Preventing tactical training injuries: progress & the future

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Published: 17/10/2017

Document Version:
Peer reviewed version

Link to publication in Bond University research repository.

Recommended citation (APA):
Preventing Tactical Training Injuries: progress and the future

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Preventing tactical training injuries: *Progress*?

- *Lots of activity* - focus on fitness, conditioning, selection, standardization/control of training, hazard management, PHA / RMA / hybrid systems
- *Some successes* – but limited in time and reach (see reference list for details)
Injuries/100 person-years

- WHSCAR ARES*: 31
- WHSCAR ARA*: 17
- ADFHSR 1998**: 13
- Recruit TRG 2007***: 316
- 3rd Brigade 2004****: 78
- US Army 2014*****: 160

(Pope & Orr, 2017)

2012-2014
Preventing tactical training injuries: *Progress*?

- **Key issues**
  - Injury causation is multifactorial
  - Each factor typically accounts for 1-5% of overall injury risk (but small risks accumulate over repeated exposures & factors additive)
  - Command changes & posting cycle - progress often lost or reversed
  - Injuries a hidden problem – reporting/ monitoring inadequate & ‘gamed’ due to repercussions
  - Focus on the wrong issues (eg gender rather than fitness, stature)
  - Translation to practice can be fraught (eg balance & agility) & some interventions don’t work (eg pre-exercise stretching)
Percentage of Recruits *injured*, by VJ height, with 95% CI

Preventing tactical training injuries: the Future?

- **We need:**
  - High-level buy-in, monitoring, oversight, accountability – recognize and monitor personnel / mission consequences
  - Outcome measures that are difficult to ‘game’, eg personnel impacts, actions to address factors
  - A system approach – PHA/RMA hybrid, automated system control charts & alerts
  - Multifaceted interventions
  - Intervention studies
References


Pope RP (2002). Rubber matting on an obstacle course causes ACL ruptures and it's removal eliminates them. *Military Medicine, 167*, 4, 355-358


References


Questions?

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