P3T Enrollment Checklist



P3T Safety Brief

Recommendations	Recommended to Avoid	
Drink water and take frequent breaks - Dehydration can lead to fatigue, dizziness, and other complications (i.e. premature labor)	Exercise in the heat and humidity	
Use the "talk test" - You should be able to speak a sentence without having to pause for breath.	Participation in hot yoga	
Progress sets/reps/exercises as tolerated (pain free)	Contact sports or any activity that involves a greater chance of falling	
Adjust exercises/sessions as needed	Exercises on the back past 20 weeks unless cleared by medical provider	
	Olympic lifting past about 20 weeks unless cleared by medical provider	

	STOP exercising and contact medical provider	Pause activity/exercise and REST	Ask for a PFOT or PFPT Referral
Notes		Sit down and drink water until symptoms subside or resume exercise the next day. When restarting, make sure to include longer rest breaks between sets and/or exercises.	If you have already tried performing the exercises in a pain free range of motion.
Signs/Symptoms	Swelling of face and hands	Difficulty breathing	Pain/Discomfort
	Severe headaches	Nausea	Incontinence
	Persistently dizzy or lightheaded	Dizzy or lightheaded	Leaking
	Palpitations or chest pain	Vomiting	Heaviness in the vagina
	Difficulty walking because of pain	Excessive muscle soreness or pain	Bulging of the stomach
	Vaginal bleeding or excessive discharge	Fatigue	Pelvic pressure
	Water breaks	Sudden sharp pain	

DA PAM 40-502 Additional Information

The Soldier is authorized to wear the Army combat uniform without permethrin.

Restrict exposures to military fuels. Pregnant Soldiers must be restricted from assignments involving frequent or routine exposures to fuel vapors or skin exposure to spilled fuel such as fuel handling, or otherwise filling military vehicles with fuels such as motor gasoline, JP8, and JP4.

No weapons training in indoor firing ranges is allowed, due to airborne lead concentrations and bore gas emissions. Firing of weapons is permitted at outdoor sites.

The Soldier must avoid excessive vibrations. These occur in larger ground vehicles (greater than 1 1/4 ton) when the vehicle is driven on unpaved surfaces.

Exempt from ACFT testing and body composition standards for duration of pregnancy and for 365 days after delivery.

The Soldier is exempt from all immunizations except influenza and tetanus-diphtheria and from exposure to all fetotoxic chemicals noted on the occupational history form. The Soldier is exempt from exposure to chemical warfare and riot control agents (for example, nuclear, biological, and chemical training) and from wearing mission-oriented protective posture (MOPP) gear at any time.

No work in the motor pool involving painting, welding, soldering, grinding, and sanding on metal, parts washing, or other duties where the Soldier is routinely exposed to carbon monoxide, diesel exhaust, hazardous chemicals, paints, organic solvent vapors, or metal dusts and fumes (for example, motor vehicle mechanics). It does not apply to pregnant Soldiers who perform preventive maintenance checks and services (PMCS) on military vehicles using impermeable gloves and coveralls, nor does it apply to Soldiers who do work in areas adjacent to the motor pool bay (for example, administrative offices) if the work site is adequately ventilated, and industrial hygiene sampling shows carbon monoxide, benzene, organic solvent vapors, metal dusts and fumes do not pose a hazard to pregnant Soldiers. (See para (13), below, for PMCS restrictions at 20 weeks of pregnancy.

After 14 weeks:

Once pregnancy is confirmed, the Soldier is exempt from wearing load carrying equipment (LCE) to include interceptor body armor (IBA) and/or any other additional equipment. Wearing individual body armor and/or any other additional equipment is not recommended and must be avoided.

After 20 weeks:

Soldier is exempt from standing at parade rest or attention for longer than 15 minutes.

The Soldier is exempt from participating in swimming qualifications, drown proofing, field duty, and weapons training.

The Soldier must not ride in, perform PMCS on, or drive in vehicles larger than light medium tactical vehicles, due to concerns regarding balance, vibrations, and possible hazards from falls.

After 28 weeks:

Soldier must be provided 15-minute rest periods every 2 hours.

SM's duty week should not exceed 40 hours and the Soldier should not work more than 8 hours in any one day.

The 8-hour workday includes the time spent in P3T and the hours worked after reporting to work or work call formation, but does not include the PT hygiene time and travel time to and from PT.

Postpartum:

Soldiers must receive clearance from the profiling provider to return to full duty.

All postpartum (any pregnancy that lasts 20 weeks and beyond) Soldiers, in accordance with DODD 1308.1, are exempt from the ACFT and for record weigh-in for 365 Days following completion of pregnancy.

After receiving clearance from a profiling provider to resume PRT, postpartum Soldiers take part in the postpartum component of Army P3T.

After receiving clearance from a health care provider to resume PRT, they are expected to use the time in preparation for the ACFT.

Postpartum Soldiers must receive clearance from a health care provider prior to returning to regular unit PRT if it is before 180 days.

Postpartum and nursing Soldiers are authorized to wear the ACU without permethrin.

The above guidance is only modified if, upon evaluation of a physician, it has been determined the postpartum Soldier requires a more restrictive or longer profile because of complicated or unusual medical problems.

Cozean Screen

Instructions: Please check all that apply

- □ I sometimes have pelvic pain (in genitals, perineum, pubic or bladder area, or pain with urination) that exceeds a '3' on a 1-10 pain scale, with 10 being the worst pain imaginable.
- □ I can remember falling onto my tailbone, lower back, or buttocks (even in childhood).
- □ I sometimes experience one or more of the following urinary symptoms:
 - Accidental loss of urine.
 - Feeling unable to completely empty my bladder.
 - Having to void within a few minutes of a previous void.
 - Pain or burning with urination.
 - Difficulty starting or frequent stopping/starting of urine stream.
- □ I often or occasionally have to get up to urinate two or more times at night.
- □ I sometimes have a feeling of increased pelvic pressure or the sensation of my pelvic organs slipping down or falling out.
- □ I have a history of pain in my low back, hip, groin, or tailbone or have had sciatica.
- □ I sometimes experience one or more of the following bowel symptoms:
 - Loss of bowel control.
 - Feeling unable to completely empty my bowels.
 - Straining or pain with a bowel movement.
 - Difficulty initiating a bowel movement.
- □ I sometimes experience pain or discomfort with sexual activity or intercourse.
- □ Sexual activity increases one or more of my other symptoms.
- □ Prolonged sitting increases my symptoms.

If you have checked 3 or more boxes, it is recommended to schedule an appointment with a pelvic floor occupational therapist or pelvic floor physical therapist (PFOT or PFPT).

Source:

https://docs.wixstatic.com/ugd/d1026c_42a0fda8e5644930950d754619586614.pdf