PHYSICAL PROFILE

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

1. MEDICAL CONDITION
Acute Mechanical Low Back Pain

2.

P	U	L	H	E	S
Aa					

3. ASSIGNMENT LIMITATIONS ARE AS FOLLOWS No sit ups,flutterkicks, lifting > 10lbs, roadmarching with ruck or running. Limit climbing on/off vehicles 10min./hourly. Allow SM to walk at own pace/distance not to exceed > 3 miles

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

☒ Groin Stretch	☒ Thigh Stretch	☒ Lower Back Stretch	☒ Neck & Shoulder Stretch	☒ Neck Stretch
☒ Hip Raise	☒ Quads Stretch & Bal.	☒ Single Knee to Chest	☒ Upper Back Stretch	☒ Ankle Stretch
☐ Knee Bender	☒ Calf Stretch	☐ Straight Leg Raise	☒ Chest Stretch	☒ Hip Stretch
☐ Side-Straddle Hop	☐ Long Sit	☒ Elongation Stretch	☐ One-Arm Side Stretch	☐ Upper Body Wt Tng
☐ High Jump	☒ Hamstring Stretch	☐ Turn and Bounce	☐ Two-Arm Side Stretch	☐ Lower Body Wt Tng
☐ Jogging in Place	☒ Hams. & Calf Stretch	☐ Turn and Bend	☐ Side Bender	☐ 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.

7. FUNCTIONAL ACTIVITIES

☐ Wear Backpack (40 Lbs.)
☒ Wear Helmet
☒ Carry Rifle
☐ Fire Rifle

With Hearing Protection
☐ KP/Mopping/Mowing Grass
☒ Marching Up to 3 Miles
☒ Lift Up to 10 Pounds
☐ All

PHYSICAL FITNESS TEST

☐ Two Mile Run ☐ Walk
☐ Push-Ups ☐ Swim
☐ Sit-Ups ☐ 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 SM can swim or bike if activities fail to increase symptoms. SM can perform crunches or partial curl-ups and push-ups not to exceed 3 sets of 30 reps for each exercise.

TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE
TYPED NAME AND GRADE OF PROFILING OFFICER	SIGNATURE	DATE

ACTION BY APPROVING AUTHORITY

PERMANENT CHANGE OF PROFILE ☐ APPROVED ☐ NOT APPROVED

TYPED NAME, GRADE & TITLE OF APPROVING AUTHORITY	SIGNATURE	DATE

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

ISSUING CLINIC AND PHONE NUMBER

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