Physical Therapists in Brigade Combat Teams

The placement of Physical Therapists (PTs) in Brigade Combat Teams (BCTs) was instituted to enhance unit combat readiness and physical performance through early diagnosis and treatment of neuromusculoskeletal injuries, injury prevention, and human performance optimization both in garrison and in deployed environments.

History of PTs in the BCT

The decision to allocate PT resources to the BCT unit level was conceived following the demonstrated success over the last decade of the PTs’ impact on unit readiness in the Army’s Ranger Battalions and Special Forces Groups.

- In 1997 a PT served with a Special Operations Battalion (2nd Battalion 75th Ranger Regiment)
- Research demonstrated positive health gains, which led the Ranger Regiment to replace three platoon leadership positions with a permanent PT in each Battalion
- Following the success of the Ranger PT model, the U.S. Army Special Operations Command requested assignment of PTs to support its mission
- Since 2003, Army PTs have provided frontline neuromusculoskeletal care, injury prevention screening, and human performance optimization for each Special Forces Group
- PTs transitioned to the BCT in 2003 at Ft. Lewis with the Professional Filler System (PROFIS) deployment of one PT with the 3rd Brigade, 2nd Infantry Division
- Since then, most BCT PTs have continued to deploy as PROFIS fills to BCTs in support of Operation Iraqi Freedom and Operation Enduring Freedom, and have continued the role as combat multipliers in individual and unit medical readiness
- The conversion from BCT PROFIS PTs to organic Table of Organization and Equipment (TOE) authorizations started in 2006 with the 1st and 2nd Brigade, 25th Infantry Division
- The significant contributions and dedication to Soldier readiness exhibited by BCT PTs has led to the authorization of PTs in all 45 BCTs by Fiscal Year 2013.

U.S. Army doctrine (AR 40-68) endorses PTs as being best qualified to serve as Brigade Command consultants to optimize physical performance and minimize injuries in the BCT.
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The Role of the Brigade PT

The PT’s role in the BCT is to enhance unit readiness and physical performance through strength and conditioning, prevention, early recognition, and aggressive management of neuromusculoskeletal injuries both in garrison and in deployed environments.

To meet this mission, the Brigade PT:

- Provides accurate and timely diagnosis and treatment of Brigade Soldiers with neuromusculoskeletal injuries using best evidence practices
- Provides appropriate identification and medical referral of patients with disease processes which may mimic neuromusculoskeletal disorders
- Develops best practice patterns to minimize lost duty time and optimize Soldier physical performance following injury
- Collaborates with Brigade medical assets to develop best practice pathways for patients with neuromusculoskeletal injuries
- Serves as a consultant to Brigade and subordinate command groups, providing education and guidance on physical training practices, injury prevention, human performance optimization, and post-injury reconditioning
- Captures and analyzes standardized unit specific injury surveillance metrics that allow up to date, accurate reporting of neuromusculoskeletal injuries cross referenced with physical and operational training events
- Collaborates with Brigade, U.S. Army Medical Command and U.S. Army Public Health Command (Provisional) assets to establish and refine physical training initiatives to optimize physical performance and minimize injury risk during unit level training events

For more information on U.S. Army Physical Therapy, please contact:

- www.goarmy.com/amedd
- www.baylor.edu/graduate/pt/index.php?id=27028
- www.usarec.army.mil
- www.armymedicine.army.mil/jobs/jobs.html

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