

The Army Is Getting Rid of Athletic Trainers

[Steve Beynon](#) April 16, 2025 at 5:10 pm



New paratroopers assigned to the 82nd Combat Aviation Brigade (CAB), 82nd Airborne Division conduct physical training (PT) with the Brigade command team and Holistic Health and Fitness team on Fort Liberty, N.C., Sept. 19, 2024. (Sgt. Vincent Levelev/U.S. Army photo)

The [Army](#) is set to phase out its unit-level athletic trainers -- civilian specialists tasked with providing immediate care and rehabilitation for soldiers with minor musculoskeletal injuries -- by the end of the current fiscal year, according to an internal email obtained by Military.com.

The decision, announced to his staff by Gen. James Mingus, the Army's vice chief of staff, marks an unexpected retreat from a program

central to the service's recent overhaul of troop wellness and physical readiness. The roughly 180 trainers, embedded in units across the service, are part of the Army's Holistic Health and Fitness program, or H2F, which aims to modernize the force's approach to physical conditioning by emphasizing injury prevention, recovery, nutrition, mental health and quality sleep.

The athletic trainers provide immediate unit-level care, mostly for soldiers who suffer minor muscle and joint injuries. Those civilian trainers can provide immediate care on the spot and prescribe physical rehabilitation programs. The rest of the Army's H2F program is set to remain intact.

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Mingus announced the move Friday in an email to his staff that was reviewed by Military.com -- noting the difficulty behind the decision and that there was "no viable path" to keeping athletic trainers in the Army beyond the current fiscal year, which ends Sept. 30.

The crux of the issue lies in a bureaucratic standoff between the Army and the Defense Health Agency, or DHA, according to multiple officials familiar with the matter. Although athletic trainers contribute significantly to frontline health care, they fall outside the conventional parameters of the military's medical workforce. That status has made it difficult to classify and fund their positions under existing legal and medical oversight.

"Because [athletic trainers] touch health care delivery, several challenges exist to legally fund the contract and provide medical

oversight," Mingus added in his email. "I recognize [athletic trainers] are our best tool for early injury identification, which leads to early intervention and early return to duty."

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In a bid to ease the loss, the Army plans to expand its cadre of strength and conditioning coaches, whose focus lies in developing broader physical training regimens. But some within the service worry that the shift will leave a critical gap in immediate, personalized care.

"We are a force multiplier when it comes to getting health care to the unit," one athletic trainer told Military.com on the condition of anonymity because they were not authorized to talk to the media.

"Soldiers will be out of training for longer periods of time, and we'll see more buildup in chronic conditions."

Before the introduction of athletic trainers in recent years, soldiers often had to wait hours at medical clinics -- sometimes for very minor injuries -- and were routinely placed on broad physical restrictions, sometimes for extended periods.

Without easy access to athletic trainers and subsequent recovery programs and advice, those minor injuries sometimes festered into more serious conditions, which were ultimately avoidable, and led to troops being medically discharged from the service.

The inclusion of athletic trainers allowed for more immediate, tailored interventions, reducing clinic bottlenecks and keeping troops mission-

ready.

Also, studies show that the inclusion of athletic trainers in units can dramatically cut down the time soldiers spend out of training and scale down the risk of medical discharge.

[Research](#) from the Journal of Athletic Training on integration of those trainers into [Air Force](#) basic training units between 2016 and 2018 found that attrition related to musculoskeletal injuries went down by 25%, and overall attrition from all causes fell 15%. The findings noted that, because of those decreases, and less need for extended health care treatments, the Air Force saved \$10 million.

[Another study](#) on the integration into Army basic training had similar findings, noting the reduced likelihood of an early discharge of a new enlistee, as well as the need for prolonged care, saves the service between \$11 million and \$20 million annually.

"This is a key asset for my soldiers," one active-duty Army command sergeant major told Military.com on the condition of anonymity because they were not authorized to talk to the press. "We train hard, and with that ... soldiers get injured and we need them to recover and get back into the fight, but more importantly -- we don't want these small field injuries turning into big problems later in their lives."

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