Executing Missions with Reduced Risk of Injury.”

SOLDIER READINESS TEST (SRT) APPROACH

"Our Soldiers are at the very heart of our combat readiness. FORSCOM will aggressively pursue the highest levels of physical, mental, and emotional fitness across our formations"....Commanders must ruthlessly protect the training opportunities that are focused on improving Soldiers' physical fitness levels."

- GEN Robert B. Abrams

FORSCOM 7-22-1

Headquarters United States Army
Forces Command Fort Bragg, NC,
28 February 2016

Soldier Readiness Test (SRT)

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Glossary

ABCT	Armor Brigade Combat Team
IBCT	Infantry Brigade Combat Team
SBCT	Stryker Brigade Combat Team
MFBCT	Multi-Functional Brigade Combat Team
SRT	Soldier Readiness Test
IOTV	Improved Outer Tactical Vest
SAPI	Small Arms Protective Insert

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SRT APPROACH

The purpose of the Soldier Readiness Test (SRT) is to assess unit Soldiers' ability to perform unit-specific combat related tasks and to change focus of Physical Readiness Training (PRT) to a more holistic, functional fitness program.

As outlined in ATP 6-22.5, Functional Fitness is a training program designed with exercises and activities that correlate to the physical movement, and skills required when performing Soldier tasks. Through the employment of a standardized functional physical assessment, and associated training program that emphasizes exercise in movement, endurance, core stability, and strength for mission accomplishment, commanders will enable the increased ability of Soldiers to accomplish their assigned missions, whether home or abroad while reducing musculoskeletal injuries and decreasing return to duty rates.

SRT OVERVIEW

The SRT provides an assessment through a Deliberate, Sequential, Progressive, and Cumulative training process, measuring the nine components of fitness: Explosive Power, Speed, Agility, Balance and Coordination, Muscular Strength, Muscular Endurance, Cardiovascular Endurance, Flexibility, and Reaction Time, enabling leaders to holistically assess the physical limitations and capabilities of each Soldier as it relates to their wartime physical requirements and incorporate corresponding performance oriented training programs to increase overall readiness and reduction in injuries related to physical stressors (see table 1-1).

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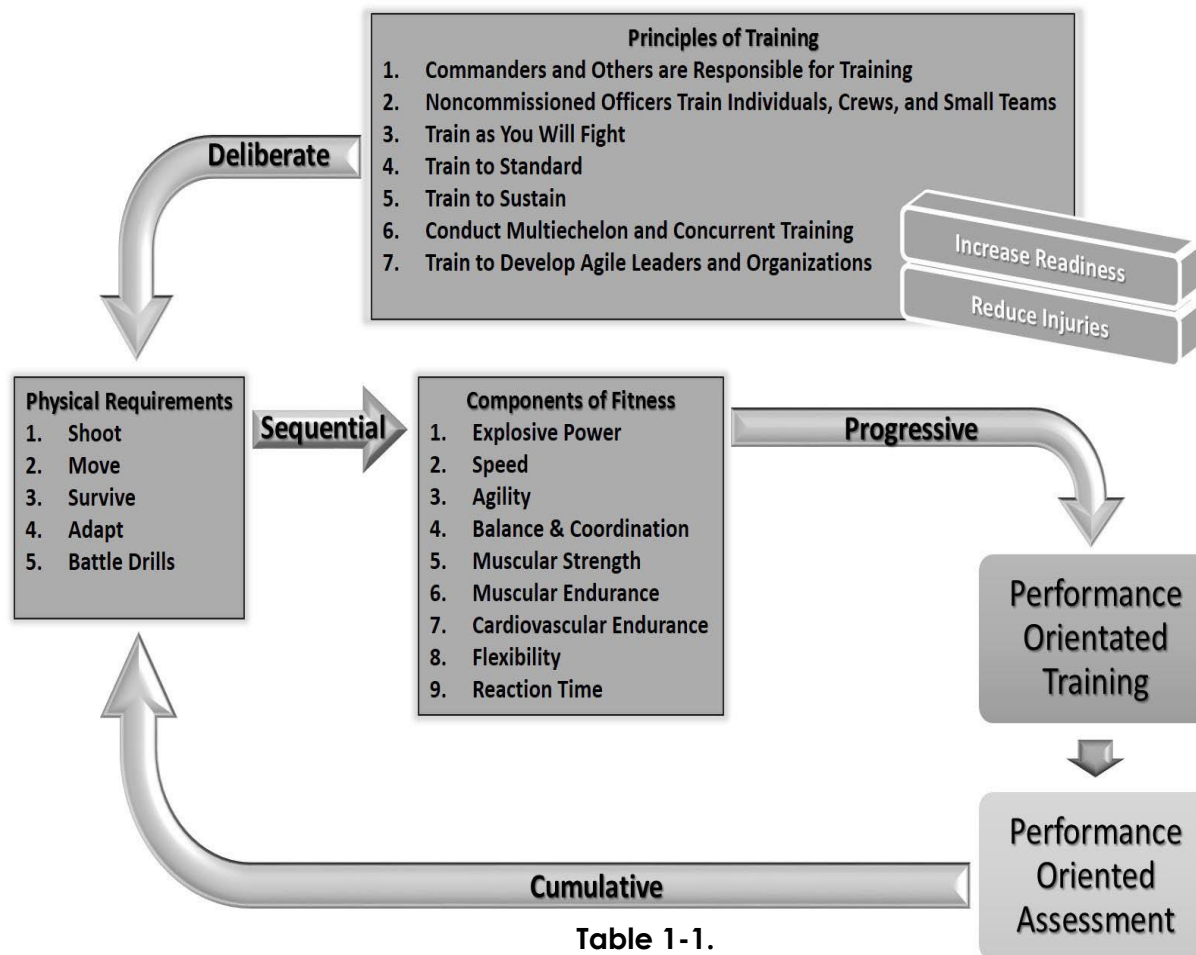


**Table 1-1.
SRT Process**

SRT STANDARDS

The SRT contains six events consisting of three phases. Phase 1 consists of a 225lb Tire Flip, Agility Drill, and 240lb Casualty Drag within 2 minutes. Phase 2 consists of one of four muscular endurance events, 45lb Farmers Carry (ABCT), 40lb Sandbag Carry (IBCT), 40lb Sandbag Lift (MFBCT), or a 16-inch Step-up holding a 40lb Sandbag (SBCT) and a 40lb Sandbag Toss over a 7-foot high obstacle in 3 minutes. Phase 3 is a 1.5 mile Uneven Terrain Movement with two 4-ft Over Obstacles and two 4-ft Under Obstacles in 18 minutes. All six events must be completed within a maximum of 23 minutes. The test period is defined as the period of time that elapses from the start to the finish of the six events (from the 225lb Tire Flip event to the crossing of the 1.5 mile Uneven Terrain Movement end line). The sequence of events are deliberate and assess each component of fitness.

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The SRT will be accomplished while wearing assigned, IOTV with front and back SAPI plates (without Side SAPI Plates, Yoke Collars, Groin Protector, and Lower Back Protector), Army Combat Uniform, gloves, boots, and eye protection.

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If a Soldier fails to execute any event to standard and/or fails to complete Phase 1 in two minutes, Phase 2 in three minutes, Phase 3 in eighteen minutes or the SRT as a whole in the allotted 23-minutes, they will receive an overall NO GO for the assessment. The following outlines (in sequence) the event and associated standards:

1. 225lb Tire Flip (six flips)
2. Agility Drill (15 meters)
3. 240lb Casualty Drag (15 meters)
- 4a. 45lb Farmers Carry – ABCT (200 meters)
- 4b. 40lb Sandbag Carry – IBCT (10 meters)
- 4c. 40lb Sandbag Lift – MFBCT (36-inch platform)
- 4d. 16-inch Step-up – SBCT (15 each leg)
5. 40lb Sandbag Toss (7-foot high obstacle)
6. 1.5 Mile Uneven Terrain Movement (0% to 5% Grade)

The Soldier Readiness Test results will be recorded on the SRT scorecard (figure 1-2). One scorecard will be maintained for each Soldier. The scorecard will be kept in a central location in the unit for future reference by the command.

SRT EVENT DESCRIPTION AND EXECUTION

1. 225lb TIRE FLIP

During the 225lb Tire Flip, Soldiers are required to flip a tire six full flips (end over end) as fast as possible, using proper form, while moving in a generally straight line. This event assesses Soldier's explosive power generated in the trunk (hips and torso) as a result of their core strength, stability, and mobility physical readiness training. This event relates to the ability to generate and apply force.

Instructions:

- To start the tire flip, stand with feet hip-width apart, facing the tire, leaving enough space to allow you to squat next to tire.
- Keeping your core tight, squat down and grasp tire with head and eyes straight forward. (Figure 1-1, 1-2)
- Extend the knees and then the hips, keeping the elbows extended and allowing the tire to travel upward in close proximity to the legs.
- Your back should remain in a neutral position throughout the exercise, ensuring that the shoulders remain above the hips.
- You may use your knee to assist with the flip or you can lift the tire from the ground with enough force to flip it with upward momentum. (Figure 1-3, 1-4, and 1-5)
- Flip the tire three times away from the start line
- Go to opposite side of tire and flip the tire three times back towards the start line

Key points:

- Do not allow the spine to round forward.
- Lift with the legs not the back.
- You will get two warnings for improper form before you will be stopped for technique NO GO

NO GO criteria:

- Allowing the hips to go higher than the shoulders by not lifting with the legs instead of the back. (Figure 1-6)
- Unable to flip tire six times in a generally straight line.

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Figure 1-1 Proper starting position



Figure 1-2 Proper starting position



Figure 1-3 Proper transition



Figure 1-4 Proper transition



Figure 1-6 Improper Starting Position

2. AGILITY DRILL

During the Agility Drill, Soldiers are required to traverse T-shaped cones as fast as possible. This event assesses the Soldier's speed, agility, balance and coordination by changing body direction. Speed is a key component during this event. This event relates to move quickly over, under, around, and through obstacles.

Instructions:

- Start by standing on the left side of the start cone. (Figure 2-1)
- Sprint forward 10m to the forward center cone.
- Touch the center cone with the right hand, then sidestep/shuffle 5m to the left without crossing your feet. (Figure 2-2)
- Touch the far cone with the left hand, then shuffle right 10m.
- Touch the cone with the right hand, then sidestep/shuffle 5m back to the center cone without crossing your feet.
- Touch the center cone with your left hand, then backpedal 10m to the starting cone. (Figure 2-3)

Key Points:

- Speed is a key component of agility, so move as quickly as possible and maintain an athletic stance.
- Proficiency at accelerating, decelerating, shuffling, cutting, and backpedaling are essential to preventing injuries during changes in movement speed and direction.
- Keep the knees and hips bent and the center of mass low.
- Spine remains neutral, head remains up, and arms are at the sides with elbows bent.

NO GO criteria:

- Not moving through test with designated movements in prescribed sequence.
- Crossing feet during sidestepping/shuffling. (Figure 2-4)
- Failure to touch cones. (Figure 2-5)



Figure 2-1 Proper start position



Figure 2-2 Proper cone touch



Figure 2-3 Proper cone touch



Figure 2-4 Improper side step



Figure 2-5 Failure to touch the cone

3. 240lb CASUALTY DRAG

During the 240lb Casualty Drag, Soldiers will drag a simulated casualty for 15 meters as fast as possible maintaining proper form. This event assesses the Soldier's muscular strength associated with the average weight of an injured Soldier (Average weight of a Soldier with minimum combat load is approximately 240lbs). This event relates to lift, carry, and drag heavy loads while wearing the minimum combat load.

Instructions:

- Start by grasping the mannequin so that it stays face up throughout drag. (Figure 3-1)
- With shoulders remaining above your hips, core tight, and keeping your back from rounding, drag the mannequin, face up, toward the next cone. (Figure 3-2)
- Drag the mannequin by any means necessary around the cone and back towards the start cone. (Figure 3-3)
- The drag is complete when the top of the mannequin's head is even with the start cone.

Key points:

- Keep the hips lower than the shoulders at all times.
- Do not allow spine to round forward.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Allowing the hips to go higher than the shoulders. (Figure 3-4)
- Dragging mannequin face down.
- Top of mannequin's head not even with the start cone at end.

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Figure 3-1 Proper start position



Figure 3-2 Proper casualty drag



Figure 3-3 Dragging around half way point



Figure 3-4 Improper start position



Figure 3-5 Casualty loop and Body armor drag handles taped together

4a. FARMERS CARRY (ABCT)

During the conduct of the Farmers Carry, Soldiers will carry two 45lb (5 gallon) water cans for 200 meters as fast as possible. This event assesses the Soldier's muscular endurance, balance, and coordination associated with transitioning heavy loads from one point to another. This event relates to extended work periods of time.

Instructions:

- Start by standing between two filled five gallon water cans (approximately 45lbs each).
- Squat down low enough to grasp a can in each hand by the handle, with back neutral and torso upright. (Figure 4a-1)
- With back neutral, core tight, and torso upright, carry the cans toward the 50 meter cone by walking, jogging, and/or running. (Figure 4a-2)
- Turnaround at the 50 meter cone and repeat until 200 meters are traversed with the cans.
- You can put the cans down straight down (not toss forward) at any time to readjust grip, but you must restart traversing the 200 meters from where the cans were placed on the ground.
- The water can carry is complete once you place cans past the cones marking the end of 200 meters.

Key points:

- Do not allow the shoulders and back to round forward. (Figure 4a-3)
- Do not drag the cans.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Allowing the shoulders and back to round forward.
- Dragging or tossing the cans forward to readjust grip.
- Failure to complete the carry.



Figure 4a-1 Proper start position



Figure 4a-2 Proper carry position



Figure 4a-3 Improper start position

4b. SANDBAG CARRY (IBCT)

During the Sandbag Carry, Soldiers will carry seven 40lb sandbag (one-at-the-time) for 5-meters. Soldiers will move seven sandbags and stack them in an organized manner, and repeat the procedure to the opposite direction as fast as possible using proper form. This event assesses the Soldier's muscular endurance, balance, and coordination associated with transitioning heavy loads from one point to another. This event relates to extended work periods of time.

Instructions:

- Start by standing to the left of, and facing, a stack of seven 40lb sandbags.
- Squat down low enough to grasp a sandbag with both hands with back neutral, core tight, and torso upright. (Figure 4b-1)
- Lift body to a standing position while holding sandbag at waist height.
- Carry sandbag five meters.
- While keeping torso upright and without rounding the back, squat down, facing left, place sandbag, in a controlled manner on the ground past the 5 meter mark. (Figure 4b-2)
- Return to the remaining six sandbags and repeat, stacking the sandbags with four sandbags on the bottom row and three on the top.
- Once all seven sandbags have been stacked, repeat the process to unstack the seven sandbags and return them to the start position.
- Repeat complete process to carry, stack, unstack, carry and restack the second set of sandbags.
- The sandbag stack is complete when all 7 sandbags have been stacked.

Key points:

- Keep torso upright.
- Do not allow the shoulders and back to round forward. (Figure 4b-3)
- Do not toss sandbags, purposefully place them on the ground.
- Keep head and chin up.
- Knee on ground is permissible.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Not moving, stacking, and unstacking all 7 sandbags from the start point to the 5m mark and then returning them to the start point.
- Not keeping your shoulders above your hips and allowing the shoulders and back to round forward.



Figure 4b-2 Proper start position



Figure 4b-2 Proper stack position



Figure 4b-3 Improper start position

4c. SANDBAG LIFT (MFBCT)

During the Sandbag Lift, Soldiers will transition five 40lb sandbags (one at a time) from the ground to a 36-inch elevated platform, using proper form, and stack them in an organized manner and then transition them back to the start point in an organized stack. Once all five sandbags are restacked on the ground the procedure will be repeated a second time. Once the second iteration is complete the Soldier will turn around and repeat the process again for a total of 20 repetitions. This event assesses the Soldier's muscular endurance, balance, and coordination associated with transitioning heavy loads from one point to another. This event relates to extended work periods of time.

Instructions:

- Start by standing behind the start line, perpendicular to a 36 inch elevated platform (such as the tailgate of a HMMWV) and facing a stack of five 40lb sandbags.
- Squat down low enough to grasp one sandbag with back neutral, core tight, and torso upright and lift sandbag to standing height. (Figure 4c-1, 4c-2)
- While pivoting on balls of feet, twist torso and hips toward elevated platform while holding the 40lb sandbag at waist height. (Figure 4c-3)
- In a controlled manner (do not toss), place the sandbag on the platform, then turn and squat back down to pick up next sandbag.
- Stack sandbags in a stacks with two on the first and second row and one on top row. (Figure 4c-4)
- Repeat this process for all five sandbags.
- Once all five sandbags are on the platform, reverse the process and remove sandbags from platform and replace in original positions on ground.
- Repeat this process once again for a total of ten sandbag lifts.
- Once the first ten repetitions are complete the Soldier will turn around and complete the process on opposite side of platform for a total of 20 repetitions.

Key points:

- Keep torso upright.
- Do not allow the shoulders and back to round forward.
- Pivot on balls of feet to twist torso and hips toward and from tailgate, do not keep feet planted. (Figure 4c-3)
- Do not toss sandbags, purposefully place them on the platform and on the ground.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Not placing all 20 sandbags on the platform and returning them to the ground.
- Not keeping your shoulders above your hips and allowing the shoulders and back to round forward.



Figure 4c-1 Proper start position



Figure 4c-2 Proper lifting



Figure 4c-3 Proper transition



Figure 4c-4 Proper stacking

4d. 16" STEP-UP (SBCT)

During the Step-Up, Soldiers will step from the ground position up onto a 16-inch platform holding a 40lb Sandbag 30 times (15 step-ups with each leg). This event assesses the Soldier's muscular endurance, balance, and coordination associated with transitioning heavy loads from one point to another. This event relates to extended work periods of time.

Instructions:

- Start by picking up a 40lb sandbag.
- Holding sandbag with both hands no lower than the waist and not on top of head, stand with feet hip distance apart facing a 16 inch box. (Figure 4d-1)
- Place one foot, with entire foot flat on the box, tighten core and step up by extending the knee and hips while keeping torso upright. (Figure 4d-2)
- Fully extend the knees and hips at the top of the box, with both feet completely on the box. (Figure 4d-3)
- With back neutral, core tight, and torso upright, step down from the box until both feet completely on the ground.
- Repeat until you have completed 15 repetitions, then repeat with the other leg, for a total of 30 repetitions.
- You may adjust sandbags as needed, but only while both feet are on the ground.

Key points:

- Keep torso upright.
- Do not allow the shoulders and back to round forward.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Not completing 15 repetitions with each leg.
- Not fully extending knees and hips at top of step up.
- Not placing both feet on box or ground during steps.
- Breaking 45 degree angle at waist. (Figure 4d-4)



Figure 4d-1 Proper start position



Figure 4d-2 Proper foot position



Figure 4d-3 Fully extended hips and knees



Figure 4d-4 Breaking 45 degree angle at waist

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5. SANDBAG TOSS

During the Sandbag Toss, Soldiers will lift one 40lb from the ground position and toss it over a 7-foot high obstacle 10 times. This event assesses the Soldier's fatigue anaerobic capacity. This event relates to extended work periods of time.

Instructions:

- Start by facing sandbag in front of 7 foot obstacle. (Figure 5-1)
- Squat down low enough to grasp the sandbag with back neutral, core tight, and torso upright. (Figure 5-2)
- Using good technique, either from a squatting or standing position, explosively push sandbag with both hands upward toward the top of the obstacle. (Figure 5-2)
- Sandbag cannot be flung backwards over the obstacle (facing away from the obstacle).
- While avoiding the falling sandbag, move under obstacle to opposite side.
- Once sandbag has landed, repeat the process to toss sandbag to starting side.
- Repeat process until the sandbag has been tossed over the bar a total of ten times.

Key points:

- Keep torso upright, shoulders must remain higher than hips. (Figure 5-1 and 5-2)
- Do not allow the shoulders and back to round forward.
- Do not fling sandbag, purposefully control upward movement of sandbag with an explosive movement.
- Do not try to catch falling sandbag.
- You will get two warnings for improper form before you will be stopped for technique NO GO.

NO GO criteria:

- Not tossing sandbag over obstacle a total of ten times.
- Not keeping your shoulders above your hips and allowing the shoulders and back to round forward.



Figure 5-1 Proper start position



Figure 5-2 Proper transition



Figure 5-3 Proper explosive push

6. 1.5 MILE UNEVEN TERRAIN MOVEMENT

During the conduct of the 1.5 Mile Uneven Terrain Movement, Soldiers will negotiate varying surface conditions within 18 minutes and cross over two four foot obstacles and traverse under two four foot obstacles. Obstacles must have a minimum of six foot separation between each other. The route will include three varying surface conditions (hard packed dirt or gravel, grass, and sand. The route must have a 0% grade for no more than .5 miles of the route with varying grades not to exceed a 5% incline and/or 5% decline, and a wooded area not to exceed .25 miles of the route. Turns and curves must not require an adjustment in Soldier's speed. This event assesses the Soldier's cardiovascular endurance, coordination, and agility. This event relates to move for long distances over uneven terrain under load.

Instructions for negotiating the obstacles:

- Start by moving your body completely over the first four-foot obstacle unassisted. (Figure 6-1 and 6-2)
- Once you have cleared the first obstacle, in a fluid movement, squat down to move your body completely under the second four-foot obstacle while staying on your feet (cannot drop to knees or hands). (Figure 6-3 and 6-4)
- Once you have cleared the second obstacle, you will move your body completely over the third four-foot obstacle unassisted.
- Once you have cleared the third obstacle, move your body completely under the fourth four-foot obstacle while staying on your feet (cannot drop to knees or hands).
- This event is complete once you have successfully gone completely under the fourth four-foot obstacle.

Key points:

- Keep moving with forward, fluid momentum.
- Stay on your feet for "under" obstacles, do not go down to your hands or knees. (Figure 6-5) Going to your hands and or knees will result in a NO GO.
- Keep shoulders over hips while moving under obstacles. (Figure 6-6)
- Do not use rocks, obstacle braces, or any other objects to assist your movement over the "over" obstacles.

NO GO criteria:

- Not moving your body over two obstacles and under two obstacles as prescribed.
- Using rocks, obstacle braces, or other objects to assist your movement.
- Going to your hand and or knees during the under obstacles.



Figure 6-1 Proper negotiating over-obstacles Figure 6-2 Proper negotiating over-obstacles



Figure 6-3 Proper negotiating under-obstacles Figure 6-4 Proper negotiating under-obstacles



Figure 6-5 Improper negotiating under-obstacles Figure 6-6 Improper negotiating under-obstacles

SRT EXECUTION

Supervision

Success of the SRT depends on obtaining valid and accurate test results; therefore, the SRT must be administered properly to accurately assess the individual Soldier's physical readiness. Supervision of the SRT is necessary to ensure the objectives of physical readiness training programs are met. Proper supervision for standardization is the following:

1. Test Preparation.
2. Control of Event Standards.
3. Training of Test Personnel.
4. Test Scoring.

Preparation

Preparation for the SRT will be directed at securing the most accurate assessment of Soldiers participating in the test. Preparatory requirements include:

1. Selecting and training of event evaluators, graders, timers, demonstrator's, and support personnel.
2. Equipment Inventory.
3. Test Site.

DUTIES OF EVALUATING PERSONNEL

The SRT administrators must be familiar with all aspects of execution of the SRT. Supervision of Soldiers and laying out the test site area are essential duties. The following evaluator personnel are recommended to conduct the SRT: an OIC and/or NCOIC, event supervisors; event graders, demonstrators, and support personnel. The minimum number of test personnel required to execute the SRT is 16; an OIC/NCOIC, eleven event scorers, and four support personnel.

SRT PHASE TIMING

Each Phase of the SRT has a prescribed time limit that will be enforced. Phase 1 – two minutes, Phase 2 – three minutes, and Phase 3 – eighteen minutes. Evaluators will each use a stopwatch to ensure Soldiers meet the time limit for each Phase. If a Soldier completes a Phase before the time limit they will continue on to the next Phase immediately. If a Soldier fails to complete a Phase within the prescribed time limit they will be stopped, receive a NO GO for time on that Phase and move on to the next Phase.

TEST PROCEDURES

The SRT contains six events consisting of a 225 lb Tire Flip, “T” Agility Drill, and a 240 lb Casualty Drag in Phase 1 (within two minutes), 45 lb Farmers Carry (ABCT), 40 lb Sandbag Carry (IBCT), 40 lb Sandbag Lift (MFBCT), 16-inch Step-up (SBCT), and a Sandbag Toss over a 7-foot obstacle in Phase 2 (within three minutes) and a 1.5 mile Uneven Terrain Movement with two 4-ft Over Obstacles and two 4-ft Under Obstacles in Phase 3 (within eighteen minutes). All six events must be completed within twenty-three minutes. The test period is defined as the period of time that elapses from the start to the finish of the six events (from the 225 lb Tire Flip event to the crossing of the 1.5 mile Uneven Terrain Movement end line). Under no circumstances is the SRT valid if the Soldier cannot begin and end all six events within 23- minutes or less. The following instructions are **READ** aloud to all Soldiers taking the SRT:

YOU ARE ABOUT TO TAKE THE SOLDIER READINESS TEST, AN EVALUATION THAT WILL MEASURE THE NINE COMPONENTS OF FITNESS; EXPLOSIVE POWER, SPEED, AGILITY, BALANCE AND COORDINATION, MUSCULAR STRENGTH, MUSCULAR ENDURANCE, CARDIOVASCULAR ENDURANCE, FLEXIBILITY, AND REACTION TIME. LISTEN CLOSELY TO THE TEST INSTRUCTIONS, AND DO THE BEST YOU CAN ON EACH OF THE EVENTS.

DURING THE COURSE OF THE SOLDIER READINESS TEST YOU WILL HAVE SIX EVENTS TO COMPLETE WITHIN THE 23-MINUTE ALLOTTED TIME. THESE SIX EVENTS ARE BROKEN UP INTO THREE PHASES. IF YOU FAIL TO COMPLETE ANY OF THE EVENTS TO STANDARD, FAIL TO COMPLETE A PHASE IN THE PRESCRIBED AMOUNT OF TIME OR FAIL TO COMPLETE THE OVERALL ASSESSMENT WITHIN THE ALLOTTED 23-MINUTES YOU WILL RECEIVE A NO GO FOR THE ASSESSMENT. THE TIME CUT-OFFS FOR EACH PHASE ARE AS FOLLOWS, PHASE ONE CONSISTS OF THE TIRE FLIP, AGILITY DRILL, AND CASUALTY DRAG IN TWO MINUTES. PHASE TWO CONSISTS OF A MUSCULAR ENDURANCE EVENT AND THE SAND BAG TOSS IN THREE MINUTES. PHASE THREE CONSISTS OF THE 1.5 MILE MOVEMENT WITH FOUR OVER/UNDER OBSTICALS IN 18 MINUTES. SOLDIERS WILL BE TIMED ON EACH PHASE AND FOR THE ENTIRE SRT. NOT COMPLETING ALL PHASE EVENTS BEFORE THE CUTTING-OFF TIME WILL RESULT IN A NO GO. THERE ARE FORM AND TECHNIQUE REQUIREMENTS FOR EACH EVENT TO PREVENT INJURY DURING THE TEST AND IDENTIFY AREAS WHERE IMPROVEMENT FOR INJURY PREVENTION IS NEEDED. NOT PERFORMING THE EVENTS WITH PROPER FORM AND TECHNIQUE WILL RESULT IN A NO GO.

If a SRT Scorecard has not been issued, scorecards will be handed out at this time. The OIC or the

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NCOIC will then instruct the Soldiers to fill in the appropriate spaces with the required personal data. The following instructions are **READ** aloud to all Soldiers taking the SRT:

IN THE APPROPRIATE SPACES, PRINT IN INK THE PERSONAL INFORMATION REQUIRED ON THE SCORECARD.

Soldiers are then given time to complete the required information. Next, the OIC or the NCOIC explains procedures for scorecard use during the assessment. The following instructions are **READ** aloud to all Soldiers taking the SRT:

YOU ARE TO CARRY THIS CARD WITH YOU TO EACH EVENT. AFTER YOU COMPLETE THE EVENT, THE SCORER WILL RECORD YOUR RAW SCORE, INITIAL THE CARD, AND RETURN IT TO YOU.

At this point, Soldiers are assigned to each SRT lane. The following instructions are **READ** aloud to all Soldiers taking the SRT:

EACH OF YOU WILL BE ASSIGNED TO A GROUP. STAY WITH YOUR TEST GROUP FOR THE ENTIRE TEST. WHAT ARE YOUR QUESTIONS ABOUT THE TEST AT THIS POINT?

The OIC, the NCOIC, or the event supervisor will read all six event instructions prior to the start of the assessment. Specific 1.5-mile instructions can be addressed at the 1.5-mile uneven terrain movement event start point based on the layout of the course. The following instructions are **READ** aloud to all Soldiers taking the SRT:

ABCT

THE SOLDIER READINESS TEST CONTAINS SIX EVENTS. SOLDIERS WILL EXECUTE THE SOLDIER READINESS TEST WHILE WEARING YOUR COMBAT UNIFORM WITH; BOOTS, GLOVES, EYE PROTECTION AND IOTV OR PLATE CARRIER WITHOUT SIDE PLATES, YOKE COLLAR, GROIN PROTECTOR AND LOWER BACK PROTECTOR. THE SIX EVENTS CONSIST OF A 225 LB TIRE FLIP, AGILITY DRILL, 240 LB CASUALTY DRAG, 45 LB FARMERS CARRY, A 7-FOOT HIGH SANDBAG TOSS, AND 1.5 MILE UNEVEN TERRAIN MOVEMENT CONTAINING TWO 4-FOOT OBSTACLES THAT MUST BE CLIMBED OVER AND TWO 4-FOOT OBSTACLES THAT MUST BE GONE UNDER. ALL SIX EVENTS MUST BE COMPLETED WITHIN 23-MINUTES WITHOUT ASSISTANCE. MOTIVATORS ARE AUTHORIZED, BUT AT NO TIME MAY THEY PHYSICALLY PUSH, PULL, OR ASSIST IN ANY WAY. THE TEST BEGINS FROM THE START OF THE FIRST EVENT AND ENDS UPON CROSSING THE 1.5 MILE UNEVEN TERRAIN MOVEMENT FINISH LINE.

IF YOU FAIL TO EXECUTE OR COMPLETE THE SRT IN THE ALLOTTED 23-MINUTES TIME, YOU WILL RECEIVE AN OVERALL NO GO FOR THE ASSESSMENT. ANY SRT EVENT CAN RESULT IN A NO GO IF FORM AND/OR TECHNIQUE ARE NOT PERFORMED ADEQUATELY. LISTEN CAREFULLY TO THE SIX EVENT SEQUENCE AND ASSOCIATED STANDARDS.

YOUR FIRST EVENT WILL BE THE 225 LB TIRE FLIP. DURING THIS EVENT, YOU ARE REQUIRED TO FLIP THE TIRE SIX FULL FLIPS AS FAST AS POSSIBLE WHILE MOVING IN A GENERALLY STRAIGHT LINE AND USING PROPER FORM. THIS EVENT ASSESSES YOUR EXPLOSIVE POWER GENERATED IN YOUR HIPS AND TORSO. TO START THE TIRE FLIP, STAND WITH FEET HIP-WIDTH APART, FACING THE TIRE, LEAVING ENOUGH SPACE TO ALLOW YOU TO SQUAT NEXT TO TIRE. KEEPING YOUR CORE TIGHT, SQUAT DOWN AND GRASP TIRE WITH HEAD AND EYES STRAIGHT FORWARD. EXTEND THE KNEES AND THEN THE HIPS, KEEPING THE ELBOWS EXTENDED AND ALLOWING THE TIRE TO TRAVEL UPWARD IN CLOSE PROXIMITY TO THE LEGS. YOUR BACK SHOULD REMAIN IN A NEUTRAL POSITION THROUGHOUT THE EXERCISE, ENSURING THAT THE SHOULDERS REMAIN ABOVE THE HIPS. YOU MAY GET THE TIRE ABOVE YOUR KNEE AND THEN USE YOUR KNEE TO ASSIST WITH THE FLIP OR YOU CAN LIFT THE TIRE FROM THE GROUND WITH ENOUGH FORCE TO FLIP IT WITH UPWARD MOMENTUM. FLIP THE TIRE THREE TIMES AWAY FROM THE START LINE THEN GO TO OPPOSITE SIDE OF THE TIRE AND FLIP THE TIRE THREE TIMES BACK TOWARDS THE START LINE. YOUR SHOULDERS MUST

STAY ABOVE YOUR HIPS AT ALL TIMES (SQUAT DOWN, NOT CURVE YOUR BACK). FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE. MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR SECOND EVENT WILL BE THE AGILITY DRILL. DURING THIS EVENT YOU WILL TRAVERSE THE T-SHAPED CONES FOR 40 METERS AS FAST AS POSSIBLE. YOU WILL START BY STANDING ON THE LEFT SIDE OF THE START CONE. SPRINT FORWARD 10 METERS TO THE FORWARD CENTER CONE. TOUCH THE CENTER CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE TO THE LEFT CONE WITHOUT CROSSING YOUR FEET. TOUCH THE FAR CONE WITH THE LEFT HAND, THEN SHUFFLE RIGHT 10 METERS. TOUCH THE FAR RIGHT CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE BACK TO THE CENTER CONE WITHOUT CROSSING YOUR FEET. TOUCH THE CENTER CONE AGAIN WITH YOUR LEFT HAND, THEN BACKPEDAL PAST THE STARTING CONE. THIS EVENT MEASURES YOUR ABILITY TO STOP, START, CHANGE DIRECTION, AND EFFICIENTLY CHANGE BODY POSITION. KEEP YOUR KNEES AND HIPS BENT AND YOUR CENTER OF MASS LOW, SPINE REMAINS NEUTRAL, HEAD REMAINS UP, AND ARMS ARE AT THE SIDES WITH ELBOWS BENT. YOU MUST MOVE THROUGH TEST IN PRESCRIBED SEQUENCE AND TOUCH EACH CONE. FEET MUST NOT CROSS. WATCH THIS DEMONSTRATION.

YOUR THIRD EVENT WILL BE THE 240 LB CASUALTY DRAG. DURING THIS EVENT, YOU ARE REQUIRED TO DRAG A SIMULATED CASUALTY BY ANY MEANS NECESSARY FOR 15-METERS. THIS EVENT ASSESSES MUSCULAR STRENGTH. START BY GRASPING THE MANNEQUIN SO THAT IT STAYS FACE UP THROUGHOUT DRAG. WITH SHOULDERS REMAINING ABOVE YOUR HIPS, CORE TIGHT, AND KEEPING YOUR BACK FROM ROUNDING, DRAG THE MANIQUIN, FACE UP, TOWARD THE NEXT CONE. DRAG THE MANIQUIN AROUND THE CONE AND BACK TOWARDS THE START CONE. THE DRAG IS COMPLETE WHEN THE TOP OF THE MANNEQUIN'S HEAD IS EVEN WITH THE START CONE. DO NOT ALLOW YOUR HIPS TO GO HIGHER THAN YOUR SHOULDERS. DO NOT ALLOW YOUR SPINE TO ROUND FORWARD. DO NOT DRAG THE CASUALTY FACE DOWN. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FOURTH EVENT WILL BE THE FARMERS CARRY. DURING THIS EVENT, YOU WILL CARRY TWO 45 LB (5 GALLON) WATER CANS FOR 200 METERS AS FAST AS POSSIBLE. THIS EVENT ASSESSES MUSCULAR ENDURANCE, BALANCE

AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. START BY STANDING BETWEEN TWO FILLED FIVE GALLON WATER CANS (APPROXIMATELY 45 POUNDS EACH). SQUAT DOWN.

.LOW ENOUGH TO GRASP A CAN IN EACH HAND BY THE HANDLE, WITH BACK NEUTRAL, CORE TIGHT, AND TORSO UPRIGHT. LIFT THE CANS TO A STANDING POSITION AND CARRY THE CANS TOWARD THE 50 METER CONE BY WALKING, JOGGING, AND/OR RUNNING. TURNAROUND AT THE 50 METER CONE AND REPEAT UNTIL 200 METERS ARE TRAVERSED WITH THE CANS. YOU MAY PUT THE CANS STRAIGHT DOWN (NOT TOSS FORWARD) AT ANY TIME TO READJUST GRIP, BUT YOU MUST RESTART TRAVERSING THE 200 METERS FROM WHERE THE CANS WERE PLACED ON THE GROUND. THE WATER CAN CARRY IS COMPLETE ONCE YOU PLACE CANS PAST THE CONES MARKING THE END OF 200 METERS. DO NOT ALLOW THE SHOULDERS AND BACK TO ROUND FORWARD WHILE PICKING UP THE CANS. DO NOT DRAG THE CANS. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FIFTH EVENT WILL BE THE SANDBAG TOSS. DURING THIS EVENT YOU ARE REQUIRED TO TOSS A 40 LB SANDBAG OVER A 7-FOOT OBSTACLE TEN TIMES. THIS EVENT ASSESSES FATIGUING ANAEROBIC CAPACITY. MEASURES YOUR MUSCULAR ENDURANCE, BALANCE, AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. START BY FACING SANDBAG IN FRONT OF SEVEN FOOT OBSTACLE. SQUAT DOWN LOW ENOUGH TO GRASP THE SANDBAG WITH BACK NEUTRAL, CORE TIGHT, AND TORSO UPRIGHT. USING GOOD TECHNIQUE, EITHER FROM A SQUATTING OR STANDING POSITION, EXPLOSIVELY PUSH SANDBAG WITH BOTH HANDS UPWARD TOWARD THE TOP OF THE OBSTACLE. WHILE AVOIDING THE FALLING SANDBAG, MOVE UNDER OBSTACLE TO OPPOSITE SIDE AND REPEAT THE PROCESS TO TOSS SANDBAG TO STARTING SIDE. YOU WILL CONTINUE THIS PROCESS UNTIL THE SANDBAG HAS BEEN TOSSED OVER THE BAR A TOTAL OF TEN TIMES. KEEP YOUR TORSO UPRIGHT, SHOULDERS MUST REMAIN HIGHER THAN HIPS AT ALL TIMES. DO NOT ALLOW THE SHOULDERS AND BACK TO ROUND FORWARD. PURPOSEFULLY CONTROL UPWARD MOVEMENT OF SANDBAG WITH AN EXPLOSIVE MOVEMENT. DO NOT ATTEMPT TO CATCH THE FALLING SANDBAG. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FINAL EVENT WILL BE THE 1.5 MILE UNEVEN TERRAIN MOVEMENT. DURING THIS EVENT, YOU WILL NEGOTIATE VARYING SURFACE CONDITIONS

WITHIN 18 MINUTES OR LESS WHILE CROSSING OVER TWO 4- FOOT OBSTACLES AND GOING UNDER TWO 4-FOOT OBSTACLES. THIS EVENT ASSESSES YOUR CARDIOVASCULAR ENDURANCE, COORDINATION, AGILITY

AND REACTION TIME. YOU MUST STAY WITHIN THE COURSE/PATH. MUST GO OVER AND UNDER THE FOUR OBSTACLES BY MOVING YOUR BODY COMPLETELY OVER THE FIRST FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE FIRST OBSTACLE, IN A FLUID MOVEMENT, SQUAT DOWN TO MOVE YOUR BODY COMPLETELY UNDER THE SECOND FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). ONCE YOU HAVE CLEARED THE SECOND OBSTACLE, YOU WILL MOVE YOUR BODY COMPLETELY OVER THE THIRD FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE THIRD OBSTACLE, MOVE YOUR BODY COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). KEEP SHOULDERS OVER HIPS WHILE MOVING UNDER OBSTACLES. KEEP MOVING WITH FORWARD, FLUID MOMENTUM. DO NOT USE ROCKS, OBSTACLE BRACES, OR ANY OTHER OBJECTS TO ASSIST YOUR MOVEMENT OVER THE “OVER” OBSTACLES. THIS EVEN IS COMPLETE ONCE YOU HAVE SUCCESSFULLY GONE COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE AND COMPLETED THE 1.5 MILE MOVEMENT. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE WILL RESULT IN A NO GO FOR THE EVENT. WHAT ARE YOUR QUESTIONS ABOUT THIS ASSESSMENT?

IBCT

THE SOLDIER READINESS TEST CONTAINS SIX EVENTS. SOLDIERS WILL EXECUTE THE SOLDIER READINESS TEST WHILE WEARING YOUR COMBAT UNIFORM WITH; BOOTS, GLOVES, EYE PROTECTION AND IOTV OR PLATE CARRIER WITHOUT SIDE PLATES, YOKE COLLAR, GROIN PROTECTOR AND LOWER BACK PROTECTOR. THE SIX EVENTS CONSIST OF A 225 LB TIRE FLIP, AGILITY DRILL, 240 LB CASUALTY DRAG, 40 LB SANDBAG CARRY, A 7-FOOT HIGH SANDBAG TOSS, AND 1.5 MILE UNEVEN TERRAIN MOVEMENT CONTAINING TWO 4-FOOT OBSTACLES THAT MUST BE CLIMBED OVER AND TWO 4-FOOT OBSTACLES THAT MUST BE GONE UNDER. ALL SIX EVENTS MUST BE COMPLETED WITHIN 23-MINUTES WITHOUT ASSISTANCE. MOTIVATORS ARE AUTHORIZED, BUT AT NO TIME MAY THEY PHYSICALLY PUSH, PULL, OR ASSIST IN ANYWAY. THE TEST BEGINS FROM THE START OF THE FIRST EVENT AND ENDS UPON CROSSING THE 1.5 MILE UNEVEN TERRAIN MOVEMENT FINISH LINE.

IF YOU FAIL TO EXECUTE OR COMPLETE THE SRT IN THE ALLOTTED 23-MINUTES TIME, YOU WILL RECEIVE AN OVERALL NO GO FOR THE ASSESSMENT. ANY SRT EVENT CAN RESULT IN A NO GO IF FORM AND/OR TECHNIQUE ARE NOT PERFORM ADEQUATELY. LISTEN CAREFULLY TO THE SIX EVENT SEQUENCE AND ASSOCIATED STANDARDS.

YOUR FIRST EVENT WILL BE THE 225 LB TIRE FLIP. DURING THIS EVENT, YOU ARE REQUIRED TO FLIP THE TIRE SIX FULL FLIPS AS FAST AS POSSIBLE WHILE MOVING IN A GENERALLY STRAIGHT LINE AND USING PROPER FORM. THIS EVENT ASSESSES YOUR EXPLOSIVE POWER GENERATED IN YOUR HIPS AND TORSO. TO START THE TIRE FLIP, STAND WITH FEET HIP-WIDTH APART, FACING THE TIRE, LEAVING ENOUGH SPACE TO ALLOW YOU TO SQUAT NEXT TO TIRE. KEEPING YOUR CORE TIGHT, SQUAT DOWN AND GRASP TIRE WITH HEAD AND EYES STRAIGHT FORWARD. EXTEND THE KNEES AND THEN THE HIPS, KEEPING THE ELBOWS EXTENDED AND ALLOWING THE TIRE TO TRAVEL UPWARD IN CLOSE PROXIMITY TO THE LEGS. YOUR BACK SHOULD REMAIN IN A NEUTRAL POSITION THROUGHOUT THE EXERCISE, ENSURING THAT THE SHOULDERS REMAIN ABOVE THE HIPS. YOU MAY GET THE TIRE ABOVE YOUR KNEE AND THEN USE YOUR KNEE TO ASSIST WITH THE FLIP OR YOU CAN LIFT THE TIRE FROM THE GROUND WITH ENOUGH FORCE TO FLIP IT WITH UPWARD MOMENTUM. FLIP THE TIRE THREE TIMES AWAY FROM THE START LINE THEN GO TO OPPOSITE SIDE OF THE TIRE AND FLIP THE TIRE THREE TIMES BACK TOWARDS THE START LINE. YOUR SHOULDERS MUST

STAY ABOVE YOUR HIPS AT ALL TIMES (SQUAT DOWN, NOT CURVE YOUR BACK). FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR SECOND EVENT WILL BE THE AGILITY DRILL. DURING THIS EVENT YOU WILL TRAVERSE THE T-SHAPED CONES FOR 40 METERS AS FAST AS POSSIBLE. YOU WILL START BY STANDING ON THE LEFT SIDE OF THE START CONE. SPRINT FORWARD 10 METERS TO THE FORWARD CENTER CONE. TOUCH THE CENTER CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE TO THE LEFT CONE WITHOUT CROSSING YOUR FEET. TOUCH THE FAR CONE WITH THE LEFT HAND, THEN SHUFFLE RIGHT 10 METERS. TOUCH THE FAR RIGHT CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE BACK TO THE CENTER CONE WITHOUT CROSSING YOUR FEET. TOUCH THE CENTER CONE AGAIN WITH YOUR LEFT HAND, THEN BACKPEDAL PAST THE STARTING CONE. THIS EVENT MEASURES YOUR ABILITY TO STOP, START, CHANGE DIRECTION, AND EFFICIENTLY CHANGE BODY POSITION. KEEP YOUR KNEES AND HIPS BENT AND YOUR CENTER OF MASS LOW, SPINE REMAINS NEUTRAL, HEAD REMAINS UP, AND ARMS ARE AT THE SIDES WITH ELBOWS BENT. YOU MUST MOVE THROUGH TEST IN PRESCRIBED SEQUENCE AND TOUCH EACH CONE. FEET MUST NOT CROSS. WATCH THIS DEMONSTRATION.

YOUR THIRD EVENT WILL BE THE 240 LB CASUALTY DRAG. DURING THIS EVENT, YOU ARE REQUIRED TO DRAG A SIMULATED CASUALTY BY ANY MEANS NECESSARY FOR 15-METERS. THIS EVENT ASSESSES MUSCULAR STRENGTH. START BY GRASPING THE MANNEQUIN SO THAT IT STAYS FACE UP THROUGHOUT DRAG. WITH SHOULDERS REMAINING ABOVE YOUR HIPS, CORE TIGHT, AND KEEPING YOUR BACK FROM ROUNDING, DRAG THE MANIQUIN, FACE UP, TOWARD THE NEXT CONE. DRAG THE MANIQUIN AROUND THE CONE AND BACK TOWARDS THE START CONE. THE DRAG IS COMPLETE WHEN THE TOP OF THE MANNEQUIN'S HEAD IS EVEN WITH THE START CONE. DO NOT ALLOW YOUR HIPS TO GO HIGHER THAN YOUR SHOULDERS. DO NOT ALLOW YOUR SPINE TO ROUND FORWARD. DO NOT DRAG THE CASUALTY FACE DOWN. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FOURTH EVENT WILL BE THE SANDBAG CARRY. DURING THIS EVENT YOU ARE REQUIRED TO CARRY FOURTEEN 40 LB SANDBAGS FIVE METERS (ONE SANDBAG AT THE TIME) AND STACK THEM. THIS EVENT ASSESSES

**MUSCULAR ENDURANCE, BALANCE AND COORDINATION WHILE
TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. START BY
STANDING TO THE LEFT OF, AND FACING, A STACK OF SEVEN 40 POUND**

SANDBAGS. SQUAT DOWN LOW ENOUGH TO GRASP A SANDBAG WITH BOTH HANDS WITH BACK NEUTRAL, CORE TIGHT, AND TORSO UPRIGHT. RAISE YOUR BODY TO A STANDING POSITION WHILE HOLDING THE SANDBAG AT WAIST HEIGHT. CARRY EACH SANDBAG FIVE METERS. WHILE KEEPING TORSO UPRIGHT AND WITHOUT ROUNDING THE BACK, SQUAT DOWN, FACING LEFT, TO PLACE SANDBAG, IN A CONTROLLED MANNER ON THE GROUND PAST THE 5 METER MARK. RETURN TO THE REMAINING SIX SANDBAGS AND REPEAT, STACKING THE SANDBAGS WITH FOUR SANDBAGS ON THE BOTTOM ROW AND THREE ON THE NEXT. ONCE ALL SEVEN SANDBAGS HAVE BEEN STACKED, REPEAT THE PROCESS TO UNSTACK THE SEVEN SANDBAGS AND RETURN THEM TO THE START POSITION IN THE SAME MANNER. THE SANDBAG STACK IS COMPLETE WHEN ALL 7 SANDBAGS HAVE BEEN STACKED AT THE START LINE. YOU MUST KEEP YOUR TORSO UPRIGHT AND DO NOT ALLOW THE SHOULDERS AND BACK TO ROUND FORWARD. DO NOT TOSS SANDBAGS, PURPOSEFULLY PLACE THEM ON THE PLATFORM AND ON THE GROUND. KEEP HEAD AND CHIN UP. YOU MAY KNEEL ON GROUND WHEN PICKING UP OR STACKING THE SANBAGS. FAILURE TO PERFORM WITHIN STANDARD MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FIFTH EVENT WILL BE THE SANDBAG TOSS. DURING THIS EVENT YOU ARE REQUIRED TO TOSS A 40 LB SANDBAG OVER A 7-FOOT OBSTACLE. THIS EVENT ASSESSES FATIGUING ANAEROBIC CAPACITY. MEASURES YOUR MUSCULAR ENDURANCE, BALANCE, AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. SOLDIER WILL FACE THE OBSTACLE. LIFT THE SANDBAG FROM GROUND USING TWO HANDS, CONTROLLED UP TO HIPS (NO TOSSING FROM GROUND). TOSS THE SANDBAG OVER THE 7-FOOT OBSTACLE. MOVE TO THE OPPOSITE SIDE OF THE OBSTACLE, OUT OF PATH OF FAILLING SANDBAG. SOLDIER MUST REPEAT THIS A TOTAL OF 10 TIMES. SOLDIER MUST NOT ATTEMPT TO CATCH FALLING SANDBAG. SHOULDER MUST REMAIN ABOVE THE HIPS. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FINAL EVENT WILL BE THE 1.5 MILE UNEVEN TERRAIN MOVEMENT. DURING THIS EVENT, YOU WILL NEGOTIATE VARYING SURFACE CONDITIONS WITHIN 18 MINUTES OR LESS WHILE CROSSING OVER TWO 4- FOOT OBSTACLES AND GOING UNDER TWO 4-FOOT OBSTACLES. THIS EVENT ASSESSES YOUR CARDIOVASCULAR ENDURANCE, COORDINATION, AGILITY AND REACTION TIME. YOU MUST STAY WITHIN THE COURSE/PATH. MUST

GO OVER AND UNDER THE FOUR OBSTACLES BY MOVING YOUR BODY COMPLETELY OVER THE FIRST FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE FIRST OBSTACLE, IN A FLUID MOVEMENT, SQUAT DOWN TO MOVE YOUR BODY COMPLETELY UNDER THE SECOND FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). ONCE YOU HAVE CLEARED THE SECOND OBSTACLE, YOU WILL MOVE YOUR BODY COMPLETELY OVER THE THIRD FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE THIRD OBSTACLE, MOVE YOUR BODY COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). KEEP SHOULDERS OVER HIPS WHILE MOVING UNDER OBSTACLES. KEEP MOVING WITH FORWARD, FLUID MOMENTUM. DO NOT USE ROCKS, OBSTACLE BRACES, OR ANY OTHER OBJECTS TO ASSIST YOUR MOVEMENT OVER THE “OVER” OBSTACLES. THIS EVEN IS COMPLETE ONCE YOU HAVE SUCCESSFULLY GONE COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE AND COMPLETED THE 1.5 MILE MOVEMENT. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE WILL RESULT IN A NO GO FOR THE EVENT. WHAT ARE YOUR QUESTIONS ABOUT THIS ASSESSMENT?

MFBCT

THE SOLDIER READINESS TEST CONTAINS SIX EVENTS. SOLDIERS WILL EXECUTE THE SOLDIER READINESS TEST WHILE WEARING YOUR COMBAT UNIFORM WITH; BOOTS, GLOVES, EYE PROTECTION AND IOTV OR PLATE CARRIER WITHOUT SIDE PLATES, YOKE COLLAR, GROIN PROTECTOR AND LOWER BACK PROTECTOR. THE SIX EVENTS CONSIST OF A 225 LB TIRE FLIP, AGILITY DRILL, 240 LB CASUALTY DRAG, 40 LB SANDBAG CARRY, A 7-FOOT HIGH SANDBAG TOSS, AND 1.5 MILE UNEVEN TERRAIN MOVEMENT CONTAINING TWO 4-FOOT OBSTACLES THAT MUST BE CLIMBED OVER AND TWO 4-FOOT OBSTACLES THAT MUST BE GONE UNDER. ALL SIX EVENTS MUST BE COMPLETED WITHIN 23-MINUTES WITHOUT ASSISSTANCE. MOTIVATORS ARE AUTHORIZED, BUT AT NO TIME MAY THEY PHYSICALLY PUSH, PULL, OR ASSIST IN ANYWAY. THE TEST BEGINS FROM THE START OF THE FIRST EVENT AND ENDS UPON CROSSING THE 1.5 MILE UNEVEN TERRAIN MOVEMENT FINISH LINE.

IF YOU FAIL TO EXECUTE OR COMPLETE THE SRT IN THE ALLOTTED 23-MINUTES TIME, YOU WILL RECEIVE AN OVERALL NO GO FOR THE ASSESSMENT. ANY SRT EVENT CAN RESULT IN A NO GO IF FORM AND/OR TECHNIQUE ARE NOT PERFORM ADEQUATELY. LISTEN CAREFULLY TO THE

SIX EVENT SEQUENCE AND ASSOCIATED STANDARDS.

YOUR FIRST EVENT WILL BE THE 225 LB TIRE FLIP. DURING THIS EVENT, YOU ARE REQUIRED TO FLIP THE TIRE SIX FULL FLIPS AS FAST AS POSSIBLE WHILE MOVING IN A GENERALLY STRAIGHT LINE AND USING PROPER FORM. THIS EVENT ASSESSES YOUR EXPLOSIVE POWER GENERATED IN YOUR HIPS AND TORSO. TO START THE TIRE FLIP, STAND WITH FEET HIP-WIDTH APART, FACING THE TIRE, LEAVING ENOUGH SPACE TO ALLOW YOU TO SQUAT NEXT TO TIRE. KEEPING YOUR CORE TIGHT, SQUAT DOWN AND GRASP TIRE WITH HEAD AND EYES STRAIGHT FORWARD. EXTEND THE KNEES AND THEN THE HIPS, KEEPING THE ELBOWS EXTENDED AND ALLOWING THE TIRE TO TRAVEL UPWARD IN CLOSE PROXIMITY TO THE LEGS. YOUR BACK SHOULD REMAIN IN A NEUTRAL POSITION THROUGHOUT THE EXERCISE, ENSURING THAT THE SHOULDERS REMAIN ABOVE THE HIPS. YOU MAY GET THE TIRE ABOVE YOUR KNEE AND THEN USE YOUR KNEE TO ASSIST WITH THE FLIP OR YOU CAN LIFT THE TIRE FROM THE GROUND WITH ENOUGH FORCE TO FLIP IT WITH UPWARD MOMENTUM. FLIP THE TIRE THREE TIMES AWAY FROM THE START LINE THEN GO TO OPPOSITE SIDE OF THE TIRE AND FLIP THE TIRE THREE TIMES BACK TOWARDS THE START LINE. YOUR SHOULDERS MUST STAY ABOVE YOUR HIPS AT ALL TIMES (SQUAT DOWN, NOT CURVE YOUR BACK). FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE

MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR SECOND EVENT WILL BE THE AGILITY DRILL. DURING THIS EVENT YOU WILL TRAVERSE THE T-SHAPED CONES FOR 40 METERS AS FAST AS POSSIBLE. YOU WILL START BY STANDING ON THE LEFT SIDE OF THE START CONE. SPRINT FORWARD 10 METERS TO THE FORWARD CENTER CONE. TOUCH THE CENTER CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE TO THE LEFT CONE WITHOUT CROSSING YOUR FEET. TOUCH THE FAR CONE WITH THE LEFT HAND, THEN SHUFFLE RIGHT 10 METERS. TOUCH THE FAR RIGHT CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE BACK TO THE CENTER CONE WITHOUT CROSSING YOUR FEET. TOUCH THE CENTER CONE AGAIN WITH YOUR LEFT HAND, THEN BACKPEDAL PAST THE STARTING CONE. THIS EVENT MEASURES YOUR ABILITY TO STOP, START, CHANGE DIRECTION, AND EFFICIENTLY CHANGE BODY POSITION. KEEP YOUR KNEES AND HIPS BENT AND YOUR CENTER OF MASS LOW, SPINE REMAINS NEUTRAL, HEAD REMAINS UP, AND ARMS ARE AT THE SIDES WITH ELBOWS BENT. YOU MUST MOVE THROUGH TEST IN PRESCRIBED SEQUENCE AND TOUCH EACH CONE. FEET MUST NOT CROSS. WATCH THIS DEMONSTRATION.

YOUR THIRD EVENT WILL BE THE 240 LB CASUALTY DRAG. DURING THIS EVENT, YOU ARE REQUIRED TO DRAG A SIMULATED CASUALTY BY ANY MEANS NECESSARY FOR 15-METERS. THIS EVENT ASSESSES MUSCULAR STRENGTH. START BY GRASPING THE MANNEQUIN SO THAT IT STAYS FACE UP THROUGHOUT DRAG. WITH SHOULDERS REMAINING ABOVE YOUR HIPS, CORE TIGHT, AND KEEPING YOUR BACK FROM ROUNDING, DRAG THE MANIQUIN, FACE UP, TOWARD THE NEXT CONE. DRAG THE MANIQUIN AROUND THE CONE AND BACK TOWARDS THE START CONE. THE DRAG IS COMPLETE WHEN THE TOP OF THE MANNEQUIN'S HEAD IS EVEN WITH THE START CONE. DO NOT ALLOW YOUR HIPS TO GO HIGHER THAN YOUR SHOULDERS. DO NOT ALLOW YOUR SPINE TO ROUND FORWARD. DO NOT DRAG THE CASUALTY FACE DOWN. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FOURTH EVENT WILL BE THE SANDBAG LIFT, TWIST AND STACK. DURING THIS EVENT YOU WILL TRANSITION TWENTY 40 LB SANDBAGS ONE AT A TIME FROM THE GROUND TO A 36-INCH ELEVATED PLATFORM (SANDBAGS WILL BE IN TWO STACKS OF TEN 10-LB SANDBAGS). THIS EVENT ASSESSES MUSCULAR ENDURANCE, BALANCE AND COORDINATION WHILE

TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. START BY

STANDING BEHIND THE START LINE, PERPENDICULAR TO A 36 INCH ELEVATED PLATFORM (SUCH AS THE TAILGATE OF A HMMWV) AND FACING A STACK OF FIVE 40 POUND SANDBAGS. SQUAT DOWN LOW ENOUGH TO GRASP A SANDBAG WITH BACK NEUTRAL, CORE TIGHT, AND TORSO UPRIGHT AND LIFT SANDBAG TO STANDING HEIGHT. WHILE PIVOTING ON BALLS OF FEET, TWIST TORSO AND HIPS TOWARD ELEVATED PLATFORM WHILE HOLDING 40 POUND SANDBAG AT WAIST HEIGHT. IN A CONTROLLED MANNER (DO NOT TOSS), PLACE THE SANDBAG ON THE PLATFORM, THEN TURN AND SQUAT BACK DOWN TO PICK UP NEXT SANDBAG. STACK SANDBAGS IN A SINGLE STACK WITH TWO SANDBAGS ON THE FIRST AND SECOND ROW AND ONE ON TOP ROW. REPEAT THIS PROCESS FOR ALL FIVE SANDBAGS. ONCE ALL FIVE SANDBAGS ARE ON THE PLATFORM, REVERSE THE PROCESS AND REMOVE SANDBAGS FROM PLATFORM AND PLACE THEM IN ORIGINAL POSITIONS ON GROUND. YOU WILL THEN REPEAT THIS PROCESS A SECOND TIME. YOU WILL THEN TURN AROUND AND REPEAT THE PROCESS WITH STACK OF FIVE 40 POUND SANDBAGS ON OPPOSITE SIDE OF PLATFORM FOR A TOTAL OF TWENTY REPETITIONS. KEEP YOUR TORSO UPRIGHT AND DO NOT ALLOW YOUR SHOULDERS AND BACK TO ROUND FORWARD. PIVOT ON THE BALLS OF YOUR FEET TO TWIST YOUR TORSO AND HIPS TOWARD AND FROM PLATFORM, DO NOT KEEP YOUR FEET PLANTED. DO NOT TOSS SANDBAGS, PURPOSEFULLY PLACE THEM ON THE PLATFORM AND ON THE GROUND. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FIFTH EVENT WILL BE THE SANDBAG TOSS. DURING THIS EVENT YOU ARE REQUIRED TO TOSS A 40 LB SANDBAG OVER A 7-FOOT OBSTACLE. THIS EVENT ASSESSES FATIGUING ANAEROBIC CAPACITY. MEASURES YOUR MUSCULAR ENDURANCE, BALANCE, AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. SOLDIER WILL FACE THE OBSTACLE. LIFT THE SANDBAG FROM GROUND USING TWO HANDS, CONTROLLED UP TO HIPS (NO TOSSING FROM GROUND). TOSS THE SANDBAG OVER THE 7-FOOT OBSTACLE. MOVE TO THE OPPOSITE SIDE OF THE OBSTACLE, OUT OF PATH OF FALLING SANDBAG. SOLDIER MUST REPEAT THIS A TOTAL OF 10 TIMES. SOLDIER MUST NOT ATTEMPT TO CATCH FALLING SANDBAG. SHOULDER MUST REMAIN ABOVE THE HIPS. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FINAL EVENT WILL BE THE 1.5 MILE UNEVEN TERRAIN MOVEMENT. DURING THIS EVENT, YOU WILL NEGOTIATE VARYING SURFACE CONDITIONS WITHIN 18 MINUTES OR LESS WHILE CROSSING OVER TWO 4- FOOT OBSTACLES AND GOING UNDER TWO 4-FOOT OBSTACLES. THIS EVENT ASSESSES YOUR CARDIOVASCULAR ENDURANCE, COORDINATION, AGILITY AND REACTION TIME. YOU MUST STAY WITHIN THE COURSE/PATH. MUST GO OVER AND UNDER THE FOUR OBSTACLES BY MOVING YOUR BODY COMPLETELY OVER THE FIRST FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE FIRST OBSTACLE, IN A FLUID MOVEMENT, SQUAT DOWN TO MOVE YOUR BODY COMPLETELY UNDER THE SECOND FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). ONCE YOU HAVE CLEARED THE SECOND OBSTACLE, YOU WILL MOVE YOUR BODY COMPLETELY OVER THE THIRD FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE THIRD OBSTACLE, MOVE YOUR BODY COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). KEEP SHOULDERS OVER HIPS WHILE MOVING UNDER OBSTACLES. KEEP MOVING WITH FORWARD, FLUID MOMENTUM. DO NOT USE ROCKS, OBSTACLE BRACES, OR ANY OTHER OBJECTS TO ASSIST YOUR MOVEMENT OVER THE “OVER” OBSTACLES. THIS EVEN IS COMPLETE ONCE YOU HAVE SUCCESSFULLY GONE COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE AND COMPLETED THE 1.5 MILE MOVEMENT. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE WILL RESULT IN A NO GO FOR THE EVENT. WHAT ARE YOUR QUESTIONS ABOUT THIS ASSESSMENT?

SBCT

THE SOLDIER READINESS TEST CONTAINS SIX EVENTS. SOLDIERS WILL EXECUTE THE SOLDIER READINESS TEST WHILE WEARING YOUR COMBAT UNIFORM WITH; BOOTS, GLOVES, EYE PROTECTION AND IOTV OR PLATE CARRIER WITHOUT SIDE PLATES, YOKE COLLAR, GROIN PROTECTOR AND LOWER BACK PROTECTOR. THE SIX EVENTS CONSIST OF A 225 LB TIRE FLIP, AGILITY DRILL, 240 LB CASUALTY DRAG, 40 LB SANDBAG CARRY, A 7-FOOT HIGH SANDBAG TOSS, AND 1.5 MILE UNEVEN TERRAIN MOVEMENT CONTAINING TWO 4-FOOT OBSTACLES THAT MUST BE CLIMBED OVER AND TWO 4-FOOT OBSTACLES THAT MUST BE GONE UNDER. ALL SIX EVENTS MUST BE COMPLETED WITHIN 23-MINUTES WITHOUT ASSISTANCE. MOTIVATORS ARE AUTHORIZED, BUT AT NO TIME MAY THEY PHYSICALLY PUSH, PULL, OR ASSIST IN ANYWAY. THE TEST BEGINS FROM THE START OF THE FIRST EVENT AND ENDS UPON CROSSING THE 1.5 MILE UNEVEN TERRAIN MOVEMENT FINISH LINE.

IF YOU FAIL TO EXECUTE OR COMPLETE THE SRT IN THE ALLOTTED 23-MINUTES TIME, YOU WILL RECEIVE AN OVERALL NO GO FOR THE ASSESSMENT. ANY SRT EVENT CAN RESULT IN A NO GO IF FORM AND/OR TECHNIQUE ARE NOT PERFORM ADEQUATELY. LISTEN CAREFULLY TO THE SIX EVENT SEQUENCE AND ASSOCIATED STANDARDS.

YOUR FIRST EVENT WILL BE THE 225 LB TIRE FLIP. DURING THIS EVENT, YOU ARE REQUIRED TO FLIP THE TIRE SIX FULL FLIPS AS FAST AS POSSIBLE WHILE MOVING IN A GENERALLY STRAIGHT LINE AND USING PROPER FORM. THIS EVENT ASSESSES YOUR EXPLOSIVE POWER GENERATED IN YOUR HIPS AND TORSO. TO START THE TIRE FLIP, STAND WITH FEET HIP-WIDTH APART, FACING THE TIRE, LEAVING ENOUGH SPACE TO ALLOW YOU TO SQUAT NEXT TO TIRE. KEEPING YOUR CORE TIGHT, SQUAT DOWN AND GRASP TIRE WITH HEAD AND EYES STRAIGHT FORWARD. EXTEND THE KNEES AND THEN THE HIPS, KEEPING THE ELBOWS EXTENDED AND ALLOWING THE TIRE TO TRAVEL UPWARD IN CLOSE PROXIMITY TO THE LEGS. YOUR BACK SHOULD REMAIN IN A NEUTRAL POSITION THROUGHOUT THE EXERCISE, ENSURING THAT THE SHOULDERS REMAIN ABOVE THE HIPS. YOU MAY GET THE TIRE ABOVE YOUR KNEE AND THEN USE YOUR KNEE TO ASSIST WITH THE FLIP OR YOU CAN LIFT THE TIRE FROM THE GROUND WITH ENOUGH FORCE TO FLIP IT WITH UPWARD MOMENTUM. FLIP THE TIRE THREE TIMES AWAY FROM THE START LINE THEN GO TO OPPOSITE SIDE OF THE TIRE AND FLIP THE TIRE THREE TIMES BACK TOWARDS THE START LINE. YOUR SHOULDERS MUST

STAY ABOVE YOUR HIPS AT ALL TIMES (SQUAT DOWN, NOT CURVE YOUR BACK). FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR SECOND EVENT WILL BE THE AGILITY DRILL. DURING THIS EVENT YOU WILL TRAVERSE THE T-SHAPED CONES FOR 40 METERS AS FAST AS POSSIBLE. YOU WILL START BY STANDING ON THE LEFT SIDE OF THE START CONE. SPRINT FORWARD 10 METERS TO THE FORWARD CENTER CONE. TOUCH THE CENTER CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE TO THE LEFT CONE WITHOUT CROSSING YOUR FEET. TOUCH THE FAR CONE WITH THE LEFT HAND, THEN SHUFFLE RIGHT 10 METERS. TOUCH THE FAR RIGHT CONE WITH THE RIGHT HAND, THEN SIDESTEP/SHUFFLE BACK TO THE CENTER CONE WITHOUT CROSSING YOUR FEET. TOUCH THE CENTER CONE AGAIN WITH YOUR LEFT HAND, THEN BACKPEDAL PAST THE STARTING CONE. THIS EVENT MEASURES YOUR ABILITY TO STOP, START, CHANGE DIRECTION, AND EFFICIENTLY CHANGE BODY POSITION. KEEP YOUR KNEES AND HIPS BENT AND YOUR CENTER OF MASS LOW, SPINE REMAINS NEUTRAL, HEAD REMAINS UP, AND ARMS ARE AT THE SIDES WITH ELBOWS BENT. YOU MUST MOVE THROUGH TEST IN PRESCRIBED SEQUENCE AND TOUCH EACH CONE. FEET MUST NOT CROSS. WATCH THIS DEMONSTRATION.

YOUR THIRD EVENT WILL BE THE 240 LB CASUALTY DRAG. DURING THIS EVENT, YOU ARE REQUIRED TO DRAG A SIMULATED CASUALTY BY ANY MEANS NECESSARY FOR 15-METERS. THIS EVENT ASSESSES MUSCULAR STRENGTH. START BY GRASPING THE MANNEQUIN SO THAT IT STAYS FACE UP THROUGHOUT DRAG. WITH SHOULDERS REMAINING ABOVE YOUR HIPS, CORE TIGHT, AND KEEPING YOUR BACK FROM ROUNDING, DRAG THE MANIQUIN, FACE UP, TOWARD THE NEXT CONE. DRAG THE MANIQUIN AROUND THE CONE AND BACK TOWARDS THE START CONE. THE DRAG IS COMPLETE WHEN THE TOP OF THE MANNEQUIN'S HEAD IS EVEN WITH THE START CONE. DO NOT ALLOW YOUR HIPS TO GO HIGHER THAN YOUR SHOULDERS. DO NOT ALLOW YOUR SPINE TO ROUND FORWARD. DO NOT DRAG THE CASUALTY FACE DOWN. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FOURTH EVENT WILL BE THE STEP-UP. DURING THIS EVENT YOU WILL STEP-UP FROM THE GROUND POSITION UP ONTO A 16-INCH PLATFORM CARRYING A 40 LB SANDBAG 30 TIMES. SOLDIER WILL DO 15 REPETITIONS

WITH EACH LEG. THIS EVENT ASSESSES MUSCULAR ENDURANCE, BALANCE AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. SOLDIER WILL HOLD A 40 LB SANDBAG WITH BOTH HANDS. SOLDIER MUST STEP ON THE STEP BOX PLACING BOTH FEET ON THE BOX. FULL HIP EXTENSION MUST BE REACHED ON EACH REPETITION. SOLDIER WILL PERFORM 15 REPETITIONS WITH EACH LEG. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FIFTH EVENT WILL BE THE SANDBAG TOSS. DURING THIS EVENT YOU ARE REQUIRED TO TOSS A 40 LB SANDBAG OVER A 7-FOOT OBSTACLE. THIS EVENT ASSESSES FATIGUING ANAEROBIC CAPACITY. MEASURES YOUR MUSCULAR ENDURANCE, BALANCE, AND COORDINATION WHILE TRANSITIONING HEAVY LOADS FROM ONE POINT TO ANOTHER. SOLDIER WILL FACE THE OBSTACLE. LIFT THE SANDBAG FROM GROUND USING TWO HANDS, CONTROLLED UP TO HIPS (NO TOSSING FROM GROUND). TOSS THE SANDBAG OVER THE 7-FOOT OBSTACLE. MOVE TO THE OPPOSITE SIDE OF THE OBSTACLE, OUT OF PATH OF FALLING SANDBAG. SOLDIER MUST REPEAT THIS A TOTAL OF 10 TIMES. SOLDIER MUST NOT ATTEMPT TO CATCH FALLING SANDBAG. SHOULDER MUST REMAIN ABOVE THE HIPS. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE MORE THAN TWO-TIMES WILL RESULT IN A NO GO FOR THE EVENT. WATCH THIS DEMONSTRATION.

YOUR FINAL EVENT WILL BE THE 1.5 MILE UNEVEN TERRAIN MOVEMENT. DURING THIS EVENT, YOU WILL NEGOTIATE VARYING SURFACE CONDITIONS WITHIN 18 MINUTES OR LESS WHILE CROSSING OVER TWO 4- FOOT OBSTACLES AND GOING UNDER TWO 4-FOOT OBSTACLES. THIS EVENT ASSESSES YOUR CARDIOVASCULAR ENDURANCE, COORDINATION, AGILITY AND REACTION TIME. YOU MUST STAY WITHIN THE COURSE/PATH. MUST GO OVER AND UNDER THE FOUR OBSTACLES BY MOVING YOUR BODY COMPLETELY OVER THE FIRST FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE FIRST OBSTACLE, IN A FLUID MOVEMENT, SQUAT DOWN TO MOVE YOUR BODY COMPLETELY UNDER THE SECOND FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). ONCE YOU HAVE CLEARED THE SECOND OBSTACLE, YOU WILL MOVE YOUR BODY COMPLETELY OVER THE THIRD FOUR-FOOT OBSTACLE UNASSISTED. ONCE YOU HAVE CLEARED THE THIRD OBSTACLE, MOVE YOUR BODY COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE WHILE STAYING ON YOUR FEET (CANNOT DROP TO KNEES OR HANDS). KEEP SHOULDERS OVER HIPS WHILE MOVING UNDER OBSTACLES. KEEP MOVING WITH FORWARD, FLUID

MOMENTUM. DO NOT USE ROCKS, OBSTACLE BRACES, OR ANY OTHER OBJECTS TO ASSIST YOUR MOVEMENT OVER THE “OVER” OBSTACLES. THIS EVEN IS COMPLETE ONCE YOU HAVE SUCCESSFULLY GONE COMPLETELY UNDER THE FOURTH FOUR-FOOT OBSTACLE AND COMPLETED THE 1.5 MILE MOVEMENT. FAILURE TO PERFORM WITHIN STANDARD AND TECHNIQUE WILL RESULT IN A NO GO FOR THE EVENT. WHAT ARE YOUR QUESTIONS ABOUT THIS ASSESSMENT?

SRT SCORE CARD INSTRUCTIONS

Administrative Data

- NAME, Rank, and Unit of Soldier Testing.
- DATE – Date of SRT
- GRADER – Grader's name and mark if they are TSAC-F Certified.

SRT Timing Data

- SRT Start – Real Time that the Soldier started the SRT.
- P3 Start Time – Real Time the Soldier started Phase 3.
- SRT Finish – Real Time the Soldier finished the SRT.
- Cumulative Time – Calculated Time from SRT Start to SRT Finish.
- Place the elapsed time for each Phase in the TIME block for that Phase.
- The Phase 3 TIME Block is the calculated Time from the P3 Start Time to the SRT Finish Time.

SRT SCORECARD												DATE	
NAME: _____										SRT Start: _____			
RANK: _____										P3 Start Time: _____			
UNIT: _____										SRT Finish: _____			
Cumulative Time: _____													
P1 TIME 2:00				P2 TIME 3:00				P3 TIME					
T	GO	NO GO	DNA	M	GO	NO GO	DNA	M	GO	NO GO			
A	GO	NO GO	DNA										
C	GO	NO GO	DNA	S	GO	NO GO	DNA	O	GO	NO GO	DNA		
GRADER: _____										TSAC-F: YES NO			

SRT Grading Data

- If the Soldier completed an event with proper form, mark the GO block for that event.
- If the Soldier failed an event no matter what the reason mark the NO GO block for that event.
- If a Soldier failed an event because they Did Not Attempt the event, mark the DNA block as well as the NO GO block.

Figure 7-1. SRT Scorecard Instructions

SRT SCORECARD

DATE

NAME: _____ SRT Start: _____
 RANK: _____ P3 Start Time: _____
 UNIT: _____ SRT Finish: _____
 Cumulative Time: _____

P1	TIME	P2	TIME	P3	TIME
T	GO NO GO	M	GO NO GO	M	GO NO GO
A	GO NO GO DNA				
C	GO NO GO DNA	S	GO NO GO DNA	O	GO NO GO DNA

GRADER: _____ TSAC-F: ☐ YES ☐ NO

SRT SCORECARD

DATE

NAME: _____ SRT Start: _____
 RANK: _____ P3 Start Time: _____
 UNIT: _____ SRT Finish: _____
 Cumulative Time: _____

P1	TIME	P2	TIME	P3	TIME
T	GO NO GO	M	GO NO GO DNA	M	GO NO GO
A	GO NO GO DNA				
C	GO NO GO DNA	S	GO NO GO DNA	O	GO NO GO DNA

GRADER: _____ TSAC-F: ☐ YES ☐ NO

SRT SCORECARD

DATE

NAME: _____ SRT Start: _____
 RANK: _____ P3 Start Time: _____
 UNIT: _____ SRT Finish: _____
 Cumulative Time: _____

P1	TIME	P2	TIME	P3	TIME
T	GO NO GO	M	GO NO GO	M	GO NO GO
A	GO NO GO DNA				
C	GO NO GO DNA	S	GO NO GO DNA	O	GO NO GO DNA

GRADER: _____ TSAC-F: ☐ YES ☐ NO

SRT SCORECARD

DATE

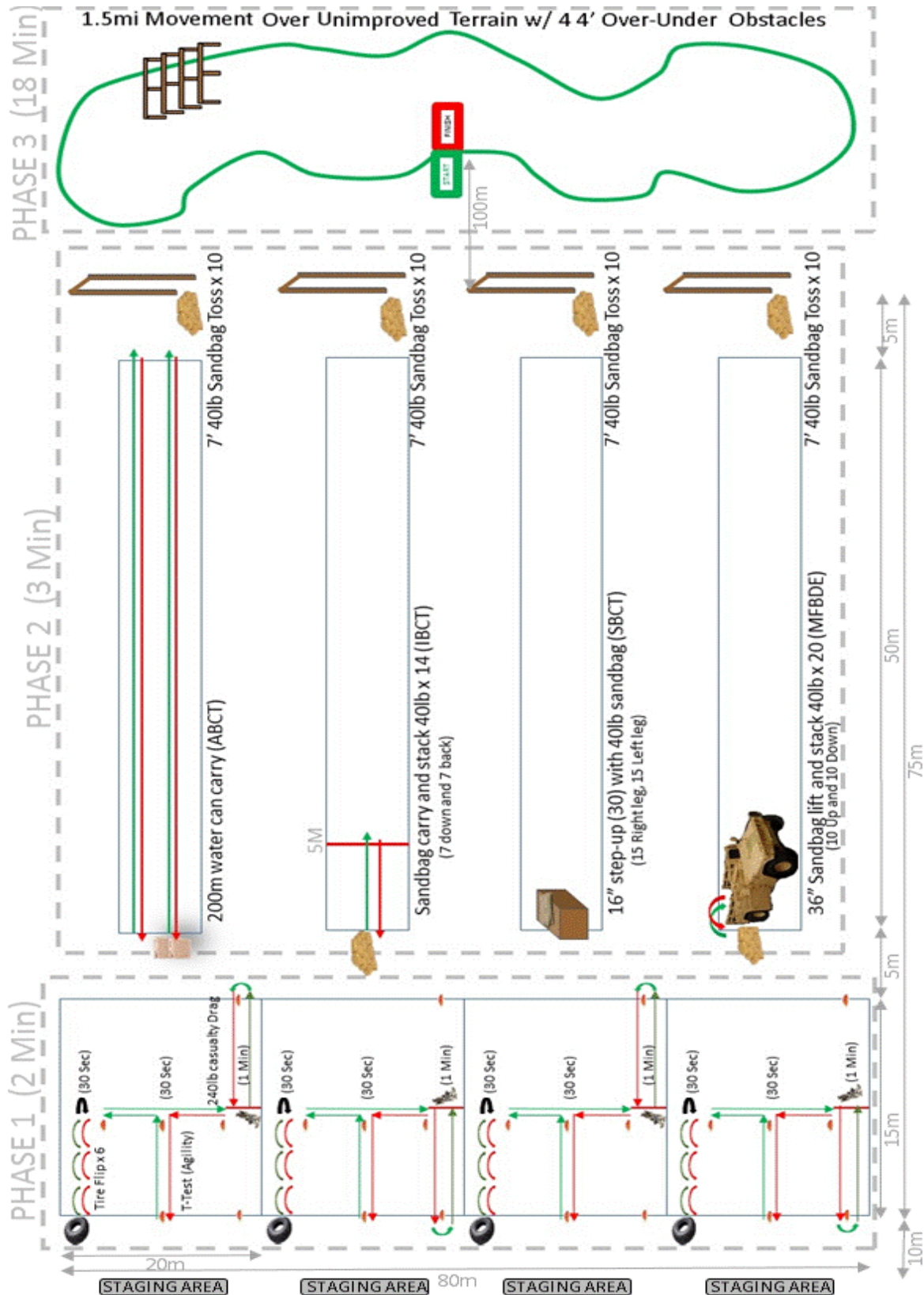
NAME: _____ SRT Start: _____
 RANK: _____ P3 Start Time: _____
 UNIT: _____ SRT Finish: _____
 Cumulative Time: _____

P1	TIME	P2	TIME	P3	TIME
T	GO NO GO	M	GO NO GO DNA	M	GO NO GO
A	GO NO GO DNA				
C	GO NO GO DNA	S	GO NO GO DNA	O	GO NO GO DNA

GRADER: _____ TSAC-F: ☐ YES ☐ NO

Figure 8-1

SRT Course Layout



23:00 Total Time (maximum)

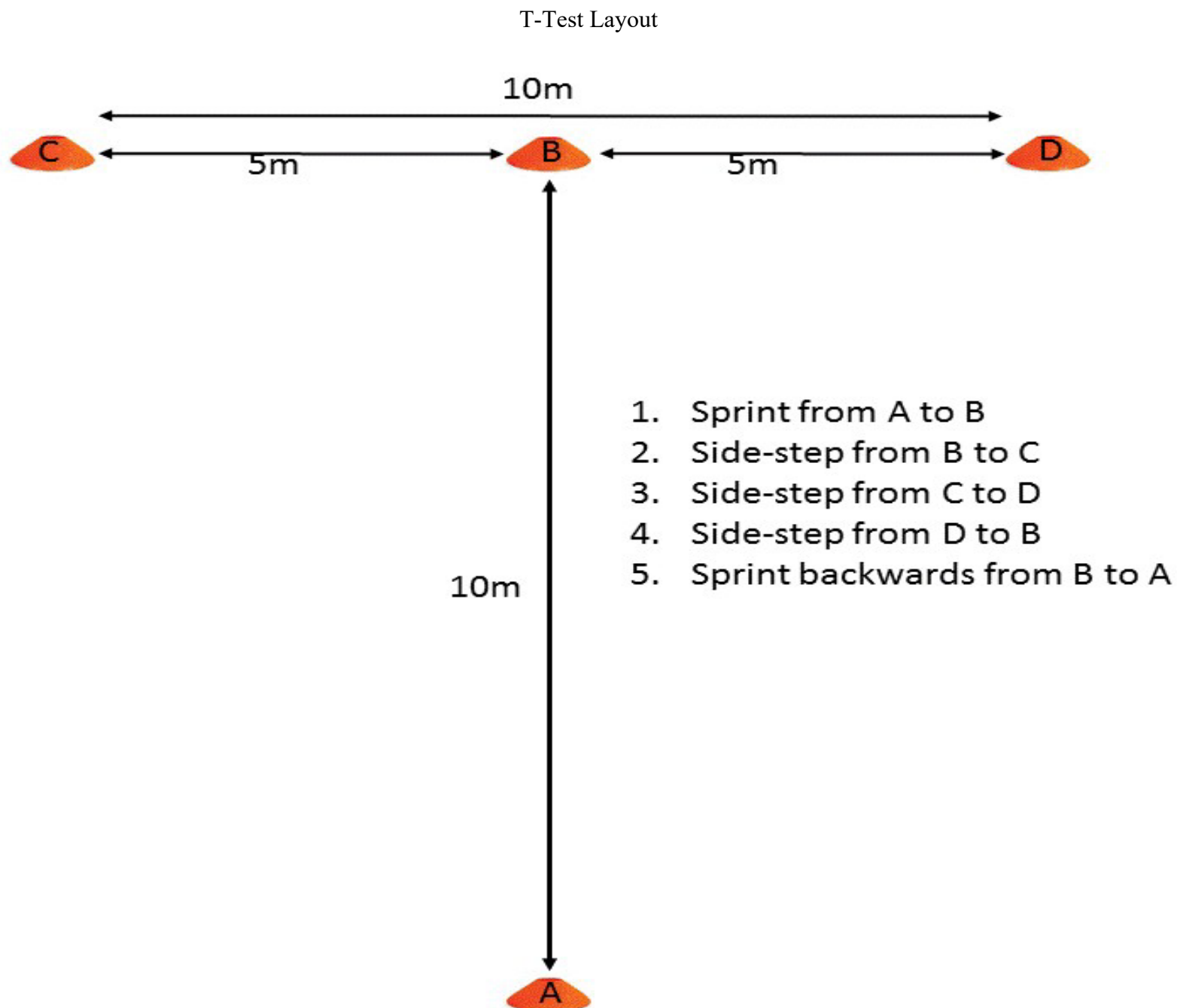


Figure 9-1 SRT T-Agility Test Layout

SRT COURSE NOTES

SRT WAVES

The second and subsequent Soldiers in a lane will not begin Phase I until the Soldier in front of them starts the Sandbag Toss in Phase II.

SRT COURSE MEASUREMENTS

All SRT course layout measurements are in Meters except for the 1.5mile movement. Below are the measurements in Feet in order to simplify the process.

5m	16.4ft
7.5m	24.6ft
10m	32.8ft
15m	49.2ft
20m	65.4ft
50m	164ft
100m	328ft
1.5miles	7920ft

CASUALTY DRAG

The mannequin casualty drag will be positioned with the head at the 7.5m mark in the Phase I box. This will allow each Soldier to drag the casualty the full 15m and it being in position for the next Soldier to drag the casualty in the opposite direction thus resetting the course. It is advisable to tape the casualty loop and the body armor drag handle together to prevent the body armor from being pulled off the mannequin. (Figure 3-5)

SANDBAG EVENTS

The SRT Sandbags are standardized at 40lbs each. It is necessary to have additional sandbags standing by at each location in the event of a sandbag failure.

1.5 MILE MOVEMENT

Ensure you have the course marked or cordoned off appropriately to ensure Soldiers do not veer off the course due to lack of understanding of the route. The obstacles will be placed no closer than .5 miles from the start point and no further than the 1 mile point.

SRT UNIFORM

Technical Report No. S.0079145-17, Evaluation of the Soldier Readiness Test and Training Program (SRT2P), April – December 2017

Graders must ensure Soldiers stay in proper SRT uniform throughout the duration of the test. This includes ensuring Soldiers have their front and rear plates in their body armor.

OBSTACLE GRADER

The Obstacle Grader will annotate the names of Soldiers who fail to complete the four obstacles on a separate piece of paper from the score card and transpose this information onto the scorecard once the test is complete.

SRT EQUIPMENT STANDARDS

LMTV TIRE

Goodyear 395/85 R20 - 225lbs

AGILITY TEST CONES

Agility Cones 50 pack (25.00 ea)

<http://www.rugbyimports.com/Sport-Disc-Cone-50-Pack-Orange.asp?gclid=CN-k4c6ZkNICFYs6gQodHCkLNg>

MANNIQUINN

F&R DUTY MANIKIN-GEN2, ADULT, (198 LBS.) (\$1.092.07 ea) GSA Advantage
https://www.gsaadvantage.gov/advantage/catalog/product_detail.do?type=price&dir=asc&oid=898898281&contractNumber=GS-07F-0660X&itemNumber=RLN90

SANDBAGS

Armor Sandbag

<http://www.sandbagstore.com/standard-sandbags--nylon-sandbags.html>

STEP-UP BOX

20"x18"x16" Rep 3-in-1 wooden platform box (\$60.00 ea) <https://www.repfitness.com/rep-wood-plyo-boxes>

Appendix F

Survey Questions

Note: Survey was administered by hardcopy; formatting of questions may differ from original survey since they were developed to be read by a scanner

BASELINE FORSCOM HUMAN PERFORMANCE AND INJURY PREVENTION SURVEY

Background Details

Directions: Please carefully read the directions for each section. Be sure to darken bubbles completely.

Do not use checks or “x’s or special characters” to fill in the bubbles. Please be sure to write legibly where a written answer is required.

Background Details

First Name_____

Last Name_____

Height _____

Weight_____

Age _____

Background Details

1. Today's date:

|_|_| / |_|_| / |_|_|_|_|
DAY MONTH YEAR

2. Are you...

- ① Male
② Female

3. What is your component?

- 1 Regular Army**
2 Army Reserve
3 National Guard

4. When did you in-process with your current Battalion?

|_|_| / |_|_|_|_|
MONTH YEAR

5. What is your current Battalion? _____

6. What is your company, troop, battery or FSC? _____

7. What is your Military Occupational Specialty (MOS) (e.g. 11B)? _____

8. What is your rank?

- | | | | | | | | | |
|------|------|------|------|------|------|------|------|------|
| ① E1 | ② E2 | ③ E3 | ④ E4 | ⑤ E5 | ⑥ E6 | ⑦ E7 | ⑧ E8 | ⑨ E9 |
| ⑩ O1 | ⑪ O2 | ⑫ O3 | ⑬ O4 | ⑭ O5 | ⑮ O6 | | | |
| ⑯ W1 | ⑰ W2 | ⑱ W3 | ⑲ W4 | ⑳ W5 | | | | |

Questions about Unit Physical Fitness Training (PT)
--

The following questions will ask about unit physical fitness training. Unit physical fitness training is defined as: exercising (i.e., running, calisthenics, or strength training) with a group of soldiers, such as a squad, platoon, or company.

9. Do you currently participate in unit physical training (PT) (i.e., running, calisthenics, or strength training with your unit)?

⑦ No (if no, skip to question #23)

① Yes

10. What is your unit physical training program primarily based on:

1 Traditional Army PT (Running, Push-ups, Sit-ups)

2 Physical Readiness Training (PRT)

③ Cardio

4 Weight Training

5 Cardio and Weight Training

6 High Intensity Interval Training (HIIT)

⑦ Combination of these programs (Please specify) _____

⑧ Other (PleaseSpecify) _____

11. How satisfied are you with your unit's physical training (PT) program?

1 Needs major improvement

2 Needs some improvement

3 Neither satisfied or dissatisfied

4 Moderately satisfied

5 Completely satisfied

List any comments or concerns you may have about your unit's current physical training program?

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12. On average, how often do you participate in unit physical training each week?

- | | |
|--------------------|--|
| ① 1 time per week | ⑤ 5 times per week |
| ② 2 times per week | ⑥ 6 times per week |
| ③ 3 times per week | ⑦ 7 times per week |
| ④ 4 times per week | ⑧ 7 + times per week (# times per week_____) |

13. During the last 6 months on average, list the frequency, time spent and total minutes **performing UNIT Physical Training for each activity you participated in? (Exclude time spent warming-up and cooling down)**

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running for distance				
Sprinting or Interval Type Training				
Agility Training (i.e., drills requiring lateral movements, typically using cones or ladders, running sideways, backwards, etc.)?				
Resistance Training (i.e., weight lifting using free weights, dumbbells, kettlebells, machines etc.)?				
Calisthenics (i.e., jumping jacks, push-ups, sit-ups)				
Obstacle Course				
Other* (please specify)				
Total number of minutes				

***Do not include Foot Marching in Other Category**

EXAMPLE

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running	3	30	3	90
Sprinting or Interval Type Training	2	30		60
Agility Training	2	60		120
Resistance Training	2	45		90
Calisthenics	3	20		60
Obstacle Course	1	30		30
Other* (please specify)				
Total number of minutes				450

14. Is the total number of UNIT physical training hours listed above more than 600 minutes or 10 hours per week?

☐ No

☒ Yes (If Yes, please explain)

15. During the last 6 months, on average, how often did your unit perform foot marches?

- | | |
|---|--|
| ☐ ① Our unit does not perform foot marches (Skip to #18) | ☐ ④ 2 times per month |
| ☐ ② Less than one time per month | ☐ ⑤ 3 times per month |
| ☐ ③ 1 time per month | ☐ ⑥ 4 times per month or once a week |

16. On average, how far does your unit foot march at a time?

_____ **Miles**

17. On average, how heavy is the load you carry when your unit performs foot marches?

- ☐ ① Estimated weight of load carried (**ruck sack** and/or **body armor** and/or **weapon**) _____ pounds

2 Our unit does not carry loads during foot marches

18. During the last 6 months, how often did your unit specifically train for the APFT (i.e., pushup/sit-ups/2 mile run)?

- | | |
|--|--|
| ☐ ① Our unit doesn't specifically train for the APFT | ☐ ⑤ 4 times per week |
| ☐ ② 1 time per week | ☐ ⑥ 5 times per week |
| ☐ ③ 2 times per week | ☐ ⑦ 6 times per week |
| ☐ ④ 3 times per week | ☐ ⑧ 7 times per week |

19. Does your company have a Master Fitness Trainer?

- ☐ ① No (**Skip to #21**)

- ☐ ② Yes

2 Don't Know

20. Has the Master Fitness Trainer worked with your unit?

- ☐ ① No

- ☐ ② Yes

2 Don't Know

21. On a scale of 1 to 5 has your unit's Physical Training Leader had a positive effect on your physical performance?

- 1 No effect**
2 Little effect
☐ ③ Some effect
4 Moderate effect

5 Large effect

22. On a scale of 1 to 5 has your unit Physical Training Leader had a positive effect on your injury reduction?

- 1 No effect**
- 2 Little effect**
- ③ Some effect
- 4 Moderate effect**
- 5 Large effect**

Questions about Personal Physical Fitness Training (PT) and Exercise
--

The following questions will ask about your personal physical fitness training (PT). Personal PT is any physical fitness training or exercises to become more physically fit *not* conducted with your unit. Please answer the following questions with regard to your *current* personal PT program.

23. Do you perform physical training on your own time?

- ① No (**Skip to #31**)
- ① Yes

24. On average, how often do you participate in personal physical training each week?

- | | |
|--------------------|---|
| ① 1 time per week | ⑤ 5 times per week |
| ② 2 times per week | ⑥ 6 times per week |
| ③ 3 times per week | ⑦ 7 times per week |
| ④ 4 times per week | ⑧ 7 + times per week (____times per week) |

25. What is your personal physical training program primarily based on:

- 1 Traditional Army PT (Running, Push-ups, Sit-ups)**
- 2 Physical Readiness Training (PRT)**
- 3 High Intensity Interval Training (HIIT)**
- ④ Cardio
- 5 Weight Training**
- 6 Cardio and Weight Training**
- ⑦ Combination of these programs (**Please specify**) _____
- ⑧ Sports Specific Training (**Please list Sport or Sports**) _____

⑨ Other (Please Specify) _____

26. During the last 6 months on average, list the frequency, time spent and total minutes performing Personal Physical Training for each activity you performed? (Exclude time spent warming-up and cooling down)

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running				
Sprinting or Interval Type Training				
Agility Training (i.e., drills requiring lateral movements, typically using cones or ladders, running sideways, backwards, etc.)?				
Resistance Training (i.e., weight lifting using free weights, dumbbells, kettlebells, machines, etc.)?				
Calisthenics (i.e., Jumping Jacks, Push-ups, Sit-ups)				
Obstacle Course				
Other (please specify)				
Total number of minutes				

***Do not include Foot Marching in Other Category**

EXAMPLE

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running	4	30	3	120
Sprinting or Interval Type Training	2	30		60
Agility Training	2	60		120
Resistance Training	4	60		240
Calisthenics (i.e., Jumping Jacks, Push-ups, Sit-ups)	3	20		60
Obstacle Course	1	30		30
Other (please specify)				
Total number of minutes				630

27. Is the total number of your personal physical training hours listed above more than 840 minutes or 14 hours per week?

☐ No

1 **Yes (If Yes, please explain)**

28. During the last 6 months on average, did you perform foot marching during personal fitness training?

☐ No (**Skip to Question #31**)

☐ Yes

29. On average, in the last 6 months, how often did you foot march for personal fitness training?

☐ Less than one time per month

☐ 3 times per month

☐ 1 time per month

☐ 4 times per month or once a week

☐ 2 times per month

☐ More than 4 times per month (#_____times per month)

30. On average, how heavy is the load you carry when you perform foot marches during personal fitness training?

☐ Estimated weight of load carried (**ruck sack** and/or **body armor** and/or **weapon**)_____pounds

2 I do not carry any weight

31. What was the date of your **last** Army Physical Fitness Test (**APFT**) (to the best of your recollection)?

____/____/____
MONTH YEAR

32. What were the **raw scores** on your **last** Army Physical Fitness Test (APFT)?

a. Push-ups number completed ____ repetitions ☐ I have a profile and could not perform push-ups

b. Sit-ups number completed ____ repetitions ☐ I have a profile and could not perform sit-ups

c. 2 Mile Run Time ____ min ____ sec ☐ I have a profile and could not perform the 2 mile

run If you did not perform the 2 mile run, did you pass the alternate test ☐ No ☐ Yes

Tobacco Use

Please answer these questions with regard to your past and current tobacco use.

33. Have you smoked more than 100 cigarettes (not e-cigarettes) in your life? (100 cigarettes=5 packs)

☐ No (**Skip to #36**)

☐ Yes

34. Have you smoked cigarettes (not e-cigarettes) in the last 30 days?

☐ No (**Skip to #36**)

☐ Yes

35. How many years or months have you been smoking cigarettes? _____Years or _____Months

Questions about the use of the Dietitian, Physical Therapist, and Occupational Therapist

36. Have you had any communications with a **dietitian** about food, beverages, supplements, or nutrition in general within the last 6 months?

☐ No (**Skip to #40**)

1 Had an in person appointment or consultation

2 Had phone contact with the dietitian

3 Attended a briefing or class given by the dietitian

4 Spoke with a dietitian on the side (ex. in the hallway, outside, not an official appointment)

37. What was the reason for your communications with the dietitian (Select All that Apply)

1 Healthier eating

4 Improve performance

2 Lose weight

5 Learn more about dietary supplements

3 Gain weight

6 Clinical condition

38. How much has the communication(s) you had with the dietitian affected your physical fitness or performance?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

39. How much has the communication(s) you had with the dietitian affected your health and medical readiness?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

40. Have you had any communications with a **physical therapist** about injuries or conditions, rehabilitation or performance within the last 6 months?

① **No (Skip to #44)**

1 Had an in person appointment or consultation

2 Had phone contact with the physical therapist

3 Attended a briefing or class given by the physical therapist

4 Spoke with a physical therapist on the side (ex. in the hallway, outside, not an official appointment)

41. What was the reason for your communication(s) or time spent with the physical therapist (Select All that Apply)

- | | | |
|---|--|-------------------------------------|
| ☐ ① Injury/condition (rehabilitation) | ☐ ④ Improve performance | ☐ ⑦ Other _____ |
| ☐ ② Injury Prevention | ☐ ⑤ Stretching exercises | |
| ☐ ③ Strengthening Exercises | ☐ ⑥ Pain management | |

42. How much has the communication(s) or time spent with the physical therapist affected your physical fitness or performance?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

43. How much has the communication(s) or time spent with the physical therapist affected your health and medical readiness?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

44. Have you had any communications with an **occupational therapist** about injuries or conditions, rehabilitation or performance within the last 6 months?

☐ ① No (**Skip to #48**)

- 1 Had an in person appointment or consultation**
- 2 Had phone contact with the occupational therapist**
- 3 Attended a briefing or class given by the occupational therapist**
- 4 Spoke with an occupational therapist on the side (ex. in the hallway, outside, not an official appointment)**

45. What was the reason for your communication(s) or time spent with the occupational therapist (Select All that Apply)

- | | |
|--|---|
| 1 Injury/condition (rehabilitation) | 4 Improve cognitive or physical performance |
| 2 Injury Prevention | 7 Other _____ |
| 3 Strengthening Exercises | 5 Improve life skills (ex. Sleep, Stress management) |
| | 6 Pain management |

46. How much has the communication(s) or time spent with the occupational therapist affected your physical fitness or performance?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

47. How much has the communication(s) or time spent with the occupational therapist affected your health and medical readiness?

1 No affect 2 Little affect 3 Some affect 4 Moderate affect 5 Large affect

48. Any comments about the dietitian, physical therapist or occupational therapist? (Write them below)

Questions about Family Support

49. How much do your family members contribute to your mission readiness?

① N/A, no regular interaction with family members (Skip to #51)

③ Some affect

1 No affect (They do not contribute to my mission readiness) (Skip to #51) **4 Moderate affect**

2 Little affect

5 Large affect

50. In what ways **do family members** contribute to your mission readiness?

Please rate each question from 1 (not likely) to 5 (highly likely).

	1	2	3	4	5
Contribute, support or promote healthy eating habits	①	②	③	④	⑤
Support/promote physical fitness	①	②	③	④	⑤
Advocates for safety (ex. Wear seatbelts, helmets when riding bikes)	①	②	③	④	⑤
Support/promotes medical health and regular check-ups	①	②	③	④	⑤
Other_____	①	②	③	④	⑤

QUESTIONS ABOUT INJURY

Injury History (last 6 months)

This next series of questions will ask you about injuries occurring in the last 6 months. Include injuries that are acute (sudden and unexpected) such as twisting an ankle or being in a car crash and those caused by overuse (pain that develops over time from activities such as running multiple times or repeatedly lifting objects). An injury is damage or pain to a muscle, joint, bone or nerve that made it more difficult to work, do physical training or perform other activities.

51. How many injuries have you experienced, that started within the **last 6 months**?

① None (Stop, survey is complete)

③ 3

② 1

④ 4

2 2

5 5 or more (please list the # of injuries)_____

QUESTIONS ABOUT INJURY#1 YOUR MOST SERIOUS INJURY

If you reported one or more injuries, please answer the next questions about the 3 most duty limiting injuries in the last 6 months starting with the most serious injury first. Make sure you ONLY answer questions about injuries occurring during the last 6 months

52. Specify month injured as best you can (Injury #1)

① Jan ② Feb ③ Mar ④ Apr ⑤ May ⑥ Jun ⑦ Jul ⑧ Aug ⑨ Sep ⑩ Oct ⑪ Nov ⑫ Dec

12.1 How many days did you have this injury? (Injury #1)

1 Still have this injury which has affected me for __days now

2 This injury is now completely healed and lasted for __days

53. What was the primary body area injured? (Injury #1)

- | | | |
|----------------------------|----------------|--------------------------------|
| ① Head | ⑦ Wrist | ⑬ Hip |
| ② Neck | ⑧ Hand | ⑭ Upper leg (Thigh/Hamstring) |
| ③ Shoulders | ⑨ Chest/ribs | ⑮ Lower leg (Shin/Calf) |
| ④ Upper Arm (bicep/tricep) | ⑩ Abdomen | ⑯ Knee |
| ⑤ Lower Arm (forearm) | ⑪ Back (lower) | ⑰ Ankle |
| ⑥ Elbow | ⑫ Back (upper) | ⑱ Foot |
| | | ⑲ Other (Please Specify) _____ |

54. What was the type of injury? (Injury #1)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (Please Specify) _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage
- ⑱ Not otherwise specified _____

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55. What activity were you doing when this injury occurred? (Injury #1)

- | | |
|---|---|
| ☐ 1 Physical training (running for physical training) | ☐ 9 Combative training / Combative Competition |
| ☐ 2 Physical training (weight lifting for physical training) | ☐ 10 Obstacle Course |
| ☐ 3 Other physical training (Please Specify) _____ | ☐ 11 Sports/recreation (such as soccer, basketball) |
| ☐ 4 Lifting or moving heavy objects (not weight training) | ☐ 12 Stepping up/climbing |
| ☐ 5 Repairing or maintaining equipment | ☐ 13 Walking or hiking (not foot marching) |
| ☐ 6 Riding or driving motorized vehicle (car, armored vehicles) | ☐ 14 Foot Marching |
| ☐ 7 Moving in or around a stationary motor vehicle | ☐ 15 Occupational injuries (job related tasks) |
| ☐ 8 Rough-housing or fighting | ☐ 16 Other (Please Specify) _____ |

56. What was the cause associated with your injury? (Injury #1)

- | | |
|--|--|
| ☐ 1 Burn (such as by fire, hot, substance or object, or steam) | ☐ 6 Impact from a blast |
| ☐ 2 Contact (hit by/against) an object/surface (Please list) _____ | ☐ 7 Overuse/repetitive activity |
| ☐ 3 Cut or puncture by a sharp tool, object or instrument | ☐ 8 Single overexertion/over- |
| ☐ 4 Direct contact by a person | extension/twisting effort |
| ☐ 5 Falling onto an object or surface or the ground | ☐ 9 Tripping without falling |
| | ☐ 10 Other (Please Specify) _____ |

57. Have you been seen by medical or fitness professionals for your injury? (Injury #1)

☒ 0 **No (If No, Skip to #60)**

☐ 1 Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ 1 Medic	# Days
☐ 2 Physician's Assistant (PA)	# Days
☐ 3 Nurse	# Days

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④ Physician (Doctor)	# Days
⑤ Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
⑥ Physical Therapist (PT) (assigned to the Brigade)	# Days
⑦ Physical Therapist (PT) (assigned to your Battalion)	# Days
⑧ Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
⑨ Occupational Therapist (OT) (assigned to your Battalion)	# Days
⑩ Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
⑪ Dietitian (RD) (assigned to your Battalion)	# Days
⑫ Strength and Conditioning Coach	# Days
⑬ Other_____	# Days

58. Were you placed on a medical profile by a medical professional for your injury? (Injury #1)

☐ No **(Skip to # 60)**

☐ Yes

59. How many total days were you placed on profile for your injury? (Injury #1)

Number of Days _____

60. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #1)

☐ Yes

2 Yes, and was placed into a profile PT class with other injured Soldiers

3 No, Continued with regular unit PT

4 No, but modified unit PT exercises to accommodate for my injury

5 I don't participate in unit PT

61. How many days was it before you began regular unit physical training again? (Injury #1)

Please specify number of days: _____

1 I don't participate in unit PT

62. When did your injury occur? (Injury #1)

1 During duty hours

2 Before or after duty hours

QUESTIONS ABOUT INJURY#2 (If no second injury, stop the survey is complete)
--

63. Specify month injured as best you can (Injury #2)

☐ Jan ☐ Feb ☐ Mar ☐ Apr ☐ May ☐ Jun ☐ Jul ☐ Aug ☐ Sep ☐ Oct ☐ Nov ☐ Dec

64. How many days did you have this injury? (Injury #2)

1 Still have this injury which has affected me for __days now

2 This injury is now completely healed and lasted for __days

65. What was the primary body area injured? (Injury #2)

☐ Head

☐ Wrist

☐ Hip

☐ Neck

☐ Hand

☐ Upper leg (Thigh/Hamstring)

☐ Shoulders

☐ Chest/ribs

☐ Lower leg (Shin/Calf)

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④ Upper Arm (bicep/tricep)

⑤ Lower Arm (forearm)

⑥ Elbow

⑩ Abdomen

⑪ Back (lower)

⑫ Back (upper)

⑯ Knee

⑰ Ankle

⑱ Foot

⑲ Other (**Please Specify**)_____

66. What was the type of injury? (Injury #2)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (Please Specify) _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage
- ⑱ Not otherwise specified _____

67. What activity were you doing when this injury occurred? (Injury #2)

- | | |
|---|--|
| ① Physical training (running for physical training) | ⑨ Combative training / Combative Competition |
| ② Physical training (weight lifting for physical training) | ⑩ Obstacle Course |
| ③ Other physical training (Please Specify) _____ | ⑪ Sports/recreation (such as soccer, basketball) |
| ④ Lifting or moving heavy objects (not weight training) | ⑫ Stepping up/climbing |
| ⑤ Repairing or maintaining equipment | ⑬ Walking or hiking (not foot marching) |
| ⑥ Riding or driving motorized vehicle (car, armored vehicles) | ⑭ Foot Marching |
| ⑦ Moving in or around a stationary motor vehicle | ⑮ Occupational injuries (job related tasks) |
| ⑧ Rough-housing or fighting | ⑯ Other (Please Specify) _____ |

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68. What was the cause associated with your injury? (Injury #2)

- | | |
|--|--|
| ☐ ① Burn (such as by fire, hot, substance or object, or steam) | ☐ ⑥ Impact from a blast |
| ☐ ② Contact (hit by/against) an object/surface (Please list) _____ | ☐ ⑦ Overuse/repetitive activity |
| ☐ ③ Cut or puncture by a sharp tool, object or instrument | ☐ ⑧ Single overexertion/over- |
| ☐ ④ Direct contact by a person | extension/twisting effort |
| ☐ ⑤ Falling onto an object or surface or the ground | ☐ ⑨ Tripping without falling |
| | ☐ ⑩ Other (Please Specify) _____ |

69. When did your injury occur? (Injury #2)

- ☐ ① During duty hours
- ☐ ② Before or after duty hours

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70. Have you been seen by medical or fitness professionals for your injury? (Injury #2)

☐ No **(Skip to #73)**

☐ Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ Medic	# Days
☐ Physician's Assistant (PA)	# Days
☐ Nurse	# Days
☐ Physician (Doctor)	# Days
☐ Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Physical Therapist (PT) (assigned to the Brigade)	# Days
☐ Physical Therapist (PT) (assigned to your Battalion)	# Days
☐ Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Occupational Therapist (OT) (assigned to your Battalion)	# Days
☐ Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Dietitian (RD) (assigned to your Battalion)	# Days
☐ Strength and Conditioning Coach	# Days
☐ Other _____	# Days

71. Were you placed on a medical profile by a medical professional for your injury? (Injury #2)

☐ No **(Skip to #73)**

☐ Yes

72. How many total days were you placed on profile for your injury? (Injury #2)

Number of Days _____

73. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #2)

☐ Yes

2 Yes, and was placed into a profile PT class with other injured Soldiers

3 No, Continued with regular unit PT

4 No, but modified unit PT exercises to accommodate for my injury

5 I don't participate in unit PT

74. How many days was it before you began regular unit physical training again? (Injury #2)

Please specify number of days: _____

1 I don't participate in unit PT

QUESTIONS ABOUT INJURY#3 (If no third injury, stop survey is complete)

75. Specify month injured as best you can (Injury #3)

① Jan ② Feb ③ Mar ④ Apr ⑤ May ⑥ Jun ⑦ Jul ⑧ Aug ⑨ Sep ⑩ Oct ⑪ Nov ⑫ Dec

76. How many days did you have this injury? (Injury #3)

1 Still have this injury which has affected me for __days now

2 This injury is now completely healed and lasted for __days

77. What was the primary body area injured? (Injury #3)

- | | | |
|----------------------------|----------------|--------------------------------|
| ① Head | ⑦ Wrist | ⑬ Hip |
| ② Neck | ⑧ Hand | ⑭ Upper leg (Thigh/Hamstring) |
| ③ Shoulders | ⑨ Chest/ribs | ⑮ Lower leg (Shin/Calf) |
| ④ Upper Arm (bicep/tricep) | ⑩ Abdomen | ⑯ Knee |
| ⑤ Lower Arm (forearm) | ⑪ Back (lower) | ⑰ Ankle |
| ⑥ Elbow | ⑫ Back (upper) | ⑱ Foot |
| | | ⑲ Other (Please Specify) _____ |

78. What was the type of injury? (Injury #3)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (Please Specify) _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage

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⑮ Not otherwise specified _____

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79. What activity were you doing when this injury occurred? (Injury #3)

- | | |
|---|---|
| ☐ 1 Physical training (running for physical training) | ☐ 9 Combative training / Combative Competition |
| ☐ 2 Physical training (weight lifting for physical training) | ☐ 10 Obstacle Course |
| ☐ 3 Other physical training (Please Specify) _____ | ☐ 11 Sports/recreation (such as soccer, basketball) |
| ☐ 4 Lifting or moving heavy objects (not weight training) | ☐ 12 Stepping up/climbing |
| ☐ 5 Repairing or maintaining equipment | ☐ 13 Walking or hiking (not foot marching) |
| ☐ 6 Riding or driving motorized vehicle (car, armored vehicles) | ☐ 14 Foot Marching |
| ☐ 7 Moving in or around a stationary motor vehicle | ☐ 15 Occupational injuries (job related tasks) |
| ☐ 8 Rough-housing or fighting | ☐ 16 Other (Please Specify) _____ |

80. What was the cause associated with your injury? (Injury #3)

- | | |
|--|--|
| ☐ 1 Burn (such as by fire, hot, substance or object, or steam) | ☐ 6 Impact from a blast |
| ☐ 2 Contact (hit by/against) an object/surface (Please list) _____ | ☐ 7 Overuse/repetitive activity |
| ☐ 3 Cut or puncture by a sharp tool, object or instrument | ☐ 8 Single overexertion/over- |
| ☐ 4 Direct contact by a person | extension/twisting effort |
| ☐ 5 Falling onto an object or surface or the ground | ☐ 9 Tripping without falling |
| | ☐ 10 Other (Please Specify) _____ |

81. Have you been seen by medical or fitness professionals for your injury? (Injury #3)

- ☐ 0 No **(Skip to #84)**
- ☐ 1 Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ 1 Medic	# Days
☐ 2 Physician's Assistant (PA)	# Days
☐ 3 Nurse	# Days

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④	Physician (Doctor)	# Days
⑤	Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
⑥	Physical Therapist (PT) (assigned to the Brigade)	# Days
⑦	Physical Therapist (PT) (assigned to your Battalion)	# Days
⑧	Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
⑨	Occupational Therapist (OT) (assigned to your Battalion)	# Days
⑩	Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
⑪	Dietitian (RD) (assigned to your Battalion)	# Days
⑫	Strength and Conditioning Coach	# Days
⑬	Other_____	# Days

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82. Were you placed on a medical profile by a medical professional for your injury? (Injury #3)

☐ No (**Skip to # 84**)

☐ Yes

83. How many total days were you placed on profile

for your injury? (Injury #3) Number of Days

84. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #3)

☐ Yes

2 Yes, and was placed into a profile PT class with other injured Soldiers

3 No, Continued with regular unit PT

4 No, but modified unit PT exercises to accommodate for my injury

5 I don't participate in unit PT

85. How many days was it before you began regular unit physical training again? (Injury #3) Please specify number of days:

1 I don't participate in unit PT

86. When did your injury occur? (Injury #3)

1 During duty hours

☐ Before or after duty hours

Appendix G

Survey Questions

Note: Survey was administered by hardcopy; formatting of questions may differ from original survey since they were developed to be read by a scanner

FOLLOW-UP FORSCOM HUMAN PERFORMANCE AND INJURY PREVENTION SURVEY

Background Details

First Name _____

Last Name _____

Height _____

Weight _____

Age _____

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1. Today's date:

Month	① Jan	② Feb	③ Mar	④ Apr	⑤ May	⑥ Jun	⑦ Jul	⑧ Aug	⑨ Sep	⑩ Oct	⑪ Nov	⑫ Dec
Day	①	②	③	④	⑤	⑥	⑦	⑧	⑨	⑩	⑪	⑫
	⑬	⑭	⑮	⑯	⑰	⑱	⑲	⑳	㉑	㉒	㉓	㉔
	㉕	㉖	㉗	㉘	㉙	㉚						

2. Are you...

- ① Male
- ② Female

3. What is your component?

- ① Regular Army
- ② Army Reserve
- ③ National Guard

4. When did you in-process with your current Battalion?

_ _	/	_ _ _ _
MONTH		YEAR

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5. What is your current Battalion? _____

6. What is your company, troop, battery or FSC? _____

7. What is your Military Occupational Specialty (MOS) (e.g. 11B)? _____

8. What is your rank?

① E1 ② E2 ③ E3 ④ E4 ⑤ E5 ⑥ E6 ⑦ E7 ⑧ E8 ⑨ E9

⑩ O1 ⑪ O2 ⑫ O3 ⑬ O4 ⑭ O5 ⑮ O6 (X) (X) (X)

⑯ W1 ⑰ W2 ⑱ W3 ⑲ W4 ⑳ W5 (X) (X) (X) (X)

Questions about Unit Physical Training (PT)
--

The following questions will ask about unit physical fitness training. Unit physical fitness training is defined as: exercising (i.e., running, calisthenics, or strength training) with a group of soldiers, such as a squad, platoon, or company.

9. Do you currently participate in unit physical training (PT) (i.e., running, calisthenics, or strength training with your unit)?

① No (Skip to question #23)

② Yes

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10. What is your unit physical training program **primarily** based on **(Chose one answer)**:

- ① Traditional Army PT (Running, Push-ups, Sit-ups)
- ② Physical Readiness Training (PRT)
- ③ Soldier Readiness Training (SRT)
- ④ Cardio
- ⑤ Weight Training
- ⑥ Cardio and Weight Training
- ⑦ High Intensity Interval Training (HIIT)
- ⑧ Combination of these programs **(Please specify)** _____
- ⑨ Other **(Please specify)** _____

11. How satisfied are you with your unit's physical training (PT) program?

- ① Needs major improvement
- ② Needs some improvement
- ③ Neither satisfied or dissatisfied
- ④ Moderately satisfied
- ⑤ Completely satisfied

List any comments or concerns you may have about your unit's current physical training program?

12. On average, how often do you participate in unit physical training each week?

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- | | |
|--------------------|---|
| ① 1 time per week | ⑤ 5 times per week |
| ② 2 times per week | ⑥ 6 times per week |
| ③ 3 times per week | ⑦ 7 times per week |
| ④ 4 times per week | ⑧ 7 + times per week (# times per week _____) |

13. From July 2017 to present, on average, list the frequency, time spent and total minutes performing UNIT Physical Training for each activity you participated in? (Exclude time spent warming-up and cooling down)

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running for distance				
Sprinting or Interval Type Training				
Agility Training (i.e., drills requiring lateral movements, typically using cones or ladders, running sideways, backwards, etc.)?				
Resistance Training (i.e., weight lifting using free weights, dumbbells, kettlebells, machines etc.)?				
Calisthenics (i.e., jumping jacks, push-ups, sit-ups)				
Obstacle Course				
Other* (please specify)				
Total number of minutes				

***Do not include Foot Marching in Other Category**

EXAMPLE

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
--	----------------	---------------------	-------------------	---

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Running	3	30	3	90
Sprinting or Interval Type Training	2	30		60
Agility Training	2	60		120
Resistance Training	2	45		90
Calisthenics	3	20		60
Obstacle Course	1	30		30
Other* (please specify)				
Total number of minutes				450

14. Is the total number of UNIT physical training hours listed above **more than 600 minutes** or 10 hours per week?

- ☐ No
☐ Yes (Please explain)

15. From **July 2017 to present**, on average, how often did your unit perform foot marches?

- ☐ Our unit does not perform foot marches (**Skip to question #18**)
 ☐ 2 times per month
☐ Less than one time per month
 ☐ 3 times per month
☐ 1 time per month
 ☐ 4 times per month or once a week

16. From **July 2017 to present**, on average, how far does your unit foot march at a time?

- ☐ 1 mile
 ☐ 4 miles
 ☐ 7 miles
☐ 2 miles
 ☐ 5 miles
 ☐ 8 miles
☐ 3 miles
 ☐ 6 miles
 ☐ > 8 miles (#_____miles)

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17. From **July 2017 to present**, on average, how heavy is the load you carry when your unit performs foot marches?

- ① Estimated weight of load carried (**ruck sack** and/or **body armor** and/or **weapon**) _____pounds
- ② Our unit does not carry loads during foot marches _____

18. From **July 2017 to present**, how often did your unit specifically train for the APFT (i.e., pushup/sit-ups/2 mile run)?

- ① Our unit doesn't specifically train for the APFT
- ② 1 time per week
- ③ 2 times per week
- ④ 3 times per week
- ⑤ 4 times per week
- ⑥ 5 times per week
- ⑦ 6 times per week
- ⑧ 7 times per week

19. Does your company have a Master Fitness Trainer?

- ① No (**Skip to question #21**)
- ② Yes
- ③ Don't Know (**Skip to question #21**)

20. Has your company Master Fitness Trainer worked with your unit?

- ① No
- ② Yes
- ③ Don't Know

21. Has your unit's Physical Training Leader had a positive effect on your physical performance?

- ① No effect
- ② Little effect
- ③ Some effect
- ④ Moderate effect

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⑤ Large effect

22. Has your unit Physical Training Leader had a positive effect on your injury reduction?

① No effect

② Little effect

③ Some effect

④ Moderate effect

⑤ Large effect

Questions about Personal Physical Fitness Training (PT) and Exercise

The following questions will ask about your personal physical training (PT). Personal PT is any physical fitness training or exercises to become more physically fit *not* conducted with your unit. Please answer the following questions with regard to your current personal PT program.

23. Do you perform physical training on your own time?

① No (**Skip to question #32**)

② Yes

24. On average, how often do you participate in personal physical training each week?

① 1 time per week

⑤ 5 times per week

② 2 times per week

⑥ 6 times per week

③ 3 times per week

⑦ 7 times per week

④ 4 times per week

⑧ 7 + times per week (____ times per week)

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25. What is your personal physical training program **primarily** based on **(Choose one answer)**:

- ① Traditional Army PT (Running, Push-ups, Sit-ups)
- ② Physical Readiness Training (PRT)
- ③ Soldier Readiness Training (SRT)
- ④ High Intensity Interval Training (HIIT)
- ⑤ Cardio
- ⑥ Weight Training
- ⑦ Cardio and Weight Training
- ⑧ Combination of these programs **(Please specify)** _____
- ⑨ Sports Specific Training **(Please list Sport(s))** _____
- ⑩ Other **(Please specify)** _____

26. From **July 2017 to present**, on average, list the frequency, time spent and total minutes **performing Personal Physical Training for each activity you performed? (Exclude time spent warming-up and cooling down)**

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running				
Sprinting or Interval Type Training				
Agility Training (i.e., drills requiring lateral movements, typically using cones or ladders, running sideways, backwards, etc.)?				
Resistance Training				

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(i.e., weight lifting using free weights, dumbbells, kettlebells, machines, etc.)?				
Calisthenics (i.e., Jumping Jacks, Push-ups, Sit-ups)				
Obstacle Course				
Other (please specify)				
Total number of minutes				

***Do not include Foot Marching in Other Category**

EXAMPLE

	Times per Week	Minutes per Session	Miles per Session	Total Time in Minutes (Times per Week X Minutes per Session)
Running	4	30	3	120
Sprinting or Interval Type Training	2	30		60
Agility Training	2	60		120
Resistance Training	4	60		240
Calisthenics (i.e., Jumping Jacks, Push-ups, Sit-ups)	3	20		60
Obstacle Course	1	30		30
Other (please specify)				
Total number of minutes				630

27. Is the total number of your personal physical training hours listed above more than 840 minutes or 14 hours per week?

- ☐ No
☐ Yes (Please explain)

28. From **July 2017 to present**, on average, did you perform foot marching during personal fitness training?

- ☐ No (**Skip to question #32**)

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① Yes

29. From **July 2017 to present**, on average, how often did you foot march for personal fitness training?

① Less than one time per month

④ 3 times per month

② 1 time per month

⑤ 4 times per month or once a week

③ 2 times per month

⑥ More than 4 times per month (#_____times per month)

30. From **July 2017 to present**, on average, how far do you foot march at a time?

① 1 mile

④ 4 miles

⑧ 7 miles

② 2 miles

⑤ 5 miles

⑨ 8 miles

③ 3 miles

⑥ 6 miles

⑩ > 8 miles (#_____miles)

31. From **July 2017 to present**, on average, how heavy is the load you carry when you perform foot marches during personal fitness training?

① Estimated weight of load carried (**ruck sack** and/or **body armor** and/or **weapon**) _____pounds

② I do not carry any weight

Army Physical Fitness Test (APFT)
--

32. What was the date of your **last** Army Physical Fitness Test (**APFT**) (to the best of your recollection)?

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|_|_| / |_|_|_|_|_|

MONTH YEAR

33. What were the **raw scores** on your **last** Army Physical Fitness Test (APFT)?

a. Push-ups number completed |_|_|_|_| repetitions ☐ 1 I have a profile and could not perform push-ups

b. Sit-ups number completed |_|_|_|_| repetitions ☐ 2 I have a profile and could not perform sit-ups

c. 2 Mile Run Time |_|_| min |_|_| sec ☐ 3 I have a profile and could not perform the 2 mile run

If you **did not perform the 2 mile run**, did you pass the alternate test ☐ 0 No ☐ 1 Yes

Tobacco Use

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Please answer these questions with regard to your past and current tobacco use.

34. Have you smoked more than 100 cigarettes (not e-cigarettes) in your life? (100 cigarettes=5 packs)

☐ No

☐ Yes

35. Have you smoked cigarettes (not e-cigarettes) in the last 30 days?

☐ No

☐ Yes

36. How many years or months have you been smoking cigarettes? (non-smokers enter 0)

_____ Years or _____ Months

Questions about the use of the Dietitian, Physical Therapist and Occupational Therapist

37. Have you had any communications with a **dietitian** about food, beverages, supplements, or nutrition in general from **July 2017 to present**? (Select All that Apply)

☐ No (**Skip to question #41**)

☐ Yes, I had communications with the SRT dietitian

☐ Yes, I had communications with a dietitian (not the SRT dietitian)

If Yes, how did you communicate with the dietitian?

☐ Had an in person appointment or consultation

☐ Had phone contact with the dietitian

☐ Attended a briefing or class given by the dietitian

☐ Spoke with a dietitian on the side (ex. in the hallway, outside, not an official appointment)

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38. What was the reason for your communications with the dietitian **(Select All that Apply)**

- | | | |
|--|--|-------------------------------------|
| ☐ ① Healthier eating | ☐ ④ Improve performance | ☐ ⑦ Other _____ |
| ☐ ② Lose weight | ☐ ⑤ Learn more about dietary supplements | |
| ☐ ③ Gain weight | ☐ ⑥ Clinical condition | |

39. How much has the communication(s) you had with the dietitian affected your **physical fitness or performance**?

- ☐ ① No effect ☐ ② Little effect ☐ ③ Some effect ☐ ④ Moderate effect ☐ ⑤ Large effect

40. How much has the communication(s) you had with the dietitian affected your **health and medical readiness**?

- ☐ ① No effect ☐ ② Little effect ☐ ③ Some effect ☐ ④ Moderate effect ☐ ⑤ Large effect

41. Have you had any communications with a **physical therapist** about injuries or conditions, rehabilitation or performance from **July 2017 to present**? **(Select All that Apply)**

- ☐ ① No **(Skip to question #45)**
- ☐ ② Yes, I had communications with the SRT physical therapist
- ☐ ③ Yes, I had communications with a physical therapist (not the SRT physical therapist)

If Yes, how did you communicate with the physical therapist?

- ☐ ① Had an in person appointment or consultation
- ☐ ② Had phone contact with the physical therapist
- ☐ ③ Attended a briefing or class given by the physical therapist
- ☐ ④ Spoke with a physical therapist on the side (ex. in the hallway, outside, not an official appointment)

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42. What was the reason for your communication(s) or time spent with the physical therapist **(Select All that Apply)**

- ☐ ① Injury/condition (rehabilitation) ☐ ④ Improve performance ☐ ⑦ Other _____
☐ ② Injury Prevention ☐ ⑤ Stretching
☐ ③ Strengthening Exercises ☐ ⑥ Pain management

43. How much has the communication(s) or time spent with the physical therapist affected your **physical fitness or performance**?

- ☐ ① No effect ☐ ② Little effect ☐ ③ Some effect ☐ ④ Moderate effect ☐ ⑤ Large effect

44. How much has the communication(s) or time spent with the physical therapist affected your **health and medical readiness**?

- ☐ ① No effect ☐ ② Little effect ☐ ③ Some effect ☐ ④ Moderate effect ☐ ⑤ Large effect

45. Have you had any communications with an **occupational therapist** about injuries or conditions, rehabilitation or performance **from July 2017 to present? (Select All that Apply)**

- ☐ ① No **(Skip to question #49)**
☐ ② Yes, I had communications with the SRT occupational therapist
☐ ③ Yes, I had communications with an occupational therapist (not the SRT occupational therapist)

If Yes, how did you communicate with the occupational therapist?

- ☐ ① Had an in person appointment or consultation
☐ ② Had phone contact with the occupational therapist
☐ ③ Attended a briefing or class given by the occupational therapist
☐ ④ Spoke with an occupational therapist on the side (ex. in the hallway, outside, not an official appointment)

46. What was the reason for your communication(s) or time spent with the occupational therapist **(Select All that Apply)**

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- ① Injury/condition (rehabilitation) ④ Improve cognitive or physical performance ⑦ Other _____
② Injury Prevention ⑤ Improve life skills (ex. Sleep, Stress management)
③ Strengthening Exercises ⑥ Pain management

47. How much has the communication(s) or time spent with the occupational therapist affected your **physical fitness or performance**?

- ① No effect ② Little effect ③ Some effect ④ Moderate effect ⑤ Large effect

48. How much has the communication(s) or time spent with the occupational therapist affected your **health and medical readiness**?

- ① No effect ② Little effect ③ Some effect ④ Moderate effect ⑤ Large effect

49. Any comments about the dietitian, physical therapist or occupational therapist or SRT dietitian, SRT physical therapist or SRT occupational therapist? **(Write them below)**

Questions about the Strength and Conditioning Specialist

50. Have you had any communications with a certified strength and conditioning specialist about injuries or conditions, rehabilitation or performance from July 2017 to present? **(Select All that Apply)**

- ① No **(Skip to question #54)**
② Yes, I had communications with the SRT strength and conditioning specialist
③ Yes, I had communications with a strength and conditioning specialist not affiliated with the SRT Pilot?

51. How did you communicate with the strength and conditioning specialist? **(Select All that Apply)**

- ① In-person at a formal individual appointment or consultation

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- ② In-person at an informal setting (e.g. in the hallway, at physical training)
- ③ In-person at an SRT Pilot affiliated group session or presentation
- ④ Phone or email contact

52. What was the reason for your communication(s) with the certified strength and conditioning specialist?

(Select all that Apply)

- | | |
|-----------------------------------|--|
| ① Remedial physical training | ⑤ Improve strength, power, and/or agility |
| ② Profile or physical limitations | ⑥ Improve muscular and/or cardiovascular endurance |
| ③ Physical training | ⑦ Exercise technique corrections or progression coaching |
| ④ Injury prevention | ⑧ Other _____ |

53. How much has the communication(s) or time spent with the certified strength and conditioning specialist affected your **physical fitness or performance**?

- ① No effect ② Little effect ③ Some effect ④ Moderate effect ⑤ Large effect

Unit Physical Fitness Leader

54. Did you perform the duties of a unit physical fitness leader from **July 2017 to present**?

- ① No (**Skip to question #59**)
- ② Yes

55. What role did you perform as a unit physical fitness leader? **(Select All that Apply)**

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- ① Wrote unit physical training programs
- ② Reviewed and/or approved unit physical training programs
- ③ Led unit physical training sessions
- ④ Other _____

56. Which of the following apply to you? **(Select All that Apply)**

- ① Hold the Army Master Fitness Trainer (MFT) Additional Skill Identifier (ASI) of P5 or 6P
- ② Certified as a Tactical Strength and Conditioning Facilitator (TSAC-F) (i.e., have a certification number and date)
- ③ Attended the Tactical Strength and Conditioning Facilitator (TSAC-F) practitioner course, but not TSAC-F certified
- ④ Hold an accredited, national fitness certification other than TSAC-F. List organization(s) and certification(s) (e.g., NSCA CSCS, ACSM CPT, etc.) _____
- ⑤ Have completed education courses in exercise/fitness through a college or university.
- ⑥ None of the above

57. How often did you communicate/interact with a certified strength and conditioning specialist (formal classes/presentations, phone calls, emails, informal conversations, physical training sessions) specifically regarding your duties as a physical fitness leaders?

- ① Did not communicate **(Skip to question #59)**
- ② < 1 time per week
- ③ 1 time per week
- ④ > 1 time per week # _____ times per week

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61. Did you take the baseline Soldier Readiness Test **around July 2017** (e.g. Tire flip, T-test, 240 lb casualty drag,.....sandbag toss, 1.5 mile movement)?

☐ No **(Skip to question #67)**

☐ Yes

62. Did you pass the baseline Soldier Readiness Test taken around July 2017?

☐ No

☐ Yes **(Skip to question #63)**

If No, which part or parts of the test did you fail, run out of time or received three improper technique warnings and had to move on to the next event? **(Select All that Apply)**

Phase 1 (2 min)

Phase 2 (3 min)

Phase 3 (18 min)

☐ Tire Flip

☐ 200m water can carry (ABCT)

☐ 1.5 mile movement

☐ T-Test Agility

☐ Sandbag carry and stack (IBCT)

☐ 4 foot over /

☐ 240 lb casualty drag

☐ 16 inch step-up with 40lb sandbag (SBCT)

under obstacles

☐ 36 inch sandbag lift and stack (MFBDE)

☐ 7 foot high sandbag toss

63. How difficult was the baseline Soldier Readiness Test **(taken around July 2017)** to complete?

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① Easy ② Somewhat easy ③ Moderate ④ Hard ⑤ Very Hard

64. Has your unit physical training program during these last few months prepared you for the follow-up Soldier Readiness Test? (e.g. Tire flip, T-test, 240 lb casualty drag,.....sandbag toss, 1.5 mile movement)

① No

② Yes

65. Have you modified or changed your personal physical training program to better prepare for the Soldier Readiness Test? (Tire flip, T-test, 240 lb casualty drag,.....sandbag toss, 1.5 mile movement)

① No

② No, my personal training program already prepares me for the Soldier Readiness Test

③ Yes

66. If you could remove or change **one event** on the Soldier Readiness Test what would it be? **(Choose one answer)**

① Nothing to change

Phase 1 (2 min)

Phase 2 (3 min)

Phase 3 (18 min)

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- | | | |
|------------------------|--|---------------------|
| ① Tire Flip | ④ 200m water can carry (ABCT) | ⑨ 1.5 mile movement |
| ② T-Test Agility | ⑤ Sandbag carry and stack (IBCT) | ⑩ 4 foot over / |
| ③ 240 lb casualty drag | ⑥ 16 inch step-up with 40lb sandbag (SBCT) | under obstacles |
| | ⑦ 36 inch sandbag lift and stack (MFBDE) | |
| | ⑧ 7 foot high sandbag toss | |

Why would you remove, change or modify this Soldier Readiness Test event?

Any other comments about the Soldier Readiness Test?

QUESTIONS ABOUT INJURY

Injury History (from July 2017 to present)

This next series of questions will ask you about injuries occurring from July 2017 to present. Include injuries that are acute (sudden and unexpected) such as twisting an ankle or being in a car crash and those caused by overuse (pain that develops over time from activities such as running multiple times or repeatedly lifting objects). An injury is damage or pain to a muscle, joint, bone or nerve that made it more difficult to work, do physical training or perform other activities.

67. How many injuries have you experienced, from **July 2017 to present**?

- ① None **(STOP, survey is complete)** ③ 3

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① 1

④ 4

② 2

⑤ 5 or more (please list the # of injuries) _____

QUESTIONS ABOUT INJURY#1 YOUR MOST SERIOUS INJURY
--

If you reported one or more injuries, please answer the next questions about the 3 most duty limiting injuries from July 2017 to present starting with the most serious injury first. Make sure you ONLY answer questions about injuries occurring from July 2017 to present.

68. Specify month injured as best you can (Injury #1)

① Jan ② Feb ③ Mar ④ Apr ⑤ May ⑥ Jun ⑦ Jul ⑧ Aug ⑨ Sep ⑩ Oct ⑪ Nov ⑫ Dec

69. How many days did you have this injury? (Injury #1)

① Still have this injury which has affected me for _____ days now

② This injury is now completely healed and lasted for _____ days

70. What was the primary body area injured? (Injury #1)

① Head

⑦ Wrist

⑬ Hip

② Neck

⑧ Hand

⑭ Upper leg (Thigh/Hamstring)

③ Shoulders

⑨ Chest/ribs

⑮ Lower leg (Shin/Calf)

④ Upper Arm (bicep/tricep)

⑩ Abdomen

⑯ Knee

⑤ Lower Arm (forearm)

⑪ Back (lower)

⑰ Ankle

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⑥ Elbow

⑫ Back (upper)

⑱ Foot

⑲ Other (**Please**

Specify) _____

71. What was the type of injury? (Injury #1)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (Please Specify) _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage
- ⑱ Not otherwise

specified _____

72. What activity were you doing when this injury occurred? (Injury #1)

- ① Physical training (running for physical training) ⑨ Combative training / Combative Competition
- ② Physical training (weight lifting for physical training) ⑩ Obstacle Course
- ③ Other physical training (**Please Specify**) _____ ⑪ Sports/recreation (such as soccer, basketball)
- ④ Lifting or moving heavy objects (not weight training) ⑫ Stepping up/climbing
- ⑤ Repairing or maintaining equipment ⑬ Walking or hiking (not foot marching)
- ⑥ Riding or driving motorized vehicle (car, armored vehicles) ⑭ Foot Marching

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- ☐ 7 Moving in or around a stationary motor vehicle tasks)
 ☐ 15 Occupational injuries (job related tasks)
- ☐ 8 Rough-housing or fighting
 ☐ 16 Other **(Please Specify)**
-

73. What was the cause associated with your injury? (Injury #1)

- ☐ 1 Burn (such as by fire, hot, substance or object, or steam)
 ☐ 6 Impact from a blast
- ☐ 2 Contact (hit by/against) an object/surface (Please list)_____
 ☐ 7 Overuse/repetitive activity
- ☐ 3 Cut or puncture by a sharp tool, object or instrument
 ☐ 8 Single overexertion/over-extension/twisting effort
- ☐ 4 Direct contact by a person
 ☐ 9 Tripping without falling
- ☐ 5 Falling onto an object or surface or the ground
 ☐ 10 Other **(Please Specify)**
-

74. Have you been seen by medical or fitness professionals for your injury? (Injury #1)

- ☐ 0 No **(Skip to question #77)**
- ☐ 1 Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ 1 Medic	# Days
☐ 2 Physician's Assistant (PA)	# Days

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③ Nurse	# Days
④ Physician (Doctor)	# Days
⑤ Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
⑥ Physical Therapist (PT) (assigned to the Brigade)	# Days
⑦ Physical Therapist (PT) (assigned to your Battalion)	# Days
⑧ Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
⑨ Occupational Therapist (OT) (assigned to your Battalion)	# Days
⑩ Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
⑪ Dietitian (RD) (assigned to your Battalion)	# Days
⑫ Strength and Conditioning Coach	# Days
⑬ Other _____	# Days

75. Were you placed on a medical profile by a medical professional for your injury? (Injury #1)

① No (**Skip to question #77**)

② Yes

76. How many total days were you placed on profile for your injury? (Injury #1)

Number of Days _____

77. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #1)

① Yes

② Yes, and was placed into a profile PT class with other injured Soldiers

③ No, Continued with regular unit PT

④ No, but modified unit PT exercises to accommodate for my injury

⑤ I don't participate in unit PT

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78. How many days was it before you began regular unit physical training again? (Injury #1)

Please specify number of days: _____

① I don't participate in unit PT

79. When did your injury occur? (Injury #1)

① During duty hours

② Before or after duty hours

QUESTIONS ABOUT INJURY#2 (If no second injury, stop the survey is complete)
--

80. Specify month injured as best you can (Injury #2)

① Jan ② Feb ③ Mar ④ Apr ⑤ May ⑥ Jun ⑦ Jul ⑧ Aug ⑨ Sep ⑩ Oct ⑪ Nov ⑫ Dec

81. How many days did you have this injury? (Injury #2)

① Still have this injury which has affected me for _____ days now

② This injury is now completely healed and lasted for _____ days

82. What was the primary body area injured? (Injury #2)

① Head

⑦ Wrist

⑬ Hip

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- | | | |
|----------------------------|----------------|-------------------------------|
| ② Neck | ⑧ Hand | ⑭ Upper leg (Thigh/Hamstring) |
| ③ Shoulders | ⑨ Chest/ribs | ⑮ Lower leg (Shin/Calf) |
| ④ Upper Arm (bicep/tricep) | ⑩ Abdomen | ⑯ Knee |
| ⑤ Lower Arm (forearm) | ⑪ Back (lower) | ⑰ Ankle |
| ⑥ Elbow | ⑫ Back (upper) | ⑱ Foot |
| | | ⑲ Other (Please |

Specify) _____

83. What was the type of injury? (Injury #2)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (Please Specify) _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage
- ⑱ Not otherwise

specified _____

84. What activity were you doing when this injury occurred? (Injury #2)

- | | |
|--|----------------------------------|
| ① Physical training (running for physical training)
Competition | ⑨ Combative training / Combative |
| ② Physical training (weight lifting for physical training) | ⑩ Obstacle Course |

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- ③ Other physical training **(Please specify)** _____
- ④ Lifting or moving heavy objects (not weight training)
- ⑤ Repairing or maintaining equipment
- ⑥ Riding or driving motorized vehicle (car, armored vehicles)
- ⑦ Moving in or around a stationary motor vehicle
- ⑧ Rough-housing or fighting
- ⑨ Sports/recreation (such as soccer, basketball)
- ⑩ Stepping up/climbing
- ⑪ Walking or hiking (not foot marching)
- ⑫ Foot Marching
- ⑬ Occupational injuries (job related tasks)
- ⑭ Other **(Please specify)**
- _____

85. What was the cause associated with your injury? (Injury #2)

- ① Burn (such as by fire, hot, substance or object, or steam)
- ② Contact (hit by/against) an object/surface (Please list) _____
- ③ Cut or puncture by a sharp tool, object or instrument
- ④ Direct contact by a person
- ⑤ Falling onto an object or surface or the ground
- ⑥ Impact from a blast
- ⑦ Overuse/repetitive activity
- ⑧ Single overexertion/over-extension/twisting effort
- ⑨ Tripping without falling
- ⑩ Other **(Please specify)**
- _____

86. When did your injury occur? (Injury #2)

- ① During duty hours
- ② Before or after duty hour

87. Have you been seen by medical or fitness professionals for your injury? (Injury #2)

- ① No **(Skip to question #90)**

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☐ Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ Medic	# Days
☐ Physician's Assistant (PA)	# Days
☐ Nurse	# Days
☐ Physician (Doctor)	# Days
☐ Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Physical Therapist (PT) (assigned to the Brigade)	# Days
☐ Physical Therapist (PT) (assigned to your Battalion)	# Days
☐ Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Occupational Therapist (OT) (assigned to your Battalion)	# Days
☐ Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Dietitian (RD) (assigned to your Battalion)	# Days
☐ Strength and Conditioning Coach	# Days
☐ Other _____	# Days

88. Were you placed on a medical profile by a medical professional for your injury? (Injury #2)

☐ No **(Skip to question #90)**

☐ Yes

89. How many total days were you placed on profile for your injury? (Injury #2)

Number of Days _____

90. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #2)

☐ Yes

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- ☐ ② Yes, and was placed into a profile PT class with other injured Soldiers
- ☐ ③ No, Continued with regular unit PT
- ☐ ④ No, but modified unit PT exercises to accommodate for my injury
- ☐ ⑤ I don't participate in unit PT

91. How many days was it before you began regular unit physical training again? (Injury #2)

Please specify number of days: _____

- ☐ ① I don't participate in unit PT

QUESTIONS ABOUT INJURY#3 (If no third injury, stop survey is complete)

92. Specify month injured as best you can (Injury #3)

- ☐ ① Jan ☐ ② Feb ☐ ③ Mar ☐ ④ Apr ☐ ⑤ May ☐ ⑥ Jun ☐ ⑦ Jul ☐ ⑧ Aug ☐ ⑨ Sep ☐ ⑩ Oct ☐ ⑪ Nov ☐ ⑫ Dec

93. How many days did you have this injury? (Injury #3)

- ☐ ① Still have this injury which has affected me for _____ days now
- ☐ ② This injury is now completely healed and lasted for _____ days

94. What was the primary body area injured? (Injury #3)

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- | | | |
|----------------------------|----------------|-------------------------------|
| ① Head | ⑦ Wrist | ⑬ Hip |
| ② Neck | ⑧ Hand | ⑭ Upper leg (Thigh/Hamstring) |
| ③ Shoulders | ⑨ Chest/ribs | ⑮ Lower leg (Shin/Calf) |
| ④ Upper Arm (bicep/tricep) | ⑩ Abdomen | ⑯ Knee |
| ⑤ Lower Arm (forearm) | ⑪ Back (lower) | ⑰ Ankle |
| ⑥ Elbow | ⑫ Back (upper) | ⑱ Foot |
| | | ⑲ Other (Please |

Specify) _____

95. What was the type of injury? (Injury #3)

Overuse Injury:

- ① Bursitis
- ② Overuse muscle pain
- ③ Runner's knee (pain around the knee cap)
- ④ Shin splint
- ⑤ Stress fracture or stress reaction
- ⑥ Tendonitis
- ⑦ Other overuse injury (**Please specify**) _____

specified _____

Traumatic Injury:

- ⑧ Bruise (Contusion)
- ⑨ Concussion
- ⑩ Dislocation
- ⑪ Fracture (broken bone)
- ⑫ Laceration (cut)
- ⑬ Nerve injury
- ⑭ Pain in a body part (not otherwise specified) _____
- ⑮ Sprained Joint
- ⑯ Strained Muscle
- ⑰ Torn meniscus/cartilage
- ⑱ Not otherwise

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96. What activity were you doing when this injury occurred? (Injury #3)

- | | |
|--|---|
| ① Physical training (running for physical training)
Competition | ⑨ Combative training / Combative |
| ② Physical training (weight lifting for physical training) | ⑩ Obstacle Course |
| ③ Other physical training (Please specify) _____
soccer, basketball) | ⑪ Sports/recreation (such as |
| ④ Lifting or moving heavy objects (not weight training) | ⑫ Stepping up/climbing |
| ⑤ Repairing or maintaining equipment | ⑬ Walking or hiking (not foot marching) |
| ⑥ Riding or driving motorized vehicle (car, armored vehicles) | ⑭ Foot Marching |
| ⑦ Moving in or around a stationary motor vehicle
tasks) | ⑮ Occupational injuries (job related |
| ⑧ Rough-housing or fighting | ⑯ Other (Please specify) |
-

97. What was the cause associated with your injury? (Injury #3)

- | | |
|--|--|
| ① Burn (such as by fire, hot, substance or object, or steam) | ⑥ Impact from a blast |
| ② Contact (hit by/against) an object/surface (Please list) _____ | ⑦ Overuse/repetitive activity |
| ③ Cut or puncture by a sharp tool, object or instrument | ⑧ Single overexertion/over-
extension/twisting effort |
| ④ Direct contact by a person | ⑨ Tripping without falling |
| ⑤ Falling onto an object or surface or the ground | ⑩ Other (Please specify) |
-

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98. Have you been seen by medical or fitness professionals for your injury? (Injury #3)

☐ No **(Skip to question #101)**

☐ Yes

Which type of medical or fitness professional did you see for your injury? (Select all that apply)	How many days did it take to see this medical or fitness professional from the time you requested an appointment or were referred?
☐ Medic	# Days
☐ Physician's Assistant (PA)	# Days
☐ Nurse	# Days
☐ Physician (Doctor)	# Days
☐ Physical Therapist (PT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Physical Therapist (PT) (assigned to the Brigade)	# Days
☐ Physical Therapist (PT) (assigned to your Battalion)	# Days
☐ Occupational Therapist (OT) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Occupational Therapist (OT) (assigned to your Battalion)	# Days
☐ Dietitian (RD) (assigned to the Hospital, Clinic, MTF)	# Days
☐ Dietitian (RD) (assigned to your Battalion)	# Days
☐ Strength and Conditioning Coach	# Days
☐ Other _____	# Days

99. Were you placed on a medical profile by a medical professional for your injury? (Injury #3)

☐ No **(Skip to question # 101)**

☐ Yes

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100. How many total days were you placed on profile for your injury? (Injury #3)

Number of Days _____

101. Did you temporarily stop attending regular unit physical training (PT) due to your injury? (Injury #3)

- ☐ ① Yes
- ☐ ② Yes, and was placed into a profile PT class with other injured Soldiers
- ☐ ③ No, Continued with regular unit PT
- ☐ ④ No, but modified unit PT exercises to accommodate for my injury
- ☐ ⑤ I don't participate in unit PT

102. How many days was it before you began regular unit physical training again? (Injury #3)

Please specify number of days: _____

- ☐ ① I don't participate in unit PT

103. When did your injury occur? (Injury #3)

- ☐ ① During duty hours
- ☐ ② Before or after duty hours

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Appendix H

After Action Report Captured by FORSCOM

Upon completion of the evaluation, all of the CSCSs, PTs, OTs, and RDs met to discuss their experience associated with the SRT2P. Focus groups were conducted with each team and by provider type. Focus group results, along with feedback from FORSCOM action team members, MEDCOM subject matter expert consultants, and pilot unit leadership were consolidated and summarized. Listed are the primary findings.

Leadership

1. Unit leadership perspective. Overall, unit leadership felt that the SRT Pilot improved unit readiness and was effective at initiating change to Army physical fitness culture. There was an overwhelmingly positive response from leadership and Soldiers with respect to interaction and services of pilot teams in the silver and gold battalions. The consensus was that, although difficult to measure and quantify, pilot teams made a positive impact on changing unit culture and Soldier attitudes regarding physical fitness training and medical availability. Subjectively, all felt that the impact of the pilot, and particularly for the GOLD battalions, will pay long-term dividends over the life of the Soldier and will impact future assignments/units of each Soldier. Leadership felt that emphasis should continue to be placed on the training program behind the SRT, not the test, in order for this initiative to succeed. The pilot highlighted the inability/ineffectiveness of units to develop physical training programs that are integrated, and more importantly synchronized, with the overall unit-training calendar and Mission Essential Task List (METL).
2. Leadership support, at the brigade, battalion, company, and squad/platoon levels, spanned the spectrum from directing dedicated pilot team time on training calendars to lack of leadership emphasis on the SRT program.
3. Unit leaders felt that the SRT was an appropriate assessment of maneuver elements' combat fitness capabilities. There were mixed opinions of Soldiers and leadership as to whether the SRT should replace, or augment, current Army physical assessments/tests (i.e., APFT, proposed ACFT).
4. Unit leaders felt that "CSCS knowledge and experience paid dividends, specifically in the profile/rehabilitative PT programs." As the pilot progressed, CSCSs fielded frequent inquiries from non-TSAC-F trained NCOs on how to get TSAC-F trained and certified. There was an overall desire for instruction provided by the CSCS on physical training from unit Soldiers and leadership.
5. Battalion commander should publicly introduce the enabler team to the unit and establish clear policy on his/her expectations for their use by Soldiers and leadership.
6. Unit leadership should institute processes to identify and track Soldiers with MSK injuries, those flagged for ABCP, and those within 3% of maximum allowable body composition standards.

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SRT2P Pilot Challenges and Lessons Learned

1. Short-term nature of pilot. NCOs were resistant to adopting and committing to a program that had an end-date (pilot duration of 6 months).
2. High operational tempo. Several units had extended field exercises and operational commitments that impeded foundational training and establishing a new physical training battle rhythm.
3. Competing doctrine. NCOs were resistant to adopting non-PRT training practices since PRT is still the program of record and is testable/executed at professional schools.
4. Lack of “ownership” of enablers. Pilot medical providers remained assigned to their parent organizations with “duty at” assignments to their designated SRT Pilot units. Overall, parent medical organizations did not task their SRT Pilot providers, though some were tasked to cover for emergency leave personnel and to assist with electronic health records program transition. During the pilot, SRT Pilot providers were still obligated to complete parent organization training requirements, as opposed to SRT Pilot unit training obligations, which took them out of the SRT Pilot unit footprints. Most units allowed or encouraged CSCS and pilot medical providers to participate and/or observe unit training events (e.g., marksmanship qualifications, gunnery, field exercises, etc.). Often, however, enablers were not included in logistics required to get them to the training events, making it difficult, if not impossible to participate and/or observe for some events.
5. Conflicting organizational culture. For the most part, unit physical training remained confined to traditional morning hours, which limited the number of Soldiers that could use pilot-provided functional fitness training equipment and enabler participation/observation of different training sessions.
6. Lack of single unit POC with daily interaction with team. No team had a single point of contact within the unit who saw what they did on a daily basis and kept the team in the loop with what was going on in the unit. Pilot team members were often not notified about unit activities or changes to the training calendar. There was no single leader in the unit for accountability nor who could evaluate the pilot team’s effectiveness.
7. Lack of pilot team overarching program. Team efforts were largely disconnected from the unit-training calendar and disjointed. By the time the team was able to get access to, and fully understand, the unit training calendar, it was too late in the pilot to develop and approach unit leadership with an overarching education and service plan that was synchronized with the unit’s training calendar and battle rhythm.

Physical Therapist

1. Unit acceptance and perception. Due to pre-existing brigade PT and USASOC positions, the role of the PT was clearly understood and they were well-received in the units. Reactive care role was more accepted by Soldiers and leadership than injury prevention role; they were viewed much more as clinicians than as educators. In particular, leadership fully supported time being dedicated to patient treatment, but were not usually willing to give up time on the calendar for prevention education and services. Though brigade Surgeons supported their efforts, they had little interaction with them. Battalion Physician Assistants (PAs) were generally good at making referrals to pilot PTs.

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2. Profile management is lacking at most units. PTs need to work with unit leadership early on to establish profile review boards.
3. PT role as educator is underutilized. PTs could contribute to unit readiness through education on exercise modification and profile management.
4. Now that they have worked more closely with OTs and RDs, they see a much bigger relationship between sleep and nutrition issues with rehabilitation outcomes. Based on these experiences, they are much more likely to make referrals to these other disciplines.
5. Without an enlisted extender, PTs were not plugged into the NCO lines of communication. Having a PT tech and/or dedicated medic working with them would go a long way towards reaching NCO leadership with education and visibility of services. These enlisted extenders are needed to execute PT developed treatment plans for chronic injuries. Unanimous consensus from PTs that they need cross-trained unit medics to assist them. However, NCO support as a tertiary duty creates continuity issues, particularly in regards to rehabilitation and reconditioning physical training program efforts.
6. Lack of equipment limited their ability to treat acute injuries. PT services at the unit level require well-defined equipment and supply procurement processes.
7. The use of the Medical Readiness Assessment Tool (MRAT) proved highly beneficial for allowing the PT to identify chronic and complex MSK patients. This recognition drove appropriate care pathways, and in some cases, facilitated physician MRDP assessments. The latency in MRAT data of eight weeks, however, limited its effectiveness in identifying real-time trends.

Occupational Therapist

1. Unit acceptance and perception. Soldiers, leadership, Pilot team members, and even the OTs themselves, did not understand the OT role at the beginning of the pilot. While positive cognitive training falls into the OT scope of practice and the military OT mission, the focus of OT training in both the military and the private sector generally remains focused on MSK injuries and activities of daily living, not cognitive training for non-rehabilitative physical training performance. When the mental aspect of OT services was considered, it was usually wrongly associated by Soldiers and leadership with behavioral health issues. As the pilot progressed, the OTs were able to redefine their mental skills value through education and services focused on sleep, stress management, and mental toughness. After working closely with other pilot team members, the OTs received more referrals for mental skills training and TBI issues. Mental toughness referrals from other pilot team members included alcohol issues, training motivation, awareness, and regulation of physiologic responses to stress, visualization, and goal setting. OTs benefitted greatly from other pilot team members referring and advocating for their services.
2. Education and services efforts. Major education topics included Upper Body Extremity (UBE) injury prevention, sleep strategies, stress management, and mental toughness. In practice, much of their education was done “on the fly” in short 15-20 minute blocks (e.g., in hallways, at morning PT, etc.) and they quickly learned that they could not structure everything. OTs found it difficult to teach complex mental skills in small blocks of time without first establishing a baseline knowledge and practice of the topics. They found that Soldiers and leadership were not very receptive to mental toughness education right up

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front. They felt that the requirement to always teach with another pilot team member was limiting (other team members were not always available when they wanted to teach). OTs felt that some Soldiers would have been more receptive to small group instruction, especially when directly applied to job performance (i.e., applying cognitive performance strategies to improve marksmanship with Soldiers on the range).

3. The lack of precedence and experience performing non-traditional OT roles within a multidisciplinary human performance optimization team limited their impact on unit readiness, especially for such a short duration pilot. Longer time embedded within multidisciplinary human performance optimization teams, and within units, is needed to improve OT effectiveness at increasing unit readiness. Future efforts need to clearly define the OT roles and responsibilities, particularly for non-rehabilitative physical performance optimization strategies, and the required KSAs to effectively fill those roles.
4. Due to the lack of emphasis on mental performance optimization strategies in current Army physical training programs, unit leadership needs to be educated on the effectiveness of mental skills training before they will dedicate time for education and services for mental skills training.
5. Even though most of the education they provided was informal and often spontaneous, there still needs to be a proactive, overarching plan for education. Task-specific performance related education and services were well-received (e.g., mental skills and nutrition for job performance, awareness and regulation of physiologic responses to stress to improve Soldier performance), while Soldiers seemed less interested in general health and fitness strategies (e.g., strategies to improve overall health and/or prevention of chronic illnesses).
6. Being visible and accessible to Soldiers and leadership (i.e., be a regular presence in their work spaces) facilitates teaching moments and shared understanding of the work environment.

Registered Dietitian (RD)

1. Unit acceptance and perception. Soldiers, leadership, and other pilot team members had little knowledge of RD duties or skill sets beyond food service and body composition management. It took several months of interaction to establish their roles in physical performance enhancement, injury prevention/recovery, dietary supplement use, and chronic disease prevention.
2. Army Body Composition Program (ABCP) efforts. Most units did not maintain up-to-date rosters of Soldiers flagged for ABCP and/or did not make them available to the RDs. Some unit leadership was not supportive of targeting education and services to Soldiers who were within 1-3% of exceeding Army body composition standards. Though some units made it mandatory for ABCP flagged Soldiers to attend education sessions provided by the RD, attendance was low due to lack of consequences for not attending. Additionally, many Soldiers flagged for ABCP were also flagged for other, often disciplinary issues, which further complicated efforts to decrease population of ABCP flagged Soldiers. Flagging of Soldiers for ABCP is often delayed due to perceived unit needs (i.e., need Soldier to stay focused on his/her job duties and not be distracted/discouraged by being flagged).

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3. Basic nutrition concepts need to be delivered in messages related to physical performance as opposed to longevity and chronic disease prevention. Soldiers and leaders lack this basic knowledge, but are uninterested unless it directly relates to physical performance in the context of mission accomplishment.
4. The association of noncompliance with body composition standards and/or complex or chronic MSK pain presentations with negative administration actions highlight the need for the medical teams to regularly communicate with first line supervisors to develop approaches that address both medical and non-medical root causes concurrently, as well as to form appropriate MRDP determinations earlier.

Human Performance Team Integration

1. Team members should be given ample time to meet with all company commanders, 1SGs, and platoon/squad leaders and to observe common unit activities as part of the unit needs analysis prior to developing any plan or delivering services and education. This will allow the team to gain an understanding of physical requirements, daily battle rhythm, and culture of each section.
2. Team members should be fully embedded within respective unit to include the expectation of deploying with the units. Team member skills should be used for sustaining combat power and performance enhancement in theater, in addition to improving unit readiness and enhancing physical training performance.
3. Units should provide a single POC in S-3 to coordinate physical training, education, and services with the training calendar and to be kept up-to-date on modifications to the training calendar.

Execution of Education, Services, and Training Programs

1. Physical training should be scheduled as a range would be, i.e., platoons/squads have designated times throughout the day dedicated to physical training and use of equipment lockers.
2. Soldiers with limitations should do physical training at the same time as the rest of their unit with modifications dictated by exercise regression/progression principles and developed/overseen by qualified CSCS and/or TSAC-Fs. This enhances esprit de corps, removes stigma and ambiguity, and provides transparency of profile and special population's physical training programs.
3. Team members should receive more in-depth training on organization and processes or operational units, how to integrate multi-discipline education and services, and how to develop overarching periodized plan that is synchronized with unit training calendar and operational tempo.
4. Team members should develop education modules for 15-, 30-, and 60-minute blocks, as well as multi-session series, for popular and priority topics.