

PHYSICAL PROFILE

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

1. MEDICAL CONDITION

Back Pain - Thoracic Kyphosis

2.

P	U	L	H	E	S
3	1	1	1	1	1

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS

Bending, heavy lifting, jumping, carrying

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

6. AEROBIC CONDITIONING EXERCISES

- Walk at Own Pace and Distance
- Run at Own Pace and Distance
- Bicycle at Own Pace and Distance
- Swim at Own Pace and Distance
- Walk or Run in Pool at Own Pace

- Unlimited Walking
- Unlimited Running
- Unlimited Bicycling
- Unlimited Swimming

- Run at Training Heart Rate for ___ Min.
- Bicycle at Training Heart Rate for ___ Min.
- Swim at Training Heart Rate for ___ Min.

OK

7. FUNCTIONAL ACTIVITIES

- Wear Backpack (40 Lbs.)
- Wear Helmet
- Carry Rifle
- Fire Rifle

With Hearing Protection

- KP/Mopping/Mowing Grass
- Marching Up to ___ Miles
- Lift Up to ___ Pounds
- 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

TYPED NAME AND GRADE OF PROFILING OFFICER

J S ROMINE Col (MC)

SIGNATURE

Romine

DATE

9/02/20

TYPED NAME AND GRADE OF PROFILING OFFICER

SIGNATURE

DATE

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY

SIGNATURE

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 (For typed or written entries give: Name (last, first, middle); grade; SSN; hospital or medical facility)

UNIT

ORTHOPEDICS CLINIC DARNALL
ISSUING CLINIC AND PHONE NUMBER HOSPITAL
FORT HOOD, TX 76544

DISTRIBUTION
 UNIT COMMANDER - ORIGINAL & 1 COPY
 HEALTH RECORD JACKET - 1 COPY
 CLINIC FILE - 1 COPY
 MILPO - 1 COPY