

MEDICAL NEWS

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Maintaining good mental health through ongoing pandemic

By Russell Toof

Regional Health Command Europe

SEMBACH, Germany – The ongoing coronavirus outbreak has created new challenges for everyone. Normal routines have been replaced by unfamiliar isolation and adjustments to home-life, work, and school.

“There are a lot of folks who are fairly fed up, frustrated, fatigued, and bored after a year of physical distancing,” said Lt. Col. Emile Wijnans, the director of psychological health for Regional Health Command Europe. “That’s particularly true for elderly, teens, and parents.”

According to the Center for the Study of Traumatic Stress, stressors during a period of social distancing/quarantine can include: frustration and boredom related to the isolation, insufficient information, and fears about becoming infected and/or infecting others.

Wijnans advice is to accept that things have changed and may not return to pre-COVID conditions for a while or not at all. He says that focusing on what was, is a waste of energy.

“You’ll be better if you accept the restricted movement, forestalled plans, restlessness, and isolation,” said Wijnans. “Be patient with yourself and others. More importantly, recognize and appreciate all you do have.”

Wijnans also says one way to keep from

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(U.S. Navy photo by Mass Communication Specialist 3rd Class Harley K. Sarmiento)

Lt. Cmdr. Raben Talvo, Naval Medical Center San Diego’s (NMCS D) Office of Clinical Quality department head, administers the hospital’s first monoclonal antibody (mAb) treatment to a COVID-19-positive patient Jan. 26. Bamlanivimab, the mAb treatment, is administered under emergency use authorization (EUA) guidance from the U.S. Food and Drug Administration (FDA) to treat mild to moderate COVID-19 symptoms in some adult and pediatric patients who are at high risk for progressing to severe COVID-19 symptoms.

NMCS D administers hospital’s first mAb treatment to COVID-19 patient

By Petty Officer 3rd Class Jacob L. Greenberg
Naval Medical Center San Diego

SAN DIEGO –Naval Medical Center San Diego (NMCS D) administered the hospital’s first monoclonal antibody (mAb) treatment to a COVID-19-positive patient Jan. 26.

Bamlanivimab, the mAb treatment, is administered under emergency use authorization (EUA) guidance from the U.S. Food and Drug Administration (FDA).

According to the FDA’s Dec. 11 Fact Sheet for Health

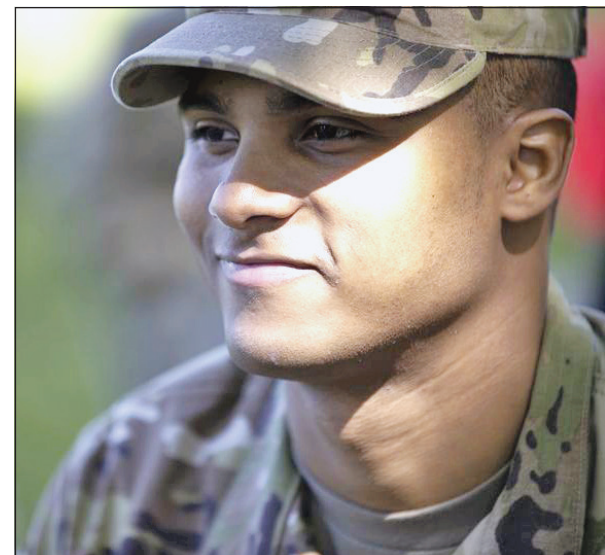
Care Providers EUA of Bamlanivimab, the product is for the treatment of mild to moderate COVID-19 in adults and pediatric patients (12 years of age and older weighing at least 40 kg) with positive results of direct SARS-CoV-2 viral testing, and who are at high risk for progressing to severe COVID-19 and/or hospitalization.

“This is a historic event for our facility,” said Lt. Cmdr. Raben Talvo, NMCS D’s Office of Clinical Quality department head. “The treatment is infused via IV, and

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(Photo by Russell Toof)

U.S. Army Sgt. Eduardo Hiraldo poses for a photo.

Refractive eye surgery gives warfighters the visual edge

By Jerome Mapp

Womack Army Medical Center

WOMACK ARMY MEDICAL CENTER, Fort Bragg, N.C. – On the fifth floor of this sprawling Medical Center is the Ophthalmology Clinic, where a team of doctors and nurses performs a type of surgery on warfighters to strengthen their visions and give them the edge in performing their missions.

Called refractive eye surgery, the Warfighter Refractive Eye Surgery Program (WRESP) is a free service that is offered to active-duty Soldiers, Sailors, Airmen, Marines, and Coast Guard personnel, according to LTC David L. Greenburg, chief of Surgery, which includes the Ophthalmology Clinic. The program began at the Medical Center in 2000.

“We are a referral center for service members from the central [North] Carolina marketplace and

offer LASIK (Laser Assisted In-SITU Keratomileusis), PRK (Photorefractive Keratectomy), Implantable Collamer Lens, and clear lens exchange,” Greenburg said.

LASIK is commonly referred to as laser eye surgery or laser vision correction, a type of refractive surgery for the correction of myopia (shortsightedness), hyperopia (farsightedness), and astigmatism (a refractive error in which the eye does not focus light evenly on the retina). PRK is a type of laser surgery that can improve vision. Implantable Collamer Lens is an intraocular lens (IOL) that can be implanted into the eye without removing the natural lens. IOL refers to a lens implanted in the eye as part of a treatment for cataracts or myopia. Clear lens exchange is a surgical procedure for vision correction that replaces the natural lens of the eye with an IOL lens.

“The military recognizes refractive surgery as a tremendous benefit to the warfighter. When downrange, it is imperative that our service members see well so that they can perform their mission,” Greenburg said. “Traditional options to treat refractive errors, such as glasses and contact lenses, can have significant limitations in a downrange environment. Corneal complications can negatively impact a service member’s readiness.”

Greenburg said that patients who elect to undergo this surgery find a tremendous benefit to being less dependent on glasses and contact lenses. He said that refractive surgery at WAMC is a safe and effective method to eliminate or reduce the need for eyewear.

At this time, only active-duty service members are eligible for the program if they meet the following criteria: approval by their commanding officer; no adverse personnel actions pending; at least six months remaining on active duty; had a eye exam within the past 12 months (Optometry); meet refractive requirements, which is determined during preoperative exam; and are able to meet all preoperative and postoperative appointments.

During the screening process, the WRESP team will determine the medical candidacy for each applicant and assist with recommending an individualized surgical option to best meet the candidate’s needs.

Greenburg said that once a potential patient is identified, the procedure for correcting the beneficiary’s vision is quick and typically only takes a few minutes.

“Our patients often remark with shock at how quickly these life-changing surgeries can be performed,” he said, but cautioned that the evaluation process can take time.

Service members interested in obtaining refractive surgery do not require a consult placed by their primary care or unit providers. Instead,



(Photo by Jerome Mapp)

A surgical team with the Warfighter Refractive Eye Surgery Program at Womack Army Medical Center at Fort Bragg monitors the progress of a patient’s surgery inside the Ophthalmology Clinic’s Refractive Surgery suite.

they can initiate the process online at the WAMC Refractive Surgery website and electronically submit the packet. The clinic will contact the service member to coordinate the remaining administrative and clinical tasks.

Greenburg acknowledged that Refractive surgery is not a great fit for everyone. He said that the clinical evaluation process identifies service members who are deemed safe candidates for surgery and excuses those who do not screen well.

“Some people may prefer to wear glasses or contacts to correct their refractive error. These technologies have worked wonderfully for many people for decades,” Greenburg said.

“We do emphasize [however] that contact lenses should never be worn in a field environment and that proper hygiene is critical for safe contact lens wear. Inappropriate use of contact lenses is a common cause of corneal infections. Some of these infections have caused permanent loss of vision.”

He said that the WRESP team was on track to treat more than 2,000 eyes in 2020 before COVID-19 precautions impacted their ability to perform elective appointments and surgeries.

“We have developed processes to safely bring patients through the clinic, while still following spacing and cleaning guidelines,” Greenburg said.

Prior to December 2020, the Ophthalmology and Refractive Surgery clinics were in separate locations

within the Medical Center. Today, the Refractive Surgery suite is located with the Ophthalmology Clinic on the fifth floor of the hospital’s nursing tower at the Reilly Road entrance. Greenburg said that the new location offers sufficient space to adhere to COVID-19 guidelines, while still maintaining a robust clinic.

He noted that successful eye surgery is based on visual acuity at a distance. The vast majority of patients have 20/20 vision or better without glasses.

“Many of them consider the choice to undergo refractive surgery one of the best decisions of their lives in terms of improving their quality of life,” Greenburg said.

The Refractive Surgery center at Fort Bragg was the first one placed into operation in the Army and has been the busiest center in the Army as well, according to the WRESP team.

“The depth of experience among our technicians exceeds any laser center in the Army as well,” said the WRESP team. “The recent addition of the WaveLight excimer laser platform is state-of-the-art technology and will offer our active-duty population the latest technology in reducing their dependence on spectacles.”

To learn more about WRESP or to submit an application, click here to access the website: womack.tricare.mil/Health-Services/Vision/Warfighter-Refractive-Eye-Surgery-Program

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2-8 Cav. Reg. medics train to react, save a life

By Sgt. Alexandra Shea

319th Mobile Public Affairs Detachment

PABRADE, Lithuania – “You have a 30-year-old active-duty infantryman lying on the ground. He’s been hit by a land mine,” said Capt. Matteson McCarty, 2nd Battalion, 8th Cavalry Regiment’s physician assistant. “You are under direct enemy fire. Your time starts now.”

“Battle buddy, can you move to cover,” shouted Pfc. Timothy Correa to a motionless body lying in front of him. “Battle buddy, can you return fire, render self-aid?”

The Trooper did not respond.

Correa, a combat medic specialist assigned to Alpha “Animal” Company, rushed forward to the fallen comrade, ready to use his skills to do what he can to save the fallen Trooper’s life.

“Today we are conducting Tactical Combat Casualty Care to ensure the validation of all of our medics to assess and treat battlefield casualties,” McCarty said. “They run through their algorithms to treat the most common preventable causes of death on the battlefield.”

Approximately 19 Troopers from across 2-8 Cav. Reg. participated in the training Jan. 30, 2021, to identify their strengths and weaknesses within the wide arena of battlefield medicine. Each medic was allotted 30 minutes to assess their mock casualty who presented with several injuries to include a sucking chest wound, limb amputation, blast injury, tension pneumothorax, and obstructed airway to name a few.

“It was nerve-racking,” Correa said. “This is an opportunity for me to brush

up on anything I’m missing and have that one-on-one feedback from the physician assistant and platoon sergeant. It’s good to be as prepared as possible for anything that happens [to someone].”

“There are a few things we need to tweak, but so far everyone is doing really well,” said Staff Sgt. Ryan Waldo, treatment noncommissioned officer in charge at the battalion’s aid station. “This helps create muscle reactions, so in a firefight, they can react and save a life.”

As the medics completed their timed training, their casualties were played by volunteer Troopers with names and faces the medic recognized. The volunteer casualties provided additional stress to further assist the medics with achieving the muscle memory Waldo spoke about.

In a resource-constricted environment like the Pabrade Training Area, Lithuania, measures must be taken to maximize efficiency and control consumption rates. While this proved a challenge in planning life-like training, volunteers filled a crucial role.

Volunteers allowed the medics to provide actual treatments such as needle sticks, nasal pharyngeal tube placement and bandaging.

“Thank you to all of our volunteers,” Waldo said. “If you are always notionalizing things like this, you never get the actual training. We train as we fight.”

Waldo and his staff took a week to organize and resource the training, volunteers, trainers, and observers.

“I appreciate our volunteers, they gave us valuable experience so we can do our jobs,” Waldo said. “It helps our medics to be the best of the best.”



(U.S. Army photos by Sgt. Alexandra Shea)

Above: Combat medic specialists assigned to 2nd Battalion, 8th Cavalry Regiment, treat a simulated battlefield casualty during a Jan. 30, 2021, Tactical Combat Casualty Care assessment at the Pabrade Training Area, Lithuania. Participating in the assessment will strengthen and skills needed to help save a life on a battlefield.



Left: Pfc. Lucas Buchanan, a medic assigned to Headquarters, Headquarters Company, 2nd Battalion, 8th Cavalry Regiment, places a tourniquet to a simulated casualty suffering a notional leg amputation during Tactical Combat Casualty Care assessments Jan. 30, 2021. The assessment will help identify strengths and weaknesses of the battalion’s medics so future custom training can be implemented.

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• mAb treatment (Continued from front page)

[is designed] to decrease or slow down the replication of the virus in the patient. We're preventing the patient's symptoms from getting worse, thus lessening the strain on our healthcare facility."

Talvo, a registered nurse, administered the mAb treatment and adhered to the FDA's high-risk patient guidelines.

"[The treatment] is a one time, one hour infusion plus one hour of observation," said Talvo. "It's key for us to identify potential patients who have not only tested positive for COVID-19, but have experienced an onset of symptoms within 10 days before we can offer this treatment. These potential patients would have had mild to moderate symptoms for 10 days or less, and this treatment is not for people who are currently admitted into a hospital due to their symptoms."

Capt. Juliann Althoff, NMCS D's chief medical officer with a background in preventative medicine and a public health physician by trade, said the mAb therapy is currently being administered through local health systems and other military training facilities.

"It's given as an outpatient infusion with the goal of minimizing severe illness and hospitalizations," said Althoff. "In addition to the public health essentials of physical distancing and mask-wearing, and the upcoming rollouts of vaccines, [mAb therapy] is an additional option we can now offer our beneficiaries."

Lt. Cmdr. Alison Lane, NMCS D's

Infectious Diseases division head, said the hospital offers the mAb treatment infusion to all eligible patients, but the decision to proceed is reached via an individualized, shared decision-making process with each patient.

"Getting the mAb treatment to the right patients at the right time to safely maximize potential benefits is logistically challenging," said Lane. "We've been able to work through these issues at NMCS D with strong, multidisciplinary cooperation between directorates."

Lane echoed her colleagues' thoughts that preventing hospital admissions for COVID-19 is not only beneficial to individual patients, but also reduces strain on this hospital and the healthcare system as a whole.

Vaccinations, novel treatments, social distancing, mask wearing and hand washing are just some of the ways that NMCS D is working to overcome the COVID-19 pandemic.

NMCS D's mission is to prepare service members to deploy in support of operational forces, deliver high quality healthcare services and shape the future of military medicine through education, training and research. NMCS D employs more than 6,000 active duty military personnel, civilians and contractors in Southern California to provide patients with world-class care anytime, anywhere.

Visit navy.mil or facebook.com/NMCS D for more information.



(U.S. Navy photos by Mass Communication Specialist 3rd Class Harley K. Sarmiento)

Above and below: Lt. Cmdr. Raben Talvo, Naval Medical Center San Diego's (NMCS D) Office of Clinical Quality department head (left), and Hospital Corpsman 1st Class Angela Ramirez (right) administer the hospital's first monoclonal antibody (mAb) treatment to a COVID-19-positive patient Jan. 26. Bamlanivimab, the mAb treatment, is administered under emergency use authorization (EUA) guidance from the U.S. Food and Drug Administration (FDA) to treat mild to moderate COVID-19 symptoms in some adult and pediatric patients who are at high risk for progressing to severe COVID-19 symptoms.



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• Health (Continued from front page)

focusing on those changes brought on by COVID is to commit to realistic goals you can control such as daily exercise, the amount of sleep one would get or diet.

"Focus on the here-and-now and the short term," said Wijnans. "Get involved doing immersive activities. It's also import to reduce the amount of news you get from social media. Research has shown the more news you get from social media, the more anxious you get. So try to get your news from reputable resources."

Wijnans added that until the risk of COVID is substantially reduced, it will remain important to continue to wear

masks, practice physical distancing, and to make an informed decision to get the COVID vaccine when it's available.

"We're a resilient, social species and we'll get through this," said Wijnans.

Behavioral health specialist like Wijnans encourage you to reach out for help if needed. If you feel overwhelmed, talk to a health worker or counsellor. Have a plan of where to go and how to seek help if required.

For more information on how to support your health and well-being during COVID-19, visit www.cdc.gov, phc.amedd.army.mil/covid19 or www.cstsonline.org.

Army & Air Force Exchange Service bringing chiropractic, dental, optometry and more wellness services to military community in 2021

By Marisa Conner

Army & Air Force Exchange Service HQ

DALLAS – The Army & Air Force Exchange Service is bringing more chiropractic, dental and medical equipment services to military communities in 2021.

The Exchange plans to open its first chiropractic offices in 2021, providing new and convenient healthcare services to the military community. The Exchange plans on expanding this service throughout CONUS over the next few years, offering the same services across all locations to ensure continuity of care as our military families PCS to new locations.

“With Exchange wellness offerings, service members and families can get what they need without having to go off the installation,” said Air Force Chief Master Sgt. Kevin Osby, Exchange senior enlisted advisor. “The Exchange remains committed to making life better for military communities throughout 2021.”

Exchange wellness services currently include:

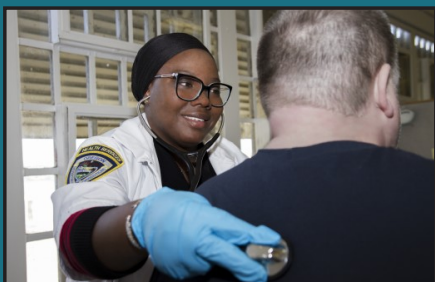
- 139 optical and optometry clinics.
- 17 durable medical equipment shops (seven additional Exchange locations)

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(Photo by Marisa Conner)

The Army & Air Force Exchange Service is bringing more chiropractic, dental and medical equipment services to military communities in 2021. The wellness services are part of the Exchange’s BE FIT program, which takes a holistic approach to health and well-being.



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Physical therapy: Run, walk, run again

By Senior Airman Jennifer Gonzales
86th Airlift Wing/Public Affairs

In all my life, I never thought I'd need physical therapy. Sure, I struggled with some aspects of exercising. Not everyone's built the same. Despite that, I was still surprised when my shins and back decided to give out on me during a regular physical training session.

Imagine burning-hot jagged lines shooting vertically through your shins, coupled with an ache that feels as if a bubble is bursting inside your spine. Then that bubble causes crackling pain to travel through your hips and half-way down your thighs.

Welcome to my world. The elements of the earth, metaphorically speaking, struck me all at once. I didn't tell anyone this happened. Why?

I figured no one would believe me or I was just trying to get out of exercising. Physical problems beyond broken bones aren't exactly easy to prove. As a result, I continued on as normally as I could. My lower back ached with a burning pain whenever I walked too long, and even more so when I ran. My shins felt as if they were bowing each time my foot landed on the ground while running. Even the gentlest press of my finger against them resulted in pain.

After two months, I finally couldn't take it anymore, so I made an appointment with my primary care provider. I told him everything that happened and how long it had been going on. After an examination, he told me I may have had a stress fracture. An X-ray confirmed I didn't, so the more likely culprit of my pain was shin splints, which also may have had something to do with my back pain.

Thus, I was referred to physical therapy. The first two appointments were virtual because of COVID-19, both of which my provider and I spoke about what kind of pain I was having and which exercises I could do at home to try and alleviate it. For my shins, I was told not to run or participate in any exercises involving jumping. For my back, I was instructed to avoid sit-ups and to do a few specific stretches to get my back muscles more flexible.

At first, each stretch hurt more than I care to admit and my range of motion wasn't very far. I couldn't even do 'good mornings' correctly. On top of that, watching my peers run during physical training left me with a sense of longing. I wanted to get better, 'get back on the horse,' so to speak, but I knew it would take time.

Within a couple of weeks, though, I noticed the pain eased up a bit. Stretching felt better and I believed my flexibility was improving.

About a month into doing as instructed, I went for an in-clinic visit. My legs hurt less so I figured it was time to try running again, yet I was still feeling some pain in my back. After some chiropractic stretches from the physical therapist, it was concluded that my back muscles as well as my hamstrings, were incredibly tight. I was given the option to do foam-rolling and hamstring stretches. Foam rolling felt a little strange at first, but the more I did it, the better it felt.

There were days when I wanted to give up. Even though I was feeling improvement, it wasn't fast enough and it's not fun feeling like the weak link. However, I learned patience is key. I kept telling myself everyone is built differently and to have patience with myself.

All of that brings us to now. Physical therapy has helped me tremendously and I encourage anyone who may be having difficulties to reach out to your PCM. Personally, I wish I'd done it sooner. I'm continuing to improve and I hope to be back in tip-top shape within the next few weeks.



(U.S. Air Force photo by Senior Airman Jennifer Gonzales)

U.S. Air Force 1st Lt. Spencer Carrier, 86th Operational Medical Readiness Squadron physical therapist, performs a chiropractic adjustment on Staff Sgt. Randy Sayer, 86th OMRS physical therapy technician, at Ramstein Air Base, Germany, Jan. 13, 2021. Chiropractic can be used on patients to improve spinal flexibility.

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● **Wellness**

(Continued from page 5)

projected to open in 2021).

• 9 dental offices (eight additional Exchange locations projected to open in 2021).

Exchange wellness locations accept TRICARE and most insurances, when applicable.

For more information regarding services available at each installation, shoppers can visit the Exchange's Community Hub at ShopMyExchange.com/wellness.

Protecting the force remains the Exchange's top priority during the COVID-19 pandemic. All Exchange locations, including wellness offices, adhere to Department of Defense guidelines and Centers for Disease Control recommendations to provide a safe, sanitized and secure experience for the military community.

The Exchange's BE FIT program also offers better-for-you dining choices at Exchange restaurants and all the latest fitness equipment and gear in stores. Warfighters and families can also find wellness tips, products and solutions in the BE FIT section of the Exchange's Hub page and the Exchange's Facebook, Twitter and Instagram pages.

Facebook-friendly version: The Exchange BE FIT program's holistic approach to health and well-being includes wellness services such as chiropractic, dental and optometry offices, as well as durable medical equipment stores. Learn how the Exchange is helping make life better for the military community: wp.me/p9Q7PG-1DP.

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Media Notes:

For more information or to schedule an interview with an Exchange representative please contact Marisa Conner at 214-312-5111 or connermar@aafes.com.

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