

# Health & Fitness

FC-3 for Volunteer Structure Module

VOLUME 3, ISSUE 4

APRIL 2013



## Upcoming Events in the North State:

7th Annual Trail Less Traveled 1/4 Marathon & 5K Run  
April 7th  
Saddle Dam Day Use Area,  
Lake Oroville SRA

3rd Annual Poppy Walk & 5K Run  
April 13th  
Lower Bidwell Park

Pretty Muddy Women's Mud Run  
June 29th  
Sacramento,



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## Functional Movement Screening

By: Mike Waters, Butte Unit Safety Officer



As many of you have seen in recent emails to the unit, we are performing a pilot program for the department that is focusing on our employees health and fitness and more specifically our employees wellness. FMS or Functional Movement Screening is a simple 7 step screen that puts a person through some basic movement patterns (that also very closely mimic job related movement patterns that we can be called upon to perform on the fire-grounds) and then ranks how well the person is able to perform those basic movements. The key with FMS is that it is assessing basic mobility and stability within the body. As one of the attendees at our recent FMS class, I learned first hand how this simple screen can quickly and reliably identify key mobility/stability issues that the person going through the screen might never have known that they had because they have adapted to those basic movements with compensatory joint/muscle usage and these are the people that can truly benefit from FMS. Of course identifying issues is only part of the program. Once mobility/stability issues are identified, then based upon the number of issues and their ranking in severity and/or the hierarchy of importance within the

bodies kinetic chain, then corrective exercises are prescribed for the person to perform to improve those targeted areas. The amount of change in ones mobility and stability can be dramatic if they are compliant with the corrective exercises on a regular basis and the simplest way to describe it at times is how one of the FMS instructors best described his first reaction to the results, Mike Contreras who is a battalion chief with Orange County Fire Authority and came up to teach our recent FMS Level 1 certification class, simply called it "voodoo magic" the first time he saw the pronounced improvement in a particular joints mobility after several short intensive corrective exercises. Another huge takeaway from this class for me was that we can't spend an hour warming up for exercise once the call comes in (like professional athletes do before their events) but we can design a simple morning warm up program for all employees that focuses on basic mobility and also gets the core fired-up and activated and ready for the days unknown activities and thus reducing our bodies compensatory patterns and ultimately reducing our potential for injuries from these abnormal movement

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## Healthy Cooking

# Lamb Sliders with Ginger Cilantro Aoli

### Ingredients

#### Lamb Sliders

2 pounds ground grass fed lamb  
1 teaspoon sea salt  
1 teaspoon black pepper  
2 garlic cloves, minced  
1 tablespoon bacon fat  
Garnishes for sliders; romaine lettuce, red onion, Roma tomatoes and dill pickles

#### Sweet Potato "Bun"

3 medium to large white sweet potatoes peeled and sliced 1/4 inch thick (lengthwise), a good knife will come in handy here. Sea salt, garlic powder, pepper, oregano, italian seasoning

#### Ginger Cilantro Aoli

2 tablespoons minced cilantro  
Juice of 1 lime  
1 cup homemade mayo  
1 teaspoon diced jalapeño  
1 teaspoon grated fresh ginger

Recipe courtesy of:

[Everydaypaleo.com](http://Everydaypaleo.com)

### Preparation

#### Lamb Slider

1. Season your grass fed lamb meat with the salt, pepper and garlic; mix together and with your hands and create your sliders. We made a total of 12 sliders, about 1/2 inch thick and about 4 inches across (more of an oval shape to fit the "bun").
2. Heat the bacon grease in a large skillet over medium high heat and cook the sliders for about 3-5 minutes per side. Lamb cooks quickly, so watch closely and do not overcook! Overcooked lamb tastes too gamey in my opinion.

#### Sweet Potato "Bun"

1. Preheat oven to 375.
2. Lightly season sliced white sweet potatoes with sea salt, garlic powder, pepper, oregano and italian seasoning. Place sliced sweet potatoes on a baking sheet that is lightly coated with coconut oil and bake at 375 for approximately 10 minutes, then flip them over and cook for another 10-15 minutes or until done.
3. Let finished sweet potatoes rest for a few minutes.

#### Ginger Cilantro Aoli

1. Mix all ingredients together in a bowl.



To assemble the sliders, spread some of the Ginger Cilantro Aoli onto the sweet potatoe "bun", add a slider, and garnish as you like.

### FMS (cont. from Pg 1)

patterns. Of course at the end of the day what is the most important measure of a programs effectiveness? I hate to say it but the answer to that question is different based upon what rank you're hold-

ing. At the lowest rank level, that answer would be how you feel at the end of the day. Are you sore? Are you in chronic pain but you just accept that because you've had it for so long? Or maybe just maybe you are finally pain free for the

first time in years and that is all that you care about. Now lets bump it up a few ranks, how does the station manager evaluate the effectiveness? Is it simply the number of employees that are fully fit for duty? Or those few that are babying those tender areas of their own bodies due to the accumulated wear and tear of the job and have limited

full duties even though they are fully cleared to perform the job? Or maybe it is how you personally feel, chances are that as the company officer you have been

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# Quick Shots



Kelly Ridge  
Structure Fire

What single hazard do you see in all three of these pictures?



Magalia Structure  
Fire

## IAPS Data from March 2013

## “SAFETY CORNER”

Reportable Injuries:	2
Record Only Injuries:	2
Injury by Activity:	
PT:	0
Incident:	2
Training:	1
Station Duties:	1
Injury by Body Part:	
Head:	1
Torso/Back:	2
Extremities:	1
Heat Illness:	0

2/14/13, Helitorch Operations Near Miss, 13CAMEU001048  
3/10/13, TGST, Changing from MSDS to SDS

- Ladder testing is 95% complete for the unit, those engines that were unavailable for testing please contact S2106 to reschedule.
- Now is the time to inspect your fire shelter for serviceability and contact Biggs if a replacement is needed. Don't wait until the last minute.

# The TICKLeS (TICLS) Mnemonic for Pediatric Assessment



<http://theemtpot.com>

I thought it might be a good time to review an excellent mnemonic tool for pediatric assessment. That tool is the tickles (TICLS) mnemonic. The tickles assessment is a cornerstone of the PEPP (Pediatric Emergencies for Prehospital Professionals) pediatric assessment triangle. It's also strongly endorsed by the American Academy of Pediatrics. (APP)

When you make initial contact with a pediatric patient, think about the five elements of the TICLS mnemonic as part of your initial assessment. They will give you a solid starting point when developing an initial impression. Here they are:

## T is for Tone

Is the child active or listless? Does the child physically engage with you or do they remain limp and allow you to move them like a puppet or a doll. When you place a finger or object in the child's hand, do they attempt to grab it or do they allow it to lie in their open hand? Babies normally lose their head-lag by three months. Does the child support the weight of their own head when picked up or do they allow their head to fall back against a supporting object?

## I is for Interactiveness

Does the child want to play and interact with you? Does the child primarily want their eyes open or closed? If they are frightened of you, do they attempt to actively avoid you? Can you gain the child's interest and engage them in play or activity. Do they desire a toy or instrument when offered? How do they respond to unusual sounds in their environment? Will they turn to investigate and unknown sound or auditory stimuli?

## C is for Consolability

Can the child be appropriately agitated and calmed by caregivers and clinicians? Are they behaving as we would predict to external stimuli? For instance, we would expect a child who is normally calm in a parent's arms to be calm when properly consoled and comforted in the arms of a familiar caregiver. We would also expect that a child who normally exhibits stranger anxiety to become agitated when taken from familiar caregivers and removed from their presence.

Is the child's temperament consistent with what we might normally expect for their environment?

## L is for Look (or Gaze)

Does the infant or child fix their gaze on your face or other appropriately interesting object or do they gaze off into space? Infants find their world fascinating and should actively look toward new and interesting stimuli. Look for signs of active looking and be concerned about the "lights-are-on-but-nobody's-home" type gaze.

## S is for Speech (or Cry)

When the infant or child uses their voice is it a strong expression, a weak cry or absent of sound? Is the child's speech spontaneous and self-initiated or does the child only use their voice when prompted or stimulated? Is this the volume and tone that you would expect from a child or infant in this age range?

The TICLS mnemonic can help you decide in the first few minutes of evaluation if you need to move fast or if you have time to stay on scene and do a more in depth evaluation. Notice that none of the points of the "tickles" evaluation involve taking vital signs or even touching the child. Most of this exam can be completed while the child is in a caregiver's arms.

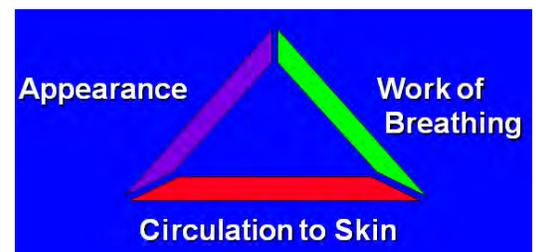
You can check through your "tickles" mental checklist while you are still warming up your hands. Once you do start touching and feeling the patient, work of breathing and skin signs should be the next priorities in your physical evaluation.

Also keep in mind that all of the parameters of the "tickles" assessment need to be compared with the infant's baseline behavior and his or her environment. If the child has been awake all afternoon and is late for nap time, their interactiveness, look and tone may be naturally depressed. If the child hasn't been fed, their consolability may be understandably abnormal.

Use the parents as a guide for what is baseline for a given child. Trust their input and trust your gut.



## Pediatric Assessment Triangle



on the job the longest and have some of those long term issues that you tailor your output to because of the end result if you don't. Now lets bump it up another couple of ranks, how does the chief officer assess a programs effectiveness? I would like to say it is by how the troops feel and their abilities but I'm sure that there are a lot of you out there that would rather say they would base that answer off of the bottom line. Is this program giving me a decent return on investment (ROI)? Am I shelling out too much money for something that is not reducing my workers comp costs or lost time days, which translate directly to the overtime budget? I'm here to say that every one of these questions/answers is correct because you have to look at all of these factors to determine the efficacy of any program in order to justify it's existence but sometimes we forget what others are concerned about and we only focus on our own cares.

So how can FMS help you at the station level? Simply put, it can get your body back to performing the way it did when you were an infant and had no mobility/stability issues and didn't learn any compensatory movement patterns. It can eliminate that chronic soreness you feel after performing PT (not specific muscle soreness because that is generally a good thing and that is a normal healing/building process) or strenuous activities, it can give you back your full range of motion and your confidence in performing all required tasks, it can give you more endurance because you're body is functioning more efficiently and not wasting vital energy stores is using multiples accessory muscles in compensation. It can help you as the station captain by getting a more reliable crew, less propensity towards routine injuries, and able to perform their assigned jobs for a greater duration. It can help you as the chief officer in cutting workers comp costs due to recurrent injuries or those persistent muscular strains/sprains that never had to happen due to

muscular overuse or fatigue, it will help reduce overtime costs because less workers will be out on injuries. And the number one reason for anyone is, it will give you a better quality of life in the long term, well after we have retired and want to enjoy our time with our family. Rather than being hunched over or having a hard time getting around, you will be a highly mobile individual and that is all that really matters. Right?

So how are we going to implement this program locally? That is not fully set in stone yet but the direction that I see this pilot program going for this fire season is that the entire units personnel will go through the FMS evaluation. From there we will break half of the unit apart and leave them completely alone to continue their own PT program at the station level. The other half will receive continuous input from the 6 FMS trainers that we have in the unit:

- \*FC Mike Waters
- \*FC Tim Rader
- \*FC Chelsye Jenkins
- \*FC Frank Zarate
- \*FF Rob Okumura
- \*OT Amanda Waters

With a focus on improving key mobility/stability areas of those employees that are in need. At the end of fire season then there will be a reevaluation of the program from all of those previous discussed views to decide if it is a worthwhile program or not. I want to say that I am completely at the whim of the statistics but I can't fully say that because I am a firm believer that this program will have a positive effect on our employees and I am confident that the statistics will prove that fact. We will be having more detailed presentations on this program in the near future, both at our FF rehire academies as well as at our company officer training that is scheduled for next month. Feel free to research this topic on your own and/or send questions to me or any of the trainers iden-

tified. A more informed individual is the key to overcoming past practices that were never based on anything other than tradition. (I know that the Tradition word is one that is steeped in the fire service and that resistance comes from just that word alone but we can never fully move forward in our own wellness if we are only looking back at how we have always performed PT).

## Try This Body Fat Broiler

This is the ultimate do-anywhere, zero-excuse metabolic circuit

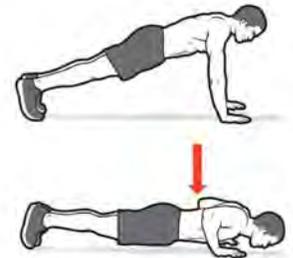
### HOW TO DO IT

Perform 50 reps of each exercise in any order as quickly as you can without rest. You don't have to do all 50 reps in a row—you might do 20 pushups, move on to jumping jacks, do another 15 pushups, and so on. Once you complete the circuit, rest 1 to 2 minutes and repeat. Do up to 3 circuits total, starting with a different move each time.

**Time:** 18 minutes  
**Equipment:** None  
**Target:** Total body  
**Calories burned:** 248\*

### PUSHUP

Drop down on all fours and place your hands on the floor so they're straight and slightly beyond shoulder width. Lower your body until your chest nearly touches the floor, and then push yourself back up as quickly as you can.



### MOUNTAIN CLIMBER

Assume a pushup position with your arms straight. Lift your right foot off the floor and bring your knee as close to your chest as you can, touching the floor with your toes. Repeat with your left



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**Fat Broiler (cont. from Pg 5)**

leg. Continue alternating back and forth.

**CRUNCH**

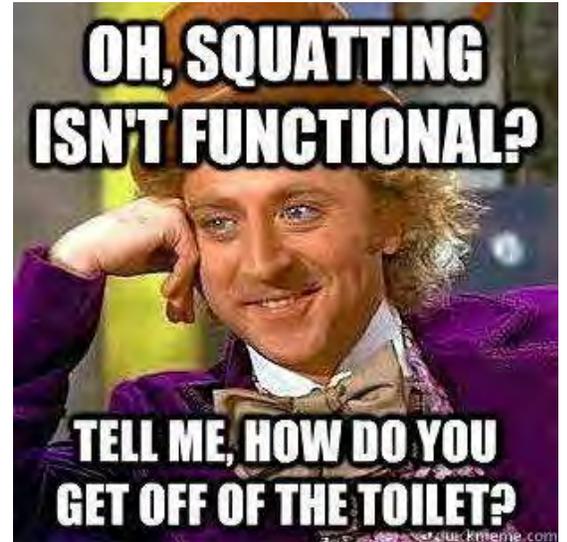
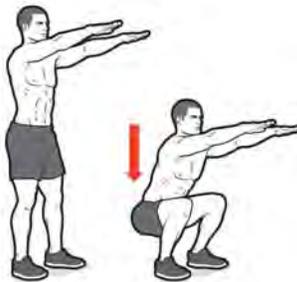
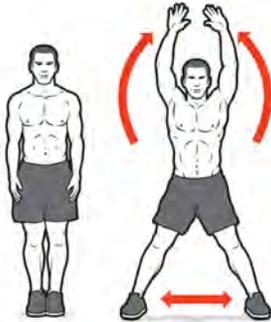
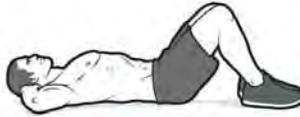
Lie on your back with your knees bent and feet flat on the floor. Place your fingertips behind your ears. Now raise only your head and shoulders as you crunch your rib cage toward your pelvis. Return to the starting position and repeat quickly.

**JUMPING JACK**

Stand with your feet together and hands at your sides. Now simultaneously swing your arms above your head and jump just high enough to spread your feet wide. Without pausing, quickly reverse the movement and repeat.

**BODY-WEIGHT SQUAT**

Hold your arms straight out in front of you and stand as tall as you can with your feet shoulder-width apart. Push your hips back and lower your body until your thighs are parallel to the floor. Drive back up to the starting position and quickly repeat.



**CE Answer Sheet: Pediatrics**

Complete this answer sheet from the previous CE article and forward it to the Training Office for grading and credit. (1 CE hour Credit for successful completion)

1. Pediatric patients are merely little big people.

- True
- False

2. Children generally should engage with their environment, such as when you put an object in their open hand.

- True
- False

3. In TICLS, T is for Time of Onset.

- True
- False

4. The environment or surroundings aren't very important when assessing the pt.

- True
- False

5. Fixed blank gazes of a child should be a red flag of concern.

- True
- False

6. The appropriate verbal response or cry can be considerably different based upon age of the child.

- True
- False

7. You should be able to get a good impression of illness of a child from across the room.

- True
- False

8. Children should be examined in the arms of the Prehospital provider.

- Yes
- No

9. Having a reliable caregiver available for the child's baseline is important.

- Yes
- No

10. The pediatric assessment triangle is only used in the hospital setting.

- True
- False

Station:

Name:

Comments:

**Structure Fire in Magalia**



*For Suggestions or Comments:*

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**"Let No Man's Ghost Say His Training Let Him Down!" -Unknown Author**