

Physician Assistant Section

I. GENERAL:

This section was not prepared as an authoritative or all-inclusive document, but as a “single cover resource” to provide a basic overview of the duties and responsibilities of a Physician Assistant before, during and after the deployment process. It is intended as a guide and not a replacement to Division or unit Standard Operating Procedures (SOP). Source documents have been listed at the end of some subject areas so that readers may refer to current editions for guidance.

In an atmosphere of constant change, down-sizing and streamlining, it becomes ever more essential for the Physician Assistant to be able to advise and assist their commanders on medical matters pertinent to the command to include preventive measures, curative measures, restorative care, and related services. This document is intended to be used as one of many resources in this process.

Don't ever forget:

**“An unhealthy soldier equals an unhealthy team
which equals poor mission performance
which equals an unhappy commander.”**

II. DUTY DESCRIPTION:

AOC 65D : Physician Assistant

Plans, organizes, performs and supervises troop medical care at Levels I and II; directs services, teaches, and trains enlisted medics; performs as medical platoon leader or officer-in-charge in designated units. Functions as a special staff officer to the commander, advises on medically related matters pertinent to unit readiness and unit mission. Participates in the delivery of health care to all categories of eligible beneficiaries; prescribes courses of treatment and medication when required and consistent with his/her capabilities and privileges. Provides specialized care in orthopedics, emergency medicine, occupational health, cardiac perfusion, and aviation medicine upon completion of appropriate specialty training programs. Assignments may also include special operations units for appropriately trained personnel. In the absence of a physician, the PA is the primary source of advice to determine the medical necessity, priority, and requirements for patient evaluation, and initial emergency care and stabilization of combat casualties. Functions as medical staff officer at battalion, brigade, division, corps, MACOM / MEDCOM, and DA levels, advising the commander on medical matters.

III. PHYSICIAN ASSISTANT ASSIGNMENTS

Many opportunities exist for an Army PA after graduation. Each assignment presents its own unique challenges and responsibilities. The vast majority of these assignments are in TOE units at the division level. In these units, the PA provides Level I and Level II medical care. Because of restrictions of federal law, female PA's cannot be assigned to direct combat units; including armor and infantry battalions.

In some situations, PAs find themselves assigned to TDA units. When assigned to a TDA unit PAs are often PROFIS'd (Professional Officer Filler System) to a TOE unit. This allows the PA to be assigned to TDA positions during peacetime and be part of a TOE unit during deployment.

Physician Assistants in an Armor or Infantry (Mech) Battalion:

One PA is assigned to each Armor and Infantry Battalion. This individual functions as the medical expert within that battalion. This PA serves as the Battalion Commander's advisor on all health issues regarding the unit and is expected to know all the answers in terms of health issues within the battalion.

In a garrison environment, the day begins normally with sick call at the Battalion Aid Station (BAS). The PA is the primary care provider for soldiers within the battalion. He/she provides primary medical care for soldiers within the battalion and gives the commander advice on the health of his/her soldiers. In many locations, following morning sick call at the BAS, the PA reports to the Troop Medical Clinic to provide medical care for those soldiers whose units lack organic medical support. At the TMC the PA may also provide additional services such as physical exams and minor surgical procedures. At isolated assignments where there are no Medical Treatment Facilities (MTF), PAs may perform minor procedures and physical exams within the BAS, as per local SOP. The PA also monitors medical issues within the platoon/company and ensures records are screened; immunizations are up-to-date; and medical supplies are ordered on a timely basis.

While in the BAS, the PA should monitor the medical equipment chests checking for accountability, availability, serviceability, and expiration dates. Since the PA will utilize this equipment in the field, it is essential that he/she ensures the equipment and medications are in optimal condition.

When the battalion deploys, the medical platoon is their medical support. Medical care is provided as far forward as possible. In today's Army, the rapidly changing battlefield requires medical support that is able to move quickly and stay with its unit. Medical personnel must be prepared to move at any time. The BAS is designed to split into two identical teams. The first team is comprised of a physician, a medical NCO, a medical specialist, and a driver. The second team is comprised of a PA, a medical NCO, a medical specialist, and a driver. Each module is capable of performing physical

assessments, providing advanced trauma life support, preparing patients for evacuation to the next echelon of care, and performing routine sick call.

In the Armor or Infantry unit, the medical treatment teams are known as the FAS (Forward Aid Station) and the MAS (Main Aid Station). The PA generally provides care at the FAS often operating only two kilometers from the actual battlefield. The team will monitor the battle and follow it as it moves. After the company medics and combat lifesavers treat the casualties on the battlefield, they will send patients to the PA in the FAS. The PA will continue to stay immediately behind the battle in order to treat patients in as timely a manner as possible.

Once the PA has treated the patients, they are sent to the MAS or the ambulance exchange point. At the MAS, the team headed by the physician would further stabilize the patient. At the ambulance exchange point, the patient will be taken directly to the next echelon of care, which will be at the Forward Support Battalion. These and many other challenges await those who are assigned to the Armor or Infantry battalion.

PA ASSIGNMENTS: Artillery

Artillery units provide PAs the challenge of being a “platoon leader” as well as a medical care provider. Field artillery units (ADA, FA), do not have authorizations for MSC officers; therefore, the PA functions as both medical and administrative officer. The PA is a member of the battalion staff and attends all staff meetings with the commander.

Mission: Most artillery units do not deploy as a battalion; they deploy batteries to support a particular task force (TF) or brigade. The BAS is usually co-located with the HHB element and provides Level I support to assigned and attached soldiers in the area. The PA also tracks the illnesses and injuries of the soldiers of the forward batteries to assist the S-1 replacement operations.

Food for thought: If assigned to these units, become familiar with FM 10-1-5. As the medical tactician and expert, the PA will be composing multiple operations orders and performing the Military Decision-Making Process (MDMP). Another manual to be familiar with is FM 8-55.

PA ASSIGNMENTS: DISCOM

A common duty position for PA's is the Division Support Command or DISCOM. In DISCOM PA's may be assigned to the Forward Support Medical Company (FSMC) or the Main Support Medical Company (MSMC). The FSMC provides support for the brigade assigned while the MSMC supports the division. MTOE equipment authorized to the FSMC and MSMC varies based on the type of division it supports. The FSMC is generally comprised of a headquarters platoon, treatment platoon and ambulance platoon. The MSMC has essentially the same structure, but also has a mental health section,

preventive medicine section, optical section, and division medical supply operations (DMSO).

Mission: To provide Level I and II health-service-support to the assigned brigade. They also re-supply and reconstitute the medical supplies of the supported brigade. The PA may be part of a “jump squad” that moves ahead of the Brigade support area as the tactical situation dictates.

Food for thought: Establish a dialogue with medical elements of all units supported. This will increase cohesiveness and improve communications during field training exercises and deployments.

V. UNIT READINESS

Unit readiness is essential for worldwide deployment with little or no notice. All Army units must be able to receive the mission and deploy quickly with a minimum of last minute preparation.

MEDICAL RECORDS : AR 40-66

Medical records are the property of the federal government and are maintained by a designated custodian. The Battalion Aid Station or MTF is the custodian for all soldiers' health records. Soldiers may make copies of health records, but originals are government property. The medical record is like a “library book.” You can sign it out for a short period of time, but it must be returned promptly. Maintaining personal possession of the medical records and failure-to-return medical records in a timely manner can result in UCMJ action IAW AR 40-676.

Battalion medical personnel should routinely screen each assigned soldier's medical record to verify the following:

- determination of deployment status
- current physical status
- current HIV
- blood type
- current mask optical insert/contact lens prescription
- current immunizations
- permanent profile status

Medical records are also required to accomplish the following tasks:

- periodic review by medical officer (IAW AR 40-66)
- hospital and IG inspections
- PSD and security background medical screening
- immediate access to medical history in case of emergency

PHYSICALS: AR40-501

TYPES OF PHYSICALS:

Periodic/Over 40: Every 5 years on the 5th birth year (ie. 25, 30, 35, etc.)-best if initiated 90 days prior to birthday

Retirement: Mandatory - initiate 120 days prior to signing out of unit.

ETS: Voluntary - Must be initiated not earlier than 120 days and not less than 30 days prior to the day the soldier is scheduled to sign out of the unit.

Special: Special Forces, Flight, Drill Sergeant, Airborne, ROTC, and OCS - must be completed within a reasonable period of time

Chapter Physicals: IAW AR 40-501 and AR 635-200

PERIODIC MEDICAL TESTS / EXAMS:

Periodic Physicals: Every 5 years during birth month (i.e. 25, 30, etc)

Eye Exam: Done in conjunction with periodic physical

HIV Blood Test: Every 2 years and 6 months prior to PCS

TB test: Annually

Hearing Test: Annually

Dental Exam: Annually during birth month

Dental Panorex: To be determined by DENTAC

DNA: One time only, mandatory.

Influenza: annually

PROFILES: AR 40-501 / AR 600-6 / FM 21-20

The profile is given to protect the soldier from further injury/illness, promote faster healing/recovery, and return the soldier to full duty as quickly as possible. The medical officer can use either the long profile form or the sick slip to limit the soldier's activity.

Both are authorized formats for temporary profiles. As per FM 21-20 a soldier is given two times the length of the profile (not exceed 90 days) to prepare for the APFT.

SICK SLIP: DD Form 689

The sick slip is used as a personnel-tracking mechanism for the unit when the soldier requests to go on sick call. The medical officer may use DD Form 689 to recommend duty-limitations for sick and injured soldiers under his or her care.

The sick slip has the following limitations:

- assign a temporary profile, not to exceed 30 days.
- give quarters up to 72 hrs

NOTE: The soldier's condition as well as the type of profile recommended (ie., temporary U-2) must be indicated on the DD Form 689. Instructions must be legible and signed by the medical officer making the recommendation.

LONG PROFILE FORM: DA FORM 3349

1. Defines what physical activities the soldier *may* perform.
2. Written remarks may denote which activities a soldier *should not* perform
3. Customarily used for temporary profiles 30 to 90 days in length.
4. Must be used for permanent profiles

Sometimes a soldier's profile conflicts with mission requirements. An ill or physically impaired soldier is ineffective. If directed to perform duties, it may cause further injury/illness to himself and/or others around him.

Permanent profiles:

Soldiers placed on permanent 3 or 4 profiles are nondeployable until such time as their case has been reviewed by the MOS/Medical Retention Board (MMRB). The MMRB will determine whether or not a soldier is fit for duty in his current MOS in a worldwide field environment. The MMRB has four options:

1. *RETAIN PMOS* - The soldier's medical condition does not preclude satisfactory performance of PMOS or specialty code physical requirements in a worldwide field environment. The soldier is fully deployable.
2. *PROBATION SIX MONTHS MAXIMUM* - A probationary period of up to six months may be granted for conditions which currently prevent a soldier from performing his duties but are expected to improve sufficiently to allow the soldier to fully function in his PMOS or specialty code in a worldwide field environment.
3. *RECLASSIFICATION* - The recommendation for reclassification or change of specialty code will be made only when the soldier cannot physically perform the full

range of PMOS or specialty code duties, but possesses the physical ability to perform another MOS or specialty code.

4. *MEB / PEB* - The soldier's assignment limitation or medical condition precludes satisfactory performance in any MOS or specialty code for which the Army has a requirement in a worldwide field environment, and the soldier is referred for a Medical Evaluation Board.

IMMUNIZATIONS

Many medical officers find themselves deploying with little or no notice. It is therefore paramount for PA's to keep up with the battalion immunization program. As mentioned earlier, the immunizations will vary based on your unit's mission; all divisions have some minimum requirements that will cover their Theater of Operation (TO).

MEDICAL INTELLIGENCE

As medical officers, it is important to know what diseases are endemic to the area in which you and/or the soldiers you provide medical care for will deploy. Prior identification of the medical threat is necessary in order to prepare soldiers for the deployment (ie malaria prophylaxis) and to ensure that you and your medical company are prepared to diagnose and treat illnesses that may not be routinely encountered in garrison. In most divisions, the Division Surgeon and the Division Medical Operations Center (DMOC) will provide medical officers with information on the medical threat. The following is a list of additional sources that may provide such information. These agencies can also give information concerning host nation hospitals and facilities.

Medical Intelligence Agencies

Armed Forces Medical Intelligence Center (AFMIC)
Ft. Detrick , Maryland
COMM 301-663-9154 AV 343-7154

Naval Environmental Preventive Medicine Units (NEPMU)
NEPMU 2 Norfolk, VA
COM 804-444-7671 AV 654-7671

NEPMU 5 San Diego, CA
COMM 619-556-7070

NEPMU 6 Pearl Harbor, HI
COMM 808-471-9505 AV 471-9505

NEPMU 7 Naples, Italy
COMM 011-39-81-724-4468 ext 4468

Walter Reed Army Institute of Research (WRAIR)
Washington, DC
COMM 202-576-3517/3553 AV 291-3517/3553

Epidemiology Service
Brooks AFB, TX
AV 240-2604

U.S. Army Special Operations Command
Office of the Command Surgeon
Attn: Medical Intelligence Section
Ft Bragg, NC 28307
COMM 910-432-5883/9829
FAX 910-432-4292

SUPPLIES

It is extremely important to deploy with all medications and supplies listed on your units UAL. There have been complaints over the years about medications being out of synchronization with current treatment plans, but obtaining the more expensive medications on your own could put your unit in a financial dilemma. Use your medical chain of command in order to request changes to the MES packing list.

Most deployment orders will give units guidance on how many days worth of supplies (DOS) to take on a mission. Be aware of the common ailments that will deplete your supplies quickly. Common sick call complaints include gastroenteritis, URIs, STDs, EENT disorders, and dermatological diseases. Patients should be instructed to take a six-month supply of any prescription medication they require with them on all deployments.

TRAINING

It is imperative that the PA conduct and supervise training of his medics whenever time allows. Preparation for combat during peacetime is essential and absolutely critical for perishable medical skills. Formal training at the BAS should be scheduled once or twice a week and put on the long-range training calendar so it is locked in and not preempted. Senior medics and PA's alike can provide training opportunities for the medical platoon/company.

In addition to regularly scheduled classes your medics will benefit from on-the-job training. Medics learn a great deal by evaluating patients using ADTMC guidelines and then "presenting" the patient to the PA. Medics must receive formal training prior to using the ADTMC patient-screening method. PA's should take one or two battalion medics to the Military Treatment Facility (MTF) each day to see patients jointly in the morning or the afternoon. Medics must practice IV placement, splinting, bandaging, suturing, and other critical patient-care skills in a formal setting.

The following list suggests specific training topics for formal or informal training:

1. Physical examination of the:
 - a. head, eye, ear, nose and throat
 - b. cardiac system
 - c. respiratory system
 - d. abdomen
 - e. genitalia / rectum
 - f. upper extremities
 - g. ankle / feet
 - h. cervical spine
 - i. thoracic spine
 - j. lumbosacral spine
 - k. hips
 - l. neurological system
 - m. integumentary system
 - n. musculoskeletal system
2. Treatment for shock
3. Open the airway
4. Vital Signs
5. Bandaging / Splinting
6. Triage
7. Pressure Dressings
8. Wound Management
9. Sucking Chest Wound
10. Penetrating Abdominal Wound
11. Amputations
12. IV Placement and Fluid Replacement
13. Primary Survey
14. Secondary Survey
15. Litter Carries
16. Manual Carriers
17. Ambulance Land Navigation (day / night & with night vision devices)
18. Cervical Spine Immobilization
19. Nine Line Medical Evacuation Request
20. Landing Zone Marking (day/night)
21. Jungle Penetrator / Stokes Litter / Skedko
22. Air Ambulance Loading / Unloading

Medics should attend and complete the following courses for professional development

1. Emergency Medical Technician Training (EMT)
2. Basic Cardiac Life Support Training (BCLS)
3. Expert Field Medical Badge Training (EFMB)
4. Algorithm Directed Troop Medical Clinic Training (ADTMC)

COMBAT LIFESAVER COURSE

A strong Combat Lifesaver Program is essential in all units. Combat Lifesavers (non-medical personnel providing basic emergency care) are great medical force multipliers and will be crucial on the battlefield. They must be trained and re-certified on a regular basis to reinforce skills and to replace soldiers who rotate to other units. Combat Lifesaver Bags are bought as complete sets and are considered “accountable” items. They can be issued on a hand receipt to the combat lifesaver. The bags can be easily stored in the Battalion Aid Station supply room and issued to each Combat Lifesaver as they are needed and returned upon completion of training. Company medics are responsible for inventory and replacement of expired, lost, or used items.