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### IMPACT OF SOCK SYSTEMS ON FREQUENCY AND SEVERITY OF BLISTER INJURY IN A MARINE RECRUIT POPULATION

### U S ARMY RESEARCH INSTITUTE OF ENVIRONMENTAL MEDICINE Natick, Massachusetts



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Prepared by

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March 1993

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### **EXECUTIVE SUMMARY**

Historically, blisters have plagued the feet of infantry forces and reduced the combat effectiveness of military units. The purpose of this study was to test the ability of a prototype sock system to reduce blister incidence in Marine recruits at Marine Corps Recruit Depot, Parris Island, SC, from May to August, 1992. Subjects were separated into three groups. The first group wore the standard issue sock consisting of a woolcotton-nylon-spandex combination (group SS, N=160). The second group wore the standard sock with a thin inner sock consisting of polyester (group SL, N=106). The third group wore the same thin inner sock and a thick, dense, prototype outer sock consisting of a wool-polypropylene combination (group PL, N=91). Recruits in the PL group suffered significantly fewer blisters compared to recruits in either the SS group (40% vs 69%, p<0.001) or the SL group (40% vs 77%, p<0.001). The rate of blister occurrence was also less in the PL group (11 blisters/100 recruits/week) compared to the SS group (28 blisters/100 recruits/week) or the SL group (26 blisters/100 recruits/week). Blisters serious enough to require a sick call visit occurred with greater frequency in the SS group compared to both the PL group (24.4% vs 11.0%, p=0.02) and the SL group (24.4% vs 9.4%, p<0.01); there was no difference between the SL and PL groups. Blister reduction was most apparent in the early weeks of recruit training. The prototype sock system reduced the overall incidence and severity of blisters in Marine recruit training.

### INTRODUCTION

In most civilian activities, foot blisters are a painful but typically minor annoyance. They usually require only simple first aid and a short period of limited activity. In military units, however, blisters can reduce combat effectiveness, as treatment may use up valuable mission time, and a seriously afflicted individual may be unable to walk for a day or more. Blisters can progress to the point where an individual must march at a considerably reduced pace or be forced into painful immobility.

Foot blisters have historically been a military problem (British Medical Journal, 1895) and are still a common occurrence in modern military units. In a study of a strenuous 20 km road march conducted in the early spring in Alaska, blisters were experienced by 69% of all soldiers; 10% of the soldiers (32 of 335) had blisters severe enough to require medical attention (Knapik, et al., 1992). During a 100 mile, 5-day road march conducted in moderate temperature at Ft. Hunter Leggett, CA, 25% of soldiers who could not complete the march (94 of 363) were casualties due to blisters (Knapik, et al., 1990).

Blisters can also progress to more severe problems. In the Second World War, 2.4% of all hospitalizations for non-combat injuries were due to blisters (Reister, 1975). During a Marine recruit training cycle 14% of all sick call visits for foot problems (44 of 323) were due to blisters (Bensel, 1976). During a typical two-month period at the Marine Basic School Dispensary in Quantico, VA, 5% of all clinic visits (1457 of 31652 cases) were for blisters (Jagoda, et al., 1981). In one six-month period at the Navy Recruit Training Command in Great Lakes, IL, 17% of all dispensary admissions (151 of 864) were for cellulitis; 94% of the cellulitis cases (141 of 151) were on the foot, and 84% of the cases (137 of 151) were associated with blisters (Hoeffler, 1975).

Military boots have often received much of the blame for foot blisters (British Medical Journal, 1895; Allsopp, 1895; Stokes, 1965). Despite attempts to improve boot fit, style, and composition, there has been little corresponding reduction in blister incidence (Allan, 1964; Allan and Macmillan, 1963; Cooper, 1988; Stokes, 1965; Whittingham, 1951).

There also have been studies examining the efficacy of foot powder in the reduction of blister incidence. These investigations found foot powder did not reduce blister incidence in recruits (Quinn, 1967) and actually increased incidence in marching troops (Allan, 1964; Allan and Macmillan, 1963).

Modifications of the socks worn by the soldier have met with some limited success. Soldiers marching with two wool socks tended to have a lower incidence of foot blisters than soldiers marching with a single wool sock (Whittingham, 1951). During a 3-day exercise in the United Kingdom that included daily road marching, soldiers wearing a nylon sock under a wool sock experienced fewer blisters per man than soldiers wearing a single or double wool sock; however, when the exercise was repeated in the tropical heat of Singapore, the single wool sock was favored. During a 36-day operation that included a large amount of road marching, it was found that individuals wearing a wool sock over a nylon or terylene sock, had a lower blister incidence than soldiers wearing a single wool sock (Allan and Macmillan, 1963). More recently, it has been shown in runners that an acrylic sock resulted in fewer and smaller blisters than a cotton sock (Herring and Richie, 1990).

An understanding of the physiological and mechanical processes associated with blister formation may assist in developing more appropriate sock systems. Blisters probably are caused by frictional shearing forces that cause mechanical fatigue in the epidermal cells. This leads to an intra-epidermal split as a result of the loss of cell-to-cell connections (Comaish, 1973). The intra-epidermal split fills with fluid having a composition similar to serum (Naylor, 1955). Wr. Je very dry or very wet skin may decrease blister formation by decreasing this frictional effect, moist skin appears to exacerbate blister formation by increasing friction and macerating the stratum corneum (Akers, 1977; Akers and Sulzberger, 1972; Naylor, 1955).

We hypothesized that a thin liner sock of polyester combined with a thick outer sock of wool could reduce blisters through several mechanisms. First, both the polyester sock (Farnworth, 1986) and the wool sock would force moisture away from the foot, thereby reducing the frictional effect. Second, the liner sock would serve as a "second skin" such that shear forces would act on the inner sock and not on the true epidermis.

Finally, additional shear protection  $c_{22}$  Id be provided by increasing the thickness of the outer sock, using a "nap" that would serve to absorb shear forces.

The purpose of this study was to test the ability of this prototype sock system to reduce blister incidence and severity in a group of Marine recruits undergoing boot camp training.

### METHODS

### <u>Subjects</u>

Subjects included 357 male Marine recruits undergoing their basic training at the U.S. Marine Corps Recruit Depot, Parris Island, SC. They were fully briefed on the purposes and risks of the study and gave their written, informed, voluntary consent to participate in the investigation in accordance with Army Regulation 70-25.

### Study Design

Recruits were separated into three groups that differed only on the type of sock system they wore (Table 1). The first group consisted of three platoons of recruits (N=160) who wore the single, standard boot sock usually worn in recruit training. This group was designated group SS (standard sock). The second group consisted of two platoons of recruits (N=106) who wore the standard sock plus a liner sock consisting of a polyester material. The polyester liner was a thin sock worn directly over the skin. This group was designated group SL (standard with liner). The third group consisted of two platoons of recruits (N=91) who wore a prototype sock with the polyester liner and were designated group PL (prototype with liner). A summary of the three groups is shown in Table 2 and the socks are shown in Figure 1. Figure 2 provides a close-up of the prototype sock showing detail on the "nap" that was hypothesized to add shear protection.

All recruits were issued two new pair of combat boots. One boot was a standard black combat boot that was fully leather. The other boot was a jungle boot that was primarily leather across the bottom with the upper portion consisting of nylon. Recruits

were instructed to change or alternate wearing these boots every other day. The boots are shown in Figure 3.

The study commenced at Parris Island in May 1992 and continued through August 1992. The date and location for the test were specifically selected to address a concern that the thicker prototype sock might prove uncomfortable for wear in hot or humid climates. Average maximal heat and humidity for Parris Island during the study months are summarized in Table 3.

TABLE	TABLE 1						
COMPARISON OF THE CURREN WITH THE U.S. MARINE COP							
Standard Sock	Prototype Sock						
heel and sole: 50%-50% wool-cotton w/spandex sock upper: 50%-30%-20% wool-cotton-nylon	50%-50% wool-polypropylene						
heel and sole: wool-cotton thread sock upper: wool-cotton thread interwoven into nylon mesh	wool-polypropylene blended into single thread						
thread: one twist per inch	thread: seven twists per inch						
heel and sole thicker than remainder of sock	sock uniformly thick						
regular boot size is worn	may require half or whole boot size increase and/or an increase in width						

TABLE 2								
SUMMARY OF THE THREE EXPERIMENTAL GROUPS								
Sock System	<u>Subjects</u>							
Standard sock (SS) Standard sock with liner (SL) Prototype sock with liner (PL)	160 106 91							

TABLE	3
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### AVERAGE MAXIMAL TEMPERATURE AND RELATIVE HUMIDITY (0700 MEAN) FOR MCRD PARRIS ISLAND, SOUTH CAROLINA, MAY-AUGUST, 1992\*

Average Maximum Daily	<u>May</u>	June	<u>July</u>	August
Temperature (°F)	81.9	86.4	93.6	89.6
Average Maximal				
Relative Humidity (%)	77.0	83.4	83.5	88.1

\* The prevailing weather conditions at Parris Island for the test period were considered adequate to ascertain recruit comfort level for wearing the sock in a hot and humid climate.









### Marine Corps Recruit Training

Marine Corps basic training for male recruits is comprised of 61 training days over a 12-week period, during which the recruits participate in an increasingly demanding level of physical training. Training normally is conducted six days per week, and there are six additional non-training days of "mess and maintenance" (kitchen duty and facility and grounds maintenance). Recruit training includes three road marches conducted on days 14 (5 miles), 26 (8 miles), and 32 (10 miles). Training also includes the Combat Assault Course, Combat Conditioning Course (both are endurance courses), drill periods, and numerous "administrative movements" (unit nontactical movements). The standard training schedule is at Appendix C.

### **Procedures**

After recruits were assigned to groups, they were in-processed and received their initial clothing issue. Recruits assigned to the SL and PL groups received additional socks (polyester liner and polyester liner plus prototype sock, respectively). Recruits in the PL group also were fitted for larger boots, which were necessary to accommodate the greater bulk of the prototype sock.

Once the actual training phase started, every effort was made to minimize changes to normal training. Consequently, the only deviation from the standard training regimen was in the maintaining of a Blister Data Sheet for each recruit. This sheet contained one week's worth of data entry space and was used to collect daily information on blister formation. Under the supervision of the Drill Instructors, this form was filled out by each platoon's designated "Blister Private" (a recruit trained in and charged with the treatment of minor blisters) during the standard daily hygiene inspection. The creation of "Blister Privates" is standard practice at MCRD, Parris Island; maintenance of the Blister Data Sheet merely became an additional task for the individuals so assigned. A sample Blister Data Sheet is contained in Appendix B.

For all serious injuries and illnesses, recruits went to sick call at the Medical Clinic. As per standard procedure, the diagnosis, treatment and disposition of these recruits was recorded on a standard DOD medical treatment form (Standard Form 600). When the recruit returned from the clinic he brought back a separate form containing the diagnosis and disposition for his injury or illness. This information was recorded in sick call logs maintained by the Drill Instructors. It is standard procedure for the Drill Instructors to record one of three dispositions: "no duty," "limited duty" (with specified parameters) or "full duty." Information regarding foot blisters and cellulitis was compiled from the sick call logs. A sample log is at Appendix A.

At the conclusion of the study the medical treatment record of each recruit was screened for blisters and cellulitis. This was to ensure that all incidence recorded here were also recorded on the sick call logs. Information from the blister data sheets, sick call logs, and medical clinic records were compared to ensure that all relevant injury data were gathered and no data were double counted.

### Data Analysis

Incidence data (recruits injured/total recruits) was analyzed using a 2 X 3 chisquare analysis (injury/non-injured X group). Where overall differences were found, differences among specific groups were tested using a 2 X 2 chi-square analysis of the two specific groups of interest. Where sample frequencies were less than five, Yates correction was applied.

### RESULTS

The overall incidence of blisters during the entire recruit training cycle is shown in Figure 4. There were significant differences among the three groups (p<0.01). Recruits in the PL group had a lower blister incidence than recruits in both the SS (risk ratio=1.8, p<0.01) and SL groups (risk ratio=2.0, p<0.01). There were no differences in blister incidence between recruits in the SS and SL groups (p=0.15). Table 4 shows the average number of recruits with blisters for each group and the average number of blisters per group.

Blister incidence plotted in three-week intervals during the recruit training cycle is shown in Figure 5. Blister incidence was lower for the first six weeks of training for the

### FIGURE 4 EFFECT OF SOCK SYSTEMS ON INCIDENCE OF BLISTERS



### **BLISTER INCIDENCE OVER WEEKS** EFFECT OF SOCK SYSTEMS ON FIGURE 5



N(SS)=160, N(SL)=106, N(PL)=91 MCRD, PARRIS ISLAND TEST DATE: SUMMER 1992

### TABLE 4

### AVERAGES FOR NUMBER OF RECRUITS PER PLATOON AND NUMBER OF BLISTERS

GROUP	AVERAGE NUMBER OF RECRUITS PER PLATOON	AVERAGE NUMBER OF RECRUITS WITH BLISTERS PER PLATOON	AVERAGE NUMBER OF BLISTERS PER PLATOON
SS	53	37	163
SL	53	41	151
PL	46	18	54

TABLE 5									
BLISTERS AND CELLULITIS RESULTING IN LIMITED DUTY TIME									
GROUP	NUMBER OF RECRUITS	NUMBER OF DAYS OF LIMITED DUTY							
SS	24	42							
SL	5	8							
PL	6	16							

PL group but later in training (as the blister incidence decreased overall) differences became less apparent. There were no significant differences in blister incidence among the sock systems in the last three weeks of training.

The overall incidence of sick call for blisters and cellulitis is shown in Figure 6. There were significant differences among the three groups (p<0.01). Recruits in the SS group had more sick call visits than recruits in the PL group (risk ratio=2.4, p<0.01) or the SL group (risk ratio=2.5, p<0.01). There were no differences between the PL and SL groups (p=0.91).

Figure 7 shows the incidence of blisters and cellulitis that resulted in limited duty time. There were significant differences among the three groups (p=0.01). Recruits in the SS group had a greater incidence of blisters and cellulitis resulting in limited duty than recruits in the PL group (risk ratio=2.3, p=0.05) or the SL group (risk ratio=2.9, p=0.02). There were no differences between the PL and SL groups (p=0.59). Table 5 shows limited duty time for blisters and cellulitis. The overall amount of limited duty time was 30.6, 7.5 and 18.7 days per 100 recruits for the SS, SL and PL groups, respectively.

# AND CELLULITIS RESULTING IN LIMITED DUTY **EFFECT OF SOCK SYSTEMS ON BLISTERS** FIGURE 6



# OF SICK CALL FOR BLISTERS AND CELLULITIS EFFECT OF SOCK SYSTEMS ON INCIDENCE FIGURE 7



### DISCUSSION

This study demonstrates that the prototype sock system results in fewer and less severe blisters than the standard sock typically worn by recruits during recruit training. There were overall reductions in the number of recruits who suffered blisters and in the number of sick call visits for blisters.

The advantages of the prototype sock system were most apparent early in recruit training when blister incidence was highest for all groups. There were few differences among the three groups in the later part of recruit training. It should be noted that physical training is reduced in these last few weeks as illustrated by an examination of the training schedule (Appendix C). With less physical training there were fewer opportunities for conditions which favor blister formation.

The early portion of recruit training is a critical time. Recruits are adapting to the rigors of physical training and acquiring their military skills. Recruits that suffer fewer blisters in this time may adapt and train more effectively. Further, military units may be called on to perform missions without having the benefit of extensive foot marches; their feet may not be adapted to this training and may be more prone to blisters. These units may especially benefit from the prototype sock system.

Although the prototype sock system seems to to have lessened the frequency of foot blisters, the indices of blister severity (sick call and limited duty incidence) did not differ between recruits wearing the prototype sock and the standard sock with a liner. Both of these sock systems contained a liner sock that presumably assisted with moving sweat away from the foot (Farnworth, 1986). It is possible that moisture may be a major factor relating to blister severity.

The number of limited duty days in the PL group was highly influenced by injuries to a single recruit who had seven days of limited duty prescribed for a single incident. This was the single highest amount of limited duty time given for any blister sick call visit. If that recruit was eliminated from the data, the number of limited duty days for blisters and cellulitis would fall to 11.0 for the PL group compared to 30.6 and 7.5 days/100 recruits for subjects in the SS and SL groups, respectively.

One major advantage of this study was the daily examination by the Blister Private of the feet of the recruits. As this individual examined the feet for blisters every day, there was no under-reporting. This has been shown to be a problem in other studies examining foot blisters (Knapik, et al., 1992). It is recommended that subsequent studies retain this method of data collection.

### CONCLUSIONS

The prototype sock with liner reduced the incidence of blisters in male recruits in Marine Corps Recruit Training. For those blisters that do occur, both the standard sock with a liner and the prototype sock with liner reduced the severity of blisters, as seen in the lower number of sick call visits and incidence of limited duty time. The prototype sock with liner was effective in preventing blisters in a hot, humid environment.

### RECOMMENDATIONS

- 1. Conduct a study of the effectiveness of the prototype sock in an operational military unit.
- 2. Conduct a comparative study of the effectiveness of the prototype sock and the standard sock when worn with broken-in boots.
- 3. Conduct a study of the effectiveness of the prototype sock worn without a liner sock.

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S/CK CALL LOG SRDPI-45-1513-18

### APPENDIX A

PLT #:\_\_\_\_\_

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### SAMPLE SICK CALL LOG

DATE	NAME	TIME	ILLNESS	DISPOSITION
20709		0600	RASI	170
120710		0600	RA GASTRY,S	4/D X 48
טורסבו		0630	RA Coided i'mit's Left	4/D × 4/8
120112		0600	Colla, Cosing	LIN XUX
1207112		0.00	Vomiting	FID
0713	·····	0600	LUMP IN R CIMPIT	V-ID
0114		0600	Infected Straubernes	410 TIL 16 JUY 92
120715		1400	VOM, +, UG	FO
20715		1400	OSIN FRIN	FIP
20715		C630	Cold	FID
20715		0630	BOPE BURDON HALDS	K/DX ZYArs
120715		0630	PAIN IN @ ILIP	KID YUSHIS
20715		0030	Cellulities ON Cifoot -	+ F/D 21/2 HIS 5/C
00720		1230	Colu	FID
20720		1330	Abraicus ON Elbows	170
20120		0830	Hent BASK	FID
20720		0830	Swollen (R) HANS	40 14
20120		0830	Infected Blisters -	- F/p
20720		0830	HEAT RASH	F/D
06720		0:30	Heat Rash	FID
20220		0830	Vom, time	FID
20220		2830	VOMITING	FID
20720		CE3C	ferrer	L/D X 75
20722		0630	VCMIT.DG	FID
120724		0630	Rash	FIC
20724		0637	Flu Symptoms	FIL
120724		0:30	Hart Rash	FID
25725		0630	NA Fever	4DX4ENIS
20725		0730	AZIN IN OKAT	4/D X 24413
20725		6700	PAIN IN @ KNES	UPX 96MS
20225		2230	Premin	NIDX 4/8415
20725		0730	Shinsplin +s	FHD
20725		0730	PAIN IN BANKIE	+ FID
2025		6730	OHIP PAIN	NA X484/15
20735		6700		IF/D
20727		1300	Heat Rash	FID
20727		1300	Hest RASh	FID
20737			VOMITING	FID
120727		1300	HEAT RASL	FID
120727	_	0600	RIA	N/P YZYHIS
720727		<b>06</b> 00	FN	E/A
20727		1300	HRAF RUL	EID
20727		1300	HentRASL	FTD
20727		1300	Hent RASL	F/D
20727		1300	Heat Roch	FID
20728		/230		* FIP Turns stor X
20728			Shin stiets	UDX 1/3 Tere yo
110728		<b>f</b>		
120738		0600	In imme tours 1	+ 6/D X48 T3196
40778		1230	Cellulitis Blact -	+ E/D TS/24
40729		0600	R/A	14/0 124 75424





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TD 15 *	TUESDAY	TD 17 * WEDNESDAY	TD 18 * !TUHRSDAY	TD 19 FRIDAY	TD 20 * SATURDAY
T7T 3.0	TERRORISM SECURITY & MILITARY INFROMATION	P.F.T.	ACADEMICS TESTING	CEREMONY	SUBSTANCE ABUSE I & II
P1701 1.0 CLOSE ORDER DRILL	GC1401B CLOSE ORDER DRILL	P1701 2.0 HOVEMENT 5 PITTERS APPOINTMNT	2.0 MOVEMENT 5 CONFIDENCE COURSE	2.0 MOVEMENT .5	F1002A 2.0 MOVEMENT
G0301 2.0	HAIRCUT (3)			L.5	SET UP BARRACKS
1.0 INIT TRAV BRIEP .5	MOVEMENT 5	2.0 NOON MEAL	P1704 2.0 COMMANDER TIME	TIME 1.0 NOON MEAL	NOON MEAL
DENTAL RECALL (4)	SDI INSPEC	COMMANDER TIME 5 INITIAL DRILL EVAL	NCON MEAL 1.0 COMMANDER TIME	LOSE ORDER DRILL	HOVEMENT PUGIL STICKS (3)
1.0 LAW OF WAR CODE OF CONDUCT	G0401 2.0 PUGIL STICKS (2)	G0301 2.0 MOVEMENT SHOTS (02)	1.5 COLORS REHEARSAL	G0301 2.0 MOVEMENT 5 COMMANDER TIME	P0602D 2.0 SERVICE UNIFORMS/ GROOMING STANDARDS
<u>GQ103 1.5</u>	P0602C 2.0	2.0	2.0	1.5	G0402B G0402E 2.(
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