

## SUPPORTING STATEMENT - PART A

### Provider Beliefs Regarding the Deadlift and their Effect on Patient Management – 0720-PBRD

#### 1. Need for the Information Collection

The Army Combat Fitness Test (ACFT) is the assessment for the physical domain of the Army's Holistic Health and Fitness System. It was adopted as the fitness test of record in 2020 and includes six events with one of the six being maximum deadlift (MDL) event. Currently, there is a lack of evidence discussing provider beliefs regarding the deadlift. This is important as Soldiers may present to a medical provider following a deadlift injury seeking medical advice and treatment. The purpose of the study is to describe provider beliefs regarding the deadlift and examine their relationship to treatment behaviors for patients presenting with a deadlift injury.

The patient-clinician relationship has significant effects on healthcare outcomes. Providers may unintentionally reinforce maladaptive behaviors to patients within a medical encounter.<sup>1</sup> Research suggests doctors' personal beliefs and their specialty impacts their management of acute low back pain (LBP).<sup>2,3</sup> Military Health System (MHS) medical providers and Army leaders want to ensure safe performance of Soldiers taking the ACFT. Further, this study investigates how various medical providers manage Soldiers with back pain by surveying providers about their personal perceptions regarding the deadlift and low back pain. This study is being conducted by researchers at Keller Army Community Hospital (KACH) with support of KACH Command. KACH has a long history of contribution to sports medicine and physical therapy research.

Findings will be used to assess if provider beliefs regarding the deadlift exercise differ among various healthcare provider disciplines within the MHS. Secondary aims of the study include assessing if these differences are consistent with validated treatment orientations for lower back pain. Additionally, findings from this study can be used to improve patient education and patient-provider communication based on evidence-based practices.

This survey is part of a study on program evaluation of the Army's annual fitness requirement, with the policy of the program cited as:

- Secretary of the Army, 23 March 2022, Army Directive 2022-05 (Army Combat Fitness Test) Memorandum

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<sup>1</sup> Darlow, B., Dowell, A., Baxter, G. D., Mathieson, F., Perry, M., & Dean, S. (2013). The enduring impact of what clinicians say to people with low back pain. *Ann Fam Med*, 11(6), 527-534. <https://doi.org/10.1370/afm.1518>

<sup>2</sup> Fullen, B. M., Baxter, G. D., O'Donovan, B. G. G., Doody, C., Daly, L., & Hurley, D. A. (2008). Doctors' attitudes and beliefs regarding acute low back pain management: A systematic review. *Pain*, 136(3), 388-396. <https://doi.org/10.1016/j.pain.2008.01.003>

<sup>3</sup> Ray, B. M., Washington, L., Thompson, B. L., & Kellerman, K. (2024). An exploration of low back pain beliefs held by health care professionals in Northern America. *Musculoskeletal Care*, 22(1). <https://doi.org/10.1002/msc.1877>

## 2. Use of the Information

The survey respondents will be military, civilian, and contractor providers, specifically physical therapists, occupational therapists, physician assistants, physicians (i.e., medical doctors or doctors of osteopathy), nurse practitioners, certified athletic trainers, and strength and conditioning coaches. Participants are requested to respond to the research survey to help investigate provider beliefs regarding the deadlift and their effect on patient management.

The survey will be completed through Qualtrics. A cover letter/informed consent letter will be sent via email detailing the purpose of the study and how to access the survey. Reminder emails will be sent monthly to maximize the number of responses until the data collection period is completed. All responses will be safeguarded within the Qualtrics database until they are transferred for data analysis. Any deidentified data sheets used for analysis will also be password-protected.

The outcome of this study could benefit the military community by determining if differences exist between provider beliefs and treatment behaviors for patients with deadlift injuries. Improving patient education and communication between providers and patients based on evidence-based practice could improve patient resiliency and self-efficacy, decrease time on profile/limited duty, and improve Soldier readiness.

## 3. Use of Information Technology

All responses (100%) will be collected electronically.

## 4. Non-duplication

The information obtained through this collection is unique and is not already available for use or adaptation from another cleared source.

## 5. Burden on Small Businesses

This information collection does not impose a significant economic impact on a substantial number of small businesses or entities.

## 6. Less Frequent Collection

This is a one-time survey. Due to the cross-sectional nature of this study, there is no need to conduct longitudinal data collection.

## 7. Paperwork Reduction Act Guidelines

This collection of information does not require collection to be conducted in a manner inconsistent with the guidelines delineated in 5 CFR 1320.5(d)(2).

## 8. Consultation and Public Comments

### Part A: PUBLIC NOTICE

A 60-Day Federal Register Notice (FRN) for the collection published on Monday, July 21, 2025. The 60-Day FRN citation is 90 FRN 34248.

No comments were received during the 60-Day Comment Period.

A 30-Day Federal Register Notice for the collection published on Tuesday, December 9, 2025. The 30-Day FRN citation is 90 FRN 57039

### Part B: CONSULTATION

No additional consultation apart from soliciting public comments through the Federal Register was conducted for this submission.

## 9. Gifts or Payment

No payments or gifts are being offered to respondents as an incentive to participate in the collection.

## 10. Confidentiality

A Privacy Act Statement is not required for this collection because we are not requesting individuals to furnish personal information for a system of records.

A System of Record Notice (SORN) is not required for this collection because records are not retrievable by PII.

A Privacy Impact Assessment (PIA) is not required for this collection because PII is not being collected electronically.

As applicable, records will be maintained in accordance with the following records disposition schedules:

**FILE NUMBER:** 905-02

**FILE TITLE:** Quality Assurance Studies and Analyses of Healthcare Quality Standards

**FILE DESCRIPTION:** Files pertaining to the quality assurance analysis of DoD, other federal agency, State and local, and other healthcare standards including studies and analyses that result in issuance of new standards.

**DISPOSITION:** Permanent. Cut off upon completion of standard. Transfer to NARA 25 years after cutoff.

**AUTHORITY:** NC1-330-77-005, item 905-02a and 905-02c

**FILE NUMBER:** 905-03

**FILE TITLE:** Ad Hoc Quality Assurance Studies and Analyses of Healthcare Quality

**FILE DESCRIPTION:** Studies and evaluations on a "when required" basis, not resulting in issuance of new standards.

**DISPOSITION:** Temporary. Cut off upon completion of study. Destroy 5 years after cutoff.

**AUTHORITY:** NC1-330-77-005, item 905-02b

11. Sensitive Questions

No questions considered sensitive are being asked in this collection.

12. Respondent Burden and its Labor Costs

Part A: ESTIMATION OF RESPONDENT BURDEN

1) Collection Instrument(s)

[Provider Beliefs Regarding Deadlift Survey]

- a) Number of Respondents: 875
- b) Number of Responses Per Respondent: 1
- c) Number of Total Annual Responses: 1
- d) Response Time: 10 minutes
- e) Respondent Burden Hours: 146 hours

2) Total Submission Burden

- a) Total Number of Respondents: 875
- b) Total Number of Annual Responses: 875
- c) Total Respondent Burden Hours: 146 hours

Part B: LABOR COST OF RESPONDENT BURDEN

1) Collection Instrument(s)

[Provider Beliefs Regarding Deadlift Survey]

- a) Number of Total Annual Responses: 875
- b) Response Time: 10 minutes
- c) Respondent Hourly Wage: \$49.07
- d) Labor Burden per Response: \$8.34
- e) Total Labor Burden: \$7,298

2) Overall Labor Burden

- a) Total Number of Annual Responses: 875
- b) Total Labor Burden: \$7,298

The Respondent hourly wage was determined by using the US Bureau of Labor Statistics for May 2023 ([[https://www.bls.gov/oes/current/oes\\_nat.htm#29-0000](https://www.bls.gov/oes/current/oes_nat.htm#29-0000)]).

13. Respondent Costs Other Than Burden Hour Costs

There are no annualized costs to respondents other than the labor burden costs addressed in Section 12 of this document to complete this collection.

14. Cost to the Federal Government

Part A: LABOR COST TO THE FEDERAL GOVERNMENT

1) Collection Instrument

[Provider Beliefs Regarding Deadlift Survey]

- a) Number of Total Annual Responses: 500
- b) Processing Time per Response: 0.05 hours
- c) Hourly Wage of Worker(s) Processing Responses: \$81.88
- d) Cost to Process Each Response: \$4.09
- e) Total Cost to Process Responses: \$2,045

2) Overall Labor Burden to the Federal Government

- a) Total Number of Annual Responses: 500
- b) Total Labor Burden: \$2,045

Part B: OPERATIONAL AND MAINTENANCE COSTS

1) Cost Categories

- a) Equipment: \$0
- b) Printing: \$0
- c) Postage: \$0
- d) Software Purchases: \$0
- e) Licensing Costs: \$0
- f) Other: \$0

2) Total Operational and Maintenance Cost: \$0

Part C: TOTAL COST TO THE FEDERAL GOVERNMENT

1) Total Labor Cost to the Federal Government: \$2,045

2) Total Operational and Maintenance Costs: \$0

3) Total Cost to the Federal Government: \$2,045

15. Reasons for Change in Burden

This is a new collection with a new associated burden.

16. Publication of Results

The results of this survey are part of a doctoral research project and dissertation as part of the Baylor University-Keller Army Community Hospital Division 1 Physical Therapy

Fellowship. Individual survey results of will not be published. Data from this survey will be aggregated and analyzed in accordance with the research study protocol with the intent of publishing a research article in a peer-reviewed medical journal. Data collection is projected to occur from approval through December 31, 2025. The report is estimated to be completed no later than May 1, 2026. The projected publication date for the research study is October 1, 2026.

17. Non-Display of OMB Expiration Date

We are not seeking approval to omit the display of the expiration date of the OMB approval on the collection instrument.

18. Exceptions to “Certification for Paperwork Reduction Submissions”

We are not requesting any exemptions to the provisions stated in 5 CFR 1320.9.