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Stay strong in the heat

By U.S. Army Combat Readiness/Safety Center

For many Soldiers, the extended daylight of spring and summer means additional opportunities to meet physical training requirements or catch up on outside work and fun. The heat and humidity that accompanies these long days, however, increase the probability of heat injuries and other physical problems.

In much of the United States and within overseas theaters, heat injuries remain a persistent, significant threat to the health and operational effectiveness of Soldiers and other Army personnel. During the past two years, at least 250 Soldiers have been treated for clinically severe heat injuries, including heat stroke and heat exhaustion. Sadly, these conditions can be fatal—in late summer 2009, a young Soldier died after suffering a heat injury during a road march.

Given these overwhelming statistics, it is especially important for Soldiers to protect themselves, their battle buddies and their Families from heat injuries. Early recognition of potential illness is critical to preventing progression to a more serious condition or death, said Col. Manuel Valentin, U.S. Army Combat Readiness/Safety Center command surgeon.

Minor illnesses such as heat cramps are typically the first sign of heat injury, but without medical intervention, these conditions can progress to heat exhaustion and heat stroke. Persons with any of the following symptoms should seek immediate medical attention.

Heat cramps are painful muscle spasms that occur in the abdomen, arms or legs. Individuals who sweat profusely in the heat and drink large quantities of water but fail to adequately replace the body's salt loss are most at risk of heat cramps.

Heat exhaustion is the most common heat injury. A person suffering from heat exhaustion still sweats but experiences extreme weakness or fatigue, nausea or headache. Other primary symptoms include clammy and moist skin, a pale or flushed complexion and a normal or slightly elevated body temperature. Additional warning signs include heavy sweating, an unsteady walk, dizziness, giddiness, rapid pulse and shortness of breath.

Heat stroke is the most serious heat injury. It occurs when the body's temperature regulation system fails and sweating becomes inadequate to cool the body. A heat stroke victim's skin is hot, usually dry with no sweating, red or spotted and their body temperature typically reaches 104 degrees F or higher. Other warning signs include a rapid, strong pulse, mental confusion, throbbing headache, dizziness and nausea. Symptoms can quickly progress to loss of consciousness, coma or seizure. Heat stroke is a medical emergency and can lead to death.

There are several things Soldiers can do to mitigate their risk of heat injury. The National Institute for Safety and Occupational Health recommends scheduling outdoor jobs during the cooler parts of the day, taking frequent rest and water breaks in cool, shaded areas, and avoiding sugary, caffeinated and alcoholic drinks when working or playing outside.

Additional information and valuable heat injury prevention resources such as posters, videos and pocket guides are available on the USACR/Safety Center Web site at <https://safety.army.mil>, the U.S. Army Center for Health Promotion and Preventive Medicine Web site at <http://chppm-www.apgea.army.mil/> and the NIOSH Web site at <http://www.cdc.gov/niosh/>.

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SIDEBAR

Play it safe with physical training

While generally far less critical than heat injuries, physical training and sports injuries can seriously hinder even the most focused of fitness enthusiasts. According to the U.S. Army Center for Health Promotion and Preventive Medicine, Army survey data shows that more than 50,000 sports injuries requiring medical care occur every year. It is also important to remember that Soldiers performing PT or playing sports in the hot summer months are susceptible to heat injury.

To mitigate the risks associated with sports and PT, USACHPPM recommends structuring exercise programs around individual fitness levels. For example, Soldiers just beginning or restarting a running program should follow a systematic progression of difficulty, concentrating on low mileage and intensity at first while gradually adding miles and speed.

Soldiers involved in group sports such as basketball, soccer or ultimate Frisbee are especially susceptible to facial or ankle injuries. USACHPPM recommends that Soldiers participating in these activities wear two key pieces of equipment: mouth guards, which have been shown to significantly reduce the incidence of dental injuries in contact sports, and semi-rigid ankle braces, especially when an individual has a history of previous ankle injuries.

For more information on sports and PT injuries and how to prevent them, visit the USACHPPM Web site at <http://chppm-www.apgea.army.mil/>.



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