

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of The Surgeon General

1. MEDICAL CONDITION Acute Mechanical Low Back Pain	2.	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="padding: 2px;">P</td> <td style="padding: 2px;">U</td> <td style="padding: 2px;">L</td> <td style="padding: 2px;">H</td> <td style="padding: 2px;">E</td> <td style="padding: 2px;">S</td> </tr> <tr> <td style="padding: 2px;">Aa</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	P	U	L	H	E	S	Aa					
P	U	L	H	E	S									
Aa														

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS No sit ups, flutterkicks, lifting > 10lbs, roadmarching with ruck or running. Limit climbing on/off vehicles 10min./hourly. Allow SM to walk at own pace/distance not to exceed > 3 miles	CODES
---	-------

4. THIS PROFILE IS PERMANENT TEMPORARY EXPIRATION DATE:

5. THE ABOVE STATED MEDICAL CONDITION SHOULD NOT PREVENT THE INDIVIDUAL FROM DOING THE FOLLOWING ACTIVITIES

<input checked="" type="checkbox"/> Groin Stretch	<input checked="" type="checkbox"/> Thigh Stretch	<input checked="" type="checkbox"/> Lower Back Stretch	<input checked="" type="checkbox"/> Neck & Shoulder Stretch	<input checked="" type="checkbox"/> Neck Stretch
<input checked="" type="checkbox"/> Hip Raise	<input checked="" type="checkbox"/> Quads Stretch & Bal.	<input checked="" type="checkbox"/> Single Knee to Chest	<input checked="" type="checkbox"/> Upper Back Stretch	<input checked="" type="checkbox"/> Ankle Stretch
<input type="checkbox"/> Knee Bender	<input checked="" type="checkbox"/> Calf Stretch	<input type="checkbox"/> Straight Leg Raise	<input checked="" type="checkbox"/> Chest Stretch	<input checked="" type="checkbox"/> Hip Stretch
<input type="checkbox"/> Side-Straddle Hop	<input type="checkbox"/> Long Sit	<input checked="" type="checkbox"/> Elongation Stretch	<input type="checkbox"/> One-Arm Side Stretch	<input type="checkbox"/> Upper Body Wt Tng
<input type="checkbox"/> High Jump	<input checked="" type="checkbox"/> Hamstring Stretch	<input type="checkbox"/> Turn and Bounce	<input type="checkbox"/> Two-Arm Side Stretch	<input type="checkbox"/> Lower Body Wt Tng
<input type="checkbox"/> Jogging in Place	<input checked="" type="checkbox"/> Hams. & Calf Stretch	<input type="checkbox"/> Turn and Bend	<input type="checkbox"/> Side Bender	<input type="checkbox"/> All

6. AEROBIC CONDITIONING EXERCISES <input checked="" type="checkbox"/> Walk at Own Pace and Distance <input type="checkbox"/> Run at Own Pace and Distance <input checked="" type="checkbox"/> Bicycle at Own Pace and Distance <input checked="" type="checkbox"/> Swim at Own Pace and Distance <input checked="" type="checkbox"/> Walk or Run in Pool at Own Pace <input type="checkbox"/> Unlimited Walking <input type="checkbox"/> Unlimited Running <input type="checkbox"/> Unlimited Bicycling <input type="checkbox"/> Unlimited Swimming <input type="checkbox"/> Run at Training Heart Rate for ____ Min. <input type="checkbox"/> Bicycle at Training Heart Rate for ____ Min. <input type="checkbox"/> Swim at Training Heart Rate for ____ Min.	7. FUNCTIONAL ACTIVITIES <input type="checkbox"/> Wear Backpack (40 Lbs.) <input checked="" type="checkbox"/> Wear Helmet <input checked="" type="checkbox"/> Carry Rifle <input type="checkbox"/> Fire Rifle With Hearing Protection <input type="checkbox"/> KP/Mopping/Mowing Grass <input checked="" type="checkbox"/> Marching Up to <u>3</u> Miles <input checked="" type="checkbox"/> Lift Up to <u>10</u> Pounds <input type="checkbox"/> All PHYSICAL FITNESS TEST <input type="checkbox"/> Two Mile Run <input type="checkbox"/> Walk <input type="checkbox"/> Push-Ups <input type="checkbox"/> Swim <input type="checkbox"/> Sit-Ups <input type="checkbox"/> Bicycle	8. TRAINING HEART RATE FORMULA MALES 220 FEMALES 225 MINUS (-) AGE MINUS (-) RESTING HEART RATE TIMES (X) % INTENSITY PLUS (+) RESTING HEART RATE ----- 50% EXTREMELY POOR CONDITION 60% HEALTHY, SEDENTARY INDIVIDUAL 70% MODERATELY ACTIVE, MAINTENANCE 80% WELL TRAINED INDIVIDUAL
--	--	--

9. OTHER SM can swim or bike if activities fail to increase symptoms. SM can perform crunches or partial curl-ups and push-ups not to exceed 3 sets of 30 reps for each exercise.

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE APPROVED NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

ACTION BY UNIT COMMANDER

THIS PERMANENT CHANGE IN PROFILE SERIAL DOES DOES NOT REQUIRE A CHANGE IN MEMBER'S

MILITARY OCCUPATIONAL SPECIALTY DUTY ASSIGNMENT BECAUSE:

TYPED NAME AND GRADE OF UNIT COMMANDER	SIGNATURE	DATE

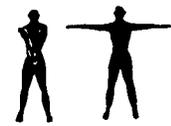
PATIENT'S IDENTIFICATION <i>(For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)</i>	UNIT ISSUING CLINIC AND PHONE NUMBER DISTRIBUTION UNIT COMMANDER - ORIGINAL & 1 COPY HEALTH RECORD JACKET - 1 COPY CLINIC FILE - 1 COPY MILPO - 1 COPY
---	--



GROIN STRETCH (BUTTERFLY)



HAMSTRING STRETCH



CHEST STRETCH



HIP RAISE



HAMSTRING AND CALF STRETCH



ONE-ARM SIDE STRETCH



KNEE BENDER



LOWER BACK STRETCH



TWO-ARM SIDE STRETCH



SIDE-STRADDLE HOP



SINGLE KNEE TO CHEST



SIDE BENDER



HIGH JUMPER



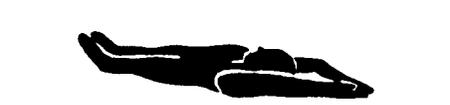
SINGLE STRAIGHT LEG RAISE



NECK STRETCH



JOGGING IN PLACE



ELONGATION STRETCH



ANKLE STRETCH



THIGH STRETCH



TURN AND BOUNCE



HIP STRETCH



QUADS STRETCH AND BALANCE



TURN AND BEND

UPPER BODY WEIGHT TRAINING

(See FM 21-20)



CALF STRETCH



NECK AND SHOULDER STRETCH

LOWER BODY WEIGHT TRAINING

(See FM 21-20)



LONG SIT



UPPER BACK STRETCH

FOR WRITTEN DESCRIPTION

OF THESE EXERCISES

SEE FM 21-20, AUGUST 1985