

TIPS for WRITING PERFECT PROFILES

* Please generate all profiles in AHLTA, under the readiness tab, to ensure they are included in the electronic medical record. They can then be printed and signed, as AHLTA does not currently have electronic signature functionality.

ITEM 1 (MEDICAL CONDITION)

Enter the medical condition in language that a first-line supervisor (SGT, E-5) will understand, with the actual diagnosis in parentheses. Examples:

“Low back pain (herniated L5-S1 disk)”
“Knee pain (bilateral chronic retropatellar pain syndrome)”
“Asthma (exercise and cold-induced reactive airways disease)”
“Foot pain (bilateral pes planus with chronic left plantar fasciitis)”

Enter only diagnoses that generate functional limitations; i.e., omit entries such as “high cholesterol,” “high blood pressure,” or “history of breast cancer,” unless the condition or its continuing therapy cause functional capacity or geographic assignment limitations that you are going to put on the profile.

Enter all diagnoses that generate or contribute to functional limitations; i.e., more than one diagnosis may be listed. For example: “Low back pain (herniated L5-S1 disk). Hearing loss” on a profile with PULHES “113211.” Ensure that for every PULHES digit that is not a “1,” there is a diagnosis listed.

Place a check in the “INJURY” or “ILLNESS/DISEASE” box as appropriate.

ITEM 2 (CODES)

Profile codes are listed in AR 40-501, chapter 7, table 7-2. Familiarize yourself with the frequently used codes (Code C for running limitations; Code J for hearing protection; etc.) and keep table 7-2 handy for a reference.

If in doubt, leave it blank.

ITEM 3 (PULHES)

The letters “PULHES” refer to the following body parts or organ systems:

P	General physical condition, stamina, or any problem not addressed below
U	Upper extremities and upper (cervical and thoracic) spine
L	Lower extremities and lower (lumbosacral) spine
H	Hearing and ear conditions
E	Eyesight and eye conditions
S	Psychiatric conditions

It is easier to complete this section after you have selected appropriate duty limitations in items 5-11 below. Certain restrictions require a “3” instead of a “2.”

It is not appropriate to select a desired PULHES numerical designator first, and then choose limitations that will justify that designator! If that is happening, you need to examine whether the limitations are truly justified by the Soldier’s medical condition, or simply by a mutual desire for secondary gain: his/her gain to generate a desired

administrative outcome, and your gain to get a manipulative patient out of your office. Sometimes, professional integrity requires that you do the hard thing, against the Soldier's wishes.

For a temporary profile, fill in only the top row of PULHES digits. For a permanent profile, fill in only the bottom row.

If the Soldier already has a permanent profile, you may tighten restrictions with a temporary profile, if medically necessary, but you may not loosen them. A new permanent profile is required to loosen restrictions on an older permanent profile.

New permanent profiles replace and supersede all previous permanent profiles: look through the health record and include all prior permanent PULHES designations in the new permanent profile for some unrelated medical condition, such as an H-3 for hearing loss or an E-2 for visual acuity, which precludes assignment to certain schools or MOS training. Electronic profiles can be found in AHLTA under the Army Readiness tab. If you do not have the Army Readiness tab in your menu, contact IMD to have this added.

ITEM 4 (PROFILE TYPE)

- 4a. For a temporary profile, check "Yes," and fill in the expiration date.
For a permanent profile, check "No."

Review the health record and check with the patient for past temporary profiles. If he has been on continuous (or nearly continuous) temporary profiles for the same condition for 12 months, regulations require that you initiate a PERMANENT profile instead. **You are not obligated to wait 12 months before writing a permanent profile.** If the Soldier has had a chronic condition requiring duty limitations for the past 6 months, and you do not anticipate significant improvement, write a permanent profile.

- 4b. For a permanent profile, check "Yes." For a temporary profile, check "No."

- 4c. If you are writing a TEMPORARY Profile, or if the Soldier does not have a "3" or "4" in PULHES, then leave this blank.

If you are writing a PERMANENT Profile AND the Soldier does have a "3" or "4" in PULHES, then check the appropriate box for an MMRB (MOS/Medical Retention Board, which can vote to RETAIN in current MOS, CHANGE MOS, or REFER to the disability system for probable SEPARATION from active duty) or for an MEB/PEB (which can vote to RETAIN in current MOS or SEPARATE from active duty).

If the Soldier has a medical condition listed in AR 40-501, chapter 3, then you must check "Needs MEB/PEB."

If the Soldier is unable to do any ONE or more of the following on a PERMANENT profile:

- Perform any aerobic APFT event (run, walk, bike, or swim)**
- Wear LBE/LBV/IBAS**
- Wear a protective mask**
- Fire a rifle**
- Wear a helmet**
- Lift more than 29 pounds**
- Drive or ride in a tactical vehicle**
- Deploy**

Then you must check the "Needs MEB/PEB" box. (There is no MOS to which the MMRB can change him since these are the minimal requirements for all soldiers, regardless of MOS.)

ITEM 5 (FUNCTIONAL ACTIVITIES)

Place a check in the appropriate “Yes” or “No” box for items 5a-5f.

NOTE: If you check “No” for any of these items, then you must put at least a “3” under the appropriate PULHES heading above, and decide which he needs: an MMRB or an MEB.

5a. Carry and fire assigned weapon: A loaded M-16 weighs 8 pounds and may be carried via shoulder sling, or gripped in the hands. The weight of the slung weapon is borne by the upper back and trapezius muscles. It should be uncommon for an upper extremity injury to preclude carrying a rifle. Homicidal or suicidal patients should be restricted, with a comment included in section 10: **“No access to, or handling of, military firearms.”** Hearing profiles should not usually preclude all weapons firing. See AR 40-501, Table 7-2 for the appropriate J-codes for guidance with hearing loss. The audiologist can assist with an appropriate J-code assignment, if clarification is needed. Uncontrolled seizures, hypoglycemic spells, and inability to assume various firing positions (especially the prone position) may hamper a Soldier’s ability to carry/fire weapons. An injury to the Soldier’s dominant eye or hand may require re-training to qualify with his weapon, which could be performed with a temporary profile: **“Requires weapons retraining with other hand (or eye).”**

5b. Move with a fighting load 2 miles: Rarely, a cervical spine or scalp condition prevents the wear of a Kevlar helmet. Soldiers who request a profile prohibiting wear of the helmet for low back pain, lower extremity conditions, or headaches, are usually being unreasonable. **If a non-pregnant Soldier is permanently unable to wear military footwear, check “No,” and also check item 4c as “Needs MEB/PEB.”** Some Soldiers with asthma or severe scalp ailments are unable to wear a protective mask. If a Soldier is unable to wear a backpack, then check “No” in 5b, and write “No backpack” in item 10.

Whenever item 5b is checked “No,” the reason --Helmet? Boots? Backpack? LBE? Weapon? Pro-mask? Uniform?-- should be listed in item 10.

5c. Able to wear protective mask and chemical defense equipment: If a Soldier is able to put on his uniform, then he should be able to put on his MOPP suit. Severe upper extremity injuries may slow his response time for masking. As mentioned above, some asthmatics and Soldiers with severe scalp conditions may have other difficulties with the protective mask. **A Soldier who is unable to wear a protective mask requires an MEB/PEB (item 4c).**

5d. Able to construct a fighting position: Some Soldiers with back pain or lower extremity injuries may have difficulty with pushing on a shovel or lifting 20 pound sand bags.

5e. Is the Soldier deployable?: Soldiers taking medication that requires refrigeration (insulin) or frequent monitoring of blood levels (coumadin, digoxin, anti-seizure drugs, lithium, chemotherapy) may need assignment to areas that have hospital laboratory capability. Soldiers with Raynaud’s Syndrome or recurrent heat injuries may need to avoid cold or hot climate areas. Soldiers unable to wear a helmet or body armor might be prohibited by their commander from entering a combat zone. Most Soldiers with various medical problems are able to deploy and perform some function in a combat zone, and there is often obvious secondary gain to be derived from a Soldier asking a doctor to check “No” for this item for minor ailments. **Checking “No” in this box requires an MEB/PEB (item 4c).**

ITEM 6 (APFT)

Place check marks in the “Yes” or “No” boxes for APFT run, sit-ups, and push-ups.

If the Soldier CAN perform the 2-mile run, then check the “No” boxes for APFT walk, swim, and bike. (This may sound redundant, but it prevents the Soldier or others from placing check marks in the “Yes” boxes for alternate APFT events.)

If the Soldier is unable to perform the 2-mile run AND his profile is for 90 days or longer (permanent), AND he is able to perform an alternate aerobic APFT event, then check “Yes” in the alternate APFT boxes (walk/swim/bike) that he is able to do. **You should check all three of the alternate aerobic APFT events unless the performance of one or more of them is hazardous to the Soldier’s health or inhumanely painful.**

There are no alternate APFT testing events authorized for inability to perform sit-ups or push-ups. Modified sit-ups (“crunches”) or modified push-ups are not authorized for the APFT, however Soldiers may be authorized on the profile (in item 10) to perform modified push-ups or sit-ups for daily physical training.

Inability to perform sit-ups and/or push-ups for the APFT does not mandate an MEB/PEB or MMRB.

ITEM 7 (CONDITIONING ACTIVITIES)

Check each box on the left side (unlimited) as “Yes” or “No,” then check each box on the right side (own pace and distance) as “Yes” or “No.”

Note that you should not check both the left and right sides as “Yes;” i.e., the Soldier can EITHER perform the activity UNLIMITED, OR perform the activity AT OWN PACE AND DISTANCE, not both.

Note however, that you may check both the right and left sides as “No;” e.g., a “No running” profile requires you to check “No” for unlimited and “No” for own pace and distance.

ITEM 8 (UPPER BODY WEIGHT TRAINING)

Unless the Soldier has an upper extremity condition that prevents curls and reverse curls on the gym’s muscle group isolation machines, check “Yes.”

ITEM 9 (LOWER BODY WEIGHT TRAINING)

Unless the Soldier has a lower extremity condition (i.e., NOT back pain) that prevents knee extension and flexion exercises on the gym equipment, check “Yes.”

ITEM 10 (OTHER)

Use this space to specify new restrictions, and to summarize all the restrictions that you have placed on the Soldier that are delineated by boxes 5-9 above and boxes in item 11. Doctors often have difficulty communicating their profile intent to unit commanders, so don’t hesitate to clarify with specific comments. **Resist the temptation to use medical abbreviations: the Soldier’s supervisor will not understand them.**

If you are a specialist writing a temporary profile for the soldier to enter into the MEB process, please place the comment, “Referring soldier to MEB. Soldier’s condition is unfitting IAW AR 40-501, section xxxx.” In this box. This will assist the provider performing part II physical in writing the P3 profile with the benefit of specialty evaluation.

Limitations such as: “No field duty,” “No overseas duty,” “No duty,” and “No physical training,” should be avoided. Instead, delineate the physical restrictions, and let the unit commander determine that this Soldier is best suited for telephone watch, either in garrison at FT Lewis, or in a tent at the Yakima Training Center.

Examples:

L-2 for knee pain (meniscal degeneration): “Run at own pace and distance. Limit jumping exercises to 20 repetitions per day. Lift up to 50 pounds. March up to 2 miles. May take alternate APFT event (walk/bike/swim) in lieu of run.”

Temporary P-2 for Shaving bumps (pseudofolliculitis barbae): **“Beard hair may not exceed ¼ inch in length. Must not style the beard. Must keep mustache, if worn, IAW AR 670-1. May shave to wear protective mask if in danger of chemical/biologic weapon exposure. During profile period, may not wear protective mask for training.”**

P-3 for Multiple Sclerosis: “No assignment to isolated areas where definitive neurologic care is not available.”

Temporary L-2 for foot pain (s/p plantar wart excision): “May wear non-regulation soft-soled footwear.”

Current pregnancy/postpartum temporary profiles are available from EACH OB Clinic and from Family Medicine Clinic. See AR 40-501, chapters 7-9 and 7-10 for pregnancy/postpartum profile guidance if in a remote area.

ITEM 11 (OPTIONAL PARAMETERS)

Lifting or carrying: A Soldier needs to be able to lift/carry at least 48 pounds to maintain a “2” profile in the PULHES. If a Soldier can’t move with 48 pounds for 2 miles, then you need to check item 5b as “No,” issue a “3” in the PULHES, and select an entry for item 4c (MMRB or MEB). **If a Soldier can’t lift at least 30 pounds, then he needs an MEB.**

Running: If a Soldier has a profile to “run at own pace and distance,” but is still able to take and pass the regular running portion of the APFT every 6 months, you may want to limit his maximum running distance to 2 miles, in order to prevent further injury.

Prolonged standing: If you put an entry here (usually a number of minutes), then you need to place a comment in item 10 specifying how soon he can repeat the activity, e.g.:

“No standing in formation for more than 30 minutes without a 10 minute break.”

Marching: How far can the Soldier march without a backpack (e.g., in a parade)? **Note that if the Soldier can’t march 2 miles without a backpack in a parade, then he probably can’t march 2 miles with 48 pounds, as in item 5b.** Make sure that these 2 entries (item 11 and item 5b) are compatible.

Impact activities: Number of repetitions per day that you want a Soldier to jump or perform jumping exercises (e.g., side-straddle hop).

ITEM 12/13/14 PROFILING OFFICER

Your name, signature, and date.

ITEM 16 APPROVING AUTHORITY

Temporary profiles do not require a second signature.

Dentists, Optometrists, Physical Therapists, and Occupational Therapists, requesting a 90-day temporary profile may have a physician sign in item 16 as the approval authority.

All other permanent “3,” or “4” profiles will be forwarded to the EACH DCCS for administrative review and countersignature by the EACH DCCS as the approval authority.

ITEM 24 PATIENT IDENTIFICATION

Last, First, MI
Rank
SSN
Location of Medical Records

ITEM 25 UNIT

Enter the Soldier's current unit of assignment, along with the phone number. It is very important to have the correct contact information listed here so the MEB section can return the profile to the unit once the permanent profile is signed.

ITEM 26 ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER

For example: Family Medicine Clinic, john.doe@us.army.mil, (719) 526 - 1111.

DISPOSITION

Temporary profiles may be signed by the provider and handed to the patient after documenting in the health record that a profile was issued, for which medical condition, and for how long. Ideally, the profile will have been typed on the AHLTA computer system (Army Readiness icon) which has worldwide visibility, and a 2nd copy will be printed out and placed in the Soldier's health record.

Permanent profiles will be routed to the EACH DCCS for review and signature. They will then be delivered to the EACH MEB section to be entered into MEBIT. The permanent profile will be returned to the soldier's unit through the S1 shop.