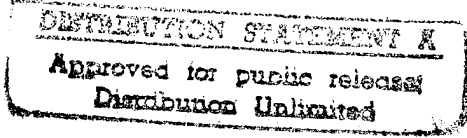


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Department of Defense DIRECTIVE

July 20, 1995
NUMBER 1308.1

ASD(FMP)

SUBJECT: DoD Physical Fitness and Body Fat Program

- References: (a) DoD Directive 1308.1, "Physical Fitness and Weight Control Programs," June 29, 1981 (hereby canceled)
(b) DoD Instruction 1308.3, "Physical Fitness and Body Fat Program Procedures," August 30, 1995
(c) DoD Directive 1010.10, "Health Promotion," March 11, 1986

A. REISSUANCE AND PURPOSE

This Directive reissues reference (a) to update policy and responsibilities governing physical fitness and body fat standards in the Armed Forces.

B. APPLICABILITY

This Directive applies to the Office of the Secretary of Defense, the Military Departments (including the Coast Guard when it is operating as a Military Service in the Navy), the Chairman of the Joint Chiefs of Staff, and the Unified Combatant Commands. The term "Military Services," as used herein, refers to the Army, the Navy, the Air Force, and the Marine Corps.

C. DEFINITIONS

Terms used in this Directive are defined in enclosure 1.

D. POLICY

It is DoD policy that physical fitness is essential to combat readiness and is an important part of the general health and well-being for Armed Forces personnel. Individual Service members must possess the cardio-respiratory endurance, muscular strength and endurance, and whole body flexibility to successfully perform in accordance with their Service-specific mission and military specialty. Those qualities, as well as balance, agility, and explosive power, together with levels of body composition, form the basis of the DoD Physical Fitness and Body Fat Program.

1. Body Fat. Maintaining desirable body composition is an integral part of physical fitness, general health, and military appearance. Service members whose duties require muscular and cardio-respiratory endurance may be hampered in performing their duties when body fat exceeds 26 percent in males and 36 percent in females. The Military Services shall implement body composition programs that enhance general health, physical fitness, and military appearance.

Departments must ensure that actual weight loss is viewed as less important than the reduction in body fat. The specific "Height-Weight Screening Table" is in DoD Instruction 1308.3, reference (b).

2. General Health. Physical fitness is an important component of the general health of the individual. Comprehensive fitness includes many aspects of a healthy lifestyle. At a minimum, it encompasses tobacco cessation, balanced nutrition, the responsible use of alcohol, the elimination of illegal drug use, stress management, and regular exercise. The Services' programs shall incorporate educational material that shall enable the Service members to best attain and maintain the level of general health, physical fitness, as well as maintain a body composition, that allows for effective performance of their duties and appropriate military appearance.

3. Medical Screening. The Military Services' medical examination programs shall include a system to identify those personnel with a potential high risk for cardiovascular disease. Personnel with an abnormal risk shall be placed on a monitored exercise program only after consultation with medical authorities.

a. Medical Profiles. Service members identified with medical limitations or who have profiles shall be placed in a physical fitness program consistent with their limitations, as advised by medical authorities. Service members who have profiles, either temporary or permanent, shall be required to meet the standards of the "Height-Weight Screening Table" in reference (b) or the prescribed body fat standards of the Military Departments. The Secretaries of the Military Departments can approve exceptions if extenuating medical circumstances exist.

b. Pregnancy. Pregnant Service members shall not be held to the standards of fitness and body fat testing until at least 6 months after pregnancy termination. When initially informed of the pregnancy, the Service member shall continue her physical fitness program, but under the supervision of medical authority. It is recommended that the Services offer at each base or installation a pregnancy physical fitness program to help women maintain a level of physical fitness during their pregnancies. Pregnant Service members shall be provided a physical fitness program that assists them in returning to their previous levels of physical fitness before the pregnancy.

c. Evaluation. All Service members shall be formally evaluated and tested for the record at least annually. Corrective action for failure to meet required standards must be initiated. Due to limited training hours, mandatory physical training during duty hours is not required. The Services shall establish a program to test physical fitness of their personnel during scheduled training. Reserve component commanders and supervisors shall encourage physical fitness programs during non-duty hours to the greatest extent possible. As in the Active components, an annual physical fitness training report is required for the Reserve components.

d. Reserve components' physical fitness and body fat standards shall be the same as those for the Active component members' standards of each Military Service.

e. Physical fitness and body fat standards shall be given widest distribution and command emphasis throughout the Reserve forces. All personnel are required to meet and maintain both the physical fitness and body fat standards.

E. RESPONSIBILITIES

1. The Under Secretary of Defense for Personnel and Readiness shall ensure that:

a. The Assistant Secretary of Defense for Force Management Policy shall monitor the DoD Physical Fitness and Body Fat Program and coordinate the health promotion program.

b. The Assistant Secretary of Defense for Health Affairs shall establish a health promotion program for the Military Services to use in conjunction with their Physical Fitness and Body Fat Programs. The health promotion program shall, at a minimum:

(1) Stress the benefits of appropriate physical activity and nutrition in maintaining and/or enhancing health, performance, and safety.

(2) Make use of unit and/or installation newspapers, the Armed Forces Radio and Television Service, and other media to provide health promotion and fitness education to the Service members.

(3) Monitor the medical aspects of the Physical Fitness and Body Fat Programs.

(4) Provide appropriate medical information and advice related to the Physical Fitness and Body Fat Programs.

(5) Assist in the coordination of the Military Services' medical research on physical fitness and body composition.

(6) Reinforce the drug and alcohol abuse, and tobacco cessation programs.

2. The Secretaries of the Military Departments shall establish a Physical Fitness and Body Fat Program for use with the Office of the Assistant Secretary of Defense for Health Affairs (OASD(HA))-established health promotion program, consistent with this Directive, and shall ensure the following:

a. The Military Services shall have an established health promotion program with their physical fitness program.

b. The Military Services shall place primary emphasis on the fielding and monitoring of programs that develop and maintain general health and physical fitness. The Services shall also place emphasis on the evaluation and testing, or assessment, of personnel against a prescribed standard of performance.

c. Each Military Service shall establish its specific requirements and conduct the physical fitness training for its particular needs and mission.

d. The Military Services' physical fitness programs shall be fundamental parts of general health and lifestyle enhancement programs.

e. The Services' health promotion programs for physical fitness shall complement the health program of the OASD(HA).

f. The Military Services shall use and financially support sports programs and recreation facilities as resources for physical fitness programs to increase motivation.

g. The Military Services may encourage all civilian employees in the Department of Defense to participate in physical fitness programs. The Services may use the same media channels as they use for the military members to inform and educate civilian employees in the Department of Defense.

F. EFFECTIVE DATE

This Directive is effective immediately.



John P. White
Deputy Secretary of Defense

Enclosure
Definitions

DEFINITIONS

1. Aerobic Fitness and/or Cardio-Respiratory Endurance. The functional capability of the heart, lungs, and blood vessels to distribute oxygen and energy substances to the working muscles, combined with the capability of the working muscles to extract those delivered substances efficiently for energy production over sustained periods of time. Essentially, it is the body's capability to receive and utilize oxygen, carbohydrates, and fats to produce energy.
2. Anaerobic Exercises. Exercises that require a maximum burst of effort or energy, are of a stop-start nature, and require a high level of intensity for short bursts of time. Examples of anaerobic exercises are "weight lifting" and "sprinting."
3. Body Fat. The body is composed of fat, fat-free mass (which includes muscle, bone, and essential organ tissue), and body water. "Body fat" is expressed as "a percentage of total body weight."
4. Flexibility. The functional capacity of a joint to move through a normal range of motion. Flexibility is highly specific and dependent on the muscles and connective tissue surrounding a joint. Good flexibility is characterized by a freedom of movement that contributes to ease and economy of muscular effort.
5. Muscular Endurance. The ability of a skeletal muscle or group of muscles to perform repeated contractions for an extended period of time. It is measured as the number of submaximum contractions performed or submaximum holding time.
6. Overfat. A Service member whose body fat exceeds the Service-prescribed standard.
7. Overweight. A Service member whose body weight exceeds the maximum limit indicated in the height-to-weight screening table in DoD Instruction 1308.3 (reference (b)), unless his or her estimated percent of body fat falls below the Service-prescribed standard.
8. Strength. The maximum force that can be exerted in a single voluntary contraction of a skeletal muscle or skeletal muscle group.
9. Training Effect. The physiological response to exercises, when conducted with sufficient regularity, intensity, and duration; improved efficiency of the cardio-respiratory system (aerobic fitness) and/or muscular strength and endurance; and exercise conducted a minimum of three times weekly (preferably on alternate days) that raises the Service member's heart rate to 60 to 90 percent of maximum for his or her age for 20 to 30 minutes.