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the University of Queensland in 2016 and has since then enjoyed postings across Australia. She was recently deployed at sea for three months for Indo-Pacific Endeavor 2021 on HMAS Canberra, and is currently the Senior Dental Officer at Larrakeyah Defence Precinct, NT.

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Osteoarthritis and Arthroplasty in Australian Military Personnel

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Biography

Georgie is an orthopaedic trainee in Perth, Western Australia. She is a medical officer in the Royal Australian Army Reserves with a keen interest in the current and future health of military members.

No consent to publish abstract

Physical Loading, Pelvic Health and Military Occupations: A Study of a Cohort of Australian Female Military Personnel and Veterans

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Abstract

Background:

Higher impact and loaded physical activities (i.e., running, load carriage) have been implicated as risk factors for female pelvic floor dysfunction, such as urinary incontinence. Military occupations often include tasks and roles that require high levels of endurance, strength, load carriage, and physical training. Therefore, female military personnel are at risk of pelvic health issues, which could impact their health and occupational performance.

Aim:

The aims of this investigation were to determine the types of physical loading undertaken by servicewomen within the Australian Defence Force (ADF) and explore the relationships with their pelvic health.

Method:

A cross-sectional anonymous online survey was conducted in adult biological females who had actively served in the ADF for at least six months. The survey explored the prevalence, management strategies, and occupational impacts of female pelvic health issues, along with experiences of physical activity and loading.

Results:

A total of 491 active servicewomen (60%) and veterans (40%) participated in the survey (52.7% Army, 25.7% Air Force, and 21.4% Navy). Servicewomen regularly participated in work related exercise (mode: 5 days/week) and recreational exercise (mode: 2 days/week), including aerobic training (45%), work-related physical tasks (37.5%), circuit training (36.5%), and load carriage (21%). With increased frequency of work-related exercise, there was a trend towards a higher prevalence of urinary tract infections.

Half the respondents reported engaging in lifting/carrying tasks at least weekly, predominantly for physical training or normal operational duties within their role. Loading typically lasted 1 – 2 hours, and predominantly involved loads under 25kgs. However, 40% of women also reported carrying additional loads (typically <15kgs), such as weapons/body armour, during these work tasks. Half the respondents reported they felt adequately prepared and fit enough for these tasks. The frequency of load carriage varied slightly between Services, with over half of women with Army service (58%) reporting participating in lifting tasks weekly or more, compared with 47% and 37% of women serving in the Navy or Air Force, respectively. No differences in prevalence rates were identified for common pelvic health symptoms between those who engaged in lifting/carrying tasks at least weekly and those performing these tasks fortnightly or less. However, the only women who reported frequent episodes of faecal incontinence (n = 9) participated in lifting at work at least weekly.

Pelvic health factors affected the ability of 47% of servicewomen to participate in physical loading tasks at work occasionally to sometimes, and 11% frequently to always. Physical loading tasks were also commonly identified to aggravate pelvic health symptoms, such as urinary incontinence. In addition, one third of respondents believed work-related

physical loading negatively influenced their pelvic health, and another third believed it exacerbated pre-existing pelvic health conditions.

Discussion:

Physical loading activities are a common feature of military work for servicewomen. Whilst the prevalence of pelvic health symptoms did not appear to differ significantly between those participating in lower and higher levels of physical loading at work, responses from this cohort of servicewomen and veterans suggest a bidirectional relationship between pelvic health and physical loading that influences their occupational performance.

Conclusion:

With physical fitness and physical training being vital for military personnel, female pelvic health factors that could impact on this training, and training factors that could impact on pelvic health, must be considered. Strategies to mitigate female pelvic health concerns and downstream impacts on physical occupational performance could include pelvic health screening and monitoring, specific pelvic health education and training programs, as well as graded physical conditioning programs.

Biography

Simone is a Physiotherapist with over 20 years of clinical and academic experience. She currently works as a Lecturer in Physiotherapy at Charles Sturt University, which she juggles around raising her four children and some clinical roles. She has strong clinical and research interests in collaborative health care, therapeutic exercise, rehabilitation, chronic health condition management and female pelvic health. She is grateful to the Defence Health Foundation for funding this research on pelvic health in female military personnel.

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Recognition and Responses to Intimate Partner Violence (IPV) in Support Services for Current and Ex-Service Military Personnel and Families in Australia

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Abstract

International studies indicate that Intimate Partner Violence (IPV) is a significant concern among current and ex-serving military personnel, and thus they highlight the need for initiatives to address violence used by current or former personnel, as well as IPV victimisation (or exposures) encountered in military and veteran-specific contexts. However, there has been limited empirical attention to IPV among current and former personnel outside the U.S., and this presentation will describe a preliminary research project that has addressed IPV in support services for current and ex-service personnel and families in Australia. This project has initially considered perspectives of service providers, and has involved two parts: (1) a quantitative survey of mental health practitioners (n = 214) who provide services on behalf of Open Arms; and (2) follow-up semi-structured interviews with a subsample of these providers (n = 16). The presentation will initially summarise findings from the survey analyses, which will indicate areas of confidence and low self-efficacy as reported by providers, and provide evidence regarding the frequency of encounters with clients who disclose both IPV use and exposure. These analyses will also indicate typical clinical practices reported by service providers that relate to IPV (e.g., identification strategies and typical responses to clients who disclose IPV). The presentation will also describe themes that emerged from the qualitative interviews, and provide accounts of the different understandings of IPV among service providers, while illustrating military specific factors that may influence violence and complicate processes of risk assessment. The final part of this presentation will