



Regional Newsletter

Dedicated to enhancing the exchange of information within the region

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THOUGHT FOR THE DAY

People may not remember exactly what you did, or what you said, but they will ALWAYS remember how You made them FEEL."
-- Author Unknown

TRICARE SOUTH HAS NEW DIRECTOR

Mr. William H. Thresher is the new director of TRICARE Regional Office (TRO) – South. As the regional director, he is responsible for the management and performance of the multi-billion dollar TRICARE contract that serves more than 2.8 million beneficiaries in the 10-state South Region. He also has visibility of both contract and direct care assets and coordinates with all the military Services to develop an integrated health plan.



**Mr. William H. Thresher,
Director, TRO-South**

“I am extremely honored and excited to be working with the men and women of the South regional office. As we move forward, I look forward to being able to anticipate challenges and proactively formulate better solutions,” said Thresher of his new position as Director of TRICARE’s South Region. “By working with the combined expertise of the South staff, along with the other regional offices and the TMA staff, I am confident we can continue to improve the TRICARE health benefit to be the absolute standard for all other health plans.”

His priorities for the region are:

1. **System Integration:** To contribute to the more effective and equitable delivery of the superb TRICARE benefit, by working toward better integration of the two major elements of our healthcare system, direct care and purchased care. The seams between these programs contribute to higher than necessary costs and detract from system transparency and access to high quality care. He feels the answer to this issue is effective joint business planning between the services medical departments, the regional TRICARE offices, and the regional managed care support contractors—driven by proper financial and outcomes incentives as a condition of business.
2. **Value Management:** Controlling the growing costs of healthcare is obviously important, and increasing costs are a challenge to all. But the value equation for health care is about more than a one dimensional focus on costs. To improve cost control efforts within military medicine, we must improve beneficiary education and pay substantially more attention to outcomes and prevention. Investments in prevention will pay substantial dividends in cost control and improve our support of the military readiness mission as well. So, in addition to careful management of our contracts to ensure optimal performance, we must build healthcare outcome-based incentives which promote prevention and encourage healthy lifestyles.
3. **Improved Beneficiary Satisfaction:** Improved system-wide satisfaction is critical, to include all of our stakeholders, in addition to our beneficiaries. We must do better at strategically communicating our program accomplishments. We must improve our work at educating our beneficiaries and other stakeholders in order to create more informed and savvy partners who are more invested in their own healthy outcomes and better prepared to utilize the military health system benefit available to them.



Back Row:(L-R): Mr. Bo Matherly, MSgt Patrick Holena, Dr. Paul Webb...**Front Row:** (L-R): SrA Dexter Raflares, TSgt Michael Rountree, Maj Weilun Hsu

A SALUTE TO: MAXWELL AFB OPTOMETRY CLINIC

Vision ready is mission ready! This isn't just a slogan for the Optometry Clinic at Maxwell AFB - it is a solemn commitment and source of pride. With this guiding focus and the attitude that anything is possible, the clinic has been extremely successful in taking care of their patient population while simultaneously exceeding productivity goals.

As the primary eye care provider for Air University, the 42d Air Base Wing, and 33 associated and geographically separated units, the Maxwell Optometry Clinic provides service for over 40,000

beneficiaries. In addition to providing primary eye care, they also support aviator vision programs, the Air Force Refractive Surgery and vision readiness programs. The clinic implemented several unique time-saving initiatives that allowed them to consistently remain in the top tier of the Air Force Optometry Service for efficiency and value of eye examinations.

Over the last 24 months, the clinic struggled with 50 percent optometrist staffing. Despite this shortfall, the clinic did not curtail any services. Instead, they used a combination of modern technology and dedicated professionals to continue to provide services to all TRICARE Prime patients, while maintaining support for the Air Force Refractive Surgery Program. To accomplish this goal, the clinic restructured patient flow and instituted changes that expanded the role of a very talented cadre of paraoptometric technicians.

The clinic adopted a "U" shaped flow for patients where they enter one door of the clinic and constantly progress around the "U" until they eventually exit another door. This flow allows a consistent pattern for every patient. Patient status is easily tracked by the paraoptometrics and allows any technician to assist at any point during the examination. The clinic also implemented a two exam room setup for the optometrist that allowed maximum productivity by eliminating time lost to exam room turnover.

When the clinic finally secured an additional provider in October 2008, the efficiencies gained during the manning shortage generated tremendous benefits for their patient population. By keeping the same procedures in place, the clinic continues to offer services to all TRICARE Prime beneficiaries and does so with excellent access. Same day or next day appointment availability has been the norm for quite some time. With this additional capacity, the clinic expanded its refractive surgery service to other Air Force bases and patients have come from as far away as South Carolina to have their initial evaluation.

Through innovation and creative problem solving, the Maxwell Optometry Clinic provides services in a highly efficient and effective manner, while consistently earning high praise from their patients.

HAVE A PERSON OR PROGRAM YOU WOULD LIKE TO RECOGNIZE?

The purpose of the "SALUTE TO..." section is to enhance awareness of special interest items, best business practices, exceptional staff members, and/or unique or successful programs within our region. There is always someone who has an interesting story or background to share; someone who has done something that is noteworthy, exceptionally important or has been awarded an honor of distinction. Special programs that have proven to be successful or recognized as a best business practice should also be considered for recognition and shared with others. You can also submit an article about your specific MTF (history, accomplishments, mission, etc.) Please include a picture (jpeg format) to go along with any article submitted.

We hope the "Salute To" portion of the newsletter enlightens our MHS staff within the region with stories that are motivational and interesting. If you have any questions, please feel free to call DSN 554-3278 or commercial (210) 292-3278. Submissions can be sent directly to janet.hudson@tros.tma.osd.mil.

2009 TRAINING, MEETINGS & CONFERENCES

TIP AD HOC AND TIP ONLINE TRAINING

The 2009 training schedule is listed below. Please make sure that all attendees scheduled for training sessions meet the criteria (outlined in the contract) to attend and have requested TIP access in advance of their training date.

TIP Ad Hoc attendees are limited to two per MTF/MMSO and are those staff identified in the MTF's MOU.

TIP Online attendees are personnel that serve in a BCAC or HBA capacity. You may have more than two per facility for the Online course, but they must function as a BCAC or HBA. If you have any questions, please email janet.hudson@tros.tma.osd.mil or call (210) 292-3278/DSN: 554-3278.

TIP Ad Hoc: 8:30 - 4:30 (one-day class)

22 Apr 09—San Antonio, TX

22 Jul 09—Augusta, GA

14 Oct 09—San Antonio, TX

TIP Online: 8:30 - 11:30 (half-day class)

23 Apr 09—San Antonio, TX

23 Jul 09—Augusta, GA

15 Oct 09—San Antonio, TX

TRICARE SOUTH FUNDAMENTALS COURSE DATES

12-14 May 09—Orlando, FL

14-16 Jul 09—Nashville, TN

20-23 Oct 09—San Antonio, TX

For more information and registration, please visit our webpage at <http://www.tricare.mil/trosouth/Training.cfm>.

ONGOING TRAINING AND COURSES

TRICARE Data Quality Training Courses: For more information, go to:

<http://www.tricare.mil/ocfo/mcfs/dqmcp/training.cfm>

TRICARE Financial Management Education Program (TFMEP) Courses: For more information, go to:

<http://www.tricare.mil/ocfo/privatesector/tfmep/index.cfm>

TRICARE University, TMA Reporting Tools, and TRICARE Briefing Materials: For more information, go to:

<http://www.tricare.mil/training/index.cfm>

Working Information Systems to Determine Optimal Management (WISDOM) Training Courses: For more information, go to: <http://www.tricare.mil/ocfo/bea/wisdom.cfm>



WHMC USES ECMO TO SAVE LIFE OF BABY

- Submitted by 59 MDW Public Affairs

A team from Wilford Hall Medical Center rushed to Temple, Texas, Feb. 9 to save the life of a critically-ill baby.

An 8-month old little girl was suffering from respiratory failure at Scott and White Hospital in Temple. Despite the efforts of the medical team there, she was near death and her doctors felt she needed to be placed on extracorporeal membrane oxygenation, or ECMO, to survive.

ECMO is a machine that provides cardiac and respiratory support to patients whose heart and lungs are so severely diseased or damaged that they can no longer serve their function. The Temple hospital did not have pediatric ECMO capability and the child was too unstable to be moved prior to being placed on ECMO support.

Wilford Hall was the only medical center with an ECMO team capable of reaching the child in time to place her on ECMO and move her to an ECMO center for the remainder of her care. The Air Force team traveled to Temple on Feb. 9, placed the baby on ECMO, and transported her to Christus Santa Rosa in San Antonio on Feb. 10.

"The mission went very smoothly and the infant was transported by ground without difficulty," said Maj. (Dr.) Melissa Tyree, director of ECMO transport services at Wilford Hall. "Although she continues to have a long road to recovery, she is currently much improved and stable on ECMO. Her parents and the Scott and White medical team were very thankful for our efforts."

Wilford Hall is the only medical center in the Department of Defense with ECMO capability and the only long-distance ECMO transport option in the world.

TRICARE TRANSPARENCY WEBSITE

As part of the Presidential Mandate for Transparency of Healthcare Data, the TRICARE Management Activity initiated the web site <https://www.mhs-cqm.info> specifically for clinical quality management and visibility.

The web site provides valuable information for those involved in clinical quality including clinical practice tools, studies, education and free CEUs/CME, quality initiatives, quality directives, MTF performance on national measures, a quarterly newsletter, and links to the Joint Commission Quality Check, the DoD Patient Safety Program and Center for Medicare & Medicaid Services' Hospital Compare.

There is a host of clinical quality information within the Direct Care system and on a national level that is open to the public. Access to parts of the web site require approval granted through the Office of the Chief Medical Officer, based on the requestor's job duties, roles, and need to know.

FORT STEWART HOSTS BEHAVIORAL HEALTH PROVIDER MEET AND GREET

- Provided by Winn Army Community Hospital Public Affairs Office

The 3rd Infantry Division, Winn Army Community Hospital, Humana Military Healthcare Services (Humana Military), ValueOptions, and more than 50 regional civilian behavioral health providers participated in the first annual Behavioral Health provider collaboration event Feb. 20 at the Hunter Club.

The purpose of the event was to inform civilian mental health providers of general behavioral health resources and some current stressors on soldiers and their family members. It also helped to strengthen and enhance the civilian and military relationship in the behavioral health area.

“This is a collaboration to help take care of the most valuable resource - the military family, soldiers, veterans and retirees,” said Maj. (Dr.) Christopher Warner, Chief of the Department of Behavioral Medicine at Winn Army Community Hospital.

“The conference brought together civilian mental health partners who are taking care of our families, our soldiers and our veterans within the area of Savannah and Hinesville,” said Warner. “We really are one team,” said Col. John Collins, Winn Army Community Hospital Commander. “We are all in this together and we want to share information with you and some insights from our military healthcare providers as to what we are seeing so we can all be on the same page in caring for our soldiers and family members.”

One area of focus during the conference was suicide prevention and the importance of seeking help either through primary care physicians, chaplains, or behavioral health professionals.

“It is a sign of moral courage for you to step forward and say ‘I need help,’” said Maj. Gen. Tony Cucolo, 3rd Infantry Division Commanding General. “As we reduce the [behavioral health] stigma of those wearing the Army Combat Uniform, I think it’s also going to reduce the stigma in the community as we talk about it.”

“We need to make sure the behavioral health care for our Soldiers and Family Members is accessible, professional and gives them progress,” said Cucolo.

BEHAVIORAL HEALTH RESOURCES IN THE SOUTH REGION

Humana Military has partnered with ValueOptions to provide assistance to TRICARE South Region active duty service members and their enrolled family members in locating a behavioral health provider and scheduling urgent and routine outpatient behavioral health appointments with TRICARE providers in the community. For assistance, call 1-877-298-3514. Representatives are available Monday-Friday, 8AM-7PM ET, excluding federal holidays. If you need TRICARE behavioral health information regarding access, the health benefit, or any other general behavioral health inquiries call 1-800-700-8646.

Additional Behavioral Health Resources provided by www.humana-military.com include Achieve Solutions. Achieve Solutions is an online resource, available in both English and Spanish, filled with educational information and content regarding behavioral health, EAP, and work/life issues. The site contains more than 6,000 articles covering 200 different topics, such as Anxiety, Health and Wellness, Relationships, Depression and more. To help ensure confidentiality, TRICARE beneficiaries are able to access this secure resource without requiring a password or user ID. www.achievesolutions.net/tricaresouth.

CIVILIAN PROVIDERS CAN EARN CEUs ON PTSD/TBI TOPICS

Civilian providers can now earn 17 Continuing Education Units in Post Traumatic Stress Disorder & Traumatic Brain Injury with a pilot training program offered by TMA. Direct care providers can take advantage of this opportunity through their existing MHS Learn Accounts. The courseware is a response to the BH Task Force Recommendations to develop a plan & materials to educate civilian primary/ mental health providers on combat care issues related to military experiences. The new civilian provider portal can be accessed at <http://www.health.mil/civilianprovidereducation>.

THE 'CENTERING PREGNANCY PROGRAM' AT REYNOLDS ARMY COMMUNITY HOSPITAL

- Submitted by Reynolds Army Community Hospital, Marketing Office

Reynolds is excited to announce their new Centering Pregnancy Program. This is a new way for pregnant women to receive their prenatal care at the hospital. This program is managed by the OB/GYN Clinic and offers support and education to pregnant women. Reynolds is the first hospital in the area (Fort Sill, OK) to initiate the 'centering pregnancy' concept.

The new prenatal care program consists of a group of women whose babies are due in the same month. The first OB appointment is at 12 weeks with a doctor and if the woman has chosen to be in the Centering Pregnancy Program, she will meet with her group starting at approximately 16 weeks of pregnancy. The group meets for 10 sessions - once a month for the first four months, and then once every two weeks for the last three months.

The typical provider appointment for an OB check is 15 minutes long. The centering group meets for two hours. A physician, nurse, and/or midwife, attend each session. Each patient will receive individual time with the provider, who will measure fetal heartbeat, positioning and size, order any testing deemed necessary, and discuss any concerns the patient might have.

The mothers-to-be monitor their own height and weight with physician/nurse oversight. At the beginning of class, the patients document their vital signs, record their weight in their chart and calculate how many weeks pregnant they are. Lenora Nepper, licensed midwife, also a first in the area, states, "They are taking ownership of their care."

Patients in the group have better support networks and are more satisfied with their care. The group interacts and has plenty of time to discuss numerous issues mothers and families will face: first-time mothers can benefit from more experienced mothers. Lisa Singleton, OB Nurse, says, "We let them talk and tell us about their experiences. Patients have commented that the support and education they receive in this group setting empowers them. Some patients have no other support base, their husband may be deployed, and they may be new to the area, and/or, have no extended family.

Spouses are welcome to attend the sessions and free childcare is provided by the Army Community Services.



Presentations Using the Internet

TRICARE Direct2U uses the Internet at your location to conduct TRICARE briefings by technical/subject matter experts in an interactive, "live" forum. Each one-hour presentation allows plenty of time to answer questions. All that is needed for you or your organization to participate is a computer with a broadband internet connection and a speakerphone. Each linked email address can have an unlimited number of participants viewing the presentation in their audience. Currently, TRO-South offers the following briefings:

1. Health Care Benefits Before & During Activation—Targets RC/Guard members and their families.
2. After Deactivation—Targets RC/Guard members and their families.

To sign up for a briefing, please go to www.tricare.mil/trosouth/direct2u-info.cfm.

Other briefings available upon request are :

TRICARE Prime Remote— Targets South region beneficiaries eligible for TPR.

TRICARE Reserve Select— Targets RC/NG, South region beneficiaries eligible for TRS.

For more information, please email TROS_Marketing@tros.tma.osd.mil.

NEWBORN ENROLLMENT IN PRIME — Q & A'S

Should I enroll my newborn in Prime or TRICARE Prime Remote (TPR) for Active Duty Family Members (TPRADFM)?

Enrolling your newborn in Prime/TPRADFM is a personal decision that you have to make. Prime and TPRADFM offer a number of advantages – priority access for care, enhanced clinical benefits, and reduced out-of-pocket expenses. TRICARE actually provides Prime/TPRADFM coverage for your newborn for the first 60 days of the newborn's life. After 60 days, your newborn is covered under the TRICARE Standard benefit – with lesser benefits and increased costs. Contact the regional contractor to determine if you reside in a Prime or TRICARE Prime Remote service area by going to the nearest TRICARE Service Center, calling the regional toll free number (numbers can be found at <http://www.tricare.osd.mil/>) or check the TRICARE Prime Remote web page to see if your zip code is in a TPR location (<http://www.tricare.osd.mil/tpr/>). NOTE: TPRADFM is only available to active duty family members.

What do I have to do to get my newborn enrolled in TRICARE Prime/TPR for Active Duty Family Members?

TRICARE provides TRICARE Prime coverage for your newborn for the first 60 days of the newborn's life, as long as one additional family member is enrolled in TRICARE Prime. After 60 days, your newborn is covered under the TRICARE Standard benefit. To continue your baby's TRICARE Prime enrollment, you must complete a TRICARE Prime enrollment form for your baby. If you do not get the application processed by the infant's 61st day of life, the baby will be covered by TRICARE Standard only and Prime and TRICARE Prime Remote benefits will end. Go to the nearest TRICARE Service Center, call the regional toll-free number (numbers can be found at www.tricare.mil/) or download a form from www.tricare.mil/enrollment/. If no one in your family is enrolled in TRICARE Prime/TPRADFM, your newborn will NOT have TRICARE Prime coverage for the first 60 days of your newborn's life. Your baby will be covered under TRICARE Standard. Eligibility for TRICARE Standard benefits end 365 days after birth for any newborn who is not registered in DEERS. The enrollment form must be received by your regional contractor by the 20th of the month in order for your newborn to be covered under TRICARE Prime by the first of the next month.

I thought I needed to get my newborn's Social Security number before I could get him/her enrolled in DEERS. Is that right?

No. You can get your newborn enrolled in DEERS as long as you have a certificate of live birth. Newborns will be listed under the sponsor's Social Security number at this time. You should contact your local Social Security Administration office to find out how to get a Social Security number and card for your newborn. You need to try to get your newborn entered into DEERS within 60 days of the newborn's birth or as soon as you can, depending on when you receive the Social Security card.

Where do I find more information about getting my newborn enrolled in DEERS, Prime or Prime Remote for Active Duty Family Members?

For questions on what to do to get your newborn enrolled in DEERS, you need to contact the nearest Uniformed Services ID card center (to find the nearest location along with location specific information visit www.dmdc.osd.mil/rs/) or the sponsor's unit personnel office. If you encounter DEERS enrollment problems, assistance can be obtained by calling the Defense Manpower Data Center Support Office (DSO) Telephone Center at 1-800-538-9552 or for the hearing impaired (TTY/TDD): 1-866-363-2883. Hours of Operation: Monday through Friday 06:00 AM – 3:30 PM (Pacific Time), except federal holidays.

-- For TRICARE Prime and TRICARE Prime Remote for Active Duty Family Members questions, you need to contact your regional contractor. For the South Region, call 1-800-444-5445. For other regions, go to www.tricare.mil for a regional map with all the contractor's toll free numbers. NOTE: You can download a regional enrollment form from the regional contractor's Web sites or for the South Region, go to the TRICARE Regional Office—South website at www.tricare.mil/trosouth/forms.

“RUNNING SHOE AND FOOT ASSESSMENT PROGRAM” EARNS AN AIR FORCE (AF) BEST PRACTICE IN 2009

— Submitted by the 42nd Medical Group (Maxwell)

Currently the Maxwell AFB Clinic provides running shoe and foot assessments for the Officer Training School (OTS) and the Senior Non-Commissioned Officer Academy (SNCOA) programs at Air University, AL. The Maxwell AFB Clinic sends medical providers to assess the trainee foot types and ensure the running shoes are appropriate for the trainee's feet. Trainees are also provided handouts on running techniques and progression, along with an injury prevention and treatment fact sheet. The success of the program has led to the 2006 Maxwell AFB Quarterly Safety Award, 2007 TRICARE Conference poster presentation, in Washington D.C., and was nominated for the 2007 National Health Innovation Award by the AAAHC Institute.

The “Assessment Program” started at the OTS with new officer ascensions in 2006. The success of the initial class led to the SNCOA requesting “Program” implementation at their school, then a few months later the Air and Space Basic Course (ASBC) requested the “Running Program” due to the success at the previous schools. Each subsequent class in each aforementioned programs had the “Running Shoe and Foot Assessment Program” administered to them and each had achieved similar excellent results. In 2006,

- 3,848 students age 22-45 were individually assessed at OTS, ASBC and SNCOA
- 90% decrease in Physical Therapy shin splint referrals
- Running medical profiles reduced: 32% in Officer Training School; 62% Senior NCO Academy
- Overall sports injuries reduced: 50% Officer Training School; 40% ASBC
- Estimated \$33,000 medical expense savings
- Reduced lost training time by 2,100 days

The idea of an injury prevention program started back in 2005, when an excessive amount of over-use injuries associated with running was noticed at the Maxwell AFB clinic. The Air Force switch from the cycle ergometry test to a 1.5 mile timed run for the annual fitness had the AU schools emphasize running into their fitness programs. Due to the emphasis on trainee running, each of the schools saw their students acquire a significant increase in over-use lower extremity injuries. All schools considered this problematic due to training time missed at the school.

At the Maxwell AFB Physical Therapy Clinic, approximately 25% of all AU students from OTS, ASBC and SNCOA were seen for running over-use injuries in 2005. Over-use injuries were the second most common diagnosis after respiratory infections seen at the Maxwell Clinic, especially during the daily morning sick call. The Trainee Health Working Group (THWG) at Maxwell AFB also noticed a bad trend of running injuries affecting their trainees. The THWG was established to address trainee health related matters. The Maxwell THWG consists of approximately 14 members to represent the various AU schools and the Maxwell Clinic. This group meets quarterly to discuss, correct, and follow-up on trainee health issues. Through the THWG quarterly meetings, a common problem with over-use lower extremity injuries was discovered with OTS, ASBC and SNCOA trainees in 2005.

In 2005, the OTS, which is equivalent to the military enlisted boot camp, was embarking on a more vigorous exercise program, and the Commandant of OTS wanted to decrease over-use injuries. At the SNCOA, the leadership was concerned about the high amount of medical profiles trainees were placed on by healthcare providers and wanted someone to assist with oversight. Medical profiles were given to students due to an injury or medical condition, which limits their ability to participate in exercise activities. At ASBC, the trainees were primarily seen for shin splints from running.

Approximately 4,000 trainees annually attend the above mentioned AU schools. Seventy-five percent of all Air Force Officers process through OTS. The injuries to trainees take them out of the high paced demanding class environment, which causes them to lose valuable instruction time. A conservative estimate of over 3,500 hours of training time was lost due to travel associated with, and medical care provided, in a year's timeframe.

The initial THWG solution was to provide a gait analysis to trainees and to ensure they had the correct running shoes. The problem was not enough staffing or time availability to perform running gait analysis on numerous students in a time-restricted environment.

RUNNING SHOE AND FOOT ASSESSMENT PROGRAM—continued

Maj. David Sanchez, a Physical Therapist from the 42 MDG, brought in ideas from the THWG members who were working on the running over-use injury issue. The OTS staff proposed a wet footprint test and provided an assessment card (see figure 3 below) to evaluate the trainee’s feet. This was a simple way to assess a trainee’s foot type and what type shoe was required. This is similar to what many shoe stores/companies use to provide the appropriate shoe to a consumer.

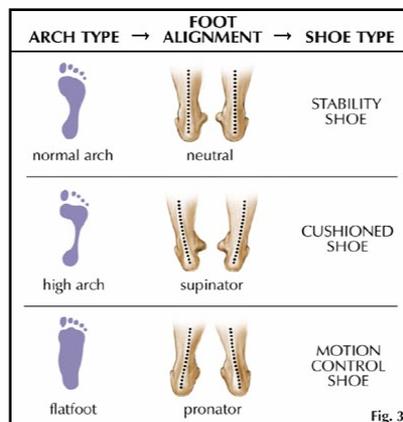
The Physical Therapist used the wet foot test along with a visual static and walking assessment and used all three methods to determine a foot type. The Physical Therapist was experienced in gait assessment and biomechanics and anatomy of the foot, which would allow him to ascertain a foot type with better accuracy. Major Sanchez felt a wet foot test alone had some drawbacks in assessing foot structure. Once the trainee’s foot type was determined, a shoe assessment was performed to determine if the shoe was appropriate for the foot type.

The shoe tread wear was also examined for improper wear that may be caused from bad running form. The body of the shoe was also examined for excessive or abnormal wear patterns. Recommendations were then made to the trainees if the shoe was not appropriate for their foot type. Such as if he or she had flat feet, but had a cushioned shoe for a high arch foot type. Trainees that had excessive tread wear at the back of the heel were cautioned about over-striding with running, which Major Sanchez felt had an increase tendency to lead to anterior shin splints, anterior knee pain and back muscle strain due to eccentric muscle force load is created from the ground reaction force (GRF). Basically, the GRF is about the ground putting an equal and opposite force on your body.

He has developed “Running Pearls” and his top “Pearl” is to increase cadence to at least 85 strides per minute whether running fast or slow. (Running Pearls on next page.) A stride is a cycle of one leg hitting the ground until it strikes the ground again. He feels this alone will take care of many inefficient/bad running form flaws.

Maj. Sanchez believes running form is a skill and it takes practice to perfect. He has developed and taught a running class entitled “SMaRT” (Sanchez Mathematical Running Technique) running about a year now. It was also taught while he was deployed at Al Udeid Air base, Qatar in 2008, the highest attended and regarded class on the base. The running technique is based on a biomechanical model and through the use of physics (mathematical formulas) principles to help people run more efficiently. Major Sanchez states “Some people run innately efficient, however some people run inefficiently, which can lead to many overuse injuries.” Maj Sanchez uses these principles in his clinical practice. Almost all of his patients return back to running farther and faster with minimal to no pain. Even patients that received numerous months of failed medications and/or standard Physical Therapy modalities returned to running quickly.

Maj. Ana Hall, an Air Force Physical Therapist from Goodfellow AFB, and her physical therapy technicians came to Maxwell AFB to train on the program. She stated it was very beneficial and up to par with the best continuing education she ever received. She took the concepts back to her clinic and said it helped fix three problematic patients with shin splints in a few weeks after they had failed physical therapy/medical care more than six months.



RUNNING SHOE AND FOOT ASSESSMENT PROGRAM—continued

The “Running Pearl” handout below was provided to the trainees. The trainees were also provided an easy to understand injury prevention fact sheet developed by the now Colonel Dale Agner, AF Physician, currently working at AFMOA. It addressed symptoms, first aid and prevention tips for blisters, plantar fasciitis, achilles bursitis, ilio-tibial band syndrome, sunburn, heat rash, dehydration, over hydration, heat cramps, heat exhaustion and heat stroke.

The “Running Shoe and Foot Assessment Program” has spread throughout the Air Force, especially from word of mouth from the SNCOA trainees. “They were the best advocates/advertisers of the program”, stated Maj. Sanchez.

The Running Shoe and Foot Assessment Program is currently solidified in the curriculum of the Air University OTS and SNCOA programs, since most ASBC trainees went through the program in OTS, it has discontinued with them. As of today over 14,000 trainees have been through the “Running Shoe and Foot Assessment Program” along with many other regular patients. The program now has two Physical Therapists & one Physician proficient in foot and shoe exams. If any further information requested on the program, contact Major David Sanchez, e-mail: or DSN 493-9156 Comm: (334) 953-9156.

RUNNING PEARLS (2006)

**Maj. David A. Sanchez, MSPT, Orthopedic Certified Specialist,
Age-Group Triathlete**

- Keep cadence greater than 85 strides per minute (1 leg), >90 better. That means 170 steps per minute with both legs. Avoid shuffling your feet to speed up cadence. Think knee lift and quick return of foot to ground after push off.
- Increase your stride length to run faster, but keep your cadence up. Your foot should land under your body—not in front. Stride length increases by pulling back harder. You want to feel pressure under your big toe.
- Avoid hitting hard on your heel. Contact slightly on your heel rolling onto forefoot. Your foot should be **pulling back** prior to striking ground. **This method can stop shin splints!**
- Lead with your belly not your head; avoid leaning forward at waist; keep upright.
- Increase duration of runs no more than 10% from week to week.
- Take a rest week every 3-5 weeks (decrease duration 50-75%, but keep up intensity) .
- Avoid increasing intensity and duration of runs together.
- No more than 25% of your running program should be hard sessions. **Train to race, don't race to train!**
- Start hard sessions only after performed minimum one month of running at maximum weekly mileage. You may need up to 4 months before attempting hard training.
- Interval training good way to increase speed with running. That is, pick up running pace for set time (30 seconds to a few minutes) then reduce speed. Run/rest cycle ratio 1:3-4. Your last interval should feel close to first interval effort. Avoid going all out on intervals. For example, warm up well, run 1 minute interval then walk or jog easy 3-4 minutes prior to next interval. Run intervals only 1-2 times a week.
- Slowly work into interval training. Try only a few reps and feel how body responds.
- Slightly change running pace every 2-4 minutes for 10-30 seconds to avoid using muscles and joints the same way.
- Warm up, mild stretch, run, cool-down, stretch, ice as needed. Harder the running session—go easier on the stretching to avoid irritating muscle.
- Ice x 20 minutes if you feel any pain during your run session. Ice a painful area for 2 weeks after last day area hurting (even if it doesn't hurt).



VOLUNTEERS—TRULY MAKING A DIFFERENCE IN OUR MILITARY TREATMENT FACILITIES

COLONEL (RETIRED) ADIN (DICK) R. WEBB

Col. Webb started as the leader of the Winn Army Community Hospital Courtesy Cart Service in January 2007. He is dedicated, dependable, resilient, and a very reliable volunteer. Once Col. Webb was committed to running this service, he went out recruiting for his drivers. “It is always hard to find drivers,” Webb said. “But once they

try out for the program, they usually stay on.”

Webb has recruited drivers from all over the community, bringing with them their experience, knowledge and desire to serve the community. They are from diverse backgrounds. The military is well represented among the cart drivers. “At one point, the drivers had a total of 317 years of military service between them,” Webb said. The courtesy cart drivers work four-hour shifts, Monday through Friday. Currently, Col. Webb has 13 courtesy cart drivers and they have transported over 96,500 of our beneficiaries in the past two years.

Enthusiasm beams from these volunteers. When they get together, they laugh and joke. “We benefit more than the people we serve,” Webb said. This program would not be successful without Col. Webb’s leadership. He is committed and loyal to the program. Both Col. Webb and all his drivers are dedicated to this service, are selfless, and well received by the beneficiaries and the staff. We are honored and privileged to have Col. Webb and his team at Winn, displaying their SMILES and HELPFULNESS to all.

“I receive great satisfaction from volunteering in a way that is not selfish, but where everyone benefits,” said Webb. “Interaction with people gives me purpose. I was assigned to the MEDDAC for nine years. I have an affinity for this place because I was here when it was built. I enjoy the interaction with fellow volunteers, the patients, and their families.”

“Every individual has a responsibility to serve their god, their country and their community, and this is the way I participate.”

CUSTOMER SERVICE TIP OF THE QUARTER

Be Your Customer: Live the life of your customer and experience what they do. Stand in line, call your call-center, soak up feedback.

Listen Hard to Complaints: Complaints are a wonderful gift. It is feedback of the highest order. Enjoy them and learn fast for the constructive feedback.

React Fast: Make sure that you and your people work with pace and immediacy when dealing with customer issues.

Be Curious: Encourage everyone in your team to overhear, be nosy, ask questions, and elevate feedback received from customers, no matter how small the comment may seem.

Have Fun! Find some way to lighten up during the day. Your attitude will effect everyone you come in contact with!