Athletic Training in the Tactical Setting

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160th SOAR (A)
How Did I Get Here?

Working as an Athletic Trainer in the Special Operations Community
What Does a Typical Day Look Like?
Typical Day

AM

- Typical day starts at 6-7 am
- Acute injuries are evaluated and planned treatments are performed before soldiers go to work
- Mid-morning involves longer term rehabilitations and post-operative soldiers to allow more 1-on-1 care

PM

- Lunch- Assisting with strength and conditioning programs in the gym
- After lunch- paperwork, program development, and any remaining soldier care that needs to be performed
Military Performance Team

- Flight Surgeon
- Physician Assistant
- Nurse Practitioner
- Medics
- Clinical Psychologist
- Human Performance Director
- Athletic Trainer
- Physical Therapist
- Strength and Conditioning Coach
- Sports Nutritionist
- Sports Psychologist

Sports Performance Team

- High Performance Director
- Data Analyst
- Team Physician
- Specialty Physicians
- Head Athletic Trainer
- Assistant Athletic Trainers
- Rehabilitation Director
- Director of Strength and Conditioning
- Assistant Strength Coaches
- Sports Nutritionist
- Sports Psychologist
Military Performance Team

Trauma Focus

Unfortunately these two medical groups have a very different job scope

Performance Focus

Communication is vitally important to ensure quality care for the soldier
Tactical vs Sports Environment

No practice or game coverage (medics and flight surgeons take care of that)

Several “head coaches” involved in overall leadership, on a group and individual level

No defined separation of seasons

Same demand to get injured soldiers back to work in the shortest time possible

Limited information about what a “typical” soldier looks like or what is needed to return to duty after an injury
What Types of Injuries Do I See?
Common Injuries/Muscle Deficits

- Low Back
- Shoulder
- Knee
From JAN 2012 to DEC 2019, 59% of injuries to soldiers were Physical Training, Recreation, or Running related.

Majority of these injuries are preventable in nature.

Average of 2.2 injuries/year per soldier

Costs government $700 million/yr to care for MSK injuries
Body Part Breakdown

- More spine related pathology than a traditional sports team would experience
- Likely related to job demands, accumulated fatigue, poor training program design
What Leads to So Many Training Injuries

1. **Decreased Overall Strength/Power** Suchomel 2016, de la Motte 2018, de la Motte 2017, Nagai 2017

2. **Decreased Flexibility:**
   - Hinge (LBP), T-Spine (Shoulder, Cervical), Ankle (Knee, Hip, Low Back) de la Motte 2018

3. **Decreased Variety, Consistency, and Progression of Exercise** Wardle 2017, Hutleenn 2017
   - Performing the same exercises every week
   - No attention to total workload

4. **Decreased Overall Intensity of Exercise** Philainen 2017
Athletic Training Roles
TAPING / BRACING
PLAN B
WORKOUTS
Benefits
Benefits

Autonomy

Unlimited room to grow or innovate

Everchanging day to day work demands

Wide range of “Athletes”
Tactical Considerations
Tactical Considerations

Tradition based

Frequent changes in leadership roles

Time is a commodity

Steep learning curve if no tactical experience
Thanks!

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