



**DEPARTMENT OF THE ARMY**  
WARRIOR TRANSITION COMMAND  
200 STOVALL STREET  
ALEXANDRIA, VIRGINIA 22332

28 MAR 2014

MCWT-CSD

WCTP Policy Memo 14-003

Expires: 28 MAR 2016

MEMORANDUM FOR Regional Medical Commands  
Warrior Transition Units  
Community Care Units

SUBJECT: Policy Memorandum – Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs)

1. References:

- a. National Fire Protection Association, Health Care Facilities Code 99, 2012 Edition, available at the following link: <https://www.nfpa.org/codes-and-standards/document-information-pages?mode=code&code=99>.
- b. Army Regulation 40-61, Medical Logistics Policies, 28 January 2005.
- c. Army Regulation 600-8-10, Leaves and Passes, 15 February 2006, RAR, 4 August 2011.
- d. Army Regulation 750-1, Army Materiel Maintenance Policy, 12 September 2013.
- e. Supply Bulletin SB 8-75, Department of the Army Supply Bulletin, Army Medical Department Supply Information, 20 November 2013, available at the following link: <https://www.us.army.mil/suite/folder/11897917>.
- f. Field Manual 5-19, Composite Risk Management, 21 August 2006.
- g. Field Manual 7-22, Army Physical Readiness Training, 26 October 2012.
- h. Building the Soldier Athlete, Reconditioning (Profile) Physical Conditioning Supplement, available at the following link: <http://www.WTC.army.mil/modules/soldier/s5-adaptiveReconditioning.html>.
- i. Building the Soldier Athlete, Injury Prevention and Performance Optimization, available at the following link: [http://www.WTC.army.mil/documents/factsheets/adaptive\\_reconditioning\\_fact\\_sheet.pdf](http://www.WTC.army.mil/documents/factsheets/adaptive_reconditioning_fact_sheet.pdf).
- j. Army Readiness and Resilient Campaign, available at the following link: <http://www.army.mil/readyandresilient>.
- k. U.S. Army Medical Command: Soldier Medical Readiness Campaign Plan 2011-2016, Version 1.2, May 2011.

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l. U.S. Army Medical Command: Performance Triad, available at the following link: <http://armymedicine.mil/Pages/performance-triad.aspx>.

m. Technical Bulletin 521, Occupational and Environmental Health Management and Control of Diagnostic, Therapeutic, and Medical Research X-Ray Systems and Facilities, 26 February 2002.

n. Technical Bulletin 750-1, Operating Guide for Medical Equipment Maintenance, 13 April 1998.

o. Warrior Transition Command, Comprehensive Transition Plan (CTP) Policy, 10 February 2014, and CTP- Guidance, 1 December 2011 (expiration date extended).

p. Warrior Transition Command, Community Support Network, Adaptive Reconditioning and Recreational Services, available at the following link: [http://www.WTC.army.mil/modules/support%20network/c1\\_adaptivereconditioning.html](http://www.WTC.army.mil/modules/support%20network/c1_adaptivereconditioning.html).

2. Purpose: To provide guidance for incorporating activities from all six domains (physical, emotional, spiritual, social, Family, and career) of the CTP into the Soldier's Adaptive Reconditioning Plan and encouraging Soldiers to reach their maximum potential.

3. Proponent: The proponent for this policy is the Warrior Transition Command, Clinical Support Division.

4. Background: Adaptive reconditioning supports the 2013 Army Ready and Resilient Campaign and aligns with the Army Surgeon General's Performance Triad of activity, nutrition, and sleep. Adaptive reconditioning utilizes activity to increase mental, emotional, and physical well being, to build resiliency, and to achieve individual CTP goals.

5. Applicability: This policy is applicable to all Soldiers assigned/attached to a Warrior Transition Unit (WTU) and Community Care Units (CCU).

6. Definitions.

a. Adaptive Reconditioning. Adaptive reconditioning consists of those activities and sports in which Soldiers participate in for purposes of optimizing well-being, returning to active productive life-styles, and helping Soldiers achieve their short-term and long-term CTP goals.

b. Adaptive Reconditioning Team. The Adaptive Reconditioning Team consists of the WTU Surgeon, Primary Care Manager, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Certified Occupational Therapy Assistant, Site

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Coordinator, Nurse Case Manager, Non-Commissioned Officer in Charge, Squad Leader, and other members of the interdisciplinary team as directed by the Commander.

c. Therapeutic Events. Therapeutic events can be one of the many adaptive reconditioning activities used to help Soldiers achieve their short or long-term CTP goals. To be therapeutic, an event must carry with it a reasonable expectation of a beneficial effect on the Soldier's health and outcome. The Soldier's Primary Care Manager (PCM) is the authority for designating whether a given activity is therapeutic. These events are considered mandatory and must be attended once prescribed and can only be superseded by medical appointments or command approval for excusals.

d. Therapeutic Trips. These are therapeutic events that involve travel away from the Soldier's unit or quarters. Therapeutic trips require approval from the Soldier's commander or his/her designee (see enclosure 1) and will be accomplished by placing both the Soldier and any required attendant in a TDY status. Trips must not interfere with the performance of official duties, will not detract from readiness and will not interfere with the Soldier's treatment progression, healing, or transition. These events are considered mandatory and must be attended once prescribed and only superseded by medical appointments or command approval for excusals.

e. Leisure Activities (events/trips). Leisure activities are those determined by the PCM not to have a therapeutic purpose as described in 6.c. above. Soldiers must obtain Leisure Event Trip Clearance authorization (see enclosure 2) from the Adaptive Reconditioning Team to mitigate any potential issues arising from attending the leisure activity. Those participating in leisure activity will use leave or pass IAW AR 600-8-10.

f. Competitive Activities (events/trips). Competitive activities can also be used to help Soldiers achieve their short or long-term CTP goals and personal goals. These events may be considered therapeutic or leisure depending on the goals of the Soldier. These activities include but are not limited to unit level competition (Commander's cup/stakes, tournaments, camps, clinics, and university/local competitions), regional competitions (Ohio Wheelchair Games, Dixie Games, camps, clinics), national competition (Warrior Games, Valor Games, National Veterans Wheelchair Games, Endeavor Games and others).

g. Medical equipment. Medical equipment is any instrument, apparatus, implement, machine, appliance, implant, in vitro reagent or calibrator, software, material or other similar or related article, intended by the manufacturer to be used, alone or in combination, for human beings for one or more of the specific purposes of:

(1) Diagnosis, prevention, monitoring, treatment or alleviation of disease.

(2) Diagnosis, monitoring, treatment, alleviation of or compensation for an injury.

7. Policy:

a. WTU Commanders will manage the Adaptive Reconditioning Program and Team whereas the WTU Surgeon (or the WTU Primary Care Manager in separate companies) will provide oversight and guidance to the Adaptive Reconditioning Team. The Adaptive Reconditioning Team consisting of the WTU Physical Therapist is the Team lead, and an Adaptive Reconditioning Site Coordinator who, under the guidance of the Team Lead, will plan, coordinate, and assist with executing the adaptive reconditioning activities. Other members of the Adaptive Reconditioning Team are described in paragraph 6b above.

b. The Adaptive Reconditioning Program will include mandatory and individualized Soldier needs activities. The mandatory activities are designed to meet the needs of the WTU population, based upon the top diagnoses within the WTU/CCU population. Individual Soldier needs include but are not limited to CTP short term and long term goals. The program will have weekly mandatory events that are integrated into the unit's battle rhythm and target the top diagnoses of the unit. All Soldiers, once cleared by their PCM, will attend the mandatory scheduled events. These adaptive reconditioning events are therapeutic and part of the Soldier's recovery, however, medical appointments take priority. WTU Commanders are responsible for ensuring events are scheduled to maximize Soldier participation.

c. The Adaptive Reconditioning Program consists of an ongoing series of activities designed for Soldiers for the purposes of optimizing their well-being, assisting them to return to an active productive life-style, and assisting them to achieve their short-term and long-term goals in any of the six CTP domains. The program consists of a variety of adaptive sports and physical conditioning activities and other reconditioning activities including but not limited to visual and performing arts, music performance and composition, writing, ministry, and agriculture.

d. A comprehensive Adaptive Reconditioning Program provides Soldiers with opportunities to improve their physical, emotional and mental well-being and return to an active lifestyle that will continue after their transition. Regular activity throughout the day can improve health by reducing stress, strengthening the heart and lungs, increasing energy levels and improving mood. The overall intent is that Soldiers will adopt an activity that they will continue once they leave the Warrior Care and Transition Program. A balance between executing a challenging program and protecting the Soldier's healing process is required to achieve CTP goals.

e. All Soldiers, within the limits of their profile, will participate in a minimum of 150 minutes per week of moderate intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week. Participation is prescribed per the Soldiers' diagnoses and related to the Soldiers' transition goals in the CTP domains.

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f. The Adaptive Reconditioning Team may count the time a Soldier participates in an intervention program through the Medical Treatment Facility (MTF), Behavioral Health (BH) or Traumatic Brain Injury (TBI) clinics as a part of the Soldier's individualized adaptive reconditioning plan for the specified CTP domain.

g. The local USAMEDCOM medical maintenance facility will establish a scheduled service program and manage medical equipment maintenance data throughout its life cycle IAW procedures outlined in manufacturer specifications and references a, b, d, m, and n of this policy.

h. Adaptive Reconditioning equipment used to support the Adaptive Reconditioning Program must be placed on the owning unit's property books for accurate accountability. All equipment, including that which is donated to the Army, which supports the program must be placed on the property book. Each item of medical equipment will be tested for serviceability and electrical safety prior to initial use, and at least annually thereafter, unless otherwise recommended by the original manufacturers' guidelines. Army Regulation AR 40-61 specifies that equipment user or operator personnel will:

(1) Routinely clean medical equipment.

(2) Perform before, during, and after-operation preventive maintenance checks and services (PMCS) in accordance with manufacturer literature.

(3) Replace components and accessories. User-replaceable components and accessories will not require extensive disassembly of the items, critical alignment or calibration after replacement, special tools, or maintenance of stocks and records for demand-supported parts.

(4) Use technical manuals (TMs), manufacturer literature, and local SOPs as guides for proper operator maintenance.

(5) Request support from the local USAMEDCOM medical maintenance facility for repairs and services beyond the scope of operator maintenance.

#### 8. Responsibilities:

a. The Regional Medical Commands will ensure the WTU/CCU establish adaptive reconditioning programs IAW this policy. Regional Medical Commands (RMCs) will review adaptive reconditioning metrics and submit them to the WTC Adaptive Reconditioning Branch monthly NLT the 15<sup>th</sup> of the month (enclosure 3).

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b. WTU Commander will:

(1) Develop and implement an Adaptive Reconditioning Program that includes activities across the CTP domains.

(2) Ensure the planned adaptive reconditioning activities are aligned with the Soldiers' diagnoses and relate to Soldiers' transition goals.

(3) Conduct a final review of the program to ensure use of Soldiers' time is optimized and that the program assists Soldiers to achieve their transitional goals.

(4) Designate an Adaptive Reconditioning NCOIC for each company to assist Site Coordinators with ensuring participation in the Adaptive Reconditioning Program.

(5) Provide oversight to the CCU for the implementation of their Adaptive Reconditioning Program.

(6) Ensure Site Coordinators report as required the adaptive reconditioning metrics to the Office of the Secretary of Defense (OSD) Warrior Care Policy Office, the Warrior Transition Command, and to the Regional Medical Command point of contacts.

(7) Ensure all Soldiers participating in an adaptive reconditioning, therapeutic, or leisure (sponsored) and competition events receive medical clearance and authorization to attend. See Enclosures 1 and 2.

(8) Ensure all Soldiers receive counseling on adherence to the tenants of their profile, to include the prohibition against consuming alcohol while on therapeutic trips (see enclosure 4).

(9) Ensure all donated trips and events are properly staffed IAW MEDCOM Regulation 1-4 and are evaluated by the servicing Command or Staff Judge Advocate.

(10) Use the WTC Community Support Network (reference p) to maintain a robust and diverse Adaptive Reconditioning Program.

(11) Conduct monthly after action reviews with the Adaptive Reconditioning Team to evaluate Soldier participation with respect to specified diagnoses and CTP goals.

c. WTU Surgeon. The WTU Surgeon (or the WTU Primary Care Manager in separate companies) will provide oversight and guidance for the Adaptive Reconditioning Team, to include advising the commander on programs most appropriate for the WTU population and overseeing their implementation.

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d. Primary Care Manager (PCM) will:

(1) Consider and incorporate adaptive reconditioning options into each Soldier's medical care plan and document it in the Armed Forces Health Longitudinal Technology Application (AHLTA).

(2) Include adaptive reconditioning considerations when writing Soldier profiles.

(3) Provide medical clearances for adaptive reconditioning activities and trips when needed.

e. Physical Therapist. The Physical Therapist is the Adaptive Reconditioning Program lead and subject matter expert for the physical domain. In the absence of a WTU Physical Therapist, the WTU Occupational Therapist will assume the lead as designated by the commander. The Physical Therapist or representative, will:

(1) Provide guidance to the Site Coordinator for all events/activities that fall primarily in the Physical domain.

(2) Assess each Soldier within 21 days of in-processing to determine base-line physical fitness.

(3) Assign each Soldier to an ability group IAW reference 1h and establish goals for physical fitness and health maintenance for those Soldiers with profile(s).

(4) Educate Squad Leaders (SQD LDR) on reconditioning physical training IAW reference 1a.

(5) Ensure Soldiers have an appropriate profile based on the eProfile written by the PCM and provide the Soldiers a copy of their individual profile to carry at all times.

(6) Design and provide an individualized exercise program that benefits each Soldier's fitness ability. As part of the Adaptive Reconditioning Program, take into consideration the physical, social, and emotional requirements for the Soldier's Career track and goals.

(7) Reassess the Soldier's progress every 60 days to determine the effectiveness of the individualized Adaptive Reconditioning Program and adjust the program to meet the needs of the Soldier. These recurring 60-day reassessments will be documented in ALHTA.

(8) Provide oversight and assistance to the CCU aligned to the WTU (if applicable) in the implementation of their Adaptive Reconditioning Program. Meet with the CCU Commander and interdisciplinary team quarterly to review the CCU Soldier

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population profiles to ensure the Adaptive Reconditioning Program is meeting the needs of the Soldiers completing the Warrior Care and Transition program near their homes.

(9) Review the Composite Risk Management Assessment (enclosure 6) prior to commander approval. Ensure all Soldiers complete a media release form prior to attending any event for which the Public Affairs Office (PAO) is involved. The Soldier's SL will maintain the media release.

(10) Ensure all Soldiers have a completed Therapeutic Trip Packet prior to participation. A Therapeutic Trip Packet includes: medical clearance, trip authorization form, therapeutic trip counseling form, list of therapeutic trips taken in the past six months, print out of the Soldier's medical appointments, and a print out of the Soldier's no show history for medical appointments. For leisure or non therapeutic trips, Soldiers must complete a DA Form 31.

(11) Perform the duties of a Physical Therapy Assistant (PTA) in their absence (i.e., unavailability and/or assignment).

f. Physical Therapy Assistant. The PTA works under the supervision of a Physical Therapist, and will:

(1) Assist in executing the individualized Adaptive Reconditioning Program designed by the Physical Therapist for the Soldier.

(2) Educate the Soldier on maintaining an active, healthy lifestyle.

(3) Reassess the Soldier's physical fitness progress under the direction of the Physical Therapist, every 60 days.

(4) Attend the unit's physical fitness training program (differs from the adaptive reconditioning program) to assist the unit with providing safe, effective physical training for their Soldiers.

(5) Assist in executing the Adaptive Reconditioning Program.

(6) Assist the Site Coordinator with completing the metrics for participation in adaptive reconditioning events.

(7) Assist the Site Coordinator and Adaptive Reconditioning NCOIC with equipment storage and maintenance planning.

(8) Ensure all Soldiers have a completed medical clearance form prior to participating in any activities.



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g. Occupational Therapist. The Occupational Therapist will assist with modifying the Soldier's adaptive reconditioning plan to ensure the plan appropriately challenges the Soldier and accommodates their career and health needs. In addition, the Occupational Therapist will:

(1) Complete an initial assessment within 14 days of the Soldier's arrival at the WTU which includes:

- (a) Determining the Soldier's activities of daily living skills.
- (b) Screening the Soldier for any assistive technology needs.

(2) Inform the Physical Therapist of the Career track and goals of the Soldier that will facilitate their transition either back to the force or to a productive civilian life.

(3) Communicate and assist members of the Adaptive Reconditioning Team to identify activities that benefit Soldiers by addressing short and long term CTP goals.

(4) Assist the Adaptive Reconditioning Team to modify any aspect of the activity to allow Soldiers to achieve their goals.

(5) Perform the duties of a Certified Occupational Therapy Assistant (COTA) in their absence (i.e., unavailability and/or assignment).

(6) Assist and supervise the COTA in performing his or her duties listed below.

(7) Lead the Adaptive Reconditioning Program in the absence of the Physical Therapist.

h. Certified Occupational Therapy Assistant. The COTA (under the supervision of the Occupational Therapist) will complete the Soldier's Phase I Goal Setting Training within 21 days of the Soldier's arrival to the WTU as a part of the Soldier's in-processing. In Phase I Goal Setting, the Soldier will identify adaptive reconditioning activities in which they would like to participate. The COTA will:

(1) Educate the Soldier on the six domains of the CTP and explore each domain with the Soldier based on his/her CTP goals.

(2) Educate the Soldier in Initial Goal Setting as directed by the Occupational Therapist.

(3) Within 30 days of the Soldier's arrival to the WTU, coordinate with other interdisciplinary team members as appropriate to assist the Soldier with creating transition goals across the domains.

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(4) Assist in the planning and execution of adaptive reconditioning events.

(5) Assist the Site Coordinator in maintaining metrics for Adaptive Reconditioning Program participation.

i. Site Coordinators. The Site Coordinator is an asset of the Office of the Secretary of Defense (OSD), Office of Warrior Care Policy. Site Coordinators serve as the planner and coordinator for all adaptive reconditioning activities for the WTU Commander's Adaptive Reconditioning Program. The Site Coordinator will:

(1) Plan and coordinate activities that support the CTP domains. These activities will be planned based upon input from the Adaptive Reconditioning Team and must be related to the needs of the Soldier population and each Soldier's CTP goals. The WTU Commander is the final approval authority of all new adaptive reconditioning activities and special events.

(2) Gain Commander's approval prior to coordinating with the Public Affair Office or media coverage for an event.

(3) Ensure the Therapeutic or Leisure Clearance Form is completed for the Soldier 24 hours prior to the commencement of the adaptive reconditioning event (see enclosures 1 and 2).

(4) Collaborate with the WTU Adaptive Reconditioning Team, installation Morale, Welfare, and Recreation, and United Service Organization to coordinate events/activities for Soldiers.

(5) Reach out to the local community, but do not solicit, to find adaptive reconditioning activities that meet the unit's overall needs. Site Coordinators in conjunction with the Adaptive Reconditioning NCOIC are responsible for completion of the risk assessment and validating that the sponsoring agency will provide a safe setting for participating Soldiers. The sponsoring agency must provide proper equipment and venue to maximize safety. The event must be approved by the commander and staffed through the Commander's legal advisor and commands' gifts and donations point of contact prior to Soldier attendance.

(6) Identify or coordinate at least one new adaptive reconditioning opportunity on post and or in the community each month with the intent to introduce the Soldier to new experiences based upon their goals and recommendations from the Adaptive Reconditioning Team. Fifty percent of the new adaptive reconditioning opportunities must have the potential to become reoccurring events based upon effectiveness and feedback from the Soldiers.

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(7) Provide the S3 a list of Command approved events so that events are reflected on the S3 calendar and ensure all required paperwork is complete for a Soldier to attend events conducted off post.

(8) Provide a completed Composite Risk Management Assessment on all proposed activities to the Adaptive Reconditioning Team lead at least one week prior to the event for approval by the commander.

(9) Prior to scheduling any adaptive reconditioning activity, provide the commander with an outline of associated costs. Events will not be scheduled without the approval of the commander (including free activities).

(10) Attend local Adaptive Reconditioning events as a member of the Adaptive Reconditioning Team and assist in coordinating the activity, and completing an After Action Report (AAR) that is provided to the commander. The AARs will be reviewed at least monthly with the Adaptive Reconditioning Team as a tool for future planning.

(11) Serve as primary point of contact and coordinate for a secondary point of contact for communication of each Adaptive Reconditioning event.

(12) Assist with conducting Adaptive Reconditioning activities.

(13) Coordinate for coaches, instructors, and subject matter experts for adaptive reconditioning activities based on the Soldiers' needs and experience levels.

(14) Provide weekly metrics report to OSD per OSD reporting requirements (total number of Soldiers actually participating in an event).

(15) Provide WTC Adaptive Reconditioning Branch and RMC with the following:

(a) Monthly Report: Adaptive Reconditioning Rollup which includes the total number of Soldiers actually participating in an activity along with the CTP domain associated with the Soldier's goal.

(b) Quarterly Report: The report should include Adaptive Reconditioning Training Schedules and/or Calendars. Competitive activities and special events should be highlighted to ensure the appropriate visibility.

(16) Assist the CCU in establishing and maintaining relationships in their Soldiers local communities to ensure Soldiers have access to adaptive reconditioning opportunities.

(17) Use the Community Care Network (see policy reference p) to maintain a robust and diverse Adaptive Reconditioning Program.

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j. Nurse Case Manager (NCM). The NCM will:

(1) Meet with the Soldier weekly to review their clinical progress.

(2) Coordinate all medical appointments to determine the Soldier's availability to participate in an adaptive reconditioning event and communicate with the Adaptive Reconditioning Team if the Soldier is involved in an activity that would prevent participation in the event.

k. Adaptive Reconditioning NCOIC. The Adaptive Reconditioning NCOIC will:

(1) Assist Site Coordinators by ensuring participation in the Adaptive Reconditioning Program. The NCOIC will work with the Adaptive Reconditioning Team along with the Squad Leader.

(2) Assist Squad Leader to ensure Soldiers comply with Adaptive Reconditioning requirements.

(3) Coordinate with the Adaptive Reconditioning Team to conduct risk assessments for Adaptive Reconditioning events/activities.

(4) Coordinate with the Site Coordinator to ensure Adaptive Reconditioning equipment is properly accounted for and secured as required.

(5) Ensure adaptive reconditioning equipment is properly stored and maintained. This includes coordination with the local USAMEDCOM medial maintenance facility for all equipment maintenance.

(6) Assist Adaptive Reconditioning Team in setup/teardown of events/activities.

(7) Assist the Squad Leader, Site Coordinator, Physical Therapist, or Occupational Therapist with the accountability of Soldiers participating in Adaptive Reconditioning events/activities.

(8) Ensure all donated Adaptive Reconditioning opportunities to include equipment is reviewed by the Command and Servicing Judge Advocate for approval prior to acceptance.

l. Squad Leader (SL). The SL will:

(1) Assist the Soldier with developing and maintaining a daily activities calendar/schedule that includes both the Soldier's clinical and non-clinical plan of care and adaptive reconditioning activities.

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- (2) Track all of the Soldier's appointments.
- (3) Communicate with the Adaptive Reconditioning Team the Soldier's availability to attend adaptive reconditioning activities/events.
- (4) Ensure each Soldier carries a copy of their profile with them at all times.
- (5) Ensure each Soldier participates in a minimum of 150 minutes per week of moderate intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week within the specified domains of the CTP.
- (6) Inform the point of contact for the adaptive reconditioning event if the Soldier is unable to attend.
- (7) Maintain any media releases the Soldier signs related to adaptive reconditioning activities.

m. Soldier. Soldiers will:

- (1) Participate in a minimum of 150 minutes per week of moderate intensity physical adaptive reconditioning, and a minimum of two adaptive reconditioning activities per week. Participation is prescribed per the Soldiers' diagnoses and related to their transition goals in the CTP domains.
- (2) Be on time, in the correct uniform, and at the right location for the adaptive reconditioning activity/event.
- (3) Carry a copy of their individual profile at all times.
- (4) Advise the SL no later than 24 hours prior to a scheduled adaptive reconditioning therapeutic event if transportation is required.
- (5) Notify the Squad Leader at least two hours prior to the event if unable to attend a scheduled adaptive reconditioning activity or event.
- (6) Provide feedback to the Adaptive Reconditioning Team related to the effectiveness of the program.
- (7) Conduct end user maintenance (see paragraph 7h) within the limits of their profile. Notify Site Coordinator and Adaptive Reconditioning NCOIC of equipment maintenance needs.
- (8) Seek medical clearance for each adaptive reconditioning event in a timely manner to allow the appropriate level of clearance, and ensure a trip approval packet for

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those events requiring an overnight stay is completed with the assistance of the interdisciplinary team at least 24 hour prior to the start of the event (therapeutic events see enclosure 1; leisure events see enclosure 2).

(9) Adhere to the tenants of their profile to include no alcohol consumption during therapeutic activities, events, or trips.

6 Enclosures

1. Therapeutic Event Clearance Form
2. Leisure Event Clearance Form
3. Adaptive Reconditioning Metrics
4. Cmdr Counseling Form
5. Selection Guidelines
6. Sample CRM Worksheet



NORVELL V. COOTS  
Brigadier General, U.S. Army  
Deputy Commanding General  
(Support) and Assistant Surgeon General  
for Force Projection

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## Therapeutic Event Clearance Form

Name \_\_\_\_\_ Rank \_\_\_\_\_ Last 4 \_\_\_\_\_

Event Date(s): \_\_\_\_\_

Soldier's Cell Phone: \_\_\_\_\_ Date of Request \_\_\_\_\_

POC for this Event: \_\_\_\_\_ Phone/email Contact: \_\_\_\_\_

Event Name: \_\_\_\_\_

### Event Description:

Text box
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### Goals for Soldier to achieve while participating in event:

Text Box
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### Risk Assessment:

#### The Soldier has been **MEDICALLY** Cleared to participate in activity (please sign and date)

Primary Care Provider: Concur / Non Concur Signature \_\_\_\_\_

Please list any Precautions:

Physical Therapist: Concur / Non Concur Signature \_\_\_\_\_

Please list therapeutic goals above

Occupational Therapist: Concur / Non Concur Signature \_\_\_\_\_

Please list therapeutic goals above

Social Worker: Concur / Non Concur Signature \_\_\_\_\_

(for Soldiers who are AMBER, RED, BLACK Risk Assessment):

Nurse Case Manager: Concur / Non Concur Signature \_\_\_\_\_

Ensure Soldier has no conflicting appointments

Chain of Command Clearance to attend this event:

Squad Leader: Recommend Approval/Disapproval Signature \_\_\_\_\_

Commander: Approve/Disapprove Signature \_\_\_\_\_

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## Leisure Event Clearance Form

**\*\*MEDICAL STAFF WILL NOT BE PRESENT DURING THIS EVENT\*\***

Soldier Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Company: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Brief Description of Event:

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Soldier is requesting to attend the event described above. Please comment if you approve or disapprove the soldier participating in this event.

**\*\*\*NO MEDICAL STAFF WILL BE PRESENT DURING THIS EVENT\*\*\***

**Medically cleared to attend this event:**

**NCM:** \_\_\_\_\_ Recommend Approval/Disapproval Signature/Date:

**PCM:** \_\_\_\_\_ Recommend Approval/Disapproval Signature/Date:

**WTB OT :** \_\_\_\_\_ Recommend Approval/Disapproval Signature/Date:

**WTB PT :** \_\_\_\_\_ Recommend Approve/Disapprove Signature/Date:

**Chain of Command clearance to attend this event:**

Squad Leader: Recommend Approval/Disapproval Signature/Date: \_\_\_\_\_

Commander: \_\_\_\_\_ Approve/Disapprove Signature/Date: \_\_\_\_\_

**In order to attend the event, all must recommend approval and sign. The Commander is the approval authority. Once completed, this form must be returned to:**



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## Adaptive Reconditioning Metrics

The Site Coordinator will track metrics for all Adaptive Reconditioning events including number of Soldiers participating, the ability group the Soldier has been assigned, the number of Soldiers who achieve the predetermined goals set by the Physical, Occupational or other members of the interdisciplinary team, what Domains were included in the Adaptive Reconditioning event.

Name of Adaptive Reconditioning Program (ARP) Event					
Location of Adaptive Reconditioning Event					
Date(s) of Adaptive Reconditioning Event					
Brief Description of the ARP Event					
Length of Event(Min)		Total # of Soldiers attending ARP Event		Total # of Cadre attending ARP Event	
<b>Adaptive Reconditioning Domains of Strength</b> (indicate below the categories the # of Soldiers who benefited in which domain)					
<b>Career</b>	<b>Family</b>	<b>Spiritual</b>	<b>Emotional</b>	<b>Social</b>	<b>Physical</b>
*Some Soldiers may benefit from the event in more than one Domain, therefore total numbers in each domain may be greater than total number of Soldiers participating.					
Print Name of Person Completing Metrics					

**DEVELOPMENTAL COUNSELING FORM**

For use of this form, see FM 6-22; the proponent agency is TRADOC.

**DATA REQUIRED BY THE PRIVACY ACT OF 1974**

**AUTHORITY:** 5 USC 301, Departmental Regulations; 10 USC 3013, Secretary of the Army.  
**PRINCIPAL PURPOSE:** To assist leaders in conducting and recording counseling data pertaining to subordinates.  
**ROUTINE USES:** The DoD Blanket Routine Uses set forth at the beginning of the Army's compilation of systems or records notices also apply to this system.  
**DISCLOSURE:** Disclosure is voluntary.

**PART I - ADMINISTRATIVE DATA**

Name (Last, First, MI)		Rank/Grade	Date of Counseling
Organization		Name and Title of Counselor	

**PART II - BACKGROUND INFORMATION**

**Purpose of Counseling:** (Leader states the reason for the counseling, e.g. Performance/Professional or Event-Oriented counseling, and includes the leader's facts and observations prior to the counseling.)

Event-Oriented Counseling  
Event: Therapeutic Adaptive Reconditioning TDY  
Commander's Trip Counseling Statement

**PART III - SUMMARY OF COUNSELING**

**Complete this section during or immediately subsequent to counseling.**

**Key Points of Discussion:**

You have been approved to attend the \_\_\_\_\_ Adaptive Reconditioning Event from \_\_\_\_\_ to \_\_\_\_\_ (dates) located in \_\_\_\_\_. While attending this event, you are in a temporary duty status and expected to wear your duty uniform during the duty day unless otherwise instructed prior to departure. While traveling, you are to wear civilian clothing.

**AUTHORITY FOR TDY:** You must carry your authorization for travel form (DD Form 1610) and this counseling statement with you at all times while you are on TDY. You must also provide a copy of your itinerary for the unit's records.

**CHANGES:** If there is a change in authorized travel while you are TDY, or you do not begin traveling on schedule, you must notify the chain-of-command immediately.

**DEPARTURE/RETURN:** You will begin and end TDY on post, at the duty station, or from the place to which you regularly commute to work. When reporting back from TDY, understand that you must sign in at the unit no later than 2400 on the last day of TDY. Remember it is your responsibility to ensure that you are at your place of departure at the appointed time. Failure to do so may result in punitive or administrative action against you except for circumstances due to no fault of your own.

**EXPENSES:** You will be responsible for personal expenses. You must ensure that you have adequate funds to cover any additional expenses you may incur in the event your scheduled return is either delayed or canceled. This is necessary in the event you have to schedule an alternate mode of transportation in order to return to your duty station. In the event you do not have adequate funds for alternate travel, you can contact the Army Personnel Assistance Point at 800-582-5552.

**MEDICAL TREATMENT:** Should you require medical treatment while on TDY, report to the nearest military medical facility. In the absence of such a facility, report to a uniformed services treatment facility or Veteran's Administration Facility if possible. Medical treatment at Government expense is authorized only for emergencies when treatment cannot be obtained from Government facilities or when prior approval is obtained. You can obtain a local area listing of the TRICARE Health providers nearest your TDY location by contacting their office.

**ILLICIT DRUG USE/ALCOHOL USE/MEDICAL MANAGEMENT:** Use and/or possession of any illegal substance(s) and paraphernalia will not be tolerated. Consumption of alcohol while in TDY status for an Adaptive Reconditioning Event is not permitted. Misuse of your prescription medication will not be tolerated.

**OTHER INSTRUCTIONS**

This form will be destroyed upon: reassignment (other than rehabilitative transfers), separation at ETS, or upon retirement. For separation requirements and notification of loss of benefits/consequences see local directives and AR 635-200.

**Plan of Action** (Outlines actions that the subordinate will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the subordinate's behavior and include a specified time line for implementation and assessment (Part IV below)

1. Carry your DD Form 1610 at all times while on TDY and provide a copy of your itinerary for the units records.
2. Contact the chain-of-command immediately of any changes that may occur regarding your TDY.
3. Maintain adequate funds in order to ensure return travel.
4. Contact the unit for copies of your Request and Authorization for TDY Travel of DoD Personnel form (DD Form 1610) should you either lose or destroy it.
5. Contact the unit immediately should you require medical assistance while on TDY.

Contact information for your chain-of-command:

Commander: \_\_\_\_\_

First Sergeant: \_\_\_\_\_

Squad Leader: \_\_\_\_\_

Contact information for the POC for this Adaptive Reconditioning Event: \_\_\_\_\_

Contact information at TDY location: \_\_\_\_\_

**Session Closing:** (The leader summarizes the key points of the session and checks if the subordinate understands the plan of action. The subordinate agrees/disagrees and provides remarks if appropriate.)

Individual counseled:  I agree  disagree with the information above.

Individual counseled remarks:

Signature of Individual Counseled: \_\_\_\_\_ Date: \_\_\_\_\_

**Leader Responsibilities:** (Leader's responsibilities in implementing the plan of action.)

Signature of Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV - ASSESSMENT OF THE PLAN OF ACTION**

**Assessment:** (Did the plan of action achieve the desired results? This section is completed by both the leader and the individual counseled and provides useful information for follow-up counseling.)

Counselor: \_\_\_\_\_ Individual Counseled: \_\_\_\_\_ Date of Assessment: \_\_\_\_\_

**Note: Both the counselor and the individual counseled should retain a record of the counseling.**

MCWT-CSD

SUBJECT: Policy Memorandum – Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs)

**Example of Selection Guidelines for WII Soldiers Adaptive Therapeutic Trips or Leisure Leave Trips**

Soldiers must have accomplished milestone tasks in their transition process, such as completion of a resume or at least 150 minutes of active participation in adaptive reconditioning, prior to being considered for an Adaptive Reconditioning Trip TDY or a Leisure trip.

- Active participation in \_\_\_\_\_ hours of Adaptive Reconditioning activities.
- Proposed TDY will assist the Soldier in achieving goals within their six domains for successful Transition.
- No UCMJ offenses pending (Soldier is not currently flagged).
- No positive urinalysis.
- Adherence with military obligations.
- Meets Camp specific criteria for application, if a TDY Camp event, has participated in same activity (if available) at local unit level.
- Leisure Trip Clearance Approval (see Enclosure 2).
- No history of “No shows” for appointments.
- No history of “No shows” for Adaptive Reconditioning Events.

MCWT-CSD

SUBJECT: Policy Memorandum – Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs)

<b>COMPOSITE RISK MANAGEMENT WORKSHEET</b>									
For use of this form, see FM 5-19; the proponent agency is TRADOC.									
1. MSN/TASK Air Rifle / Pistol Range Operations				2a. DTG BEGIN 09 0630 Jun		2b. DTG END 31 1800 Dec		3. DATE PREPARED (YYYYMMDD) 20130605	
4. PREPARED BY a. LAST NAME Underhill			b. RANK Staff Sergeant		c. POSITION Marksmanship Coach / Squad Leader				
5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?		
Logistical Support	Incomplete identification of required assets and materials for support functions	Moderate	Complete thorough PCC/PCI, spot checks, back briefs, and IPR prior to execution	Low	Cadre / Staff conduct accountability prior to, during and after range operations. Cadre and Staff ensure continuous accountability of	SSG Underhill SSG Fields SSG Miller			
Range Operations	Eye damage during firing	Moderate	Soldiers will wear eye protection at all times at the Range	Low	Cadre / Staff will enforce range safety standards and provide remedial and continuous training on range operations, safety and weapons	SSG Underhill SSG Fields SSG Miller			
	Weapon Malfunction	Moderate	All personnel will be trained on proper weapons malfunction recovery techniques	Low	Cadre / Staff will enforce range safety standards and provide remedial and continuous training on range operations, safety and weapons	SSG Underhill SSG Fields SSG Miller			
Additional space for entries in Items 5									
13. OVERALL RISK LEVEL AFTER CONTROLS ARE IMPLEMENTED (CHECK ONE)									
<input type="checkbox"/> Low		<input checked="" type="checkbox"/> Moderate		<input type="checkbox"/> High		<input type="checkbox"/> Extremely High			
14. RISK DECISION AUTHORITY.									
a. LAST NAME Warrior			b. RANK Lieutenant Colonel		c. DUTY POSITION WTB BN XO		d. SIGNATURE		

Enclosure 6

MCWT-CSD

SUBJECT: Policy Memorandum – Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs)

ITEMS 5 THROUGH 12 CONTINUED:							
5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?
	Severe Weather (i.e. Lightning, Tornado, Hail, etc.)	Moderate	Move personnel to cover if severe weather is in the area	Low	Cadre / Staff will monitor weather conditions and be familiar with emergency	SSG Underhill SSG Fields SSG Miller	
	Negligent Discharges due to lack of proficiency or complacency	Moderate	Weapons will be cleared prior to and after each Soldier completes firing at clearing barrel	Low	Military Cadre will physically clear all weapons	SSG Underhill SSG Fields	
	Negligent Discharge	Moderate	weapons touched only when instructed to/always cleared and on safe	Low	Cadre / Staff will enforce range safety standards and provide remedial and continuous training on range	SSG Underhill SSG Fields SSG Miller	
	Loaded weapon brought off range	Moderate	Establish entry and exit point for the range and ensure all weapons are checked upon entry	Low	Military Cadre will physically clear all weapons	SSG Underhill SSG Fields	
	Inexperienced Firers	Moderate	Firer should receive PMI before entering their specific lane to fire Inexperience firers will be assign a personal supervisor or safeties Firers will only follow the instruction given from the tower NCO or Safeties	Low	Cadre / Staff will enforce range safety standards and provide remedial and continuous training on range operations, safety and weapons familiarity.	SSG Underhill SSG Fields SSG Miller	

MCWT-CSD

SUBJECT: Policy Memorandum – Adaptive Reconditioning for Soldiers in Warrior Transition Units (WTUs) and Community Care Units (CCUs)

ITEMS 5 THROUGH 12 CONTINUED:							
5. SUBTASK	6. HAZARDS	7. INITIAL RISK LEVEL	8. CONTROLS	9. RESIDUAL RISK	10. HOW TO IMPLEMENT	11. HOW TO SUPERVISE (WHO)	12. WAS CONTROL EFFECTIVE?
Personnel and Equipment Accountability	Loss of Personnel and Equipment	Moderate	OIC, RSO, and range safeties will conduct mandatory spot checks during training	Low	Cadre / Staff conduct accountability prior to, during and after range operations. Cadre	SSG Underhill SSG Fields SSG Miller	
Inadvertent entry into down range hazard area	Civilian and/or Soldiers inadvertently entering range area	Moderate	Cadre / Staff will ensure downrange area is clear prior to commencing live fire operations. Cadre and Staff will ensure any	Low	Cadre / Staff Secure entry and exits prior to commencing fire.	SSG Underhill SSG Fields SSG Miller	
Filling weapons with compressed air.	Over pressurized weapons	Moderate	Weapons properly pressurized and gauged	Low	Cadre / Staff properly trained on re-charging weapons. Cadre	SSG Underhill SSG Fields SSG Miller	
Environmental	Insect/ Snake bites	Moderate	Brief soldiers on the various types of wildlife that is hazardous and warn them not to handle or harass the wildlife	Low	Cadre / Staff will brief soldiers on wildlife considerations.	SSG Underhill SSG Fields SSG Miller	
Weapons	Ricochet hazards in the shoot house facility	Moderate	Conduct Walk through of facility with range control to identify broken, missing or unserviceable materials in complex that may cause ricochets	Low	Cadre / Staff conduct walk through with Hospital Safety Manager to ensure all proper safety measure are properly implemented.	SSG Underhill SSG Fields SSG Miller	