

Appendix II

**DoN Musculoskeletal Injury Prevention
Survey of Current Practices & Initiatives – Stage 1**

Command representatives are requested to complete the following survey related to injury prevention and treatment programs at your command.

A. CONTACT DATA:

1. Command Name:	
2. Command Location:	
3. Command Mission:	
4. POC Name:	
5. POC Position Title/Rate/Rank:	
6. POC Phone:	
7. POC Fax:	
8. POC Email	

B. PROGRAM PARTICIPANTS

Please check off the commands/groups who participated in the implementation of this program:	
a. Safety	
b. MWR	
c. Line Commands	
d. Primary Care (Clinical Prevention)	
e. Physical Therapy	
f. Athletic Trainer	
g. Orthopedics	
h. Epidemiology	
i. Hospital MID	
j. Hospital Managed Care	
k. Hospital radiology	
l. Hospital Podiatry	
m. Health Promotion	

List other below:
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C. PROGRAM DESCRIPTION:

Please briefly describe the program you have established for preventing and treating musculoskeletal injuries among your active duty and/or federal employee populations.

2. Identify baseline measurements defining the types and impact of annual injuries on your command. (If you do not have all of this information please complete those questions where data is available.)

a. Annual number of musculoskeletal injuries. Please provide a breakout by type if the information is available:

Total	
(1). Tactical/Training related:	
(2). Occupational (ex back pain, carpal tunnel)	
(3). Sports/Recreation related	

b. Annual impact of musculoskeletal injuries:

1. Annual light duty days (member stayed within the command):	
2. Annual limited duty days (member moved to another command):	
3. Annual lost work days	
4. Annual Outpatient Visits	
5. Annual Surgical Procedures	
6. Annual Hospitalizations	
7. Annual Medical Separations:	
8. Annual Deaths:	

Comments

F. OUTCOMES

Please identify the most recent annual musculoskeletal injury related data following the institution of your program:	
1. Number of months program was in existence when data was collected:	
2. Target Population Size	
3. Outcomes Data:	
a. Annual number of injuries	
b. Annual light duty days	
c. Annual limited duty days:	
d. Annual lost work days:	
e. Annual Outpatient Visits	
f. Annual Surgical Procedures	
g. Annual Hospitalizations	
h. Annual Medical Separations:	
i. Annual Deaths:	

COMMENTS

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TOTAL:			\$0

d. Other:

Description	Cost
TOTAL:	

TOTAL RECURRING:	
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