

# MEDICAL NEWS

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## What's Your Warrior?

*Physical therapy specialists support soldier readiness*

By Pfc. August Johnson

24th Theater Public Affairs Support Element

FORT BLISS, Texas – Physical therapy isn't simply for regaining physical function or mobility after a serious accident or severe injury. By diagnosing and treating musculoskeletal problems as soon as they occur, physical therapy is an excellent tool for promoting mobility, reducing discomfort, and regaining function.

This is just some of the information that Sgt. 1st Class Victoria Praise, a physical therapy specialist at the William Beaumont Army Medical Center on Fort Bliss shared about the significance of physical therapy.

U.S. Army physical therapy specialists at Fort Bliss work tirelessly to help Soldiers become strong, resilient, and physically fit so they can continue performing their duties to their fullest ability.

"We make a tremendous impact," said Praise. "By keeping people healthy, they're able to do their jobs here and downrange."

Soldiers need adequate mobility and

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U.S. Army photo by Pfc. Marquis McCants

*Spc. William Webster, a physical therapy specialist assigned to William Beaumont Army Medical Clinic, monitors a patient doing a calf strengthening exercise during a physical therapy session.*



Photo by Sgt. Erin Conway

*18th Field Artillery Brigade leadership and Soldiers pose with Sgt. Hunter Thomas and Spc. Liam Riley at the Expert Field Medical Badge award ceremony. The brigade sent four soldiers to the competition this year, but only Thomas and Riley made it all the way through.*

## Two 18th Field Artillery Brigade Soldiers earn their Expert Field Medical Badge

By Sgt. Erin Conway

XVIII Airborne Corps Public Affairs

FORT BRAGG, N.C. — Two 18th Field Artillery Brigade Soldiers stood proudly in the chilly Fall air on Pike Field on Fort Bragg the morning of Oct. 28. The two were among 39 individuals who, just hours earlier, completed a 12-mile ruck march and earned the title of "Expert Medic."

Sgt. Hunter Thomas, an Army physical therapy specialist, and Spc. Liam Riley, a combat medic, both assigned to HHB, 18th Field Artillery Brigade, earned the coveted Expert Field Medical Badge after weeks of hard work, training and testing. The EFMB is the non-combat equivalent of the Combat Medical Badge.

The competition, hosted this year by the 44th Medical Brigade, started with 150 Soldiers attempting to earn the EFMB. Only 39 succeeded. The Soldiers went through 21 days of mental and physical stress, completing a physical

fitness test, a written test, day-to-night land navigation, three combat testing lanes, and a 12-mile ruck march.

Of the four Soldiers the 18th Field Artillery Brigade sent to the competition this year, only Thomas and Riley successfully made it to the end. Riley earned the title of "No Blood." No Blood means Riley made it through all events without getting a single "no-go" and was in the top 3% of the awardees. Riley, while extremely exhausted and sore standing at the award ceremony, said he was happy.

"I am elated, you just can't hear it in my voice," Riley joked after being pinned.

Riley said the hardest part of the 21 days for him was the TC3 Lane toward the end of the competition.

"I assumed I failed off the rip," Riley said. "I kept going though and somehow made it through with no errors on the whole lane."

Thomas echoed Riley's sentiment, saying he felt good

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# Collaboration ensures focus on sustainment for new medical devices

By C.J. Lovelace

U.S. Army Medical Logistics Command

FORT DETRICK, MD — Collaboration between U.S. Army medical materiel developers and sustainers means that new devices fielded to the warfighter not only provide the required capabilities, but also longevity and durability in the field, as well as value to the American taxpayer.

The partnership between the U.S. Army Medical Materiel Development Activity, the medical materiel developer, and U.S. Army Medical Logistics Command, the Army's medical materiel life cycle management command, continued to grow during a recent operational field test of new equipment at Fort Campbell, Kentucky, in late September.

There, operators and product managers from USAMMDA got a first-hand look at the capabilities of new X-ray systems being developed for veterinarian detachments.

At the same time, it provided an opportunity for AMLC's Integrated Logistics Support Center, or ILSC, to evaluate the sustainability of that device, considering future preventative maintenance, calibration and repair requirements.

Jessy Moore, a health care technology manager from the ILSC's Readiness and Sustainment Directorate, or R&S, observed the test to consider those sustainment needs.

"My role was just to observe the test plan and see how the end users, the clinicians use the device, and also observe the 68As, or medical maintainers, and how they were able to read the manual and conduct a preventative maintenance inspection and calibration verification of the equipment," Moore said of the test event Sept. 27-29.

While observers from ILSC don't participate directly in the field test, which is managed by USAMMDA, Moore said there's plenty to monitor and consider.

How will the medical maintainers be able to repair the device if it breaks down? Do they have the right test equipment, tools and skills to sustain the device, once its fielded and transitions to sustainment?

The ILSC's responsibility is to influence supportability and sustainment during the acquisition life cycle so that product development and modernization will result in supportable, sustainable and affordable medical equipment before a device is fielded to the force.

Moore said a sustainment-oriented review of an operational test can catch certain things that may pose problems in the future, such as needing more expansive and explanatory repair manuals that include photos or step-by-step instructions to clearly convey how to repair and conduct preventative maintenance on a device in the field.

"If we catch it early, sustainment isn't an afterthought," Moore said. "If the device was already fielded and we didn't take those into consideration, it makes it more difficult to sustain that device."

Planning for sustainment on the front end of a device's life cycle can save the Army time and money in the form of unforeseen repairs, parts and training for operators and maintainers alike.

"It all snowballs if things are missed early in the acquisition process that could have been easily identified had we had a presence during that operational test," Moore said.

R&S Director Pam Wetzel emphasized the importance of the partnership between AMLC and USAMMDA, which serves as the product manager, or PM, for new medical devices, especially at the start of the procurement process.



Courtesy photos by Austin Langdon/released

**Soldiers and civilians assigned to the U.S. Army Medical Materiel Development Activity (USAMMDA), U.S. Army Medical Test and Evaluation Activity, U.S. Army Medical Logistics Command and 72nd Medical Veterinary Service Support Detachment collaborated to test the Vet X-ray Apparatus-Small at Fort Campbell, Ky., Sept. 29v. The collaboration tested the feasibility of expeditionary lab equipment to fill a critical gap in U.S. military veterinary medicine in austere environments. USAMMDA, is the U.S. Army's premier developer of new drugs, vaccines, devices and medical support equipment, routinely partners with both U.S. Department of Defense units and non-DOD organizations to provide Warfighters high-quality medical capabilities.**

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# BAMC offers new prostate cancer therapy for patients

By Lori Newman

Brooke Army Medical Center Public Affairs

JOINT BASE SAN ANTONIO, Texas—The Brooke Army Medical Center Department of Nuclear Medicine is now offering a newly approved treatment for patients who have prostate cancer.

Other than skin cancer, prostate cancer is the most common cancer in American men. The American Cancer Society estimates that 268,490 men in the United States will be diagnosed with prostate cancer this year.

On March 23, the Food and Drug Administration approved the use of lutetium Lu 177 vipivotide tetraxetan for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer (mCRPC) who have been treated with androgen receptor pathway inhibition and taxane-based chemotherapy.

On the same day, the FDA approved gallium Ga 68 gozetotide, a radioactive diagnostic agent for positron emission tomography (PET) of PSMA-positive lesions, for patients with metastatic prostate cancer for whom lutetium Lu 177 vipivotide tetraxetan PSMA-directed therapy is indicated.

According to the FDA, this is the first radioactive diagnostic agent approved in the use of a radioligand therapeutic agent. Radioligand therapy combines a targeting compound that binds

to markers expressed by tumors and a radioactive isotope, causing DNA damage that inhibits tumor growth and replication. This therapeutic approach enables targeted delivery of radiation to the tumor, while limiting damage to the surrounding normal tissue.

PET is a functional imaging technique that uses radioactive substances known as radiotracers to visualize and measure changes in metabolic processes, and in other physiological activities including blood flow, regional chemical composition, and absorption.

“What makes this treatment unique is the PSMA is used for PET imaging and for treatment,” explained U.S. Army Lt. Col. (Dr.) Nathan McWhorter, Department of Nuclear Medicine chief. “One type of radioactive particle is tagged to the pharmaceutical for imaging and a different type of radioactive particle is attached to the same pharmaceutical for treatment. This is called a theranostic. Theranostics is a treatment strategy that combines therapeutics with diagnostics.”

McWhorter said they are very excited to be able to offer this new treatment to patients here at BAMC.

“This has been a highly anticipated treatment. We have had several of our referring doctors from urology and radiation oncology who’ve been anxiously awaiting the arrival of this treatment,” he said.

“We are the first military medical



U.S. Army photo by Jason W. Edwards

**U.S. Army Lt. Col. Nathan McWhorter, chief of Nuclear Medicine, consults with patient, Harold G. Overstreet, retired Sgt. Maj. of the Marine Corps at Brooke Army Medical Center, Fort Sam Houston, TX, Sept. 27. Overstreet is undergoing a new treatment for prostate cancer patients which is combined with a specific type of positron emission tomography (PET) imaging agent for prostate cancer. The PET imaging allows the doctor to see where the cancer is located as well as the extent of metastasis. The new FDA-approved prostate-specific membrane antigen (PSMA) PET imaging scan significantly improves prostate cancer detection and treatment.**

treatment facility to offer this new treatment,” he added.

The treatment consists of a small volume of the drug being infused through IV injection every six weeks for up to six treatments.

“We can’t say this is a cure, but it has shown to be very successful with prolonging not only the patients’ life, but also improving their quality of life,” McWhorter said. “We want our patients to be able to get out, go places, do things and live the life they want to live and not worry as much about the cancer they have.”

Retired Sgt. Maj. of the Marine Corps Harold G. Overstreet is the first patient at BAMC to receive the new treatment.

“I often tell people, regardless of what their ailment is, if you live long enough, they will find a cure sooner or later,” Overstreet said. “I think this is the next evolution, the next step. I’ve been going through cancer treatment for 20 years now and I think each one of them gets a little better.”

“I feel very fortunate to have been selected to be the first one here to receive this treatment,” the 78-year-old added. “Everybody has been very enthusiastic and supportive. The treatment you get here at BAMC is top shelf, there’s none better. I believe military medicine is the best you can get.”

McWhorter said, “Our mission in Nuclear Medicine at BAMC is straight forward; we want the best, most state-of-the-art medicine available so our patients can have the highest quality of life.”

## • Warrior (Continued from front page)

strength to execute at their fullest potential both on and off the battlefield. Specialists examine a Soldier’s capacity to complete a task physically without suffering an injury and maintaining optimal performance.

Physical therapy specialists like Praisal can treat a variety of injuries but specialize in treating musculoskeletal injuries in post-operation patients.

U.S. Army Sgt. Christopher Moore, another 68F also assigned to WBAMC spoke of the functions and responsibilities

of technicians, drawing importance to their ability to make Soldiers feel safe and secure.

“This MOS [military occupational specialty] is about making sure people are educated more about their injuries and that they feel safe in their environments back home,” said Moore.

Specialists guide patients through prescribed rehabilitative exercises and monitor the patient to ensure they are performing the movements correctly.

Moore thought fondly of the time he spends with patients, attributing the fulfillment of his work to the light conversational nature of his profession and his passion for physical exercise.

“It’s one of the main reasons I joined this MOS,” described Moore. “The satisfaction that I get from walking someone out the door and they feel better about their situation and their injury is one of the most rewarding things about working in the hospital.”



U.S. Army photo by Pfc. Marquis McCants

**U.S. Army Spc. William Webster, a physical therapy specialist assigned to William Beaumont Army Medical Clinic, assists a patient with putting on equipment during a physical therapy session. Army physical therapy specialists work hard to help Soldiers recover so they can get back to the fight.**

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# Air Force SMART program sustains their readiness, currency through tailored training

By Shireen Bedi  
Air Force Medical Service

The Air Force's Sustained Medical and Readiness Trained, or SMART, program has become a dynamic training platform. Through tailored training and multidisciplinary opportunities, Air Force medics retain their currency and are ready for the fight.

Through a partnership with the University Medical Center of Southern Nevada, the SMART program provides medics with necessary hands-on patient experience needed to excel in their medical specialty. While the program is one of U.S. Air Force School of Aerospace Medicine's five geographically separated units, it stands out as the only currency training site of its kind, boasting exposure to complex patient cases, and instruction catered to the needs of each medic attending the two-week course.

"We are not a simulation lab-based program. We are purely clinical and medics are going to get hands-on patient care experience they may not always see at their military treatment facility," said Lt. Col. Matthew Fain, site director for the Air Force's regional currency site in Las Vegas, Nevada and SMART program critical care instructor. "You are going to be on the floor taking care of patients, you are going to be in the oper-

ating room assisting with a surgery, or you might be the surgeon conducting the procedure. The skillsets are based on your medical specialty, whether you are an intensive care unit doctor or a respiratory therapist, we are going to focus on what you need to be successful."

Because of this flexibility, the SMART program has remained responsive to changing deployed medical requirements.

"Throughout the two weeks, the medics, from physicians to technicians, each share in the education of each other's specialty," said Maj. Jennifer Armengual, a registered nurse and SMART program chief of education and training. "We [meet] at the end of the day to share experiences at all levels of care."

As Fain explains, this multidisciplinary approach enables medics to translate skills from everyday clinical environments to deployed locations.

"I have received critical care air transport team training where you can't be successful if you just stick to your medical role," said Fain. "In those environments, we are working in such small teams that our roles overlap, and we need to know how to do that well. We try to bring that mindset into the SMART program training.

"For example, we had a phy-



Courtesy photo

*Maj. Daniel Nguyen, anesthesiologist, center, and Tech. Sgt. Lisette Wright, medical technician, right, observe a mock patient at the University Medical Center of Southern Nevada's Trauma Resuscitation Unit in Las Vegas, Nevada, Oct. 24. Nguyen and Wright are both part of a cadre of Air Force instructors who are part of the Air Force's Sustained Medical and Readiness Trained, or SMART, program, which is one of U.S. Air Force School of Aerospace Medicine's five geographically separated units. The SMART program ensures Air Force medics receive the appropriate clinical currency to retain their readiness.*

sician assistant attend the program who worked close to the front lines and he wanted to know how to dress and care for wounds. We connected him with a burn team where he worked with nurses and physicians to

become more comfortable taking care of extensive wounds."

The SMART program also complements the deployed-focused Center for the Sustainment of Trauma and Readiness Skills training platform by building clinical skills and providing exposure to complex patient cases and high patient volumes.

"The SMART program is like learning to walk before you run," said Fain. "If you are not used to taking care of patients on a ventilator or you're not used to seeing those big orthopedic surgery cases, then we can bring you up to speed for those skills. This then prepares you for the specialized training at C-STARS that trains you to do your job in more challenging environments."

The SMART program is run through USAFSAM, which is part of the Air Force Research Laboratory's 711th Human Performance Wing. Each year, the SMART program trains more than 200 medics and relies on a cadre of 13 Air Force medics who are full time at UMC.

"Because the cadre embeds here, we have built trust and familiarity with our civilian

counterparts," said Armengual. "As a result, the medics who go through the program get more opportunities to work with different types of providers and get more hands-on experience. We also have opportunities to learn from each other. For example, we have a bedside discussion with all of the Air Force nurses about ventilator management and many times civilian ICU nurses have benefited from these discussions as well. These opportunities benefit us all and enriches our practice."

There are plans to expand the program in the future with more opportunities to build skills to respond to trauma cases in the field, as well as growing the specialty base of the instructors.

"The SMART program's goal is to reinforce the necessary skills we need to be a ready medical force," said Fain. "We plan to continue growing the specialty training we can offer, including increasing exposure to pre-hospital care such as [emergency air transport]. Having access to this training ensures our medics stay ready to deploy these critical skills at any moment."



Courtesy photo

*The cadre of Air Force medical instructors who are embedded within University Medical Center of Southern Nevada pose for a photo. These medical instructors are part of the Air Force's SMART program.*



# I am Navy medicine (and audiology tech): Tabetha M. Sanders

By Douglas Stutz

Naval Hospital Bremerton/ Navy Medicine  
Readiness and Training Command Bremerton

Now hear this!

With October designated as Audiology Awareness Month, now is the time for everyone to listen up, heed the call, and harken to the need for healthy hearing.

Amid the noisy industrial working environment of Puget Sound Naval Shipyard, hearing conservation is considered mission essential for operational readiness.

Helping to prevent hearing loss and provide auditory needs is Tabetha M. Sanders, audiology technician, assigned to Navy Medicine Readiness Training Command Bremerton Detachment PSNS.

"Taking care of your hearing is really important because once your hearing is gone, it's gone," said Sanders, a Monroeville, Alabama native – "Roll Tide!" - Monroe County High 1994 graduate, who achieved her Master's Degree in Healthcare Management from Colorado Tech University in 2018.

Sanders began her Navy career as a mate-

rial handler and supply technician at Naval Undersea Warfare Center, Keyport before her current position.

"I have been interested in the medical field since an early age," commented Sanders, who started working as a medical assistant in 2000.

"Navy Medicine has given me the opportunity to hold a position that is rewarding," added Sanders, who handles the audiometric test booth used to conduct approximately 50 to 60 hearing tests on a daily basis. "I look forward to running the hearing booth each day and counseling each patient on their results and the importance of hearing protection."

Her duties also include handling noise hazard worksite assessments, providing insight and educational advice on hazardous noise and prevention strategies and helping ensure correct fitting for hearing protection devices.

"Patients who have tinnitus, often described as ringing in the ears, may need additional time to complete the hearing test because it can be difficult to hear the differ-

ence between the tinnitus or the tones being presented for the hearing test," explained Sanders. "I always tell each patient to protect their hearing by wearing the proper hearing protection when around or near hazardous noise."

Sanders advocates to all her noise exposed patients that they should have their hearing checked annually to determine if there are significant changes in their hearing over time as a result of hazardous noise exposure.

I have the best supervisors. [Audiologists] Lt. Shanece Washington and Dr. Mark Miller are available to assist us with anything and whatever it takes to make sure PSNS employees are educated on the proper hearing protection."

Sanders noted that with any hearing test conducted, she is specifically looking for considerable alterations in a patient's hearing compared to their baseline or reference hearing audiogram.

"We counsel on changes in hearing, go over the auditory and non-auditory effects of hearing loss, how it can effect a patient's quality of life, and discuss the importance

of wearing hearing protection, as well as show the patient how to wear it properly," Sanders said.

With the Navy's hearing conservation program predicated on preventing Noise Induced Hearing Loss and tinnitus, it can be a challenge just being in a noisy military environment.

"No matter how hard I recommend hearing protection, patients may experience hearing loss due to improper fit of their hearing protection, and/or not using hearing protection properly when around hazardous noise," said Sanders, who does acknowledge being gratified by those patients who listen and learn. "Making sure patients know that self-care is very important and it should be a priority! Taking time for self-care has so many great benefits to healthy living."

When asked to sum up her experience here with Navy Medicine in one sentence, Sanders enthusiastically replied, "Phenomenal! I love working at PSNS branch clinic, my co-workers are the absolute best and we could not do our job without Occupational Health tech crew!"

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• **Badge** (Continued from front page)

and felt like he really accomplished something. Thomas said he leaned on Riley for support and vice versa.

“He helped me out the whole time,” Thomas said. “We really pushed each other the whole time, so it was good.”

Lt. Gen. R. Scott Dingle, the 45th Surgeon General of the United States Army and commanding general of the U.S. Army Medical Command, was the guest speaker at the award ceremony. Dingle emphasized to the audience the intestinal fortitude it takes to even attempt earning the EFMB and congratulated the Soldiers who made it through. “You few standing here are the end result of the Expert Field Medical excellence and

professional leadership excellence at its best,” Dingle said.

Riley and Thomas left Pike Field with the other new EFMB recipients, eagerly awaiting a restful weekend, but also eager to return to work as expert medics and continue leading the way for others in their field. Dingle said there is an inspiring story behind each badge and said the 39 graduates will wear it with pride.

“It’s a symbol that you are ready to deploy today, fight tonight, and return casualties to duty tomorrow,” Dingle said. “Anywhere, at any time because you are expert field medics who are combat ready and able to conserve the fighting strength.”



Photos by Sgt. Erin Conway

*Above: Sgt. Hunter Thomas (right), an Army physical therapy specialist, and Spc. Liam Riley (left), a combat medic, both assigned to HHB, 18th Field Artillery Brigade, earned the coveted Expert Field Medical Badge on Oct. 28. Riley earned the title “no blood” meaning he made it through every event without a single “no-go.” Left: Riley shakes hands with Lt. Gen. R. Scott Dingle, the 45th Surgeon General of the United States Army and commanding general of the U.S. Army Medical Command, at the award ceremony. Dingle was the guest speaker at the ceremony.*



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• **Collaboration** (Continued from page 2)

Being involved from the beginning phases of materiel development allows “us to better support the PM across all of their projects and their systems,” she said, in addition to building positive working relationships with the PM teams at USAMMDA.

“As members of those teams and participants at these events, we build that collaboration with the PM and become each other’s subject-matter experts,” Wetzel said. “The sooner we get all parties involved to help identify potential items of concern in the life cycle management process, the better the product will be in the end.”

USAMMDA Commander Col. James “Andy” Nuce echoed Wetzel that collaborative partnerships with stakeholders, like AMLC, ensure sustainment options are realized and create efficiencies for the service branches and taxpayer alike.

“Filling critical equipment gaps and delivering medical materiel to the warfighter is what USAMMDA does,” Nuce said. “Together, we make sure the warfighter has the critical sets, kits and outfits they need to be mission ready.”

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