

of their services and promote programs to increase it," he said.

"The members of the U.S. Bone and Joint Initiative now need to take the consensus statement to their organizations and promote the value of musculoskeletal

health so that patients with these diseases receive their appropriate share of the health care resources," Dr. Andersson said.

"The summit is a starting point," he added. "The USBJI now needs to continue

to promote a better understanding of value among its members."

A detailed report on the Summit, and presentations made, are available at [www.usbji.org/rd/?MSKSummit](http://www.usbji.org/rd/?MSKSummit).

*1 N Engl J Med 2010; 363:2477-2481*

## Congressional Briefing *America's War Heroes: Impact of Musculoskeletal Injury and Trauma*

*By Karen Zabel*

On the last day of the USBJI summit, attendees were given a brief introduction into the unique challenges of treating musculoskeletal injuries among today's military members and veterans during a Congressional lunch briefing on Capitol Hill. The opening speaker, retired Marine Sgt. Mike Jackson, Jr., knows firsthand the pain and challenges caused by musculoskeletal injury and disease. In January 2010, Sgt. Jackson was honorably discharged following his diagnosis with advanced early onset osteoarthritis. After five years of military service, Sgt. Jackson returned to his home in Catoosa, Okla., charged with the task of resuming a role in society while dealing with the disabling pain of his disease.

"The disease took a real toll on my shoulders, since I had to carry a significant amount of weight during maneuvers," he told the group.

But Jackson was not discouraged. Relying on his personal perspective and experiences with musculoskeletal disease and injury in the military, the retired sergeant began volunteering at his local chapter of the Arthritis Foundation, where he soon assumed the role of team recruitment chairperson for the chapter's Arthritis Walk. Jackson also began speaking publicly about his experiences as a soldier with musculoskeletal disease, and was named the Arthritis Foundation's National 2012 Walk Honoree.

Jackson, whose osteoarthritis was diagnosed three years after he sustained an injury while on active duty, is not uncommon. According to presenter David Borenstein, M.D., FACP, FACR, then president of the American College of Rheumatology, osteoarthritis is a common condition among military members, exacerbated by strenuous physical



*Congressional Briefing participants*

activity and the extremely heavy loads they must carry while on duty.

"Members of the military are at great risk for musculoskeletal disease," Dr. Borenstein said. "In fact, osteoarthritis occurs more commonly in the military than in the general population, and is a significant cause of disability. Aggressive treatment of osteoarthritis in its earliest stages has the potential to delay the onset of joint destruction."

Physical therapy has its roots in the military, becoming a recognized medical professional field during World War I. By the turn of the 21st century, the need for proactive physical therapy in the military and its value in preparing soldiers for combat became more widely recognized.

Between 2003 and 2008, sport and physical trauma were among the leading injuries, representing 20.9 percent of soldiers evacuated for non-battle injuries from Operation Iraqi Freedom during that period, said COL Barbara Springer (ret), P.T., PhD, OCS, SCS, national director of Ride 2 Recovery's Project HERO (Healing Exercise Rehabilitation Opportunity), an initiative that uses cycling aimed at treating both physical and psychological challenges faced by service members and veterans. As a result, researchers, policymakers and unit leaders are currently collaborating to look at physical performance outcome measures that increase readiness.

"The Army has recognized a need for a proactive comprehensive approach to prevent

injury, optimize performance and hasten recovery," Dr. Springer said. "To date, several initiatives have been implemented, including the Pain Management and Musculoskeletal Action Plan (MAP) in 2008 and the Soldier Readiness Campaign in 2010."

These initiatives are aimed at collecting data about musculoskeletal injuries in the military, and developing treatment, recovery and prevention goals and strategies, as well as optimizing performance during duty.

"It is important for military medical professionals to come together as a team and continue to identify the common causes of musculoskeletal injuries, optimize human performance to reduce injuries, treat injuries early and rehabilitate fully; much like what sports medicine teams do."

In addition to non-battle injuries, wounds sustained during combat can have significant musculoskeletal involvement, requiring extensive treatment and recovery periods.

"Combat wounds are different from many other types of wounds," Dr. Springer noted. "The high-kinetic energy from weapons can cause extensive soft tissue injury and multiple areas of trauma. The wounding pattern often requires longer incisions to clean the wound and longer healing times.

"Military physical therapists, other musculoskeletal experts, and our healthcare leaders recognize the large number of musculoskeletal injuries and the impact they have on readiness," she added. "Human performance optimization, injury prevention and the new physical readiness training programs are just a few examples of new initiatives to help prevent or mitigate these injuries."