



# NCC Pediatrics Continuity Clinic Curriculum: **Profiling for Active Duty Troops** *Faculty Guide*

## **Goals & Objectives:**

*Upon completion of this module, the learner should be able to:*

- a. Understand the importance of profiling as military medical officer
- b. Know when to use a “short-form” profile vs. a “long-form” profile
- c. Explain the MODS system and what it can do for an operational unit
- d. Recite the components of the Army’s PULHES system
- e. Understand the special circumstances of flight and dive medicine officers
- f. Relate the basic Air Force and Navy profiling terms

## **Pre-Meeting Preparation:**

*Please do the following:*

- Review the [presentation](#) on profiling from USU Family Medicine
- Read [Army Directive 2016-07](#) (Redesign of Personnel Readiness and Medical Deployability)
- Complete JKO training course DHA course #US063 “Healthcare Team Readiness Transformation Training”

## **Conference Agenda:**

- Complete short quiz

## **Extra Credit:**

- [Navy LIMDU instruction](#)
- [Navy Manual of the Medical Department](#)
- [Air Force 148-123: Medical Examinations and Standards](#)
- [DoD 6160.03 Medical Standards for Appointment, Enlistment, and Induction Log](#)
- [Army Standards of Physical Fitness \(AR 40-501\)](#)

## **Profiling Overview**

Writing accurate, understandable medical profiles is a needed administrative skill for military medical officers. Your professional judgement is needed to determine how long a servicemember needs to recover, what duties they can or cannot perform, and how they should be working while they recover. You also have an obligation to your unit to ensure safety in the deployed/garrison environment - that servicemembers are not performing activities that would put themselves or someone else at risk.

Please also understand that junior servicemembers have very little control over their activities and schedules. The medical advice that you could give a civilian with a sprained ankle (rest, activity as tolerated until complete recovery) you cannot give to a junior servicemember. You must be very specific in your advice. It is understood that you cannot predict exactly how long someone will take to recover, but you must use your medical judgement to help your unit maintain mission readiness. Please also be aware that you have an obligation to return servicemembers to work as soon as it is medically indicated (you do not want to be known as the “doctor who always gives out generous profiles”).

Understand that well-written, comprehensible profiles will save you a lot of time. If the unit leadership cannot understand your profiles they will either ignore them completely or come back to your office for your clarification. Your leadership and officership skills will be partly determined by the quality of the profiles that you write. Profiles are a personnel document, not a medical document. They are a means to communicate important medical restrictions or instructions to a servicemember’s chain of command.

### **Short-term conditions: “SIQ” – Sick in Quarters**

Medical providers may use a “sick call slip” for short-term condition or for restricting someone to quarters for a brief period. This is called a DD 689 in the Army/Air Force, NAVMED 6310/1 in the Navy. This can only be for conditions <7 days.

This is a very short form (see next page), so really should be used for simple instructions and short-term use only. This is not part of the medical record and should be considered a sick note.

<b>INDIVIDUAL SICK SLIP</b>		DATE
ILLNESS                      INJURY		
LAST NAME - FIRST NAME - MIDDLE INITIAL OF PATIENT		ORGANIZATION AND STATION
SERVICE NUMBER/SSN	GRADE/RATE	
UNIT COMMANDER'S SECTION		MEDICAL OFFICER'S SECTION
IN LINE OF DUTY		IN LINE OF DUTY
REMARKS	DISPOSITION OF PATIENT	DUTY                      QUARTERS
	SICK BAY NOT EXAMINED	HOSPITAL OTHER ( <i>Specify</i> ):
	REMARKS	
SIGNATURE OF UNIT COMMANDER		SIGNATURE OF MEDICAL OFFICER

**DD FORM 689, MAR 63**

PREVIOUS EDITIONS ARE OBSOLETE.

Reset

Adobe Professional 7.0

## ARMY Profiling

Any conditions anticipated to last >7 days now must be documented through the e-profile system. E-profile is a module accessible through MODS (Military Operational Data System). As an Army brigade surgeon and part of a deployed unit you will use MODS on a daily basis. MODS covers issues like profiles, immunizations, medication, and many other issues. It is accessed by health care providers, medics, and unit leadership.

## PULHES (Army Profiling, continued)

This is the Army physical profile system. Each letter stands for a domain of health and is assigned a score from 1 to 4.

- **P—Physical Condition.** Normally includes conditions of the heart; respiratory system; gastrointestinal system, genitourinary system; nervous system; allergic, endocrine, metabolic and nutritional diseases; diseases of the blood and blood forming tissues; dental conditions; diseases of the breast, and other organic defects and diseases that do not fall under other specific factors of the system
- **U—Upper extremities.** Concerns the hands, arms, shoulder girdle, and upper spine (cervical, thoracic, and upper lumbar) in regard to strength, range of motion, and general efficiency
- **L—Lower extremities.** Concerns the feet, legs, pelvic girdle, lower back musculature and lower spine (lower lumbar and sacral) in regard to strength, range of motion, and general efficiency
- **H—Hearing and ears.** Auditory acuity and disease and defects of the ear
- **E—Eyes.** Visual acuity and diseases and defects of the eye
- **S—Psychiatric.** Personality, emotional stability, & psychiatric diseases

Codes are as follows:

- 1 – no limitations
- 2 – some limitations
- 3 – significant limitations
- 4 – very significant disability

Certain military occupational specialties require a minimum profile. For example, a cavalry scout requires a physical profile of 111121 or better, indicating that the soldier may wear glasses (a "2" in the E category) but otherwise be fully fit in the other categories.

# NEW PHYSICAL PROFILE (DA FORM 3349)

<b>PHYSICAL PROFILE RECORD</b>										
The proponent agency for this form is the Office of the Surgeon General										
<b>SECTION 1: SOLDIER INFORMATION</b>										
1. NAME (Last, First, Middle Initial) Doe, John, S			2. RANK COL		3. DoD ID NUMBER 123-45-6789-1		4. COMPONENT COMPO 3 (Reserve)		5. CURORG J	6. UIC WSBWA0
7. UNIT, ORG., STATION, ZIP CODE OR APO, MAJOR COMMAND 94 <sup>th</sup> CSF (A. Co.), N. Little Rock, AR 72118, 807 <sup>th</sup> MDSC)							8. AOC/MOS/SQI/JOB/TITLE 66H/Med Surg Nurse/Clinical Head Nurse			
<b>SECTION 2: PERMANENT PROFILE</b>										
9. REASON FOR PROFILE: (In Lay Terminology)		10.			11. PROFILE CODES		12. PROFILING PROVIDER	13. APPROVING AUTHORITY	14. DATE	
<b>High blood pressure</b>		2					Smith, M MD	Tom, H MD	02022016	
<b>Hearing Loss</b>					3 W		Field, S MD	Tom, H MD	12202015	
<b>Low back pain</b>		2					Craig, M MD	Tom, H MD	05152004	
<b>COMBINED PULHES</b>		2 1 2 3 1 1								
<b>SECTION 3: ACTIVE TEMPORARY PROFILE(S) AS OF:</b>										
15. REASON FOR PROFILE: (In Lay Terminology)		16. SEVERITY	17. MECHANISM OF INJURY		18. DUTY STATUS	19. EXPIRATION DATE	20. DAYS ON PROFILE	21. PROFILING PROVIDER		
Ankle pain		Severe	Sports		AD	02122016	10	Smith, M MD		
Shoulder pain		Moderate	Training		AD	03012016	40	Smith, M MD		
Thumb pain		Mild	Off-Duty Activities		AD	03022016	30	Field, S MD		
22. TOTAL DAYS ON TEMPORARY PROFILE IN THE LAST: 12 MONTHS: <u>10</u> 24 MONTHS: <u>40</u> DATE: <u>02022016</u>					23. IS SOLDIER AVAILABLE TO TAKE RECORD APFT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF "NO", ANTICIPATED APFT AVAILABILITY DATE: <u>03022016</u>					
<b>SECTION 4: FUNCTIONAL ACTIVITIES</b>										
24. A SOLDIER MUST BE REFERRED TO THE DISABILITY EVALUATION SYSTEM (DES) IF THERE IS AT LEAST ONE PERMANENT (P) "3" IN THE PULHES AND LIMITATION(S) NOTED IN THE FUNCTIONAL ACTIVITIES. TEMPORARY (T) LIMITATIONS DO NOT CAUSE REFERRAL TO DES. INDICATE THOSE ACTIVITIES THAT THE SOLDIER CANNOT PERFORM BY PLACING AN "N" IN THE APPROPRIATE COLUMN(S).										
								P	T	
a. Physically and/or mentally able to carry and fire individual assigned weapon?									N	
b. Ride in a military vehicle wearing usual protective gear without worsening condition?										
c. Wear helmet, body armor, and load bearing equipment (LBE) without worsening condition?									N	
d. Wear protective mask and MOPP 4 for at least 2 continuous hours per day?										
e. Move greater than 40 lbs. (e.g. duffle bag) while wearing usual protective gear (helmet, weapon, body armor, LBE) up to 100 yards?									N	
f. Live and function, without restrictions in any geographic or climatic area without worsening condition?										
25. ADDITIONAL PHYSICAL RESTRICTIONS (CHECK IF APPLICABLE)										
<input checked="" type="checkbox"/> a. LIFTING/CARRYING RESTRICTION: MAXIMUM WEIGHT RESTRICTION: Permanent: <u>40</u> lbs. Temporary <u>20</u> lbs.										
<input checked="" type="checkbox"/> b. STANDING LIMITATION: Permanent: <u>0</u> min Temporary <u>60</u> min										
<input checked="" type="checkbox"/> c. MARCHING WITH STANDARD FIELD GEAR: Permanent: Time: _____ min / Distance: _____ mi   Temporary: Time: <u>0</u> min / Distance: <u>0</u> mi										
26. MEDICAL/ADMINISTRATIVE BOARD STATUS: MEB MAR2 Complete ND-PEB (USAR/ARNG ONLY)										
<b>SECTION 5: MEDICAL INSTRUCTIONS TO UNIT COMMANDER (PERMANENT RESTRICTIONS LISTED IN BOLD TYPE)</b>										
27.										
<p><b>Soldier needs to maintain a 90-day supply of his medication. This Soldier has a permanent hearing loss that requires him to maintain his hearing aids and a 6-month supply of batteries. A comprehensive evaluation has determined that the Soldier may have hearing difficulties, especially in noise.</b></p> <p><b>Commanders should be aware of this limitation and ensure the Soldier's hearing capability does not interfere with assigned tasks. Recommend fitting with tactical earplugs or tactical communication and protection system (TCAPS) for training and deployments. Refer to the installation Army Hearing Program manager for mission-specific recommendations. Adherence to these recommendations will minimize the likelihood that the Soldier will sustain further hearing loss.</b></p> <p>Soldier may not stand for more than 60 minutes for the next 10 days, load-bearing limitation to 20 pounds for the next 10 days. Soldier may not lift more than 20 pounds for the next 21 days. Soldier must complete his assigned exercises three times a day.</p>										

NAME: Doe, John, S      RANK: COL      DoD ID NUMBER: 123-45-6789-1      DATE: 02022016

CONTINUATION (From page 1, Section 5)

**SECTION 6: ARMY PHYSICAL FITNESS TEST (SEE FM 7-22)**

28. APFT EVENT	P		T		29. ALTERNATE APFT (Only if Soldier is unable to do APFT 2 mile run)	P		T	
	YES	NO	YES	NO		YES	NO	YES	NO
2 MILE RUN		X		X	APFT WALK	X			X
SIT-UPS		X		X	APFT SWIM	X			X
PUSH-UPS	X			X	APFT BIKE	X			X

**SECTION 7: PHYSICAL READINESS TRAINING CAPABILITIES**  
(SEE FM 7-22; ACTIVITIES RELATED TO PERMANENT CONDITIONS ARE IN BOLD TYPE)

30.

**RESTRICTED:** No running, jumping, lifting or Military Movement Drills. No combatives. Conditioning Drill 1: No Power Jump or V-Up. No Heel Hook or Leg Tuck. Load bearing: No foot march or movements with body-armor/ruck. No standing in gear. Walk at own pace and distance not to exceed 15 minutes. Must be able to maintain 3mph without pain or limp, otherwise must use Endurance Training Machine. Shoulder Stability Drill, Push-Up/Sit-Up Drill, Overhead Arm Pull.

**MODIFIED\*:** Preparation Drill, Conditioning Drill 1 (Mountain Climber, Leg Tuck and Twist, Modified Push-Up). May perform crunches. Strength Training Machines/ Free Weight Training: at own weight and tolerance\*\*. Endurance Training Machines: Elliptical. Swim at own tolerance\*\*\*. Climbing Drill 1 (Straight- Arm Pull, Pull-Up, Alternating Grip Pull-Up). 4 for the Core, Hip Stability Drill, Recovery Drill.

**STANDARD:** Preparation Drill: Forward Lunge. Endurance Training Machines: Bike, Upper Body Cycle. Recovery Drill:

\*Soldier may modify these activities and the movements required to reach the starting position in accordance with Ch 6, FM 7-22.

\*\*When performing Strength Training, must ensure that the position or movement does not strain the spine. Climbing Drill: must execute caution when mounting and dismounting the bar; if spotters are not able to safely assist or if the Soldier has to jump down to the ground, this activity should be restricted and not performed.

\*\*\*May participate in approved aquatic rehabilitation program.

Soldier will be placed in Level 1 (gym-based) or Level 2 Reconditioning Program according to entry and exit criteria in Ch 6, FM 7-22.

Soldier should perform injury specific exercises as prescribed by the medical provider during unit Physical Readiness Training.

Additional Physical Readiness Training RESTRICTIONS:

- No Guerrilla Drill
- No Obstacle Course
- No Conditioning Drill 2 and 3

**SECTION 8: UNIT COMMANDER**

31. COMMANDING OFFICER:  Digital Signature 12345678	32. DATE:  02022016
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**The following are some key changes in the new profile system:**

- All temporary profiles >14 days will be recorded and tracked in E-profile and MODS
- There is no automatic recovery period after profile expiration to next physical fitness test. If you want the soldier to have recovery time you must write it into the profile
- Profiles will go automatically to the commander via MODS (if admin data is correct)
- They are medical **instructions** (no longer medical recommendations)

**Examples of good duty limitations or bad duty limitations**

<b>Appropriate Limitations</b>	<b>Overly Restrictive</b>
Requires 8 consecutive hours of sleep in a 24 hour period	SM can only work from 9 to 5 or SM stats work at 1000
No weapons	No 24 hrs duty

Any permanent profile with a ‘3’ or ‘4’ must be reviewed by a MEB/MAR2 (MOS Administrative Retention Review Board) in addition to a signature from a certifying authority to see if the person can be retained on active duty.

Profiles are assumed to be *temporary* if not specified as temporary along with a date. The maximum length of a temporary profile is **12 months** and the patient must be **re-evaluated every 3-6 months**. Permanent profiles will need to be reviewed and signed by your medical chain of command.

The new MRAT (Medical Readiness Assessment Tool) will be giving commanders info on 12 different trends for each soldier (BMI, tobacco use, missed appts) and will also give a unit assessment (number of temp profiles)

**Navy Profiling**

*Temporary Limited Duty: (TLD)*

- Documented period of medically restricted duty, in consideration of a patient’s illness, injury, or disease process.
- Most appropriate only for Sailors whom a return to medically unrestricted duty status is anticipated.
- The Convening Authority of a Medical Treatment Facility (MTF) has the authority to authorize up to twelve months of TLD for enlisted Sailors. Any additional TLD **MUST** be submitted for approval to Navy Personnel Command (PERS-454)

# ABBREVIATED MEDICAL EVALUATION BOARD REPORT

## SECTION 1: CLINICAL INFORMATION (TO BE COMPLETED BY MEDICAL OFFICERS)

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_ Patient SSN: \_\_\_\_\_

Proposed start date for limited duty: \_\_\_\_\_ Proposed end date ( $\leq 6$  months): \_\_\_\_\_

This period of limited duty is for: (Select one)

- 1st LIMDU ( $\leq 6$  months) Enlisted ADSM (no referral to service headquarters necessary).
- 2nd LIMDU ( $\leq 6$  months) Enlisted ADSM (no referral to service headquarters necessary). Note that the first and second TLD periods cannot exceed 12 months cumulatively from the date of the first TLD period.
- 1st LIMDU ( $\leq 6$  months) Officer ADSM (referral to service headquarters necessary).
- 2nd LIMDU ( $\leq 6$  months) Officer ADSM (referral to service headquarters necessary).
- 3rd or subsequent LIMDU periods on Navy and Marine ADSM involving a distinctly different condition than that responsible for the first and second TLD periods (for referral to service headquarters for "departmental review").
- Placement on LIMDU - if the patient is not already in a LIMDU status - at the same time the patient's case is referred to the physical evaluation board for adjudication.

Diagnosis: (1) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_  
(2) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_  
(3) \_\_\_\_\_ ICD-9 CM Code \_\_\_\_\_

Circumstances of injury/illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Treatment plan:

\_\_\_\_\_  
\_\_\_\_\_

Limitations from full duty (including whether transfer/TEMU for treatment is indicated, and any PRT limitations):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed MEB Member Name and Signature/Date

Printed MEB Member Name and Signature/Date

Printed CA Name and Signature/Date

## SECTION 2: PATIENT INFORMATION, TO BE COMPLETED BY PATIENT

I have received full information on the proposed Limited Duty period from my provider. I understand that this period of limited duty is not effective until approved by the MTF Convening Authority, and that the MTF will report this LIMDU action to my parent command. I understand I may be returned to duty prior to the date appearing above as my clinical condition warrants and upon action by my attending provider.

\_\_\_\_\_  
Patient Signature/Date

## SECTION 3: TO BE COMPLETED BY PATIENT ADMINISTRATION OFFICER/MEDICAL BOARDS OFFICER

The following actions have been completed:

- Completion of Patient Information Sheet
- Notification to PSD/Personnel Office
- LODD Requested from Parent Command (if LODD required)
- Entry into MedBOLTT
- Briefing to Patient on Limited Duty/MEBs
- Notification to MTF LIMDU Coordinator
- Notification to Parent Command

\_\_\_\_\_  
Patient Administration Officer/Medical Boards Official Printed Name, Signature, and Date

**ROUTING:** Original to Patient Health Record, copies to Patient, Parent Command, PSD, MEBR Case File, and PERS-4821 or MMSR-4

NAVMED 6100/5 (Rev. 08-2004)  
PREVIOUS EDITIONS OBSOLETE



### *Permanent Limited Duty (PLD)*

- PLD is defined as a need for a service member's skill or experience that justifies the continuance of that service member on active duty in a limited assignment; the service member may be retained on active duty or in active status for a specified period of time. Each case is individually considered, and the member's length of service is not controlling in PLD decisions. PLD will not be approved when retention in a PLD status would jeopardize the member's health or safety, or that of others

## **Flight and Dive Medicine (Navy profiling, continued)**

There are very specific reasons why these specialties exist. Be aware that common medications, even over-the-counter varieties, will often be a contraindication to full duty. Refer all questions on these patients to a certified flight or dive officer.

## **Air Force Profiling**

### *Duty-Limiting Condition (DLC)*

- Completed on AF Form 469 in ASIMS, define Duty Restrictions (DR)
- Definite endpoint (Cannot be entered for longer than 365 days)
- Expectation is that the condition will improve or resolve
- Need to include verbiage about what the member cannot do
- Need to include fitness restrictions (FR) (pushups, situps, running/walking, abdominal circumference)
- Commander must approve (can deny!!)
- Does not lead directly to a MEB\*
  - \*However, 365 cumulative days of profile for same condition will require referral to DAWG (Deployment Availability Working Group) at your local MTF
  - \*Certain conditions/diagnoses will automatically require MEB (Cancer, Asthma, OSA, Diabetes, etc.)

### *Mobility-Limiting Condition (MLC)*

- Completed on AF Form 469 (Check Mobility-Limiting box)
- Indefinite or Definite endpoint for Mobility Restrictions (MR)
- Condition may NOT improve or resolve
- Associated with specific diagnosis
- NOT worldwide qualified
- MR required to be checked if:
  - Cannot run at least 100yds, Carry up to 40lbs or live in austere environment
- Will likely lead directly to a MEB\*
  - \*Pregnancy is mobility restricting, but does not lead to an MEB

### DUTY LIMITING CONDITION REPORT

Name (Last, First MI) [REDACTED]		RANK [REDACTED]	DATE [REDACTED]
SSAN [REDACTED]	MAJCOM / INSTALLATION Andrews AFB (AFDW)	Squadron / Unit Of Assignment AFELM MED USUHS	
Squadron E-Mail Address bonnie.sanchez@usuhs.edu;brian.andrews-shigaki@usuhs.edu;kevin.glasz@usuhs.edu;leanne.donathan@usuhs.		Duty Telephone: <input type="checkbox"/> DSN [REDACTED] <input checked="" type="checkbox"/> Commercial	
<b>HEALTH CARE PROVIDER'S MEDICAL RECOMMENDATION FOR THE SQUADRON COMMANDER</b>			
<input checked="" type="checkbox"/> DUTY RESTRICTIONS	<input type="checkbox"/> MOBILITY RESTRICTIONS	<input type="checkbox"/> 49 / 81	

**PHYSICAL LIMITATIONS / RESTRICTIONS (DO NOT include medical condition or diagnosis)**

No repetitive high impact activities to lower extremities for more than 100 yds  
 No high impact walking more than 500 yds  
 These limitations expire [REDACTED]

**Fitness Assessment Exemption**  
 May Not Perform: 1.5 mile Run, 1 mile Walk  
 May Perform: Sit-ups, Push-Ups, AC Measurement  
 These Exemptions expire: [REDACTED]

IAW AFI 10-203, member is required to report any change in medical condition to the Primary Care Manager

Release Dates: 31                      37                      81                      MR                      DR                      FR

Name and Grade of Health Care Provider [REDACTED]	Signature This form has been reviewed by the signatories indicated and verified by PIMR	Today's Date [REDACTED]
<input type="checkbox"/> 31 (ILLNESS OR INJURY WILL BE RESOLVED WITHIN 31-365 DAYS)	<input type="checkbox"/> 37 (MEDICAL DEFECT/CONDITION REQUIRES MEB OR PEB PROCESSING IAW AFI 41-210)	
Force Health Manager [REDACTED]	Signature This form has been reviewed by the signatories indicated and verified by PIMR	Today's Date [REDACTED]
Profile Officer Review	Signature This form has been reviewed by the signatories indicated and verified by PIMR	Today's Date

**Short Quiz** The residents should open AR 40-501 and search for the answers using the 'find' feature of adobe.

1. An adolescent with severe acne wants to enlist. He is on Accutane and complying with the iPledge program. Can he enlist? **He is disqualified until 8 weeks after completion of Accutane therapy [AR 40-501 2-28(a)]**
2. At what age do the following conditions need to resolve by in order to enlist or be commissioned in the Army? (hint: check out Chapter 2 of AR 40-501)
  - a. Eczema **9 yrs [2-28.b]**
  - b. Asthma **13y [2-23.d]**
  - c. Enuresis **13y [2-27.h(1)]**
  - d. Seizures **6y [2-26.j] or seizure free for 5 yrs w/normal EEG**
  - e. Sleepwalking **14y [4-23.e] or 13y[2-27.h(2)]**
  - f. Eating Disorder **13y [2-27.h(3)] or 2-15.c**
3. What are some medical conditions appropriate for DD 689?  
**Mild URI, gastroenteritis, sinusitis**
4. What are some medical conditions appropriate for E-profile?  
**Ankle sprain that may take weeks to recover, behavioral health issues**
5. What is the nickname for a profile of 111111? **Picket Fence**