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Impact of Physical Disability on Activities of Daily Living Among Injured Military Fighters.

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By

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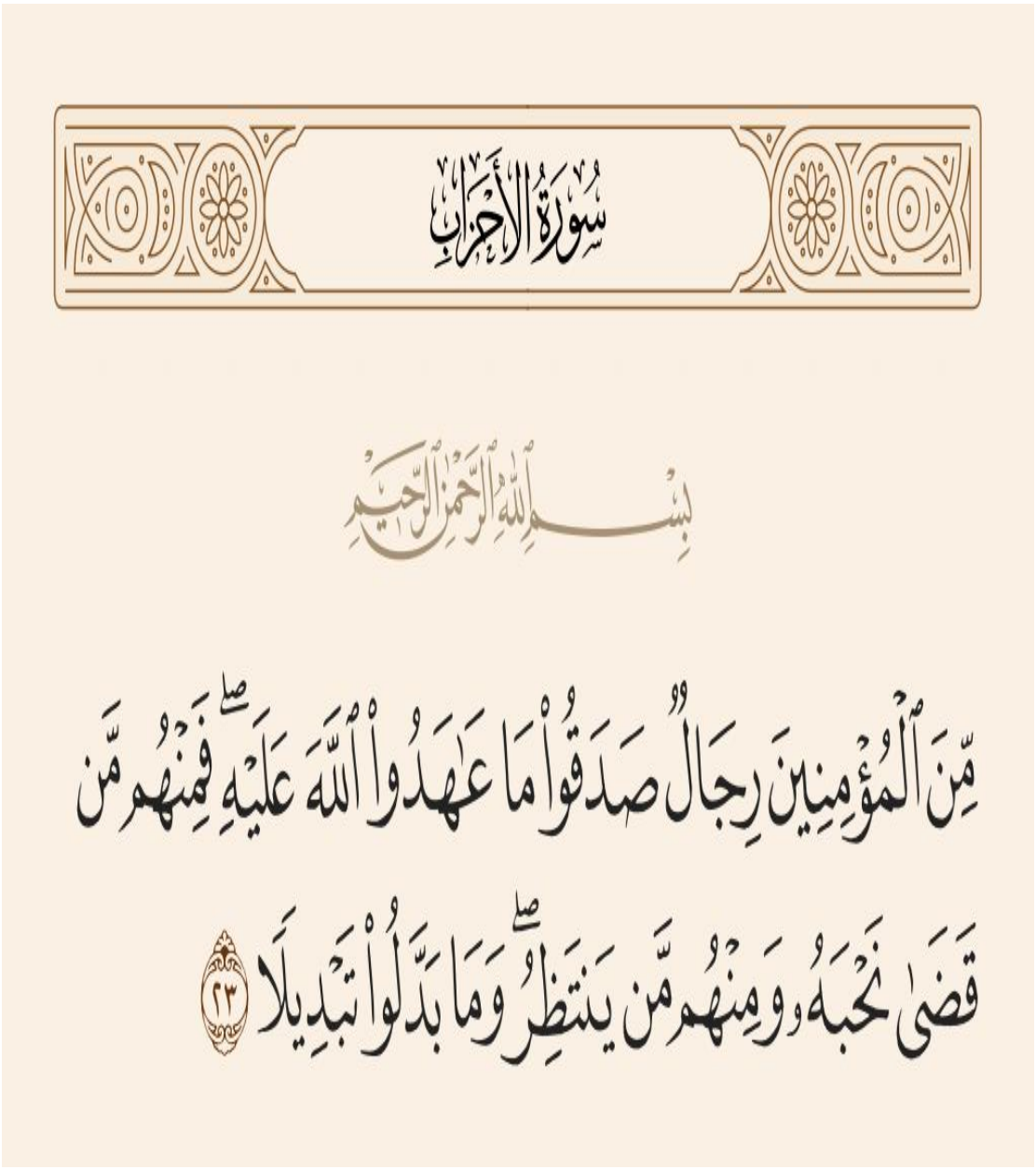

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Supervisor Certificate

I certify that this thesis, which entitled **''Impact of Physical Disability on Activities of Daily Living Among Injured Military Fighters''** submitted by the student ***Gamal Abdul-Adhim Burhan*** was prepared under my supervision and guidance at the Department of Community and Family Health Nursing, College of nursing, University of Babylon as a partial fulfillment of the requirement for the Degree of Master of Sciences in Nursing.

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We, the examining committee, certify that we have read this dissertation **''Impact of Physical Disability on Activities of Daily Living Among Injured Military Fighters ''** which is submitted by ***Gamal AbdulAdheem Burhan*** from the department of community and family health nursing, and we have examined the student in its contents, and what is related to it and we decide that it is adequate for awarding the degree of **(Master)** in nursing Sciences with the specialty of (community and family health nursing) and estimate of ( ).

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Dedication

I proudly dedicate myself to all the martyrs and wounded of Iraq.

to my father.

His love, support, encouragement and endless patience at every step of my studies made me stronger in facing challenges.

the mother

My mother is invaluable, she taught me to trust God and help me with her wisdom no matter how hard I try, and no matter how hard you give it to me, I will not give you your right, so accept my love and respect.

my friends.

With love and respect

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In the name of Allah, the Merciful

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Abstract

Background: Activities of daily living (ADLs) is a term used collectively to describe the basic skills required for independent self-care, such as eating, bathing, and moving around. The inability to perform basic activities of daily living may lead to unsafe conditions and poor quality of life. Measuring an individual's ADL is important because this predicts admission to combatant care homes, the need for alternative living arrangements, hospitalization, and use of paid home care.

Objectives: The study aims to assess the physical disability of the military wounded, evaluate the activities of the injured military fighters in daily life, and know the relationship between the activities of the physically disabled military fighters in daily life and the clinical data with socio-demographic characteristics such as (age, residence, education, marital status, socioeconomic status).

Methodology: A descriptive cross-sectional study design was used to assess the impact of physical disability on activities of daily living among injured military fighters. The research was conducted throughout the period September 19th 2021 to May 1st 2022. A convenient sample of (120) injured military fighters from Third Rehabilitation Center for the wounded was selected to accomplish the objectives of the study. One of the tools that were used to build the questionnaire was to measure the “Impact of physical disability on activities of daily living among injured military fighters”.

Results: The results revealed that the wounded fighters had moderate to severe physical disability in 49.2% of them suffer from moderate disability (176.54 ± 35,386), while 45.8% of them suffer from severe disability and 59.2% of the wounded fighters show moderate dependency in their daily

life. Life activities (77.033 ± 11.707). Injured fighters show moderate dependence on nutrition for activities of daily living, and 89.2% of injured fighters show moderate function in activities of daily living (62.14 ± 6.292). The result shows that there is a significant relationship between independence in activities of daily living and basic function in activities of daily living with regard to age, education level, number of children and marital status of injured fighters.

Conclusion: The activities of daily living of physically disabled fighters are moderate due to the effect of physical disability. Sociodemographic age, education level, and socioeconomic status influence the daily life activities of physically disabled fighters. Physically disabled fighters suffer from their physical, emotional and social handicap as stated in their testimony. Mildly physically disabled fighters depend on others to complete their daily activities and need assistance with automated functions.

Recommendations: Collaboration between the Ministry of Defense and the Ministry of Health in building and implementing health education programs regarding the promotion of daily life activities for physically disabled fighters. The Department of Defense should prioritize injured fighters in rehabilitation programs to improve their quality of life, in addition to supporting them financially. Further nationwide research could be conducted on a large sample of physically disabled fighters focusing on a variety of relevant variables that may affect their daily activities in the future.

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Table of Abbreviations and Symbols

No.	Abbreviations	Meaning
1	ADLs	Activities of Daly Living
2	IADLs	Instrumental Activities of Daily Living
3	IDD	Intellectual and Developmental Disabilities
4	REM	Rapid Eye Movement
5	PTSD	Post-Traumatic Stress Disorder
6	BADLs	Basic Activities of Daily Living
7	STDs	Sexual Transmitted Diseases
8	PADL	Personal Activities of Daily Living
9	VA	Veterans Affairs
10	WHO	World Health Organization
11	IADLS	Instrumental Activities Daily Living Scales
12	DLS	Daily Living Scale
13	RMDS	Roland-Morris Disability Scale
14	PDS	Physical Disability Scale
15	VHAS	Vietnam Health and Aging Study
16	PEB	Physical Evaluation Boards
17	VDBR	Veterans Disability Based Rating
18	SPSS	Statistical Package of Social Sciences
19	BMI	Body Mass Index
20	VA	Veterans Administration
21	US	United States
22	TBI	Traumatic Brain Injury
23	VA	Veterans Affairs

24	MS	Mean of Score
25	M	Mean for total score
26	SD	Standard Deviation
27	e.g	for Example
28	%	Percentage
29	Eval	Evaluation
30	Assess	Assessment
31	NS	Non-Significant
32	S	Significant
33	HS	Highly Significant

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Chapter One

Introduction

Chapter One

Introduction

1.1. Introduction

The activities of daily living (ADLs) are a term used to collectively describe fundamental skills required to independently care for oneself, such as eating, bathing, and mobility. The term activities of daily living were first coined by Sidney Katz in 1950. ADL is used as an indicator of a person's functional status. The inability to perform ADLs results in the dependence of other individuals and/or mechanical devices. The inability to accomplish essential activities of daily living may lead to unsafe conditions and poor quality of life. Measurement of an individual's ADL is important as these are predictors of admission to nursing homes, need for alternative living arrangements, hospitalization, and use of paid home care. The outcome of a treatment program can also be assessed by reviewing a patient's ADLs (Stroke Rehabilitation Unit Orientation, 2021).

Activities of daily living (ADLs) are essential and routine tasks that older, healthy individuals can perform without assistance. The inability to accomplish essential activities of daily living may lead to unsafe conditions and poor quality of life. The healthcare team should be aware of the importance of assessing ADL in patients to help ensure that patients who require assistance and are identified. This activity details the activities of daily living and highlights the role of the interprofessional team in assessing ADLs to enhance patient care and management (Dornala & Sharma, 2022).

Nurses are often the first to note when patients' functionality declines during hospitalization; therefore, routine screening of ADLs is imperative, and nursing assessment of ADLs is performed on all hospitalized patients. Hospitalization for an acute or chronic illness may influence a person's ability to meet personal goals and sustain independent living. Chronic illnesses progress over time, resulting in a physical decline that may lead to a loss of ability to perform ADLs (Klimczuk, 2016).

Maslow's hierarchy of needs is a theory of motivation which states that five categories of human needs dictate an individual's behavior. Those needs are physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs (Price, 2021).

Maslow's theory presents his hierarchy of needs in a pyramid shape, with basic needs at the bottom of the pyramid and more high-level, intangible needs at the top. A person can only move on to addressing the higher-level needs when their basic needs are adequately fulfilled (MEHTA, 2021).

Various bodily injuries - affecting human health - can occur as a result of war. Bullets, bursts, burning, and chemical agents can cause severe physical harm to people involved in wars (Amini et al., 2010). In general, physical disability is a familiar concept. Although it is a social issue, it is closely related to nursing (Neugebauer & Tóthová, 2019).

There are innumerable types of disabilities that can affect a human being. Some of these conditions are more common than others. Some of the types of disabilities are recognized by the government in order to provide disability benefits to the needy ones. Often people wonder what are the disabling conditions that are more prevalent (Australian National University, 2021).

Wounded and/or sick soldiers face significant challenges after injury or illness. Not the physical challenge of adjusting to life with a major injury or illness, soldiers may be prone to developing physical and mental health disorders, such as post-traumatic stress. Injury can often lead to medical discharge from the military and this requires individual adjustment to a new culture and environment (Walker et al., 2021).

Disability has been seen in fighters in history, for example conceptual models that referred to human individuality and the specter of needs (Neugebauer & Tóthová, 2019).

War related physical disability and lower and upper limb amputations are a different entity from those secondary to diabetic or vascular disease, as they occur more frequently in the healthy and younger male population. In addition, concurrent trauma to the head, neck, chest, extremities, and visceral organs may make the situation more complicated (Ebrahimzadeh et al., 2016).

Perceived barriers and facilitators of physical activity have been explored between some groups of wounded soldiers; For example, soldiers who have lost their lower or upper limbs, soldiers with a physical disability, and soldiers wounded after post-operational surgery (Walker et al., 2021).

In addition to the physical and emotional consequences of acquiring a disability, various psychosocial issues may also negatively affect one's quality of life such as stigma, negative stereotyping, devalued social status, and inaccurate labeling. Soldiers with acquired disability also frequently experience disruption in social relationships and social support networks including friends and family, and experience a wide variety of architectural, social, policy and attitudinal barriers resulting in numerous disadvantages (Lundberg et al., 2011).

The general nursing point of view connects individual opinions and defines physical disability as any pathological change in the locomotive system that leads to the limitations of the physiological function of bones, joints, muscles, tendons and finally life- style. Hence, fighters should be properly managed to bring them back to their previous level of performance in order to prevent them from becoming a burden on their families for the rest of their lives. Disabilities can be assessed through activities of daily living and automated activities of daily living which are routine tasks performed as a wounded soldier on a daily basis and are necessary for independent living without any assistance (Hassan & Hasan, 2020).

1.2. Significance of the Study:

Physical disability is a familiar concept. Although it is more a social issue, it is closely related to nursing. If we focus on the assessment of the concept of physical disability, it is necessary to define it correctly. This issue can be perceived from different points of view. From the sociological point of view, we can say that it is a physical deficit that prevents the performance of daily activities. From the psychological point of view, they are visible changes that are reflected in personality. From the medical point of view, they are the defects of the locomotive system including the vascular and nervous system that can lead to organic changes (Kočová et al., 2017).

The world health organization defines disability as the interaction between personal and environmental contextual factors. To understand the issue of physical disability in the field of nursing and synthesize the total view, a rehabilitation branch was created (Neugebauer & Tóthová, 2019).

Disability is an increasing public health problem, not least in increased populations worldwide. People with functional limitations or bodily impairments are generally disadvantaged in their opportunities to participate in social life. These restrictions not only contradict basic human rights, but may also affect people's health and wellbeing. There is consistent evidence that continued favorable exchange with one's proximate social environment (e.g., family, friends and work life) exerts beneficial effects on health and wellbeing. Conversely, social isolation or lack of close social ties is associated with poor health and increased mortality risk. These associations hold true for the general population but are particularly relevant for persons with physical disabilities, due to their restricted social participation. Reduced mental health in terms of psychiatric disorders is one of the major burdens of disease worldwide and in particular in populations with dis- abilities (Tough et al., 2017).

Disability is a major social, economic, public health, and political issue confronting society today. Estimates of the number of disabled persons in the United States vary greatly, ranging from 27 million to 49 million. Disability is a particularly significant concern for the military services, as it affects the number of active duty and reserve personnel available for combat/military missions. Physical disability that results in discharge from the service also carries significant compensation costs (Songer & LaPorte, 2000).

The ADL functions are important to adults, and autonomy plays an important role in "successful" fighters. Adults experience ADL and disabilities through two pathways: a catastrophic event, such as a hip fracture, or progressive decline in the brain functions. Doing day-to- day functions, especially ADLs, has a significant correlation with executive

functions such as planning, working memory, attention, problem solving, verbal reasoning and mental flexibility (Pashmdarfard & Azad, 2020).

To have a comprehensive planning for the adults to be independent in ADL, the rehabilitation specialists, fighters medicine and nursing rehabilitation specialists should have an accurate understanding of all types of effective measures of ADL in older adults. Therefore, the purpose of this study was to review the assessment tools of ADL functions in older adults to have a common language between rehabilitation specialists, increased medicine and nursing rehabilitation specialists (Edemekong et al., 2022).

Disability generally appears to be significant across the services, ranging from 10 to 30 events per 1000 personnel per year depending on the service. Evidence from the data reviewed indicates that 30% to 50% of disability cases may be due to injury. The leading conditions that bring about board reviews and lifetime compensation appear to be lower back and knee conditions, both commonly thought to be due to injuries. Total direct costs of compensation reached $1.5 billion (Songer & LaPorte, 2000).

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1.3. Statement of Problem:

Impact of physical disability on activities of daily living among injured military fighters.

1.4. Objectives of Study are:

1. To assess the physical disability injured military fighters.
2. To assess the injured military fighters' activities of daily living.
3. To find out the relationship between the physically disabled military fighter activities of daily living and their socio-demographic characteristics such as (age, residence, education, marital status, socioeconomic status).
4. To find out the relationship between the participants activities of daily living and their general and clinical data.

1.5. Terms Definition:

1. Impact:

A. Theory Definition:

A powerful effect that something, especially something new, has on a situation or person(Doff et al., 2018).

B. Operation Definition:

The influence of war injuries that hinder the daily life of soldiers.

2. Physical Disability.

A. Theory Definition:

A wounded soldier with a disability is defined as a person who has "long-term physical, mental, intellectual or sensory impairments or a combination of these impairments that may limit their full and effective participation in society by interacting with various barriers(Doff et al., 2018).

B. Operation Definition:

Physical disabilities are impairments that significantly impact physical performance and daily life activities result of injured soldier.

3. Activities of Daily living (ADLs).

A. Theory Definition:

Is a term used to collectively describe fundamental skills required to independently care for oneself, such as eating, bathing, and mobility(Doff et al., 2018).

B. Operation Definition:

Daily living activities include eating, dressing, getting into or out of a bed or chair, taking a bath or shower, and using the toilet that interrupted because of the physical disability.

4. Injured Military Fighter.

A. Theory Definition:

Physical harm or damage that results when a human body is suddenly or briefly subjected to intolerable levels of energy. It can be a bodily lesion resulting from acute exposure to energy in amounts that exceed the threshold of physiological, or it can be an impairment of

function resulting from a lack of one or more vital elements (Holder et al., 2001).

B. Operation Definition:

A wound, damage or loss incurred by soldiers during wars that causes physical disability.

Chapter Tow

Literature Review

Chapter Two

Review of Literature

2.1 Overview

The modern understanding of health became official when the World Health Organization, at the time of its creation in 1948, included the definition of health in its constitution. The definition was proposed by Dr. Andrea Shtambar, a prominent researcher from Croatia in the field of social medicine and public health and one of the founders of the World Health Organization. This generally accepted definition states that “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” This definition was promoted for the first time that social well-being, in addition to physical and mental health, is an integral part of public health, because health is closely related to the social environment and living and working conditions (Svalastog et al., 2017).

The holistic concept of health is contained in the expression of perfection. Health is a relative state in which one is able to function well physically, mentally, socially, and spiritually to express the full range of an individual's unique potential within the environment in which they live. Both health and disease are dynamic processes and each person falls on a gradient or continuous spectrum (continuum) ranging from health and optimal functioning in every aspect of one's life, at one end, to illness culminating in death, at the other (Molenaar et al., 2020).

Comprehensive health care is complete or complete patient care that takes into account a person's physical, emotional, social, economic, and spiritual needs, their response to illness, and the impact of illness on the ability to meet self-care needs. People with intellectual and

developmental disabilities (IDD) often have clinical comorbidities that require treatment across a range of specialties, access to a range of long-term services and supports, and reliance on a range of natural supports for their emotional, social, and other support. the support. Need. For these reasons, they require coordination and integration of care that will promote improved health outcomes, improve patient satisfaction, and reduce healthcare costs(Rubin et al., 2016).

Health is now referred to as a state of physical, mental, intellectual, emotional and social health and wellness. It is the ability to adapt and manage physical, mental and social challenges throughout life. Moreover, it is also a person's ability to deal with stress, gain skills, and maintain positive relationships. It is widely recognized that health is influenced by biological, social, cultural, economic and environmental forces. Access to basic needs such as food, potable water supply, housing, sanitation and health services, and the availability of positive social, cultural, economic and environmental conditions affect the health status of the population (*Ealth 2*, 2021).

2.2 Dimensions of Health.

Dimensions of health. All these dimensions are interrelated with each other. Health refers to a healthy body and a healthy mind. It is multidimensional, and there are five main aspects of personal health: physical, emotional, social, spiritual, and intellectual. To be considered "good", it is necessary not to neglect any of these areas (Galea et al., 2020).

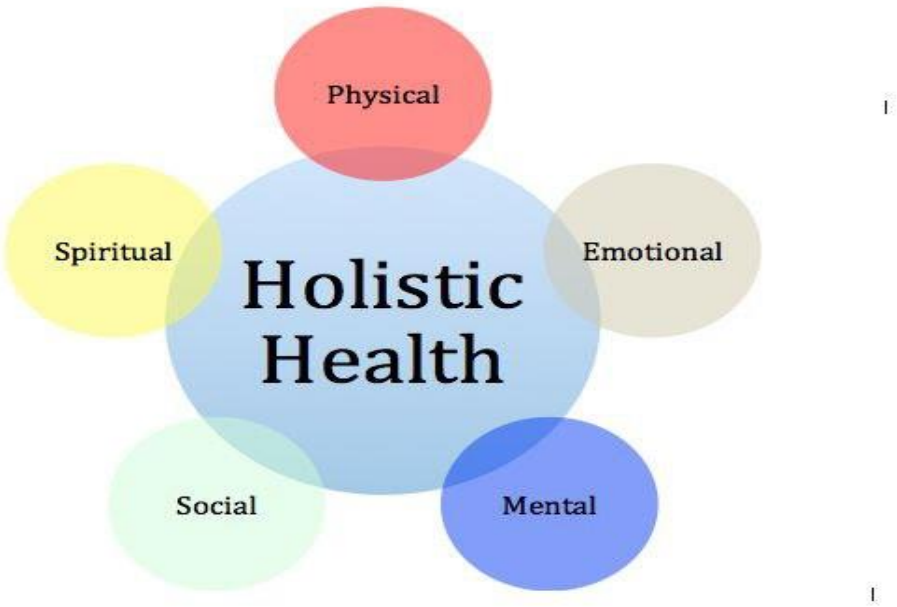

Figure 1: Holistic health

The World Health Organization defines physical activity as any bodily movement produced by the skeletal muscles that requires energy expenditure. Physical activity refers to all movements including during leisure time, for commuting to and from places, or as part of a person's work. Both moderate and vigorous physical activity improve health(Carson & Hunter, 2020).

Physical Health A person's physical health is vital to their general well-being. Fitness is what comes to your mind when you think of healthy living. They include regular exercise, a balanced diet, and invigorating the body with adequate rest and sleep. To maintain good health, you should eat foods that help purify the body. These foods include fresh fruits and vegetables and it is also important to detox the body through yoga, exercise, and saunas. Incorporating healthy habits into your daily routine requires commitment and motivation. Restricting yourself from harmful habits such as smoking and alcohol consumption (Butler et al., 2019).

Physical health before the advent of modern medicine considered a person to be healthy if not seriously ill. With modern medical innovations came longer life spans, which changed the way we define physical health. Today's definition can look at everything from the absence of disease to the level of fitness. While physical health consists of several components: Physical activity - includes strength, flexibility and endurance. Nutrition and diet - including nutrient intake, fluid intake, and healthy digestion. Alcohol and drugs - including abstaining from or reducing consumption of these substances' Medicinal self-care - treatment of minor ailments or injuries and seeking emergency care, when necessary, Rest and sleep - includes periodic rest and relaxation, along with high-quality sleep (Strauss., 2020).

Emotional health is one aspect of mental health. It is your ability to deal with positive and negative emotions, including your awareness of them. Emotionally healthy people have a good adjustment to negative emotions, and they also know when to reach out to professional mechanisms for help. Emotional wellness is linked to physical health. People who experience a great deal of stress and negative emotions sometimes develop other health problems. These problems are not directly caused by negative emotions, but by behaviors that negative emotions can influence due to a lack of emotional regulation. For example, some people enjoy smoking cigarettes or drinking alcohol as a way to relieve stress. However, these habits put you at a higher risk of developing cancer, heart disease, and other diseases (Pandey & Choubey, 2010).

Healthy people organize the social determinants of health around five main areas: Economic stability. Education. Health and healthcare. The adjacent and built environment, and Social and societal context (Andrews et al., 2021).

Figure 2: social health aspect

Basic human needs: are the conscious and unconscious values that people need to satisfy in order to feel happy and fulfilled. Meeting these needs is something we consider essential to create the highest quality of society and a living iterative model capable of creating a positive and lasting global transformation. Highlight and comprehensive hierarchical values and needs. Focusing on the system that (Tony Robbins) promoted because we felt it was the best and easiest of human needs as a whole. Tony's system identifies the following human needs as basic: certainty/comfort, diversity, importance, connection/love, growth, and contribution (Schüler., 2019).

Figure 3: Basic human needs

2.3 Maslow's Hierarchy of Needs.

Maslow's Hierarchy of Needs is a motivation theory which states that five categories of human needs dictate an individual's behavior. These needs are physiological needs, safety needs, love and belonging needs, esteem needs, and self-actualization needs (Sosteric & Raktovic., 2020).

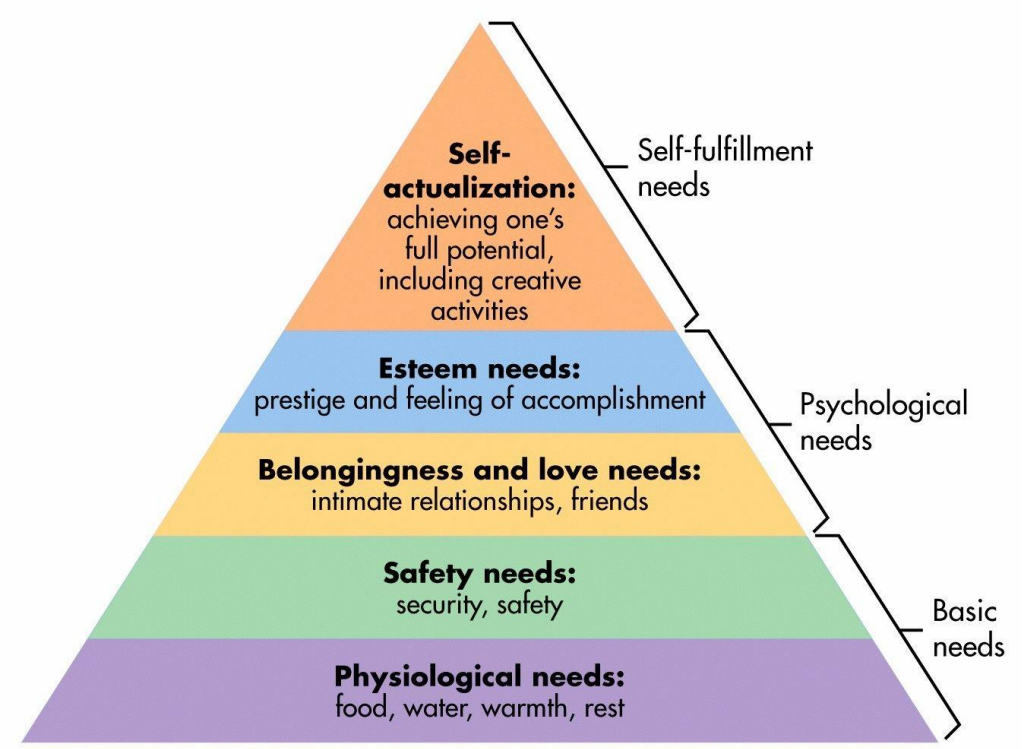

Figure 4: Maslow's Hierarchy of Needs

A theory in psychology proposed by Abraham Maslow in his 1943 paper "The Theory of Human Motivation" in Psychological Review. Maslow later extended the idea to his observations of human innate curiosity. His theories parallel many other theories of human developmental psychology, some of which focus on describing the stages of human development. Maslow used the terms physiology, safety, belonging, love, respect, self-actualization, and self-transcendence to describe the pattern in which human motivations generally move (Stipanuk & Caudill., 2018).

Maslow's hierarchy states that people have a hierarchy of needs that they will raise from the bottom up. Starting with only physiological survival, the hierarchy of needs covers belonging to a social circle to pursue your talent through self-actualization. Important to the hierarchy of needs theory is that Maslow felt that unfulfilled

needs at the bottom of the ladder would prevent a person from ascending to the next step. The hierarchy of needs is divided into two categories: deficiency needs (physiological and safety) and growth needs (belonging, self-esteem, and self-actualization). If the deficiency needs are not met, the person will feel helpless and this will stifle his growth. When Maslow's Hierarchy of Needs is applied to business situations (Barnes., 2021).

2.3.1 Physiological Needs of Human Being.

Physiological needs are the physical requirements for human survival. If these requirements are not met, the human body will not be able to function properly and will eventually fail. Physiological needs are believed to be the most important; They must meet first. Air, water, and food are the metabolic requirements for survival in all animals, including humans. Clothing and shelter provide the necessary protection from the elements. While maintaining an adequate birth rate shapes the intensity of human libido, sexual competition may also shape said instinct (Rodriguez-Ayllon et al., 2019).

Physiological Needs: Physiological needs are the first physiological needs among the minimum needs driven by the identifier in Maslow's hierarchy. These basic human survival needs include (food and water, adequate rest, clothing and shelter, general health, and reproduction). Maslow states that these basic physiological needs must be addressed before humans can move to the next level of achievement (Reeder., 2019).

Physiological needs are the basis of the biological component of human survival. According to Maslow's hierarchy, humans are forced to satisfy physiological needs first in order to pursue higher levels of intrinsic satisfaction. He is unwilling to search for safety,

belonging, respect and self-realization on his own. Physiological needs include: (Food. Water. Air. Sexual intercourse. Sleep. clothing, and shelter) (Osemeke & Adegboyega., 2017).

2.3.1.1 Food.

Food is any substance that is ingested to provide nutritional support to an organism. Food is usually of plant, animal or fungal origin, and contains essential nutrients, such as carbohydrates, fats, proteins, vitamins or minerals. The substance is ingested by the organism and assimilated by the cells of the organism to provide energy, maintain life, or stimulate growth. Different species of animals have different feeding behaviors that cater to their unique metabolic processes, which often evolve to fill a particular ecological niche within specific geographic contexts. The substance is ingested by the organism and assimilated by the cells of the organism to provide energy, maintain life, or stimulate growth. Different species of animals have different feeding behaviors that cater to their unique metabolic processes, which often evolve to fill a particular ecological niche within specific geographic contexts (Izquierdo et al., 2021).

Diet is the sum of the food consumed by a person or other living organism. Diet often means the use of a specific amount of nutrition for reasons of health or weight management (the two are often related). Although humans are omnivores, every culture and every person have some food preference or certain food taboo. This may be due to personal tastes or ethical reasons. Individual food choices may be somewhat healthy (Insel., 2014).

Diet food (or diet food) refers to any food or beverage whose recipe has been altered to reduce fat, carbohydrates, and/or sugar to make it part of a weight loss program or diet. Foods are usually intended

to aid weight loss or change body type, although bodybuilding supplements are designed to gain weight (BeMiller., 2018).

Human nutrition deals with the provision of essential nutrients in food that are necessary to support human life and good health. Malnutrition is a chronic problem often associated with poverty, food security or a misunderstanding of nutritional requirements. Malnutrition and its consequences contribute significantly to deaths, physical malformations and disabilities worldwide. Good nutrition is essential to physical and mental growth, and to normal human biological development (Mann & Truswell., 2017).

An eating disorder is a mental disorder that interferes with the normal consumption of food. It is defined by abnormal eating habits and thoughts about food that may involve eating more or far less than what is needed. Common eating disorders include anorexia nervosa, bulimia, and binge eating disorder. Eating disorders affect people of every gender, age, socioeconomic status, and body size (Lavagnino et al., 2016).

A healthy diet can improve and maintain optimal health, affluence allows for unrestricted calorie intake and inappropriate food choices. Health agencies recommend people to maintain a normal weight by limiting consumption of energy-dense foods and sugary drinks, eating plant-based foods, limiting consumption of red and processed meat, and limiting alcohol intake (Fieldhouse., 2013).

2.3.1.2 water.

Water is an essential nutrient for all known forms of life, and the mechanisms by which fluid and electrolyte balance is maintained in humans are well understood. Until recently, our exploration of water needs was guided by the need to avoid adverse events such as dehydration. Our growing appreciation of the influencing factors to consider when trying to make recommendations on water intake raises new and difficult questions (Rosborg & Kozisek., 2016).

Water (chemical formula H2O) is an inorganic, transparent, tasteless, odorless, and nearly colorless chemical that is the main component of Earth's hydrosphere and the fluids of all known living organisms (it acts as a solvent). It's vital to all known life, although it doesn't provide calories or organic nutrients. Its chemical formula, H2O, indicates that each of its molecules contains one oxygen atom and two hydrogen atoms, connected by covalent bonds. Hydrogen atoms attached to an oxygen atom. "Water" is the name for the liquid state of H2O at standard conditions of temperature and pressure (Boyd., 2019).

The body continually loses water throughout the day, often through urine and sweat but also from normal bodily functions such as breathing. To prevent dehydration, you need to get plenty of water from drink and food each day. How much water you need depends on a lot of things and varies from person to person. For adults, the general recommendation from the US National Academies of Sciences, Engineering, and Medicine is: 11.5 cups (2.7 liters) per day for women 15.5 cups (3.7 liters) per day for men (Manderson., 2016).

2.3.1.3 Air.

Air, is the layer of gases held by Earth's gravity that surrounds the planet and forms its atmosphere. Earth's atmosphere protects life on Earth by creating a pressure that allows liquid water to exist at the Earth's surface, absorbing solar ultraviolet rays, heating the surface by retaining heat (the greenhouse effect), and reducing day-to-night temperature extremes (diurnal temperature) (Sharma., 2014).

2.3.1.4 Sleep.

Sleep is a naturally recurring state of the mind and body, characterized by altered consciousness, relatively inhibited sensory activity, decreased muscle activity and inhibition of nearly all voluntary muscles during rapid eye movement (REM) sleep, and decreased interactions with the environment. It is distinguished from wakefulness by a reduced ability to respond to stimuli, but it is more reactive than coma or disturbances of consciousness, where sleep shows different and active brain patterns (Siclari & Arnulf., 2020).

2.3.1.5 Clothing.

Clothes are things that are worn on the body. Usually, clothes are made of fabrics or textiles, but over time clothes made of animal skins and other thin sheets of natural materials and products from the environment collect. The wearing of clothing is mostly restricted to humans and is a feature of all human societies. The amount and type of clothing worn depends on gender, body type, social factors and geographic considerations. Clothes cover the body, shoes cover the feet, gloves cover the hands, and hats and head coverings cover the head (Gilligan., 2019).

2.3.1.6 Bathing.

Bathing is washing the body with a liquid, usually water or an aqueous solution, or immersing the body in water. It can be practiced for personal hygiene, religious rites, or for therapeutic purposes. By analogy, particularly as a recreational activity, the term is also applied to sunbathing and sea bathing (Ward., 2019).

Personal hygiene includes those practices in which an individual takes care of his or her physical health and well-being through hygiene. Motives for practicing personal hygiene include reduction of personal illness, recovery from personal illness, optimum health and a sense of well-being, social acceptance, and preventing the spread of illness to others. What counts as proper personal hygiene can be cultural and may change over time (Yousuf et al., 2020).

Hygiene is a series of practices that are performed to maintain health. According to the World Health Organization (WHO), "Hygiene refers to the conditions and practices that help maintain health and prevent the spread of disease." Personal hygiene refers to keeping the body clean. Hygiene activities can be classified into the following: household and daily hygiene, personal hygiene, medical hygiene, sleep hygiene and food hygiene. Household and daily hygiene includes hand washing, respiratory hygiene, food hygiene in the home, hygiene in the kitchen, hygiene in the bathroom, laundry hygiene, and medical hygiene at home (World Health Organization., 2016).

2.3.1.7 Shelter.

Emergency shelters. Disasters, as the main consequences, lead to massive damage at the regional level, destruction of infrastructure which directly leads to the destruction of housing, causing large numbers of homeless and/or refugees. The most important measure after a disaster is to distribute shelters and provide the victims with minimum conditions of safety and health. Emergency shelters are one of the most important and important post-disaster interventions. The need for shelter is an implicit right. Because the fact that emergency shelter is needed is the key to the survival of those seeking it. Lack of shelter can be understood as the need to be protected from outside elements and to maintain dignity, orientation and identity. Emergency shelters, used at a later stage in the rehabilitation of the area, provide protection, security and privacy for the affected population (Thapa et al., 2019).

2.4 Activities of Daily Living.

The concept of Activities of Daily Living (ADLs) was developed in the 1950 but was first mentioned by Marjorie Sheldon (1935, 30), who described these routines as "daily activities necessary for normal living". The term "activities of daily living" was first used in 1949, by Edith Buchwald, as part of an evaluation checklist. In the 1950, routine clinical evaluations were expanded to include assessment of activities that the patient was able to perform. The measurement of what were called "basic activities of daily living" (BADLs) was developed primarily to assess physical fitness for military service in World War II and to set standards for adult care in institutions. In 1963, Sidney Katz and colleagues published a catalog of topics representing essential biological functions. In 1969, Mortimer B. Lawton and Elaine

M. Brody term "machine" life activities. daily" (IADLs) as a result of the growing interest in caring for older and disabled individuals in the community (Klimczuk., 2016).

Activities of Daily Living (ADL) include basic actions that involve caring for oneself and one's body, including personal care, moving, and eating. In this review article, we review useful clinical tools including a discussion of approaches to ADL assessment, highlighting relevant literature assessing the relationship between cognitive performance and ADLs, discussing other biopsychosocial factors influencing ADL performance, and making clinical recommendations. To enhance ADL ability while focusing on self-care tasks (eating, personal care, dressing, bathing and toileting), and identifying interventions that treatment providers can implement to reduce the burden of ADL care (Mlinac & Feng., 2016).

Activities of daily living (ADLs), often called physical ADLs or core ADLs, including the basic skills normally needed to manage basic physical needs, consisting of the following areas: grooming/hygiene, dressing, toileting/follow-up, transportation ambulance, And. These functional skills are mastered early in life and are relatively preserved in view of deteriorating cognitive performance when compared to higher level tasks. Basic ADLs are generally categorized separately from Automated Activities of Daily Living (IADLs), which include more complex activities related to independent living in the community (eg, managing finances and medicines). IADL performance is sensitive to early cognitive decline, while physical performance is often an important driver of baseline ADL ability. IADL impairment is often seen in mild cognitive impairment and early

dementia, while primary decreases in ADL are often not present until later stages of dementia (Mlinac & Feng, 2016).

The ability to perform ADLs and IADLs depends on cognitive (such as thinking and planning), kinesthetic (such as balance and dexterity), and sensory (including sensory) abilities. There is also an important distinction between an individual's ability to complete a task (physical and/or cognitive ability) versus the ability to perceive that the task must be done without stimulation (cognitive ability). In many settings, ADLs are assessed directly by occupational, physical, or speech therapists, or by nurses and other members of the medical team to guide day-to-day care (Mlinac & Feng., 2016).

Daily live performance activities were determined in six activities of daily living (bathing, walking, dressing, sitting to an erect position, toilet use, and feeding) during the first and second assessments. Walking, standing, dressing, and feeding were assessed on a performance-based test supplemented with nursing reports or self-reports (in those not using nursing services). Performance-based assessments have been modified from the Performance Test for Activities of Daily Living and simulated activities for the Examination of Daily Living (Theou et al., 2013).

Activities often involve interactions with one or more objects. These interactions/activities were reflected in the ontology in the atomic home activities category and its subcategories, the low-level activities or simple actions (proof of sub-activities) that are the building blocks of other activities. One can use these labels to specify which short actions to use. With the increasing development of wearable and sensing technology, Atomic Home Activities has the following subcategories: door interaction, window interaction, object interaction,

tap interaction, cabinet interaction, pull interaction, electrical appliance interaction, each with an additional level of subcategories (Woznowski et al., 2018).

Personal Activities of daily living (PADL) are an important concept in rehabilitation. Mastering the ADL leads to independence and self-reliance. (Washing, dressing, grooming, toileting, eating for self-care). While the Basic Activities of Daily Living (IADL), (Cooking, shopping, washing is those that maintain independence at home and in the community), they are unique to each individual based on their personal, social and cultural needs. Individuals can, to a greater or lesser extent, identify themselves with the help of PADL and IADL activities. Many of them report dependence on more advanced activities, for example family management, banking and leisure activities, as well as suffering from a decreased quality of life over time. This is not surprising since IADL activities increase a person's level of problem-solving ability, improve social skills, interact with their physical and social surroundings and some activities, for example housework, shopping, and gardening can have additional demands on a person's motor function skills. Thus, these activities are often the first to be lost due to a disability (Kristensen et al., 2014).

The key activities included in BADLs are personal grooming (e.g., washing face, brushing teeth, cutting toenails, brushing hair, shaving, and bathing or showering); dressing and undressing; eating (feeding oneself; e.g., using eating utensils, drinking); transferring oneself from a bed to a chair and back; transferring oneself from a chair to a toilet; rising from a chair; getting in and out of bed; walking around one’s residence; climbing stairs; being able to lift around five kilograms; maintaining bowel and bladder continence; and using the

toilet. The level of ADL performance is used to predict survival and death, length of hospital stays and type of hospital discharge in acute medical care. Examples of scales that measure BADLs are the Barthel Index, the Katz Index of ADL, the Kenny Self-Care Evaluation, and the pulses profile (Klimczuk., 2016).

Basic activities of daily living (eating, bathing or showering, personal care, walking, dressing and dressing, toileting, transportation). Walking or walking around the house or outside. The technical term for this is "ambulance". Nutrition. Such as the ability to transfer food from the plate to the mouth. Dress and care, such as choosing clothes and putting them on. Appropriately manage personal appearance. Toilet means going to the toilet and getting out of it, and using it appropriately. and cleaning. Bathing means washing the face and body in the bath or shower. Transfer means the ability to move from one body position to another. This includes being able to move from a bed to a chair or into a wheelchair. This can also include being able to stand up from a bed or chair to hold a treadmill or other assistive device (Edemekong et al., 2017).

Instrumental activities of daily living (skills needed to function within the community and society) Housework. Financial management. Shopping. Preparing meals. Communicating with the outside world. Medical management. Are those that require more complex thinking skills, including organizational skills. Managing finances, such as paying bills and managing financial assets. Transportation management, whether by driving or organizing other means of transportation. Shopping and meal prep. This covers everything needed to get a meal on the table. It also covers the purchase of clothes and other things required for daily life. House cleaning and

house maintenance. This means cleaning the kitchens after eating, keeping the living space reasonably clean and tidy, and keeping up with household maintenance. Manage communications such as telephone and mail. Medication management, which covers getting and taking medications as directed (Sharma et al., 2020).

2.5 Disabilities in Military as General and the Activities of Daily Living.

Disability in the Middle Ages, or any other earlier period, must be understood from an asynchronous perspective. Disability is not a fixed human condition that appears in the form of a simultaneous structure common to all human cultures. Instead, 'disability' stands firmly within historical development, so that notions and ideas of what constitutes 'disability' are subject to historical and cultural change. But this recognition derives from recent disability studies, not from historians. Hence to discuss disability in the Middle Ages need to consider some aspects of disability theory. As anyone from the field of disability studies knows, the distinction between disability and disability is absolutely vital (Metzler, 2011).

The Vietnam Health and Aging Study (VHAS) survey contained question sets assessing four types of trauma exposure referred to in previous studies: near death and severe injury, unfavorable conditions, and combat experience, including moral injury. VHAS investigators drew on to design elements of war exposure. near-death clauses included questions about seeing dead or seriously wounded Vietnamese soldiers, foreign soldiers, and civilians; And questions about injury and knowledge of people injured or killed in battle. Items measuring exposure to inhospitable conditions included questions documenting displacement due to bombing of villages or evictions and

questions regarding lack of clean water and food, inability to sleep due to noise or unfavorable conditions, fear of injury or death, and exposure to toxic chemicals (Young et al., 2021).

During World War II, when many jobs were left vacant in the United States, soldiers with disabilities joined the workforce, demonstrating their competencies, until being replaced by returning soldiers in the post-war years. Fortunately, during the 1960s and 1970s, the civil rights movement began and created a more favorable climate for people with disabilities to continue entering and succeeding in the workforce and beyond. When the inhuman treatment of people with disabilities in institutions in the United States was revealed, it set a supporting stage for improving conditions inside and outside of schools for people with disabilities. Eventually, more civil rights and educational laws were passed as a result (Karten, 2015).

The proportion of military personnel who died during the conflict decreased due to technological and medical advances, including protective gear and equipment, the rapid removal of seriously wounded personnel from the battlefield, and the increased use of military storms. As the number of returnees from conflicts increases, it has been hypothesized that military personnel who served in conflicts in Iraq or Afghanistan are more likely to develop certain disabilities than individuals who have served in other conflicts as a result of the increased use of which can lead to amputations, and it has been reported that other disabilities including vision or hearing loss and head injury. Rates of mental health problems vary but are significant (Stevelink et al., 2015).

The problem that makes it so rich and interesting - stems from the fact that the term "disability" defies easy definition. No clear consensus has emerged, perhaps because human bodies and the societies in which they live are inherently unstable. As many court battles have shown, even the Americans with Disabilities Act of 1990, which is designed to be polyvalent, leaves intentional room for interpretation: “The term 'disability' means, in relation to an individual: a physical or mental impairment that significantly limits the one or more major life activities for that individual (Kudlick., 2003).

According to classification World Health Organization of Types of Disabilities disability that generally about (21Types) of disability including (Blindness , Low-vision , Leprosy Cured persons , Hearing Impairment , Locomotor Disability , Dwarfism , Intellectual Disability , Mental Illness , Autism Spectrum Disorder , Cerebral Palsy , Muscular Dystrophy , Chronic Neurological conditions , Specific Learning Disabilities , Multiple Sclerosis , Speech and Language disability , Thalassemia , Hemophilia, Sickle cell disease , Multiple Disabilities including deaf-blindness, Acid Attack victims , and Parkinson’s disease) (Australian National University., 2021).

Historically, behavioral and cognitive theories have dominated disabilities that characterize the individual as a unit of analysis, and behavioral and cognitive theories have been particularly prevalent in special education research in the United States. The first attempts to educate people with disabilities, for example, were made by French psychiatrists such as Panel, Itard and Seguin, and they were brought in. These early attempts to teach suggested a combination of physiological and cognitive approaches to address physical movement and sensory impairments (visual impairment). Moreover, the

identification of students with disabilities as well as the gifted has been greatly influenced by individualistic and cognitive theories. The adoption of intellectual assessments by Turman in the early twentieth century continues to have a strong influence on how students are identified as gifted or disabled (Bal et al., 2021).

People with disabilities have existed throughout all periods of history, but until very recently the discipline of medieval studies was not concerned with historical questions about who, for example, were physically, sensory, or mentally handicapped in the Middle Ages, and how did medieval society interact with its disabled members, or what social and economic consequences a disability might have for a medieval person. The sociocultural insights gained from the disciplines of disability studies and ethnology have provided young scholarship with a theoretical framework within which to approach the study of impairment in the pre-modern past, which supersedes the medical model of disability favored by older historiography (Metzler., 2011) .

A soldier who was injured or chronically ill while serving in the military, but not necessarily in combat. His military service is often shortened. Technically, he becomes a veteran only when he leaves the armed forces, but for our purposes we'll begin describing him as a "veteran" from the moment it becomes clear that he cannot return to active duty and head toward civilian life. Whether the injury or illness is physical or mental, it may cause permanent disability or disfigurement, and consequently altered appearance, and partial or complete loss of function (Gerber., 2012).

In a study it was found that 63% of their patients had moderate to severe back pain and among these patients, 38% reported that their pain significantly interfered with their lifestyle. However, to our knowledge, there is no direct influence and effect of pain in each spinal segment on activities of daily living (ADL) in bilateral lower limb amputees (Ashraf et al., 2012).

Disability assessment using a criterion, the specific non-military assessment using the level of self-reported difficulties respondents with the IADL and ADL was included. For the ADL and IADL, veterans "for the past [time] period, due to health issues, have you had any difficulty with" were asked about a comprising list of ADLs including showering, getting dressed, and getting out of bed (ADL examples) as well as money management and use of Telephone and grocery shopping (IADL examples). For each participant, the number of difficulties in these fifteen activities was recorded and then the average number of difficulties was calculated for the entire sample (Gerber et al., 2016).

An increased Body Mass Index (BMI) has been linked to lower back pain. However, our results are consistent with recent research indicating that the association is significant only with a BMI greater than 50% of the recommended weight. Excess weight alone has not been associated with back pain, especially in men (Kulkarni et al., 2005).

2.6 Disability in Wars Military Perspective.

During the war, 224,000 soldiers were wounded, which drove them away from the front. Nearly 4,400 have returned home, missing or missing a party. Of course, the disability was not limited to the missing limbs. As the "Boardwalk Empire" characters explain, a

soldier can go home with all his limbs and fingers intact and yet suffer mental wounds. nearly 100,000 soldiers were withdrawn from combat due to psychological injuries; 40,000 of them were laid off. By 1921, nearly 9,000 veterans had undergone treatment for psychiatric disabilities at veterans' hospitals. As the decade progressed, more and more veterans received treatment for "war neurosis." Eventually, 200,000 veterans, whether mentally or physically, with a permanent disability will return home (Sinha., 2020).

The Red Cross and the government worked independently to address disability. In 1917, the Red Cross opened the first institution dedicated to training amputees and individuals with damaged limbs: the Institute for Disabled Men in New York City. Although the institute was not initially set up for veterans, he soon found himself immersed in World War I soldiers. In addition to rehabilitating wounded soldiers, the institute produced and distributed 50 pamphlets, pamphlets, and books focusing on rehabilitation in the first year after the armistice. During 1918, the Institute distributed 6 million copies of Your Duty to Paralyzing War to New Yorkers (Dauncey., 2020).

Veterans' disability benefits are determined based on a standardized single-indicator rating scheme, measured at the time of discharge. This is determined by the Disability Classification Table issued by the Veterans Administration. This indication is based on a comprehensive medical examination by the Veterans Administration (VA) that focuses on limitations caused by loss of part or function of the body, and anatomical and clinical abnormalities. Measures of illness or injury associated with serving the individual. The severity of each condition is assigned a number on a scale from 0 to 100. Multiple injuries, disabilities, or losses are combined in a non-additional way

using a standard lookup table. The aggregate index is also measured on a scale from 0 to 100 and is then used to approximate the loss of earning capacity, or the total individual loss of employability. Compensation in the form of cash, medical, and other benefits is based on this overall indicator, called the Veterans Disability Based Rating (VDBR) (L. H. Gerber et al., 2016).

Veterans Day (originally known as Armistice Day) is a federal holiday in the United States observed annually on November 11, honoring military veterans of the United States (US)armed forces (who have been discharged under other not infamous circumstances). It coincides with other holidays including Armistice Day and Remembrance Day which are celebrated in other countries that commemorate the end of World War I. 1918 when the armistice with Germany entered into force. At the invitation of major American veteran organizations, Armistice Day was renamed Veterans Day in 1954 (Rhidenour et al., 2019).

Veterans appear to have worse outcomes on a variety of health measures than noncombatant veterans. Many veterans suffer from post-traumatic stress disorder (PTSD), which includes, among other symptoms, flashbacks and flashbacks that survivors experience after a traumatic event. PTSD is an official diagnosis developed by psychiatrists in response to the Vietnam War (Yager, Laufer, and Gallops 1984). However, doctors and psychiatrists have noted that soldiers have experienced war throughout history. During the Civil War, soldiers were described as having a "nervous heart"; During World War I, they described them as suffering from "shell shock" (Dean 1997). In one of the earliest records of post-war life, Odysseus exhibits behavior that has been compared to that of American veterans in

Vietnam (Shay 2002). and are more likely to die and commit suicide (Brown., 2017).

Military service is often shortened beforehand. Technically, he only becomes a veteran when he leaves the armed forces, but for our purposes we'll start calling him a "veteran" from the moment it becomes clear he can't return to active duty, and heads toward civilian life. Injury or physical or mental illness may cause permanent disability or disfigurement, and consequently altered appearance, partial or complete loss of function and/or earning capacity and economic self-sufficiency. When they are particularly severe, disabilities and distortions become a particularly important marker of an individual or group's social identity and self-understanding. Especially visible and traumatic injuries tend to become the primary way the general population of disabled veterans appears to suffer (Gerber, 2012).

Five key elements (familiar environment, team spirit, adrenaline rush, competition, and equality) make for a unique experience for the physically injured/disabled veteran. Many psychological and physical benefits have been found, including an increased sense of accomplishment, the opportunity to socialize in a non-clinical setting, embracing body image, and adopting a healthier lifestyle. Because physical activity and sport are among the growing research on alternative interventions for military veterans, they deserve serious consideration as part of treatment regimens and rehabilitation programs to improve the physical and mental health of injured or physically disabled veterans (Serfioti & Hunt., 2021).

Participation in athletic training and exercise, while helping to reintegrate and build confidence in wounded service personnel, also has the potential to prepare them for elite athletic competition. This is to encourage the war-wounded to use sport and recreational physical activity as a means of rehabilitating civic life, which has become a global phenomenon of Paralympic sports (Chockalingam et al., 2012).

Orthopedic disorders cause significant disability among soldiers in the United States. Long-term disability in military personnel with locomotor system diseases. Wounded soldiers on the battlefield. Disabling conditions for the entire military of the United States in times of peace and war. Circumstances that led to separation from military service before and during Operation Iraqi Freedom and Operation Enduring Freedom. During the war, orthopedic cases accounted for the largest number of soldiers separated from military service. Back pain and osteoporosis are the two most common reasons for dismissal from military service; These conditions are responsible for most cases of disability in times of peace and war (Patzkowski et al., 2012).

Disability within the U.S. military is defined by the Army Physical Assessment Board (Physical Evaluation Boards) (PEB), an administrative body made up of Army medical personnel and officers that determines whether an injured soldier is able to perform his or her job. The PEB score includes whether the soldier is fit for service. A soldier found to be unfit can be removed from active duty through medical retirement or separation based on the severity of the injury or unfavorable circumstances (Johnson., 2020).

2.7 Most Common Soldiers' Disabilities.

Traumatic Brain Injury depending on the severity of the brain injury, a soldier with TBI experiences a change in consciousness that can range from stupor and confusion to unconsciousness. memory loss. Difficulty organizing daily tasks. blurred vision Headache or ringing in the ears. Feeling sad, anxious or lethargic. quick to anger Feeling tired all the time. Feeling dizzy. Trouble with memory, attention, or concentration. Balance problems. thinking ability, memory, mood, and focus. Other symptoms may include headaches, vision, and hearing problems. can affect veterans who experience trauma, blows, or concussions to the head while on duty. Most cases of traumatic brain injury in the military have occurred after injuries from exploding improvised explosive devices. Many veterans of the Iraq and Afghanistan wars who were exposed to have suffered TBI (Ahmed et al., 2017).

Amputation is the first injury of military soldiers, the loss or removal of a part of the body such as a finger, toe, hand, foot, arm or leg. As a result of an improvised explosive device, a bomb blast, a military mine explosion, or a gunshot, it affects ability to move, work, interact with others, and maintain independence. Persistent pain, phantom limb phenomena, and emotional trauma can complicate recovery (Wool., 2015).

Hearing Damage, hearing loss: tinnitus and bilateral hearing loss are the most common ear-related disabilities. You'll find that maximum ratings of 10% are possible for tinnitus, and the same is true for hearing loss. Veterans Affairs will evaluate hearing loss and/or tinnitus independently of other diagnoses (Spejcher & Spejcher, 2016).

Knee problems is one of the five most common soldiers' disabilities, and it's a very broad term. There is a limitation of knee flexion, it indicates a specific problem and has a specific diagnosis. If limited movement was caused by an injury, this will need to provide documentation of that injury. If problems are not related to the injury, but still involve "painful movement" or other limitations (joint and muscle problems with pain or limited movement, arthritis, weakness, loss of strength, fatigue easily, lack of coordination, lack of movement or lack of control over the movement) (Anand & Green., 2017).

Back and Neck Pain, Spine Problems There are a variety of back and neck problems that can receive a disability classification from Veterans Affairs; Veterans Affairs(VA) is concerned with how your problems affect range of motion, flexibility, and other aspects of ability to bend, sit, stand, and work, strain or tear a tendon or neck muscle; It is also associated with frequent use and trauma (Taylor et al., 2019).

2.8 Previous Studies:

Study (1)

A cross-sectional study was done by (Kachooei et al., 2014). Iran, this study was aimed to evaluate the activities of daily living among veterans with hip or hemipelvis amputations. Eighty-four (96.5%) of the 87 registered veterans with a hip or pelvic amputation participated in the study. The degree of independence of activities of daily living (ADL) was assessed by the Barthel Index. The mean follow-up time was 26.6 ± 3.7 years. The mean age of the was 44.1 ± 7 years. Of the 84 amputees, 57 (67.85%) had limitations in at least one area of the ADL. The most common component that affected patients

was going up and down stairs in 45 (78.9%) veterans, followed by eating in 4 (7.01%) veterans. In addition, 70 (83.33%) had limitations in at least one area of the IADL. The most common single component that affected veterans was shopping seen in 56 (80%), followed by liability for special medications in 13 (18.57%) of veterans.

Study (2)

This study was conducted by (Haider et al., 2020), Bangladesh, aimed to assess the ability to perform daily living activities among the Freedom fighters of Bangladesh. A total of 153 freedom fighters who actively participated in the liberation war were randomly selected from eight Bangladeshi divisions. A Sami structure questionnaire was collected in quantitative data. Qualitative data were collected through key informant interviews. Physical functional status was determined by Activity Daily Living Scales (ADLs) and Instrumental Activity Daily Living Scales (IADLS). Among the 153 respondents, 92.8% are Muslims, and the mean age was 68.50 ± 5.808 years. Their family's monthly income was a minimum of BD6000 and a maximum of BD500,000, and they received 92.2% of the Freedom Fighter Allowance. Most of them lived with their family members and about half took care of themselves. DLS activities showed that two-thirds of them had difficulties with one or more activities. The Instrumental activities of the Daily Living Scale revealed that most of them had problems with one or more of the Instrumental activities.

Study (3)

A study conducted by (Amy Ross et al., 2009). In the United States Army. The Aim to evaluate the unique variables of military population with multiligamentous knee dislocation after arthroscopic-assisted reconstruction. Twenty-four active-duty military personnel who underwent assistance with reconstruction of a multiple ligament tear by the same surgeon were enrolled in this study. Postoperatively, a standardized questionnaire was given to the knee joint and the current occupational and recreational situation was assessed. Overall, 13 (54%) remained on active duty after surgical reconstruction of the knee. There was a positive correlation between military rank and return to military service. There were 12 officers and 12 enlisted men ranging from specialist to colonel (0-6). Twenty-two patients were male and two were female with a mean age of 32.8 years (range, 18–55 years). Overall, 11 of 24 patients (46%) underwent, and 13 (54%) remained on active duty. Although no statistical significance ($p < 0.05$) was obtained due to the small size of our group, several factors appeared to be associated with return to duty status.

Study (4)

Conducted study was by (Thompson et al., 2015). In Canada. Aimed to identifying personal, environmental, and health factors associated with activity limitations. A sample of 3,154 Canadian Armed Forces veterans who were released from 1998 to 2007 participated in the 2010 Transition to Civilian Survey. The prevalence of decreased activity in areas of life was higher than in the general Canadian population (49% vs. 21%), where assistance was required with at least one activity of daily living (17% vs. 5%). Prior to adaptation to health conditions, odds of disability were high for increasing age, post-

secondary graduation without a degree, low income, non-delegated junior members, prevalence, low social support, low mastery, high life stress, and frailty. Sense of belonging to the community. The increased prevalence of disability in these veterans probably was due in large part to the significant prevalence of pain and discomfort (65%) and the higher prevalence rates compared with the general Canadian population of back problems (40% versus 21%) and arthritis (23% versus 11%) after adjusting for age and sex.

Chapter Three

Methodology

Chapter Three

Methodology

The present chapter show study's methodology and presented as following:

3.1. Design of the Study.

A descriptive cross-sectional study design was used to assess the impact of physical disability on activities of daily living among injured military fighters. The research was conducted throughout the period September 19th 2021 to May 1st 2022.

3.2. Arrangements for Administration and Ethics.

Formal administrative approvals to perform the study were obtained prior to data collection, as shown in appendix (A).

1. Official agreement was obtained from the Department of Community Nursing after the presentation of the project, then permission from the University of Babylon / College of Nursing / Research Ethics Committee to conduct the study.
2. The researcher obtained the official approval of the Ministry of Defense and the Chief of Staff of the Army, to issue orders to the third center for the rehabilitation of the wounded to carry out the current study, which will involve the rehabilitation of people who have been injured and those who have special needs.

3. The researcher obtains the consent of the wounded soldiers themselves to participate in the study, and then leaves them whether they participate or not, completely freely according to their conviction in the subject.

4**.** The researcher informs the participants that the information will be kept confidential and will only be used for research reasons to motivate soldiers to participate in the study.

3.3 Setting of the Study.

The research was carried out on injured military fighter were who followed up the (order center) of rehabilitation of wounded and people with special needs within the Iraqi ministry of defense (except the Kurdistan region). /Order (center 3)

3.4. The Sample of the Study.

The target population was composed of (826) injured military fighters. And to obtain the appropriate sample for the research, the researcher used (Steven Thompson's equation) and after performing the calculation, the result was 116 solders. A convenient sample of (120) injured military fighters from Third Rehabilitation Center for the wounded was selected to accomplish the objectives of the study (appendix B).

3.5 The Criteria of the Study Sample:

1. The period of injury 6 months and more.

2. Every registered injury military fighter in the Ministry of Defense.

3. Exclude injury military fighter outside the ministry of defense (who don't even offer direct nursing care to patients and who have administrative duties)

4. Exclude ministry of defense in the Iraqi ministry of defense and within the Kurdistan region.

5. Exclude injured military fighter that have mental state problems based on the physician report.

3.6. The Instruments of Study.

3.6.1 The Instruments.

The study was conducted on injury military fighter within the Iraqi Ministry of Defense. One of the tools that were used to build the questionnaire was to measure the "Impact of physical disability on activities of daily living among injured military fighters". The researcher depended also on the physical disability the Arabic version (Moussa et al., 2017). And daily activities Scale the Arabic version (Abde Nasser, 2020) (appendix C).

The Questionnaire included six parts:

1. **Part I**: Sociodemographic data such as (age, marital status, location, education level, No. of children, structure family, occupation status, economic status)
2. **Part II:** General data such as (body mass index, smoking habit, degree of relation)
3. **Part III**: Medical history such as (chronic disease, percentage of impairment, type of injury and site of injury)
4. **Part IV**: The Roland-Morris Disability Scale (RMDS) Questionnaire, in this section, 24 items (I stay at home most of the time because of my injury. To I stay in bed most of the time because of my injury).

Table 3-1: Physical disability scores.

No	Score	Severity
1	(0)	Disability
2	(1-4)	Mild disability
3	(5-15)	Moderate disability
4	(16-24)	Severe disability

- **Part V:** Independence in activity of daily living scale (IADLS) which consists of (6) items (Eating and Feeding Domain), (7) items (Bathing Domain), (8) items (Grooming Domain), (7) items (Dressing and undressing Domain), (7) items (Toileting and Continence Domain), and (8) items (Transfers Domain). using three levels Likert rating scale (always, sometimes, never) they have been rated and scored as (1) for never, (2) for some time, (3) for always.
- **Part VI** Instrumental in activity of daily living subscale: which consists of (4) items (Ability to use Telephone Domain), (4) items (Shopping Domain), (4) items (Food preparation Domain), (5) items (Housekeeping), (3) items (Laundry Domain), (5) items (Mode of transportation Domain), and (3) items (Responsibility for own medications Domain), and (3) items (Ability to handle finances Domain). using three levels Likert rating scale (always, sometimes, never) they have been rated and scored as (1) for never, (2) for some time, (3) for always.

3.7. The Study Instruments Validity.

The instruments were given to a panel of experts in various disciplines (nursing and medicine) to assess the questionnaire validity, draft of the questionnaire was shown to 32 experts to ensure that it was valid (Appendix D) and they are each of

1. (3) Experts of the Nursing College / Babylon University.
2. (7) Experts of the Nursing College / Baghdad University.
3. (7) Experts of the Ministry of Defense.
4. (2) Experts of the Nursing College/ Karbala University.
5. (2) Expert of the Medicine College/Babylon university.
6. (1) Expert of the Hilla University College.
7. (1) Expert of the Basra University College of Science and Technology.
8. (1) Expert of the University of the Prophets/Karbala University.
9. (2) Expert of the Nursing College /Al-Kufa University.
10. (1) Expert of the Nursing College / Thi Qar University.
11. (3) Expert of the College of Education / Babylon University.
12. (1) Expert of the Nursing College/ Al Qadisiya University.
13. (1) Expert of the Nursing College / Kirkuk University.

- A copy of the questionnaire was submitted to each one of the experts. They asked to review and evaluate its content adequacy.
- The result indicated that the questionnaire is clear, adequate, relevant, and Valid after taking into consideration their suggestion and recommendation for modification.

3.8. Pilot Study.

Before starting work, the pilot study was conducted on injury military fighter in the Ministry of defense. For the period from the 18th February 2022 to 2th march 2022. The sample of the pilot study was not entered in the research's sample major.

The objectives of the study of the pilot were:

1. Identify the reliability of the questionnaire.
2. To ensure the questionnaire's clarity and content adequacy.
3. Estimate the average amount of time it takes to collect data.
4. Determine any problems that may arise throughout the data gathering procedure.

The finding of the study of pilot refers that the questionnaire was clear and understandable to the participant. The time needs for data collection range among 15 to 20 minutes.

3.9. Reliability of the Questionnaire:

The reliability of the physical disability scale (PDS) was determined as a result of conducting a pilot study; the Cronbach's Alpha table (3) results indicated that the reliability is = 0.825, and reliability (Ingham-Broomfield, 2014).

Statistics of Reliability			
Scales	Technique Cronbach's Alpha	Number of Items	Accepted Value
Roland-Morris Disability Scale (RMDS)	**0.825**	**24**	**0.70-1.0**
Activates of Daily Living Scale (ADLS)	**0.723**	**74**	**0.70-1.0**

Table 3-2: Reliability statistics

3.10. Rating and Scoring of the Study Instrument.

A binomial scale was used for physical disability scale and scored as (0) no and (1) yes. The overall score of physical disability was estimated by calculating the range score for the total score of the scale and divided into three levels and scored as follows: No disability= 0, Mild= 1 – 4, Moderate= 5 – 15, Severe= 16 – 24.

A 3-point Likert scale was used to rank and score the Independence Scale Index as (3) always, (2) sometimes, and (1) never which were evaluated with the cut-off point (0.66) due to the score (1,2 and 3), respectively. Scores of responses are categorized according to the following level of independence: (1-1.66) high independence, (1.67-2.33) moderate independence, (2.34-3) low independence.

A 3-point Likert scale was used to rank and score the Instrumental in Daily Life Activities Scale Index as (3) always, (2) sometimes, and (1) never which were evaluated with the cut-off point (0.66) due to the score (1,2 and 3), respectively. Scores of responses are categorized according to the following level of independence: (1-1.66) high independence, (1.67-2.33) moderate independence, (2.34-3) low independence.

3.11. Methods of Data Collection:

After completing the expert's responses and completing all official approvals by the researcher, the questionnaire and data collection were administered by the researcher after completing the official approvals that would allow the researcher the opportunity to do his work to complete the scientific research. The questionnaire was conducted by the researcher personally using the appropriate sampling method. Data were collected from 5th February to 26th March 2022, using the self-report method used. A questionnaire was included 120 injured military fighters, identified by the researcher. This is to ensure that the questionnaire reaches the number likely to achieve the actual sample size.

3.12. Statistical Data Analysis.

Statistical Package of Social Sciences (SPSS) version 25 and Microsoft Excel (2019) were used to analyze the data. To assess and evaluate the study's findings, the following statistical data analysis methodologies were used:

3.13. The Examination of Descriptive Data:

- **Frequency (F):** The frequency of an event in statistics is the amount of times the incident happened in an experiment or survey. (Kenny & keeping, 2016). It was used to describe the sociodemographic characteristics of fighters as well as levels of independency and instrumental function in daily life activities.

- **Percentage (%): A** amount or percentage that is conveyed as a certain number of items divided by 100 items % (Merriam-Webster, 2016). It was used to describe the sociodemographic a characteristic of fighters as well as levels of independency and instrumental function in daily life activities, and calculated according to this formula:

$$\% = \frac{\sum f}{n} \text{ x100}$$

- **Mean of Score (M.S):** The sample mean is the total of all the numbers in a set of data divided by the number of numbers in the set (Chernick & Friis, 2003). It was used to determine the levels of independency and instrumental function in daily life activities, and calculated according to the following formula:

$$M.S = \frac{\sum \text{ri=1Fi x Si}}{\sum \text{ri= 1Fi}}\ x100$$

- Standard Deviation: is a way of measuring used to estimate the distribution or dispersion among datasets (Bland & Altman, 1996). It was used to determine levels of independency and instrumental function in daily life activities, and calculated as follows:

$$S = \sqrt{\frac{\Sigma(X - \overline{X})^2}{N}}$$

where S = the standard deviation of a sample,
Σ means "sum of,"
X = each value in the data set,
$\overline{X}$ = mean of all values in the data set,
N = number of values in the data set.

3.14. Inferential Statistical Data Analysis.

Such analysis was used in order to indicate the significant association.

- Alpha Correlation Coefficient (r): It was utilized to calculate the research instrument's internal consistency. (Polit & Hungler, 2013) and calculated as:

$$r = \frac{K}{K-1}\left[1 - \frac{\sum Q1}{Qy2}\right]^2$$

Where:

r = the estimation reliability.
K = the total number of items in the test.
Q_1^2 = the variance of each individual item.
Qy^2 = the variance of the total test score.
∑ = the sum of.

- **Linear Regression:** A The association between the independent and dependent variables is established using a basic linear regression model as a straight line. Two objectives are served by a simple linear regression model: According to the historical relationship between the independent and dependent variables, it may forecast the values of one variable from the values of another and explains the linear dependency of one variable on another. (MBaskool, 2019). It used to determine the impact of physical disability on daily life activities and calculated as follow:

Formula for linear regression equation is given by:

$$y = a + bx$$

a and *b* are given by the following formulas:

$$b\,(slope) = \frac{n\sum xy - (\sum x)(\sum y)}{n\sum x^2 - (\sum x)^2}$$

$$a\,(intercept) = \frac{n\sum y - b(\sum x)}{n}$$

Where,
x and *y* are two variables on regression line.
b = Slope of the line.
a = *y*-intercept of the line.
x = Values of first data set.
y = Values of second data set.

- **The Spearman's Rank-Order correlation**: is an alternative to the Pearson ’s product moment correlation that does not rely on any assumptions about the data. The strength and direction of association between two ranked variables can be measured using Spearman's correlation coefficient, which is denoted by the symbol Rs and written as r. (Leard Statistics, 2022). It was used to determine the relationship between independency and instrumental functions in daily life activities with regard to demographic variables of fighters. It calculated as:

$$\rho_{r_x,r_y} = \frac{cov(r_x, r_y)}{\sigma_{rx}\sigma_{ry}}$$

where
$cov(r_x, r_y)$: the covariance of ranked data r_x and r_y.
σ_{rx} and σ_{ry} are the standard deviations of r_x and r_y.

Chapter Four

Results of the Study

Chapter Four

Results of the Study

This chapter presents the descriptive analysis of the sample related to socio-demographic characteristics of injured military fighters; and describes their severity of physical disability as well quality of life related to activities of daily living, and to determine the impact of physical disability on activities of daily living. This chapter also describes the relationship level between activities of daily living among injured fighters with their sociodemographic characteristics.

The statistical procedures were applied for the purpose of analyzing the results of the present study; the results were arranged and interpreted. Those results are based on the sample responses to the study questionnaire.

Table (4-1): Distribution of Sample According to their Socio-Demographic Characteristics.

List	Characteristics		f	%
1	**Age**	20 – 29 year	22	18.4
		30 – 39 year	55	**45.8**
		40 – 49 year	33	27.5
		50 – 59 year	9	7.5
		60 ≤ year	1	.8
		Total	***120***	***100***
		Mean ±Standard deviation	**36.97±8.522 year**	
2	**Level of education**	Primary school	36	**30**

		Middle school	19	15.8
		Secondary school	35	29.2
		Diploma +	30	25
		Total	***120***	***100***

Table (4-1): Continued

List	Characteristics		f	%
3	**Marital status**	Unmarried	16	13.3
		Married	87	**72.5**
		Widower	2	1.7
		Divorced	8	6.7
		Separated	7	5.8
		Total	***120***	***100***
4	**Number of children**	Haven't children	19	15.8
		1 – 2	38	31.7
		3 +	63	**52.5**
		Total	***120***	***100***
5	**Family structure**	Single parent family	16	13.4
		Nuclear family	43	35.8
		Extended family	61	**50.8**
		Total	***120***	***100***
6	**Occupational status**	In service	117	**97.5**
		Out service	3	2.5

		Total	***120***	***100***
7	**Military rank**	Officer	41	34.2
		Vice officer	48	**40**
		Soldier	31	25.8
		Total	***120***	***100***
8	**Residency**	Urban	50	41.7
		Rural	70	58.3
		Total	***120***	***100***

Table (4-1): Continued

List	Characteristics		f	%
9	**Socioeconomic status**	Insufficient	16	13.3
		sufficient to some extent	67	**55.8**
		Sufficient	37	30.8
		Total	***120***	***100***

f: Frequency, %: Percentage, M: Mean, SD: Standard deviation

This table shows that average age for injured fighters is 36.97±8.522 years in which 45.8% of them are seen with age group 30-39 years.

The level of education refers to primary school among 30%, secondary school among 29.2%, and 25% with diploma degree.

Concerning marital status, 72.5% of injured fighters are married while 13.3% are still unmarried. The number of children refers to more than three among 52.5% and 1-2 children among 31.7%.

Regarding family structure, 50.8% of injured fighters are live in extended families while 35.8% of them live in nuclear families.

The occupational status reveals that 97.5% of injured fighters are still in service while only 2.5% are out service.

The military rank for injured fighters refers to vice officers among 40%, officers among 34.2%, and soldiers among 25.8%.

Regarding residency, 58.3% of injured fighters are resident in rural and 41.7% resident in urban.

The socioeconomic status refers to barely sufficient among 55.8% of injured fighters while 30.8% of them perceive sufficient socioeconomic status.

Table (4-2): Distribution of Sample According to their Body Mass Index, Smoking Status, and Kinship of Assistant

List	Variables		f	%
1	**Body mass index**	Underweight (<18.5)	0	0
		Normal (18.5-24.9)	29	24.2
		Overweight (25-29.9)	72	**60**
		Obesity I (30-34.9)	15	12.4
		Obesity II (35-39.9)	2	1.7
		Obesity III (≥ 40)	2	1.7
		Total	***120***	***100***
2	**Smoking**	Smoker	41	34.2
		Ex-smoker	37	30.8

		Non-smoker	42	**35**
		Total	***120***	***100***
3	**Kinship of assistant**	Father	37	**30.8**
		Mother	15	12.5
		Brother	25	20.8
		Sister	6	5
		Wife	28	23.2
		Son	9	7.5
		Total	***120***	***100***

f: Frequency, %: Percentage

This table reveals that 60% of injured fighters are overweight according to body mass index calculator while 24.2% of them are show normal weight.

The smoking status shows that 35% of injured fighters are non-smokers, 34.2% are current smokers, while 30.8% are ex-smoker.

Regarding kinship of assistant, the highest percentage refers to father among 30.8%, wife among 23.8%, brothers among 20.8%, and mothers among 12.5%.

Table (4-3): Distribution of Sample According to their Medical History of Chronic Illnesses

List	Illness		f	%
1	**Diabetes mellitus**	No	80	**74.2**
		Yes	40	33.3

		Total	***120***	***100***
2	**Heart diseases**	No	89	**74.2**
		Yes	31	25.8
		Total	***120***	***100***
3	**Hypertension**	No	74	**61.7**
		Yes	46	38.3
		Total	***120***	***100***
4	**Asthma**	No	87	**72.5**
		Yes	33	27.5
		Total	***120***	***100***
5	**Kidney disease**	No	83	**69.2**
		Yes	37	30.8
		Total	***120***	***100***
6	**Liver diseases**	No	82	**68.3**
		Yes	38	31.7
		Total	***120***	***100***

f: Frequency, %: Percentage

This table displays the medical history for military injured fighters related to chronic illness and show: 33.3% are with history of diabetes mellitus; only 25.8% are with history of heart diseases; 38.3% are with history of hypertension; 27.5% are with history of asthma; 30.8% are with history of kidney disease; and 31.7% are with history of liver disease.

Table (4-4): Distribution of Sample According to Percentage of Disability and Type of Injury.

List	Variables		f	%
1	**Disability percentage**	≤ 25 %	14	11.7

		30 – 50 %	28	23.3
		55 – 75 %	41	**34.2**
		80 – 100 %	37	30.8
		Total	***120***	***100***
2	**Type of Injury**	Partial	78	**65**
		Total	42	35
		Total	***120***	***100***

f: Frequency, %: Percentage

This table reveals the percentage of disability among injured fighters that show 34.2% are with 55-75% disability, 30.8% with 80-100% disability, and 23.3% with 30-50% disability.

The type of injury refers to partial among 65% while refers to 35% with total injury.

Table (4-5): Distribution of Sample According to Site of Injury.

List	Site of Injury		f	%
1	**Upper extremities**	None	72	60
		Left	20	16.7
		Right	20	16.7
		Both	8	6.6
		Total	***120***	***100***
2	**Lower extremities**	None	69	57.5
		Left	12	10
		Right	23	19.2

		Both	16	13.3
		Total	***120***	***100***
3	**Head**	None	79	65.8
		Left	23	19.2
		Right	15	12.5
		Both	3	2.5
		Total	***120***	***100***
4	**Abdomen**	None	68	56.7
		Left	20	16.7
		Right	23	19.2
		Both	9	7.4
		Total	***120***	***100***
5	**Chest**	None	80	66.7
		Left	17	14.2
		Right	21	17.5
		Both	2	1.7
		Total	***120***	***100***

f: Frequency, %: Percentage

This table displays the site of injury among injured fighters: the injury in upper extremities refers to 16.7% in right side and the same in the left side; the injury in the lower extremities refers to 19.2% in right side and 23.3% in both sides; the head injury shows 19.2% in the right side and 12.5% in the left side; the abdomen injury shows 19.2% in the right side and 16.7% in the left side; the chest injury shows 17.5% in the right side and 14.2% in the left side.

Table (4-6): Evaluation of Severity of Physical Disability Among Military Injured Fighters.

Severity	f	%	M	SD	Eval.
No disability	1	.8	14.75	5.134	Moderate physical disability
Mild	5	4.2			
Moderate	59	**49.2**			
Severe	55	45.8			
Total	***120***	***100***			

f: Frequency, %: Percentage, Eval.: Evaluation

M: Mean for total score, SD: Standard Deviation for total score

No disability= 0, Mild= 1 – 4, Moderate= 5 – 15, Severe= 16 – 24

This table indicates that injured fighters suffering from moderate to severe physical disability in which 49.2% of them suffering from moderate disability (176.54±35.386) while 45.8% of them suffering from severe disability.

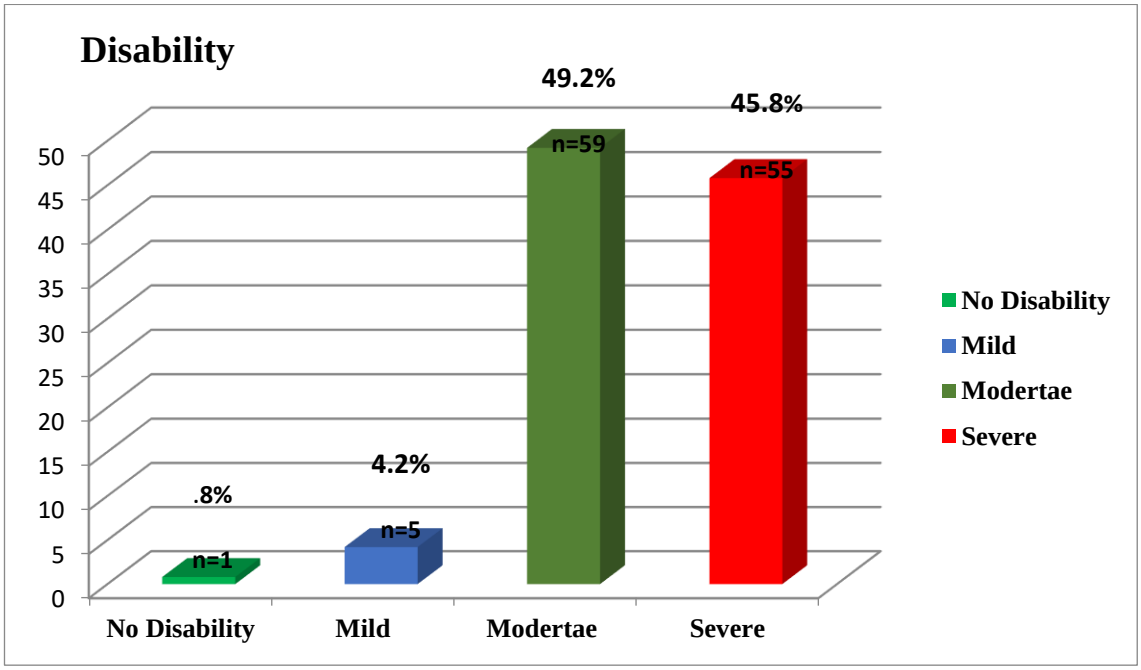

Figure (4-1): Severity of Physical Disability Among Military Injured Fighters (N=120).

This figure shows that 49.2% of injured fighters associated with moderate physical disability and 45.8% associated with severe disability.

Table (4-7): Mean and Standard Deviation for Items Related to Physical Disability Among Injured Fighters (N=120).

No	Item	No	Yes	Mean	SD	Assess.
1	I stay at home most of the time because of my injury.	41	79	.66	.476	Moderate
2	I change position frequently to try and get my injury comfortable.	38	82	.68	.467	High
3	I walk more slowly than usual because of my injury.	43	77	.64	.482	Moderate
4	Because of my injury I am not doing any of the jobs that I usually do around the house.	39	81	.68	.470	High
5	Because of my injury, I use a handrail to get upstairs.	57	63	.53	.501	Moderate
6	Because of my injury, I lie down to rest more often.	38	82	.68	.467	High
7	Because of my injury, I have to hold on to something to get out of an easy chair.	63	57	.48	.501	Moderate
8	Because of my injury, I try to get other people to do things for me.	52	68	.57	.498	Moderate
9	I get dressed more slowly than usual because of my injury.	44	76	.63	.484	Moderate
10	I only stand for short periods of time because of my injury.	58	62	.52	.502	Moderate
11	Because of my injury, I try not to bend or kneel down.	30	90	.75	.436	High
12	I find it difficult to get out of a chair because of my injury.	49	71	.59	.494	Moderate
13	My injury is painful almost all the time.	53	67	.56	.499	Moderate

14	I find it difficult to turn over in bed because of my injury.	51	69	.57	.497	Moderate
15	My appetite is not very good because of my injury pain.	46	74	.62	.488	Moderate
16	I have trouble putting on my socks (or stockings) because of the pain in my injury.	56	64	.53	.501	Moderate
17	I only walk short distances because of my injury.	51	69	.57	.487	Moderate
18	I sleep less well because of my injury.	52	68	.57	.498	Moderate
19	Because of my injury pain, I get dressed with help from someone else.	59	61	.51	.502	Moderate
20	I sit down for most of the day because of my injury.	48	72	.60	.492	Moderate
21	I avoid heavy jobs around the house because of my injury.	25	95	.79	.408	High
22	Because of my injury pain, I am more irritable and bad tempered with people than usual.	21	99	.83	.382	High
23	Because of my injury, I go upstairs more slowly than usual.	45	75	.63	.489	Moderate
24	I stay in bed most of the time because of my injury.	51	69	.59	.542	Moderate

No: Number, SD: Standard Deviation, Assess: Assessment

No disability= 0, Low= 0.1 – 0.33, Moderate= 0.34 – 0.67, High= 0.68 – 1

This table presents the evaluation of items related to physical disability degree; the mean score indicates moderate physical disability among all items except items 2, 4, 6, 11, 21, and 22 that show high degree of physical disability.

Table (4-8): Overall Assessment of Independency in Daily Life Activities Among Military Injured Fighters.

Dependency	f	%	M	SD	Assess
Low dependent	43	35.8	77.033	11.707	Moderate dependency
Moderate	71	**59.2**			
High dependent	6	5			
Total	***120***	***100***			

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score

Low= 43 – 71.66, Moderate= 71.67 – 100.33, High= 100.34 – 129

This table indicates that 59.2% of injured fighters show moderate dependency in their daily life activities (77.033±11.707).

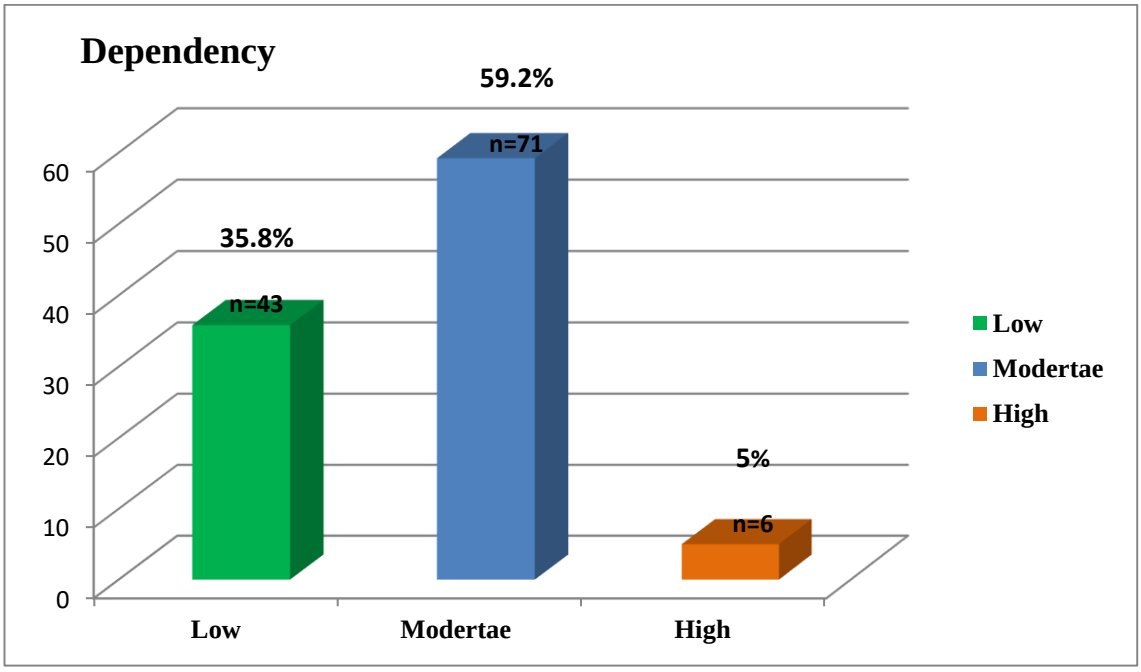

Figure (4-2): Levels of Dependency in Daily Life Activities Among Military Injured Fighters (N=120).

This figure shows that 59.2% of injured fighters associated with moderate dependency.

Table (4-9): Assessment of Daily Life Activities Related to Feeding Among Injured Fighters (N=120).

No	Feeding	Never	Sometimes	Always	Mean	SD	Eval.
1	Gets food from plate into mouth without help.	71	36	13	1.52	.686	Low
2	Feeds partial or total help with feeding or requires parenteral feeding.	29	67	24	1.96	.666	Moderate
3	Eats with minor assistance at meal times and/or with special preparation of food, or help in cleaning up after meals.	12	78	30	2.15	.575	Moderate
4	Feeds self with moderate assistance and is untidy.	29	70	21	1.93	.645	Moderate
5	Requires extensive assistance for all meals.	40	49	31	1.93	.769	Moderate
6	Does not feed self at all and resists efforts of others to feed him.	79	27	14	1.46	.697	Low
Total					***1.83***	***.673***	***Moderate***

No: Number, SD: Standard Deviation, Eval: Evaluation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate dependency regarding feeding daily life activities; the mean scores indicates moderate among all items except item 1 and 6 that show low dependency.

Table (4-10): Assessment of Daily Life Activities Related to Bathing Among Injured Fighters (N=120).

No	Bathing	Never	Sometimes	Always	Mean	SD	Assess
1	Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity	45	66	9	1.70	.603	Moderate
2	Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing	18	74	28	2.08	.616	Moderate
3	Bathes self (tub, shower, sponge bath) without help	45	61	14	1.74	.655	Moderate
4	Bathes self with help in getting in and out of tub	49	35	36	1.89	.838	Moderate
5	Washes face and hands only, but cannot bathe rest of body	67	34	19	1.60	.749	Low
6	Does not wash self but is cooperative with those who bathe him	56	34	30	1.78	.822	Moderate
7	Does not try to wash self and resists efforts to keep him clean	80	18	22	1.52	.788	Low
Total					***1.76***	***.724***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate dependency regarding bathing daily life activities; the mean scores indicates moderate among all items except item 5 and 7 that show low independency.

Table (4-11): Assessment of Daily Life Activities Related to Grooming Among Injured Fighters (N=120).

No	Grooming	Never	Sometimes	Always	Mean	SD	Assess
1	Grooms' self adequately with occasional minor assistance	12	66	42	2.25	.625	Moderate
2	Always neatly dressed, well-groomed, without assistance	61	57	2	1.52	.534	Low
3	Needs moderate and regular assistance or supervision in grooming	11	70	39	2.23	.604	Moderate
4	Needs total grooming care, but can remain well-groomed after help from others	23	59	38	2.13	.705	Moderate
5	Actively negates all efforts of others to maintain grooming	76	31	13	1.48	.686	Low
6	Cutting toenails	76	33	11	1.46	.660	Low
7	Brushing teeth	84	26	10	1.38	.638	Low
8	Brushing hair, shaving, and bathing or showering	49	60	11	1.68	.635	Moderate
Total					***1.77***	***.636***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate dependency regarding grooming of daily life activities; the mean scores indicates moderate among items 1, 3, 4, and 8 while show low in items 2, 5, 6, and 7.

Table (4-12): Assessment of Daily Life Activities Related to Dressing and Undressing Among Injured Fighters (N=120).

No	Dressing and undressing	Never	Sometimes	Always	Mean	SD	Assess
1	Get clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes	23	61	36	2.11	.696	Moderate
2	Needs help with dressing self or needs to be completely dressed	14	67	39	2.21	.634	Moderate
3	Dresses, undresses and selects clothes from own wardrobe	37	75	8	1.76	.565	Moderate
4	Dresses and undresses self, with minor assistance	35	66	19	1.87	.660	Moderate
5	Needs moderate assistance in dressing or selection of clothes	15	61	44	2.24	.661	Moderate
6	Needs major assistance in dressing, but cooperates with efforts of others to help	44	37	39	1.96	.834	Moderate
7	Completely unable to dress self and resists efforts of others to help.	78	20	22	1.53	.788	Low
Total					***1.95***	***.691***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate dependency regarding dressing and undressing of daily life activities; the mean scores indicates moderate among all items except item 7 that show low independency.

Table (4-13): Assessment of Daily Life Activities Related to Continence and Toilet Use Among Injured Fighters (N=120).

No	Continence and toilet use	Never	Sometimes	Always	Mean	SD	Assess
1	Exercises complete self Exercises complete self-control over urination and defecation	73	42	5	1.43	.576	Low
2	Is partially or totally incontinent of bowel or bladder	56	60	4	1.57	.561	Low
3	Cares for self at toilet completely, no incontinence	71	44	5	1.45	.578	Low
4	Needs to be reminded, or needs help in cleaning self, or has rare accidents	54	44	22	1.73	.753	Moderate
5	Soiling or wetting while a sleep more than once a week	61	39	20	1.66	.750	Low
6	Soiling or wetting while awake more than once a week	85	24	11	1.38	.651	Low
7	No control of bowels or bladder	84	21	15	1.43	.706	Low
Total					***1.52***	***.654***	***Low***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show high dependency regarding continence and toilet use in daily life activities; the mean scores indicates low among all items except item 4 that show moderate dependency.

Table (4-14): Assessment of Daily Life Activities Related to Transferring Among Injured Fighters (N=120).

No	Transferring	Never	Sometimes	Always	Mean	SD	Assess
1	Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable	37	61	22	1.88	.693	Moderate
2	Needs help in moving from bed to chair or requires a complete transfer	25	62	33	2.06	.693	Moderate
3	Moves in and out of bed independently	46	53	21	1.79	.721	Moderate
4	Moves in and out of chair independently	45	55	20	1.79	.709	Moderate
5	Assistance in moving in or out of bed and/or chair	30	51	39	2.08	.758	Moderate
6	Does not perform one or more transfers	45	48	27	1.85	.763	Moderate
7	Sits unsupported in chair or wheelchair, but cannot propel self without help	16	70	34	2.15	.630	Moderate
8	Bedridden more than half the time	45	59	16	1.76	.674	Moderate
Total					***1.92***	***.705***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate dependency regarding transferring of daily life activities; the mean scores indicates moderate among all items of this domain.

Table (4-15): Overall Assessment of Instrumental in Daily Life Activities Among Military Injured Fighters.

Function	f	%	M	SD	Assess
Low	3	2.5	62.14	6.292	Moderate function
Moderate	107	89.2			

Highly	10	8.3			
Total	***120***	***100***			

f: Frequency, %: Percentage

M: Mean for total score, SD: Standard Deviation for total score

Low= 31 – 51.66, Moderate= 51.67 – 72.33, High= 72.34 – 93

This table indicates that 89.2% of injured fighters show moderate function of instrumental in their daily life activities (62.14±6.292).

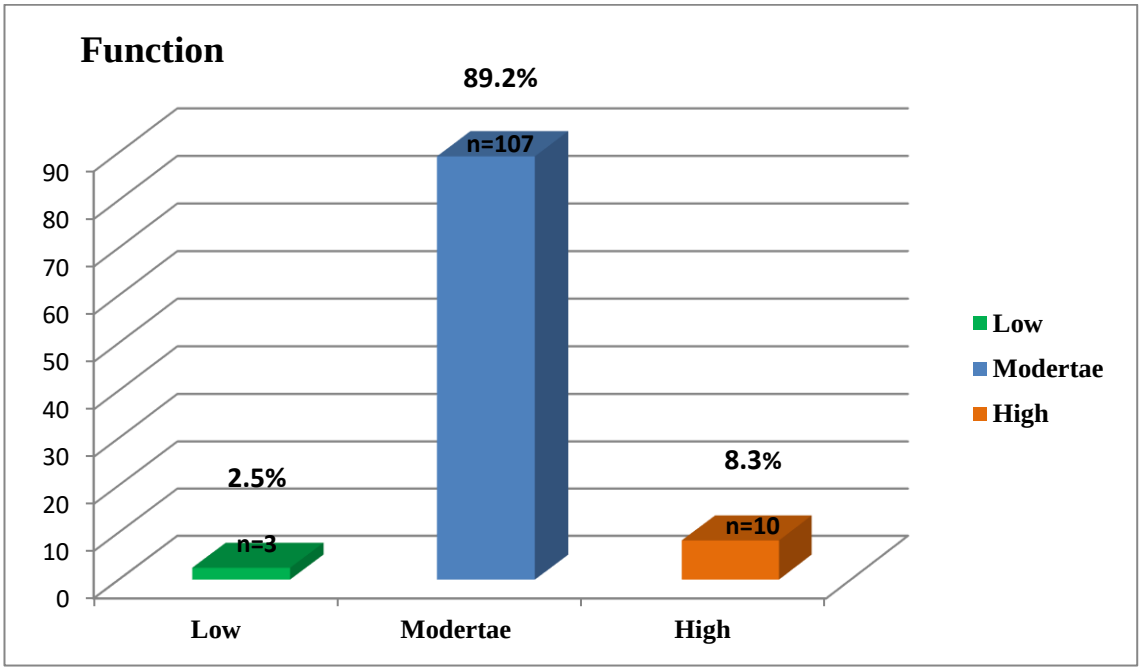

Figure (4-3): Levels of Function Related to Instrumental in Daily Life Activities Among Military Injured Fighters (N=120).

This figure shows that 89.2% of injured fighters associated with moderate function of instrumental in daily life activities.

Table (4-16): Assessment of Instrumental in Daily Life Activities Related to "Ability to Use Phone" Among Injured Fighters (N=120).

No	Ability to Use Phone	Never	Sometimes	Always	Mean	SD	Assess

1	Operates telephone on own initiative–looks up and dials numbers, etc.	11	45	64	2.44	.658	High
2	Dials a few well-known numbers	16	50	54	2.32	.698	Moderate
3	Answers telephone but does not dial	32	56	32	2.00	.733	Moderate
4	Does not use telephone at all	90	7	23	1.44	.797	Low
Total					***2.05***	***.722***	***Moderate***

No: Number, SD: Standard Deviation, Eval: Evaluation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding ability to use phone; the mean scores indicates moderate among items 2 and 3 while show high among items 1 and 4.

Table (4-17): Assessment of Instrumental in Daily Life Activities Related to "Shopping" Among Injured Fighters (N=120).

No	Shopping	Never	Sometimes	Always	Mean	SD	Assess
1	Takes care of all shopping needs independently.	28	50	42	2.12	.758	Moderate
2	Shops independently for small purchases	28	57	35	2.06	.725	Moderate
3	Needs to be accompanied on any shopping trip	34	43	43	2.08	.801	Moderate
4	Completely unable to shop.	88	8	24	1.47	.809	Low
Total					***1.93***	***.773***	***Moderate***

No: Number, SD: Standard Deviation, Eval: Evaluation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding shopping; the mean scores indicates moderate among all items except item 4 that show low function in daily life activities.

Table (4-18): Assessment of Instrumental in Daily Life Activities Related to "Food preparation" Among Injured Fighters (N=120)

No	Food preparation	Never	Sometimes	Always	Mean	SD	Assess
1	Plans, prepares and serves adequate meals independently	36	62	22	1.88	.688	Moderate
2	Prepares adequate meals if supplied with ingredients	40	56	24	1.87	.721	Moderate
3	Heats and serves prepared meals, or prepares meals but does not maintain adequate diet	30	63	27	1.98	.692	Moderate
4	Needs to have meals prepared and served	38	34	48	2.08	.846	Moderate
Total					***1.95***	***.737***	***Moderate***

No: Number, SD: Standard Deviation, Eval: Evaluation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding food preparation; the mean scores indicates moderate among all items of this domain.

Table (4-19): Assessment of Instrumental in Daily Life Activities Related to "Housekeeping" Among Injured Fighters (N=120).

No	Housekeeping	Never	Sometimes	Always	Mean	SD	Assess
1	Maintains house alone or with occasional assistance (e.g., heavy work-domestic help).	18	85	17	1.99	.542	Moderate

2	Performs light daily tasks such as dish-washing, bed-making	45	68	7	1.68	.580	Moderate
3	Performs light daily tasks but cannot maintain acceptable level of cleanliness	38	72	10	1.77	.590	Moderate
4	Needs help with all home maintenance tasks	10	80	30	2.17	.555	Moderate
5	Does not participate in any housekeeping tasks	52	40	28	1.80	.795	Moderate
Total					***1.88***	***.612***	***Moderate***

No: Number, SD: Standard Deviation, Eval: Evaluation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding housekeeping; the mean scores indicates moderate among all items of this domain.

Table (4-20): Assessment of Instrumental in Daily Life Activities Related to "Laundry" Among Injured Fighters (N=120).

No	Laundry	Never	Sometimes	Always	Mean	SD	Assess
1	Does personal laundry completely	67	40	13	1.55	.684	Low
2	Launders small items–rinses socks, stockings, etc	37	63	20	1.86	.677	Moderate
3	All laundry must be done by others	33	33	54	2.18	.837	Moderate
Total					***1.86***	***.732***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding laundry; the mean scores indicates moderate among all items except item 1 that show low function.

Table (4-21): Assessment of Instrumental in Daily Life Activities Related to "Mode of Transportation" Among Injured Fighters (N=120).

No	Mode of transportation	Never	Sometimes	Always	Mean	SD	Assess
1	Travels independently on public transportation or drives own car	45	46	29	1.87	.777	Moderate
2	Arranges own travel via taxi, but does not otherwise use public transportation.	8	50	62	2.45	.620	High
3	Travels on public transportation when assisted or accompanied by another	24	43	53	2.24	.767	Moderate
4	Travel limited to a taxi or automobile with assistance of another	6	49	65	2.49	.594	High
5	Does not travel at all	70	15	35	1.71	.893	Moderate
Total					***2.15***	***.730***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding mode of transportation; the mean scores indicates moderate among items 1, 3, and 5 while show high among items 2 and 4.

Table (4-22): Assessment of Instrumental in Daily Life Activities Related to "Responsibility for Own Medications" Among Injured Fighters (N=120).

No	Responsibility for own medications	Never	Sometimes	Always	Mean	SD	Assess
1	Is responsible for taking medications in correct dosages at correct time	6	38	76	2.58	.588	High

2	Takes responsibility if medication is prepared in advance in separate dosages	4	69	47	2.36	.547	High
3	Is not capable of dispensing own medication	71	22	27	1.63	.829	Low
Total					***2.19***	***.655***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding responsibility for own medications; the mean scores indicates moderate among all items except item 3 that show low function.

Table (4-23): Assessment of Instrumental in Daily Life Activities Related to "Ability to Handle Finance" Among Injured Fighters (N=120).

No	Ability to handle finance	Never	Sometimes	Always	Mean	SD	Assess
1	Manages financial matters independently (budgets, writes checks, pays rent, bills, goes to bank), collects and keeps track of income	10	52	58	2.40	.640	High
2	Manages day-to-day purchases but needs help with banking, major purchases, etc	12	67	41	2.24	.622	Moderate
3	Incapable of handling money	82	22	16	1.45	.720	Low
Total					***2.03***	***.661***	***Moderate***

No: Number, SD: Standard Deviation

Low= 1 – 1.66, Moderate= 1.67 – 2.33, High= 2.34 – 3

This table indicates that injured fighters show moderate function regarding ability to handle finance; the mean scores indicates high in item 1 and moderate in item 2, while show low in item 3.

Table (4-24): Simple Linear Regression for Physical Disability Among Injured Fighters with Regard to Independency in Daily Life Activities (N=120).

PD / DDLA	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Feeding	.054	.040	.124	1.356	.178
Bathing	.137	.050	.234	2.717	**.008**
Grooming	.117	.044	.235	2.628	**.010**
Dressing and undressing	.144	.037	.338	3.907	**.001**
Continence and toilet use	.047	.054	.080	.867	.388
Transferring	.234	.060	.445	5.397	**.001**
Overall	.821	.196	.360	4.195	**.001**

a. Dependent Variables: DDLA

This table depicts that physical disability among injured fighters is highly influenced on independency in daily life activities evidenced by high significant difference with overall score at p-value= .001. The influence of physical disabilities is seen among all sub-domains of daily life activities except domains of "feeding" and "continence and toilet use" that show no influence.

Table (4-25): Simple Linear Regression for Physical Disability Among Injured Fighters with Regard to Function of Instrumental in Daily Life Activities (N=120).

PD / IDLA	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
Ability to use phone	-.029	.028	-.096	-.1050	.296
Shopping	-.047	.026	-.167	-1.839	.068
Food preparation	-.091	.029	-.281	-3.176	**.002**
Housekeeping	-.027	.025	-.101	-1.100	.274
Laundry	-.037	.021	-.162	-1.788	.076
Mode of transportation	-.003	.034	-.008	-.087	.931
Responsibility for own medications	.005	.022	.020	.220	.826
Ability to handle finance	.013	.021	.055	.596	.552
Overall	-.217	.111	-.177	-.1954	**.050**

a. Dependent Variables: IDLA

This table exhibits that physical disability among injured fighters has significant influence on function of instrumental in daily life activities evidenced by significant difference with overall score at p-value= .050, particularly the domain of “food preparation” at p-value= .002. The remaining domains have shown no influence of physical disability.

Table (4-26): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Age (N=120).

Age / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.141	.045	**S**
Function of Instrumental in Daily Life Activities	.198	.041	**S**

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to age of injured fighters.

Table (4-27): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Level of Education (N=120).

Education / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.179	.044	**S**
Function of Instrumental in Daily Life Activities	.194	.033	**S**

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is significant relationship between function of instrumental in daily life activities with level of education among injured fighters at p-value= .033 and there is relationship between independency in daily life activities with level of education at p-value= .044.

Table (4-28): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Marital Status (N=120).

Marital status / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	-.105	.867	N. S
Function of Instrumental in Daily Life Activities	.194	.033	**S**

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is significant relationship between function of instrumental in daily life activities with regard to marital status among injured fighters at p-value= .033 while no relationship is seen between independency in daily life activities with regard to marital status.

Table (4-29): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Number of Children (N=120).

Children / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	-.171	.061	N. S
Function of Instrumental in Daily Life Activities	.181	.037	**S**

H.S: High significant, S: Significant, N.S.: Not significant

This table shows that there is no significant relationship between independency in daily life activities with regard to number of children among injured fighters while there significant relationship between function of instrumental in daily life activities with number of children at p-value= .037.

Table (4-30): Correlation among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Family Structure (N=120).

Family / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.069	.425	N. S
Function of Instrumental in Daily Life Activities	.110	.233	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table clarifies that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to family structure among injured fighters.

Table (4-31): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Occupational Status (N=120).

Occupation / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.167	.068	N. S
Function of Instrumental in Daily Life Activities	.096	.295	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table exhibits that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to occupational status among injured fighters.

Table (4-32): Correlation among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Military Rank (N=120).

Rank / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	-.146	.112	N. S
Function of Instrumental in Daily Life Activities	.022	.815	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to military rank of injured fighters.

Table (4-33): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Residency (N=120).

Residency / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.009	.924	N. S
Function of Instrumental in Daily Life Activities	.110	.231	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table shoes that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to residency of injured fighters.

Table (4-34): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Socioeconomic Status (N=120)

Socioeconomic / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.191	.015	**S**
Function of Instrumental in Daily Life Activities	. 150	.041	**S**

H.S: High significant, S: Significant, N.S.: Not significant

This table depicts that there is significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to socioeconomic status among injured fighters at p-values = .015 and .041.

Table (4-35): Correlation among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Body Mass Index (N=120).

BMI / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	-.020	.831	N. S
Function of Instrumental in Daily Life Activities	.076	.409	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to body mass index among injured fighters.

Table (4-36): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Smoking Habit (N=120).

Smoking / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	-.095	.304	N. S
Function of Instrumental in Daily Life Activities	-.112	.223	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table shows that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to smoking status of injured fighters.

Table (4-37): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Kinship of Assistant (N=120).

Kinship / Variables	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.009	.922	N. S
Function of Instrumental in Daily Life Activities	.028	.759	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is no significant relationship among independency in daily life activities and function of instrumental in daily life activities with regard to kinship of assistant among injured fighters.

Table (4-38): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Chronic Illness (N=120).

Variables / Chronic Illness		Independency in Daily Life Activities	Function of Instrumental in Daily Life Activities
Diabetes mellitus	**Pearson correlation**	-.053	-.144
	P-value (Sig)	.568 (N.S)	.117 (N.S)
Heart disease	**Pearson correlation**	.031	-.123
	P-value (Sig)	.736 (N.S)	.182 (N.S)
Hypertension	**Pearson correlation**	-.038	-.089
	P-value (Sig)	.681 (N.S)	.331 (N.S)
Asthma	**Pearson correlation**	-.084	.039
	P-value (Sig)	.364 (N.S)	.676 (N.S)
Kidney disease	**Pearson correlation**	.160	-.103
	P-value (Sig)	.081 (N.S)	.261 (N.S)
Liver disease	**Pearson correlation**	.164	.046
	P-value (Sig)	.120 (N.S)	.615 (N.S)

H.S: High significant, S: Significant, N.S.: Not significant

This table clarifies that there is no significant relationship has been reported among independency in daily life activities and function of instrumental in daily life activities with regard to history of chronic illnesses among injured fighters.

Table (4-39): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Percentage of Disability (N=120).

Variables \ Percentage Disability	Spearman Correlation	P-value (2-tailed)	Significance
Independency in Daily Life Activities	.255	.005	H. S
Function of Instrumental in Daily Life Activities	-.095	.303	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is high significant relationship between independency in daily life activities with regard to percentage of disability among injured fighters at p-value= .005 while no relationship is seen between in function of instrumental in daily life activities with percentage of disability.

Table (4-40): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Type of Injury (N=120).

Variables \ Type of injury	Spearman Correlation	P-value (2-tailed)	Significance

Independency in Daily Life Activities	.243	.007	S
Function of Instrumental in Daily Life Activities	-.014	.881	N. S

H.S: High significant, S: Significant, N.S.: Not significant

This table indicates a significant relationship between independency in daily life activities with regard to type of disability at p-value= .007 while no relationship is seen between in function of instrumental in daily life activities with type of disability.

Table (4-41): Correlation Among Independency in Daily Life Activities and Function of Instrumental in Daily Life Activities Among Injured Fighters with Regard to Site of Injury (N=120).

Site \ Variables		Independency in Daily Life Activities	Function of Instrumental in Daily Life Activities
Upper extremities	**Pearson correlation**	.069	-.089
	P-value (Sig)	.451 (N.S)	.333 (N.S)
Lower extremities	**Pearson correlation**	.151	-.007
	P-value (Sig)	.099 (N.S)	.942 (N.S)
Head	**Pearson correlation**	-.142	-.028
	P-value (Sig)	.121 (N.S)	.758 (N.S)
Abdomen	**Pearson correlation**	-.027	-.033
	P-value (Sig)	.771 (N.S)	.719 (N.S)
Chest	**Pearson correlation**	-.111	.099
	P-value (Sig)	.229 (N.S)	.920 (N.S)

H.S: High significant, S: Significant, N.S.: Not significant

This table reveals that there is no significant relationship has been reported among independency in daily life activities and function of instrumental in daily life activities with regard to site of injury among injured fighters.

Chapter Five

Discussion of the Study Result

Chapter Five

Discussion of the Study Results

This chapter offers discussion and interpretations of the study results. Supportive evidences are delivered to the study findings as being available in the relevant previous research and literatures. This chapter is organized and oriented according to the study objectives.

5.1: Discussion of the Physically-Disabled Fighters' Socio-demographic Characteristics (Table 4-1).

The analysis of physically disabled's socio-demographic characteristics depicts that the majority of the physically disabled fighters are within (30 to 39) years old. This can be explained in a way that the fighters when assigned to combat duties, most of them were in the same age group. Our study is a descriptive study conducted to clarify the concept of activities of daily living among physically disabled fighters, not to clarify the age figures for those persons.

This finding is consistent with a study by Ali and Tawfiq at Ibn AL-Kuff Hospital in Baghdad City (2013), that aimed to assess quality of life among persons with spinal cord injuries, the study concludes that most common injured and disabled are with age of (31 to 35) years old. Another support has been found by Hamead and Abdul Wahid study which done at Rehabilitation Military Center in Al-Basra City (2020). The study to evaluate physically- disabled fighters' Quality of Life, the finding of study that most of physically- disabled fighters' are within age (30 to 34). Further support found by the study was done to assess the physically-disabled fighters' health status at Rehabilitation Military Centers in Ministry of Defense, the finding of study is (43.9 %) of study sample at the (30 to 39) age group (Kadhum and Hamead, 2021).

With respect to their educational level, most of the physically-disabled fighters are primary school graduated. This finding depicts that these physically- disabled fighters did not have the opportunity to continue their education properly.

Education improves individuals' well-being because it increases access to non-alienated paid work and economic resources that increase the sense of control over life, as well as access to stable social relationships, especially marriage, that increases social support. Education may enable people to live more positively healthy lives; better educated people record lower mortality rates, less serious health problems such as diabetes and high blood pressure (Ionescu, et. al., 2013).

Many studies supported with the finding of current study related to educational level in which they found in their study that injured disabled are graduated from primary schools (Atiyah & Mohammed, 2009; Khlaif & Mohammed, 2015); Hamead & Abdul Wahid, 2020); and Kadhum & Hamead, 2021).

The current study showed that most of physically disabled fighters are married. This is foreseeable in Iraqi (culture and society) marriage in Islam is a Sunnah laid by God Almighty. This finding is compatible with Atiyah and Mohammed study in Baghdad Artificial Limb Center (2009), to determine quality of life domains for adult patients with limbs loss the study reveals that (80%) of study sample are marriage.

Mar and others (2010) conducted a descriptive study about the impact of disability on numerous domains of health-related quality of life in non-institutionalized general population, the findings indicated that most of those disabled are married. Ali and Tawfiq (2013), the study indicates that majority of study sample are marriage.

Hamead and Abdul Wahid (2020) also determined that majority of physically disabled fighters is married (96.3%). Kadhum and Hamead (2021) reported that (92.3%) of study sample are marriage.

The number of children referred to (52.5%) of the study sample have more than three children. This can be explained in a way that the most of physically disabled fighters have level of education are primary school graduated and live at rural area.

Regarding family structure, (50.8%) of physically disabled fighters was live in extended families. The socio-economic status to physically disabled fighters' moderate level and private medical treatment is very expensive.

The occupational status revealed that (97.5%) of physically disabled fighters are still in service. The fighter after injury referred from combat units to rehabilitation military centers to receive medical rehabilitation treatment.

Relative to physically disabled's military rank (40%) of sample have vice officers' rank. This finding is predictable because vice officers have major proportion (ratio) at ministry of defense.

Regarding the physically disabled fighters' residential area, the study reveals that most of them are living in rural area. This can be explained by the fact that after 2003 most of young lives at rural area they left agricultural and were appointed to the security ministers.

The finding disagrees with most studies that depict that majority of physically disabled live in urban residential area (Atiyah and Mohammed, 2009; Ali and Tawfiq, 2013; Khlaif and Mohammed,2015; Hamead and Abdul Wahid, 2020; and Kadhum and Hamead, 2021).

Most of the sample are with sufficient to some extent (moderate socio-economic) status. This is a fortunate finding for them as they already

had a lifelong disability condition. Such finding agrees with the early stated study by Ali and Tawfiq (2013) and Hamead and Abdul Wahid (2020).

Physical disability is a long-term loss or impairment of part of a person's body function, resulting in a limitation of physical functioning and mobility which consequently effects on their socioeconomic standing (APA, 2019).

5.2: Discussion of the General Data of the Study Sample (Table 4-2)

The study sample general data included in this part are the body mass index, smoking status, and kinship of assistance. Regarding to the body mass index, the study results indicate that the majority of the study sample body mass index is overweight. Physical disability is a long-term loss or impairment of part of a person's body function, resulting in a limitation of physical functioning and mobility which consequently to lead to overweight. A stusy of Carmona-Torres and others (2019) found in their study that most of individuals with disability have over weight which provide a supportive evidence for current study finding. The persons with physical disability are more likely to be overweight or obese than those without a mobility disability (Holmgren et. al., 2018).

Studies show that physically disabled are more likely than people without disabilities to have poorer overall health, less access to adequate health care, smoking and physical inactivity. They are at greater risk for health problems and secondary conditions such as bowel or bladder problems, fatigue, injury, mental health and depression, overweight and obesity, pressure sores or ulcers and pain (CDC, 2018; Murray et. al., 2010).

Activity limitations and impaired balance and mobility, may contribute to injuries with long-term consequences. Biomedical risk factors such as overweight and obesity, hypertension, elevated cholesterol levels,
and impaired glucose tolerance also contribute to several chronic health problems (AIHW, 2013).

Concerning the study sample smoking status, the study results indicate that 35% of them are non-smokers. The physically disabled fighters at rehabilitation centers are receive health education lecture to increase knowledge and avoid risky behaviors. The finding disagrees with most studies that depicts that physical disability is associated with smoking, (AC, 2019; Benjamin et. al., 2013; Mehta and Preston, 2012; CDC, 2011; Kanny et. al., 2011; Smith et. al., 2011; WHO, 2011)

Regarding kinship of assistant, the highest percentage referred to father as a kinship. Because the natural of Iraq society.

5.3: Discussion of the study Sample according to their Clinical Data (Tables 4-3, 4-4, and 4-5)

The clinical data included in this part are the medical history for chronic diseases, percentage of disability, type of injury, and site of injury; regarding to the medical history for chronic diseases. Most of the physically disabled fighters in the current study experienced low rate of chronic diseases. This is a fortunate finding for them as they already had a lifelong disability condition. The finding agrees with study Hamead and Abdul Wahid (2020), at rehabilitation military centers that find most of physically disabled do not suffer from chronic diseases (63.0%).

Concerning the percentage of disability and the type of injury, the study results indicate that more than third of the study sample experience

(34.2%) within (55-75) % disability ratio, the type of injury refers to partial among (65%). The Military Rehabilitation Centers was established to

provide medical and rehabilitative services to physically disabled fighters who have ratio of disability from 60 to 80 percent, after that the rehabilitation military centers receive any physically disabled fighters with any disability ratio.

The present study depicted that most of physically disabled fighters are with upper and lower extremities injury. This finding arises to the fact that these physically- disabled fighters who had military training typically they use helmets and shields to protect their head, back and chest, therefore most injuries happen in their extremities. This result is consistent with Belmont and others study (2012), who reported that 81% of injuries among Afghanistan and Iraqi soldiers are upper and lower extremities fractures. Hamead and Abdul Wahid (2020), at rehabilitation military centers that find most of physically disabled with upper and lower extremities injury.

5.4: Discussion of the Overall Evaluation Physically Disabled Fighters' Severity of Physical Disability (table 4-6 and 4-7)

Analysis of data related to the severity of physical disability of physically disabled fighters revealed that the majority of them have moderate level of physical disability (Figure 4-1), the majority of physically disabled fighters are within disability ratio from 55% to 75%. Studies at rehabilitation military centers depicted that the physically disabled have moderate level of physical disability (Hamead and Abdul Wahid, 2020; Kadhum and Hamead, 2021).

5.5: Discussion of the Independency in Daily Life Activities and the Instrumental in Daily Life Activities among Military Injured Fighters.

The daily life activities among the physically disabled fighters is the dependent variable in the present study, the study results regarding the daily life activities indicate that 59.2% of physically disabled fighters experience a moderate dependency in their daily life activities (Figure 4-2).

Additionally, the study results indicate that the physically disabled fighters show moderate dependency regarding feeding daily life activities; bathing daily life activities; grooming of daily life activities; dressing and undressing of daily life activities; and transferring of daily life activities. The most of them have disability ratio from 55% to 75%. While, they experience a high dependency regarding continence and toilet uses in daily life activities. Because most of them upper and lower extremities site of injury, the physically disabled fighters required to high level of dependency through the use of toilet.

Concerning the extent of function of Instrumental in terms of the activities of daily living, more than a half of injured fighters displayed moderate level (Figure 4-3). This finding could be explained as that the study subjects became familiar with their physical disability and/or they may do not want to be totally dependent on their family members.

Regarding subjects' depending on others in terms of activities of daily life related to feeding, bathing, grooming, dressing and undressing, continence and toilet use, transferring, shopping, food preparation, housekeeping, and laundry, they demonstrated low and moderate dependency regarding feeding daily life activities. This finding can be

explained as such activities could not be tiresome and/or burdensome on study subjects.With respect to the overall activities of daily life, the majority of subjects exhibited a moderate level of such activities.

As per the ability to use phone, the study subjects demonstrated high ability to operate telephone on own initiative–looks up and dials numbers, which are considered the hardest functions related to phone use, the total assessment was moderate function regarding ability to use phone. This finding could be explained as that the majority of physically disabled have upper and lower extremities site of injury with disability ratio from 55% to 75%. Such, they still have the dexterity that enable them to easily use mobile phones.

Concerning subjects' needs of activities of daily life in terms of mode of transportation, the subjects demonstrated noticeable need for private means of transportation "taxi" that would fit them more compared to the public means of transformation. This finding reflects people's dissatisfaction with quality of public transportation means, particularly for clients with special needs.

Regarding subjects' activities of daily life related to responsibility for their own medications, the study findings displayed that such needs for them was moderate. This finding reflects that as these subjects go with time, they would become familiar with their current health condition in that refilling their medications became an integral part of their routine self-care behaviors.

With respect to subjects' activity of daily life related to ability to handle finance, the study subjects displayed a moderate ability to do so.

This finding could be explained as that study subjects have governmental salaries that could secure their financial matters to a satisfactory extent.

Brach VanSwearingen (2002) reported in his study that the disabilities and physical impairments that contribute to deficits in performance of ADL.

A descriptive study was carried out at Baghdad artificial limb center, Al-Salam Medical Rehabilitation Center, Al-Ghadeer Medical Rehabilitation Center and the Rheumatoid and Medical Rehabilitation Center on a purposive sample of (200) patients with limbs loss to evaluate their quality of life depicts that limb loss had moderately affected on the level of dependence domain (Atiyah and Mohammed, 2009).

Thi Qar Rehabilitation Center study also indicated that physically disabled are having moderate level of dependence domain (Khlaif and Mohammed, 2015).

Mariam and Lewin (2016), a study revealed that the activity of daily living is impacted due to disability. In every activity domain it was found that majority were independent.

Hamead and Abdul Wahid at Rehabilitation Military Center in Al-Basra City found that most of physically- disabled fighters' are within moderate level of dependence domain (Hamead and Abdul Wahid, 2020).

5.6: Discussion of the impact of Physical Disability among physically disabled Fighters on their Independency Daily Life Activities and Function of Instrumental in Daily Life Activities (Table 4-24 and 4-25)

The study results indicated that physical disability among physically disabled fighters is highly influenced on independency daily life activities, a significant association between physical disability and their independency daily life activities (Bathing, Grooming, Dressing and undressing and Transferring). Additionally, the study results exhibited that physical disability among physically disabled fighters has significant relationship related to function of instrumental (Food preparation).

Persons with physical and mobility impairments may need assistance with mobility, transfers, and ambulation. They may experience deficits in motor functioning, locomotors and non-locomotors functioning. They may have a limited range of motion, and be reluctant to attempt movement, or experience a perceptual or cognitive impairment (WHO, 2011).

Ali and Tawfiq (2013) found in their study that physical disability effect on level of independence of physically disabled persons. The ability to wash, bath or shower may be limited due to poor mobility, loss of limbs, and poor co-ordination or weakness (DLF, 2016).

Prosthetic and orthotic devices are described to people with physical disabilities. They are given support to help them maintain independence. Their home may be fitted with specialist equipment and they may be given a guide dog to help them (Sexton, 2016).

A physical disability can impact their ability to work. Individuals with physical disability are more likely to be unemployed, and more likely to live in poverty (AC, 2019; Kohner, 2017).

Disabled people may experience substance use disorders at two to four times the rate than general people. A disability and lack of support can easily discourage someone's happiness and sense of purpose in life, creating depressing states. Co-occurring disorders, like depression, anxiety, and unhealed trauma, are especially common, leading many to seek a false sense of comfort with harmful substances. They use prescription medications to battle pains, many of which have high potential for addiction. Prescription opioids in particular are effective pain relievers, yet are highly addictive and can easily be abused (AC, 2019).

Carmona-Torres and others (2019) concluded in their study that individuals had disability influenced on instrumental activities of daily living.

Haider, and others (2020) depicted that the Activities of the daily living scale showed that two-third of them had difficulties in one or more activities. The Instrumental Activities of daily living scale revealed that most of them had problems in one or more instrumental activities.

5.7: Discussion of the Correlation Between the Independency in Daily Life Activities and the Function of Instrumental in Daily Life Activities among Physically Disabled Fighters with Regard to Sociodemographic Variables and Medical History.

Analysis of such differences reveals that physically- disabled fighters' independency and function of instrumental daily life activities is

significant relationship relative to their age, level of education, and Socioeconomic Status. These findings provide useful evidence that these physically- disabled fighters share almost the same level of daily life activities. But,
their daily life activities in general is effected by their age, level of education and Socioeconomic Status probably because they at adult age group and almost all of them are primary school graduated.

Physically- disabled fighters' instrumental daily life activities are significant different relative to their marital status and number of children.

Physically- disabled fighters' independency and function of instrumental daily life activities is non-significant different relative to their Family Structure, Occupational Status, Military Rank, Residency, Body Mass Index, Smoking Habit, Kinship of Assistant, Chronic Illness, and Site of Injury. While a significant relationship between physically-disabled fighters' independency in daily life activities related to percentage of disability and Type of Injury, no significant relationship between physically- disabled fighters' function of instrumental in daily life activities with percentage of disability and type of injury. This can be explained in a way that the marital status and number of children., percentage of disability and type of injury can lead to moderate level of daily life activities

Atiyah and Mohammed study (2009) reported in their study that there is significant relationship between quality of life for adult patients with limbs loss and their age, and type of limb loss.

Ali and Tawfiq (2013) found out there is significant relationship between age, level of education, and quality of life of spinal cord injured persons. Mohammed and Shebl (2014) found in their study a statistically

significant difference between quality of life and their age, and educational level. Queiros et al. (2015) carry out a longitudinal study to evaluate the associations between disabled health and indicators of socioeconomic variable in Brazil, the findings indicate that there are association between the health status and level of education. Rahman et al. (2018) conducted a

study to delineate the sociodemographic differences in disability prevalence across the population with physical disability in Bangladesh, the findings of the study indicate that there physically- disabled health status has significant difference with age, and level of education.

Kadhum and Hamead (2021) study to assess the physically- disabled fighters' health status at Rehabilitation Military Centers in Ministry of Defense, the study depicted that there are a significant different related to age and level of education

Chapter Six

Conclusion and Recommendations

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This chapter presents conclusions which have derived out of the discussion and interpretation of the study findings and recommendations relied on early declared conclusion.

6.1. conclusion:

Regarding the early discussion and interpretation of the study results, the current study concludes:

6.1.1. The activities of daily living of physically disabled fighters are moderate due to the effect of physical disability.

6.1.2. Sociodemographic age, education level, and socioeconomic status influence the daily life activities of physically disabled fighters.

6.1.3. Physically disabled fighters suffer from their physical, emotional and social handicap as stated in their testimony.

6.1.4. Mildly physically disabled fighters depend on others to complete their daily activities and need assistance with automated functions.

6.2. Recommendations:

6.2.1. Collaboration between the Ministry of Defense and the Ministry of Health in building and implementing health education programs regarding the promotion of daily life activities for physically disabled fighters.

6.2.2. The Department of Defense should prioritize injured fighters in rehabilitation programs to improve their quality of life, in addition to supporting them financially.

6.2.3. Further nationwide research could be conducted on a large sample of physically disabled fighters focusing on a variety of relevant variables that may affect their daily activities in the future.

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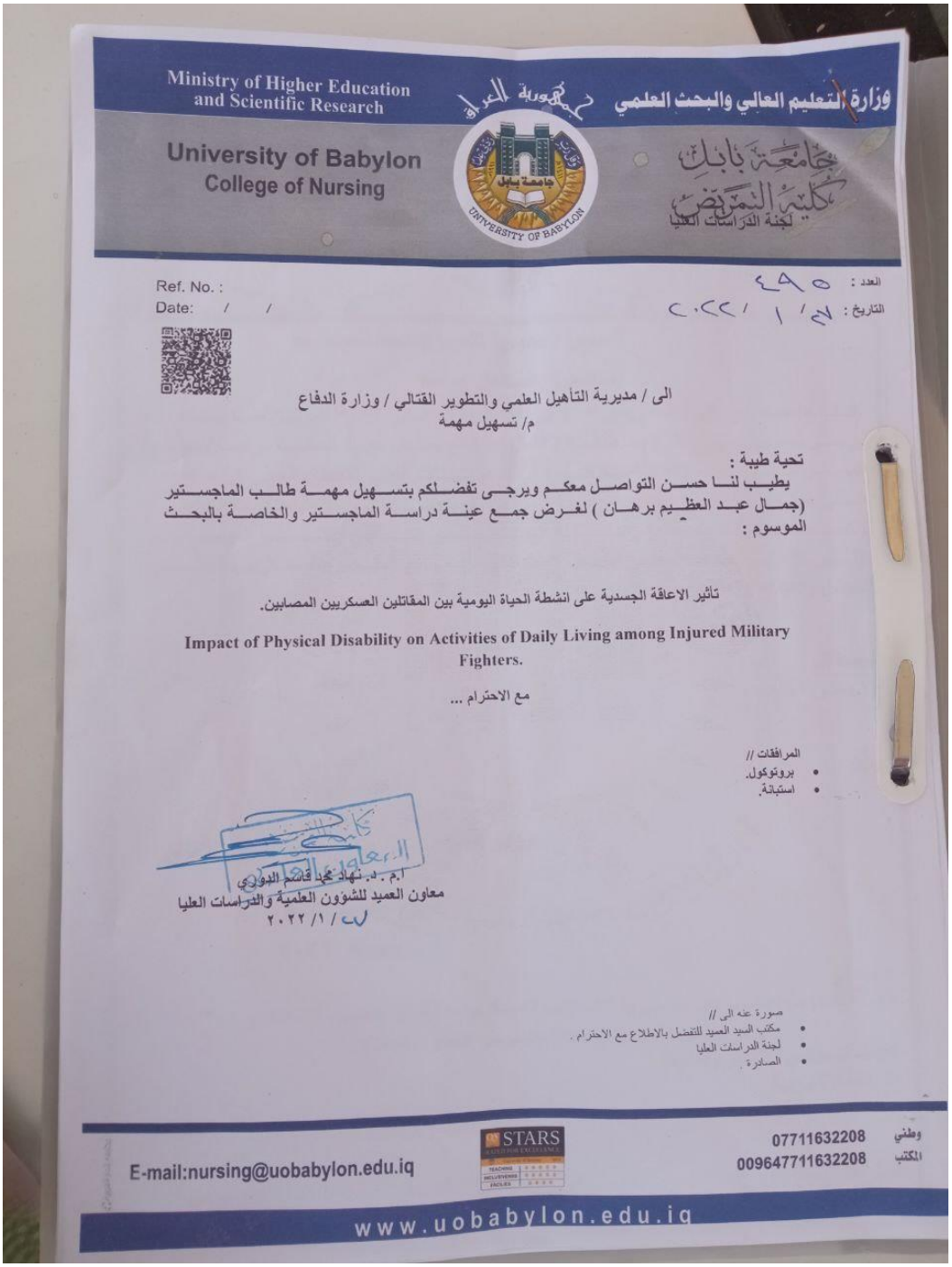
Appendices



Ministry of Higher Education and Scientific Research

وزارة التعليم العالي والبحث العلمي

University of Babylon
College of Nursing

جامعة بابل
كلية التمريض
لجنة الدراسات العليا

Ref. No. :
Date: / /

العدد : ٤٩٥
التاريخ : ٢٠٢٢/١/٢٧

الى / مديرية التأهيل العلمي والتطوير القتالي / وزارة الدفاع
م/ تسهيل مهمة

تحية طيبة :

يطيب لنا حسن التواصل معكم ويرجى تفضلكم بتسهيل مهمة طالب الماجستير (جمال عبد العظيم برهان) لغرض جمع عينة دراسة الماجستير والخاصة بالبحث الموسوم :

تأثير الاعاقة الجسدية على انشطة الحياة اليومية بين المقاتلين العسكريين المصابين.

Impact of Physical Disability on Activities of Daily Living among Injured Military Fighters.

مع الاحترام ...

المرافقات //
- بروتوكول.
- استبانة.

أ.م . د. نهاد محمد قاسم الدوري
معاون العميد للشؤون العلمية والدراسات العليا
٢٠٢٢/١/

صورة عنه الى //
- مكتب السيد العميد للتفضل بالاطلاع مع الاحترام .
- لجنة الدراسات العليا
- الصادرة .

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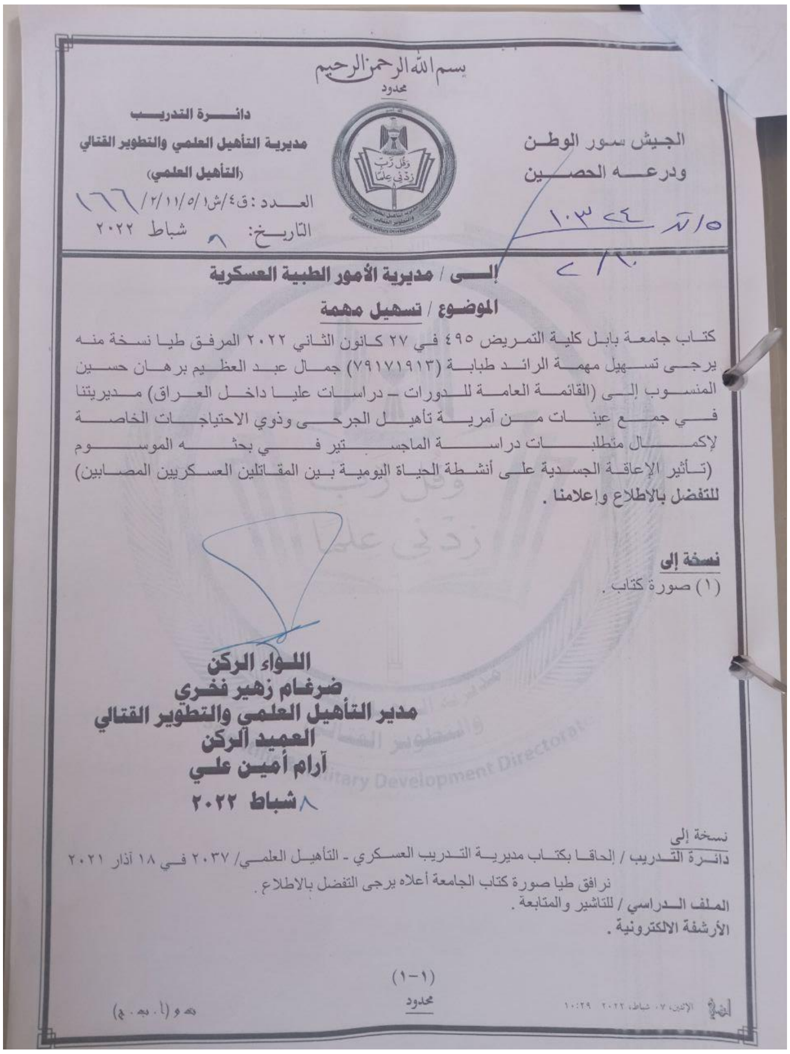


بسم الله الرحمن الرحيم

محدود

دائرة التدريب

مديرية التأهيل العلمي والتطوير القتالي

(التأهيل العلمي)

العدد : ق٤/ش١/٥/١١/٢/١٦٦

التاريخ: ٨ شباط ٢٠٢٢

الجيش سور الوطن

ودرعه الحصين

١٥/ك٢ ١٠٣٢٤

٢/١٠

إلى / مديرية الأمور الطبية العسكرية

الموضوع / تسهيل مهمة

كتاب جامعة بابل كلية التمريض ٤٩٥ في ٢٧ كانون الثاني ٢٠٢٢ المرفق طيا نسخة منه يرجى تسهيل مهمة الرائد طبابة (٧٩١٧١٩١٣) جمال عبد العظيم برهان حسين المنسوب إلى (القائمة العامة للدورات – دراسات عليا داخل العراق) مديريتنا في جمع عينات من آمرية تأهيل الجرحى وذوي الاحتياجات الخاصة لإكمال متطلبات دراسة الماجستير في بحثه الموسوم (تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين) **للتفضل بالاطلاع وإعلامنا .**

نسخة إلى

(١) صورة كتاب .

اللواء الركن
ضرغام زهير فخري
مدير التأهيل العلمي والتطوير القتالي
العميد الركن
آرام أمين علي
٨ شباط ٢٠٢٢

نسخة إلى

دائرة التدريب / إلحاقا بكتاب مديرية التدريب العسكري - التأهيل العلمي/ ٢٠٣٧ في ١٨ آذار ٢٠٢١

نرافق طيا صورة كتاب الجامعة أعلاه يرجى التفضل بالاطلاع .

الملف الدراسي / للتاشير والمتابعة .

الأرشفة الالكترونية .

(١-١)

محدود

هـ و (أ . بهـ . ع)

الاثنين، ٠٧، شباط، ٢٠٢٢ ١٠:٢٩

بسم الله الرحمن الرحيم
محدود

الجيش سور الوطن
ودرعه الحصين

دائرة الادارة
مديرية الأمور الطبية العسكرية
قسم التدريب الطبي
العدد / ٥/ ٢/٣/ ٧٧٦٠
التاريخ/ شباط ٢٠٢٢

إلـــــى/امرية تاهيل الجرحى وذوي الاحتياجات الخاصة

الموضـــوع/ تسهيل مهمة

كتـــــــاب مديريـــة التاهيـــــــل العلمـــي والتطـــــــوير القتـــــــالي العـــدد ق٤/ش١/٥/١١/٢/١٦٦ فـــي ٢٠٢٢/٢/٨

نرجو تسهيل مهمة (**الرائد طبابة / جمال عبد العظيم برهان حسين**) المنسوب الى القائمة العامة للدورات – دراسات عليا داخل العراق) في جمع عينات من امريتكم لاكمال متطلبات دراسة الماجستير في بحثه الموسوم(تاثير الاعاقة الجسديـــــة على انشطة الحيـــــاة اليومية بين المقاتلين العسكريين المصابين)

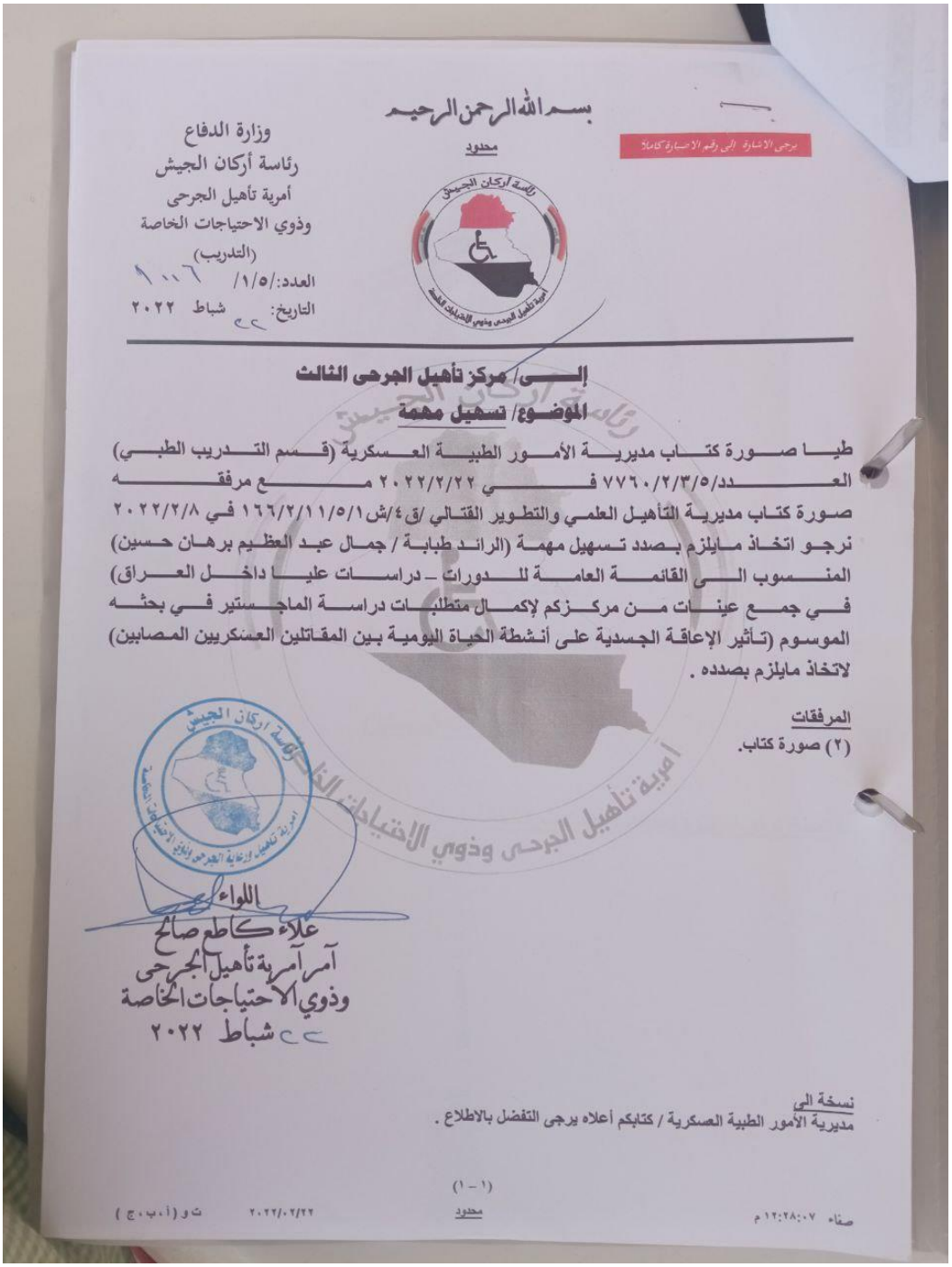
للتفضل بالاطلاع واعلامنا.

المرفقات:
(١) صورة كتاب

اللـــواء الطبيب
محمد شاكر جودة ذياب
مديـــر الأمور الطبية العسكريـــة
شباط ٢٠٢٢

نسخة الـــــى:
مديرية التاهيل العلمي والتطوير القتالي/ كتابكم اعلاه يرجى التفضل بالاطلاع
شعبة الحاسبة مديريتنا / للأرشفة الالكترونية.

٢٠٢٢/٠٢/٢١ محدود ت و (أ،ب،ج)



بسم الله الرحمن الرحيم

محدود

يرجى الاشارة الى رقم الاشارة كاملاً

وزارة الدفاع
رئاسة أركان الجيش
أمرية تأهيل الجرحى
وذوي الاحتياجات الخاصة
(التدريب)
العدد: /١/٥/ ١٠٠٦
التاريخ: ٢٢ شباط ٢٠٢٢

إلـــى/ مركز تأهيل الجرحى الثالث

الموضوع/ تسهيل مهمة

طيا صورة كتاب مديرية الأمور الطبية العسكرية (قسم التدريب الطبي) العدد/٧٧٦٠/٢/٣/٥ في ٢٠٢٢/٢/٢٢ مع مرفقه صورة كتاب مديرية التأهيل العلمي والتطوير القتالي /ق٤/ش١/١١/٥/١٦٦/٢ في ٢٠٢٢/٢/٨ نرجو اتخاذ مايلزم بصدد تسهيل مهمة (الرائد طبابة / جمال عبد العظيم برهان حسين) المنسوب الى القائمة العامة للدورات – دراسات عليا داخل العراق) في جمع عينات من مركزكم لإكمال متطلبات دراسة الماجستير في بحثه الموسوم (تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين) لاتخاذ مايلزم بصدده .

المرفقات
(٢) صورة كتاب.

اللواء
علاء كاطع صالح
آمر أمرية تأهيل الجرحى
وذوي الاحتياجات الخاصة
٢٢ شباط ٢٠٢٢

نسخة الى
مديرية الأمور الطبية العسكرية / كتابكم أعلاه يرجى التفضل بالاطلاع .

(١ – ١)
محدود ٢٠٢٢/٠٢/٢٢ ث و (أ،ب،ج)
صفاء ١٢:٢٨:٠٧ م

Questionnaire

Impact of Physical Disability on Daily Activities Among Injured Military Fighters

Part I: **Sociodemographic Data**

1. Age: ☐ s

2. Level of Education :

1. Primary school graduator ☐
2. Intermediate school graduator ☐
3. Preparatory school graduator ☐
4. Institute graduator, and above. ☐

3. Marital Status:

1. Single ☐
2. Married ☐
3. Widower ☐
4. Divorce ☐
5. Separated ☐

4.Number of Children:

1. 1-2 Children
2. 3 and more.

5.Structure Family:

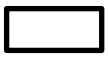
1.single parent family 

2. Nuclear family 

3 Extended family 

6. Occupational Status :

1.In service 

2.Out service 

7. Military Ranks

1. Officer 

2. Vice officer 

3. Soldier 

8. Residency (housing):

1. Urban 

2. Rural 

9. Economic Status:

1**.** Sufficient 

2. Sufficient to some extent 

3. Insufficient 

Part II General Data:

1. Body mass Index:

A. Weight 

B. Height 

2. Smoking habit:

1. Smoker ☐
2. Ex-smoker ☐
3.Non smoker ☐

3.Degree of relation (assistant):

1. Father ☐
2. Mother ☐
3. Brother ☐
4. Sister ☐
5. Wife ☐
6. Son ☐
7.Other ☐

Part III: Medical History:

A. Chronic diseases

1. Diabetic Mellitus Yes ☐ No ☐
2. Heart disease Yes ☐ No ☐
3. Hypertension Yes ☐ No ☐
4. Asthma Yes ☐ No ☐
5. Kidney diseases Yes ☐ No ☐

6. Liver diseases Yes ☐ No ☐

B. Percentage of impairment ☐ **%**

C. Types of injury:

1. Partial ☐

2.Complete ☐

C. **Site of injury**

1. Upper Limbs: A. left ☐ B. Right ☐ Both ☐

2. Lowe Limbs: A. left ☐ B. Right C. Both

3. Head injury A. left ☐ B. Right ☐ Both ☐ ☐

4. Abdominal injury A. left B. Right C. Both ☐

5. Thoracic injury A. left B. Right ☐ Both

6. Others A. left ☐ Right ☐ Both

The Roland -Morris Disability Questionnaire 1.

list	Physical Disability	Yes	NO
1	I stay at home most of the time because of r injury.		
2	I change position frequently to try and get r injury comfortable.		
3	I walk more slowly than usual because of m injury.		
4	Because of my injury I am not doing any of jobs that I usually do around the house.		
5	Because of my injury, I use a handrail to ge upstairs.		
6	Because of my injury, I lie down to rest mo often.		
7	Because of my injury, I have to hold on to something to get out of an easy chair.		
8	Because of my injury, I try to get other peo to do things for me.		
9	I get dressed more slowly than usual becaus my injury.		
10	I only stand for short periods of time becau my injury.		
11	Because of my injury, I try not to bend or k down.		
12	I find it difficult to get out of a chair becaus my injury.		
13	My injury is painful almost all the time.		

14	I find it difficult to turn over in bed becaus my injury.		
15	My appetite is not very good because of my injury pain.		
16	I have trouble putting on my socks (or stockings) because of the pain in my injury.		
17	I only walk short distances because of my injury.		
18	I sleep less well because of my injury.		
19	Because of my injury pain, I get dressed w help from someone else.		
20	I sit down for most of the day because of m injury.		
21	I avoid heavy jobs around the house becaus my injury.		
22	Because of my injury pain, I am more irrita and bad tempered with people than usual.		
23	Because of my injury, I go upstairs more sl than usual.		
24	I stay in bed most of the time because of m injury.		

2. Independence in Activities of Daily Living Scale

	Independence in Activities of Living	Always	Some Ti	Neve

lis				
	Eating and Feeding Domain			
1	Gets food from plate into mouth wi help.			
2	Feeds partial or total help with fe or requires parenteral feeding.			
3	Eats with minor assistance at meal t and/or with special preparation of f help in cleaning up after meals.			
4	Feeds self with moderate assistance untidy.			
5	Requires extensive assistance for al meals.			
6	Does not feed self at all and resists of others to feed him.			
	Bathing Domain			
1	Bathes self completely or needs he bathing only a single part of the boc as the back, genital area or disabled extremity.			
2	Need help with bathing more than part of the body, getting in or out of the tub or showe Requires total bathing			
3	Bathes self (tub, shower, sponge ba without help.			

4	Bathes self with help in getting in a of tub.			
5	Washes face and hands only, but ca bathe rest of body.			
6	Does not wash self but is cooperati those who bathe him.			
7	Does not try to wash self and resists efforts to keep him clean.			
	Grooming Domain			
1	Grooms' self adequately with occas minor assistance.			
2	Always neatly dressed, well-gr without assistance.			
3	Needs moderate and regular assist supervision in grooming.			
4	Needs total grooming care, but can well-groomed after help from other			
5	Actively negates all efforts of other maintain grooming.			
6	Cutting toenails.			
7	Brushing teeth.			
8	Brushing hair, shaving, and bathing o showering.			
	Dressing and undressing Domain			
1	Get clothes from closets and drawe puts on clothes and			

	outer garments complete with faste May have help tying shoes.			
2	Needs help with dressing self or ne be completely dressed			
3	Dresses, undresses and selects clo from own wardrobe.			
4	Dresses and undresses self, with assistance.			
5	Needs moderate assistance in dress selection of clothes.			
6	Needs major assistance in dressing, cooperates with efforts of others to			
7	Completely unable to dress self and efforts of others to help. .			
	Toileting and Continen Domain			
1	Exercises complete self Exercises complete self control over urination and defecatio			
2	Is partially or totally incontinent o bowel or bladder.			
3	Cares for self at toilet completely, r incontinence.			
4	Needs to be reminded, or needs hel cleaning self, or has rare accidents.			
5	Soiling or wetting while a sleep mo once a week.			

6	Soiling or wetting while awake mor once a week.			
7	No control of bowels or bladder.			
	Transfers Domain			
1	Moves in and out of bed or chair unassisted. Mechanical transfer aids acceptable.			
2	Needs help in moving from bed to c requires a complete transfer.			
3	Moves in and out of bed independe			
4	Moves in and out of chair independ			
5	Assistance in moving in or out of b and/or chair.			
6	Does not perform one or more trans			
7	Sits unsupported in chair or wheelc but cannot propel self without help.			
8	Bedridden more than half the time.			

3. Instrumental in Activities of Daily Living Scale

Li	Instrumental in Activities of Daily	Always	Some tin	Neve
	Ability to use telephone			

1	Operates telephone on own initiative–lo and dials numbers, etc.			
2	Dials a few well-known numbers.			
3	Answers telephone but does not dial.			
4	Does not use telephone at all.			
	Shopping			
1	Takes care of all shopping needs independently.			
2	Shops independently for small purchas			
3	Needs to be accompanied on any shop trip.			
4	Completely unable to shop.			
	Food preparation			
1	Plans, prepares and serves adequate me independently.			
2	Prepares adequate meals if supplied wi ingredients.			
3	Heats and serves prepared meals, or pre meals but does not maintain adequate di			
4	Needs to have meals prepared and serv			
	Housekeeping			
1	Maintains house alone or with occasion assistance (e.g., heavy work-domestic h			

	2 Performs light daily tasks such as dish-washing, bed-making.			
	3 Performs light daily tasks but cannot m acceptable level of cleanliness.			
	4 Needs help with all home maintenance			
	5 Does not participate in any housekeepi tasks.			
	Laundry			
	1 Does personal laundry completely.			
	2 Launders small items–rinses socks, stockings, etc.			
	3 All laundry must be done by others.			
	Mode of transportation			
	1 Travels independently on public transpo or drives own car.			
	2 Arranges own travel via taxi, but does n otherwise use public transportation.			
	3 Travels on public transportation when a or accompanied by another.			
	4 Travel limited to a taxi or automobile v assistance of another.			
	5 Does not travel at all.			
	Responsibility for own medicat			
	1 Is responsible for taking medications in correct dosages at correct time.			

	2 Takes responsibility if medication is pr in advance in separate dosages.			
	3 Is not capable of dispensing own medi			
	Ability to handle finances			
1	Manages financial matters indepe (budgets, writes checks, pays rent, bills, bank), collects and keeps track of incom			
2	Manages day-to-day purchases but nee with banking, major purchases, etc.			
3	Incapable of handling money.			

استبيان

تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين

الجزء الأول: البيانات الاجتماعية الديموغرافية

١. العمر: ☐ سنة

٢. مستوى التعليم:

١. متخرج من المدرسة الابتدائية ☐

٢. متخرج من المدرسة المتوسطة ☐

٣. متخرج من المدرسة الاعدادية ☐

٤. متخرج من المعهد وما فوق. ☐

٣ ـ الحالة الاجتماعية:

١. أعزب ☐

٢. متزوج ☐

٣. أرمل ☐

٤. مطلق ☐

٥. منفصل ☐

٤ـ عدد الاطفال:

١. ١-٢ أطفال ☐

٢. ٣ وأكثر. ☐

٥ـ تركيب الاسرة:

١.الأسرة الوالد واحد ☐

٢. الأسرة النووية ☐

٣. الاسرة ممتدة ☐

٦. الوضع المهني:

١. مستمر في الخدمة

٢. غير مستمر في الخدمة

٧. الرتب العسكرية

١. ضابط

٢. نائب ضابط

٣. الجندي

٨- الإقامة (السكن):

١. مدينة

٢. ريف

٩. الحالة الاقتصادي:

١. كافية (أكثر من ٢٠٠٠٠٠٠ دينار عراقي)

٢. كافية إلى حد ما (بين ١٠٠٠٠٠١ إلى ٢٠٠٠٠٠٠ دينار عراقي)

٣. غير كافية (أقل من ١٠٠٠٠٠٠ دينار عراقي)

بيانات عامة:/الجزء الثاني

١. مؤشر كتلة الجسم:

أ. الوزن كغم

ب. الطول سم٢

٢. عادة التدخين:

١. مدخن

٢. مدخن سابق

٣. غير مدخن ☐

٣- درجة القرابة (المساعد):

١. الآب ☐

٢. الأم ☐

٣. الأخ ☐

٤. الأخت ☐

٥. الزوجة ☐

٦. الابن ☐

٧. اخرى ☐

الجزء الثالث: التاريخ الطبي:

١. الأمراض المزمنة

١. السكري ☐ نعم ☐ لا

٢. ☐ لا ☐

٣. ارتفاع ☐ نعم ☐ لا

٤. الر ☐ نعم ☐ لا

٥. أمراض ☐ نعم ☐ لا

٦. أمراض ☐ نعم ☐ لا

٢- نسبة العجز ☐ %

٣- أنواع الإصابة:

١. جزئي ☐

٢-كلي ☐

٤- موقع الإصابة

اليسرى ☐ ☐ ١. الأطراف العلوية ☐ ☐ اليمنى
كلاهما

اليسرى ☐ ☐ ٢. الأطراف السفلية ☐ ☐ اليمنى
كلاهما

٣. إصابة في الرأس ☐ اليمنى ☐ اليسرى
كلاهما

٤. إصابة في البطن ☐ اليمنى ☐ اليسرى
كلاهما

٥. إصابة الصدر ☐ اليمنى ☐ اليسرى
كلاهما

٦. آخرى ☐ اليمنى ☐ اليسرى كلاهما

١. استبيان رولاند موريس للإعاقة

قائمة	إعاقة جسدية	نعم	لا
١	**أبقى في المنزل معظم الوقت بسبب إصابتي.**		
٢	**أقوم بتغيير وضعي بشكل متكرر لمحاولة تخفيف الالم.**		
٣	**أمشي ببطء أكثر من المعتاد بسبب إصابتي.**		
٤	**بسبب إصابتي، لا أقوم بأي من الأعمال التي أقوم بها عادة في المنزل.**		
٥	**بسبب إصابتي، أستعمل سياج السلم للصعود إلى الطابق العلوي.**		
٦	**بسبب إصابتي، أستلقي غالبا لأستريح.**		
٧	**بسبب إصابتي، لا بد لي من التمسك بشيء لأخرج من كرسي بسهولة.**		
٨	**بسبب إصابتي، أحاول إقناع الآخرين بفعل الأشياء من أجلي.**		
٩	**أرتدي ملابسي بشكل أبطأ من المعتاد بسبب إصابتي.**		

١٠	أقف لفترات قصيرة فقط بسبب إصابتي.		
١١	بسبب إصابتي، أحاول عدم الانحناء أو الركوع.		
١٢	أجد صعوبة في النهوض من الكرسي بسبب إصابتي.		
١٣	إصابتي تؤلمني طوال الوقت تقريبًا		
١٤	أجد صعوبة في تغير وضعي في السرير بسبب إصابتي.		
١٥	شهيتي للطعام ليست جيدة جدا بسبب الم أصابتي.		
١٦	أجد صعوبة في ارتداء جواربي بسبب الألم أصابتي		
١٧	أمشي لمسافات قصيرة فقط بسبب إصابتي.		
١٨	أنام بشكل أقل بسبب إصابتي.		
١٩	بسبب الألم الذي أصابتي، أرتدي ملابسي بمساعدة شخص آخر.		
٢٠	أجلس معظم اليوم بسبب إصابتي.		
٢١	أتجنب الأعمال الشاقة حول المنزل بسبب إصابتي.		
٢٢	بسبب ألم إصابتي، أصبحت أكثر عصبية وسيء المزاج مع الناس أكثر من المعتاد.		
٢٣	بسبب إصابتي، أصعد إلى الطابق العلوي بشكل أبطأ من المعتاد.		
٢٤	أبقى في السرير معظم الوقت بسبب إصابتي.		

٢. مقياس الاستقلال في أنشطة الحياة اليومية

قائمة	الاستقلال في أنشطة الحياة اليومية	دائمًا	أحيانا	مطلقا
	مجال الأكل والتغذية			
١	يحصل على الطعام من الطبق إلى الفم من غير مساعدة.			
٢	يتغذى بمساعدة جزئية أو كلية في التغذية أو يتطلب التغذية بالحقن الوريدي.			
٣	يتناول الطعام بمساعدة طفيفة في أوقات الوجبات و / أو مع إعداد خاص للطعام، أو يساعد في التنظيف بعد الوجبات.			

٤	يتغذى بنفسه بمساعدة معتدلة وهو غير منتظم.			
٥	يتطلب مساعدة مكثفة لجميع الوجبات.			
٦	لا يطعم نفسه إطلاقا ويقاوم جهود الآخرين لإطعامه.			
	مجال الاستحمام			
١	يستحم بشكل كامل أو يحتاج إلى مساعدة في الاستحمام لجزء واحد فقط من الجسم مثل الظهر أو المنطقة التناسلية أو الأطراف المعوقة.			
٢	تحتاج إلى مساعدة في الاستحمام بأكثر من جزء من الجسم، الدخول أو الخروج من حوض الاستحمام أو الاستحمام. يتطلب الاستحمام الكامل.			
٣	يستحم ذاتيا او بنفسه (حوض، دش، حمام اسفنجي) تستحم بدون مساعدة احد.			
٤	يستحم بالمساعدة في الدخول والخروج من الحوض.			
٥	يغسل الوجه واليدين فقط ولكن لا يغسل باقي الجسم.			
٦	لا يغتسل بمفرده بل يتعاون مع من يساعده بالاستحمام.			
٧	لا يحاول أن يغسل نفسه ويقاوم الجهود لإبقائه نظيفاً.			
	مجال ارتداء الملابس			
١	ارتداء الملابس بشكل كامل وصحيح مع مساعدة طفيفة في بعض الأحيان.			
٢	يرتدي دائما ملابسه أنيقة ومرتبة.			
٣	يحتاج إلى مساعدة معتدلة، ومنتظمة واشراف اثناء ارتداء الملابس.			
٤	يحتاج إلى رعاية تامة اثناء ارتداء الملابس ولكن يمكنه أن يظل منظمً اللبس ونظيف.			
٥	يرفض بقوة كل الجهود التي يبذلها الآخرون للحفاظ على النظافة الشخصية.			
٦	تقليم الاظافر.			
٧	تنظيف الاسنان.			
٨	غسل الشعر والحلاقة والاستحمام أو الاغتسال.			
	مجال خلع الملابس وارتدائها			

١	يحصل على الملابس من الخزائن، والأدراج، ويلبس الملابس كاملة مع السحابات ويحصل على مساعده في ربط الأحذية.			
٢	يحتاج إلى مساعدة في ارتداء ملابسه بالكامل.			
٣	يلبس الملابس ويخلعها ويختارها من خزانة الملابس الخاصة به.			
٤	ترتدي الملابس ويخلعها بمساعدة طفيفة.			
٥	يحتاج إلى مساعدة معتدلة في ارتداء أو اختيار الملابس.			
٦	يحتاج إلى مساعدة كبيرة في ارتداء الملابس، لكنه يتعاون مع جهود الآخرين للمساعدة.			
٧	غير قادر تمامًا على ارتداء ملابسه ويقاوم جهود الآخرين للمساعدة.			
	مجال استعمال التواليت والتحمل			
١	يمارس سيطرة كامله على التبول والتغوط.			
٢	قادر جزئيًا أو كليًا على السيطرة سلس الأمعاء أو المثانة.			
٣	يعتني بنفسه كامل في الحمام تماما، لديه القدرة على السيطرة.			
٤	يحتاج إلى تذكير، أو يحتاج إلى مساعدة في التنظيف الذاتي، أو لديه حوادث نادرة.			
٥	تلوث أو ترطيب أثناء النوم أكثر من مرة في الأسبوع.			
٦	تلوث أو ترطيب الفراش أثناء الاستيقاظ أكثر من مرة في الأسبوع.			
٧	لا سيطرة على الأمعاء أو المثانة.			
	مجال التنقل او الحركة			
١	يتحرك داخل السرير وخارجه بدون مساعدة الكرسي والتنقل الميكانيكية المقبولة.			
٢	يحتاج إلى مساعدة في الانتقال من سرير إلى كرسي أو يحتاج مساعدة كاملة في التنقل.			
٣	يتحرك داخل السرير وخارجه بشكل مستقل.			
٤	يتحرك داخل الكرسي وخارجه بشكل مستقل.			
٥	المساعدة في التحرك من والى السرير أو الكرسي.			

٦	لا يستطيع القيام بحركة انتقال واحدة او أكثر.			
٧	يجلس على كرسي أو كرسي متحرك بدون مساعدة أحد، لكن لا يمكنه دفع نفسه من غير مساعدة.			
٨	طريح الفراش أكثر من نصف الوقت.			

٣. مقياس الانشطة المفيدة في الحياة اليومية.

قائمة	الانشطة المفيدة في الحياة اليومية	دائمًا	أحيانا	أبدا
	القدرة على استعمال الهاتف			
١	تشغيل الهاتف من تلقاء نفسه - يبحث عن أرقام ويطلبها، وما إلى ذلك.			
٢	يتصل ببعض الأرقام المعرفة لديه.			
٣	يجيب الهاتف ولكن لا يتصل.			
٤	لا يستعمل الهاتف إطلاقا.			
	التسوق			
١	يعتني بجميع احتياجات التسوق بشكل مستقل.			
٢	يتسوق بشكل مستقل فيما يتعلق بالمشتريات الصغيرة.			
٣	يجب أن يكون مصحوبًا في أي رحلة تسوق.			
٤	غير قادر تماما على التسوق.			
	اعداد الطعام			
١	يخطط ويحضر ويقدم وجبات كافية بشكل مستقل.			
٢	تعد وجبات كافية إذا ما تم تزويده بالمكونات.			
٣	يسخن وجبات جاهزة ويقدمها، أو يحضر وجبات لكنه لا يحافظ على نظام غذائي مناسب او صحي.			
٤	يحتاج إلى إعداد وجبات الطعام وتقديمها له.			

	أدارة المنزلي			
١	يحافظ على المنزل بمفرده أو بمساعدة عرضيه (على سبيل المثال، العمل الشاق - المساعدة المنزلية).			
٢	يقوم بمهام يومية خفيفة مثل غسل الصحون وترتيب الأسرة.			
٣	يؤدي مهامًا يومية خفيفة ولكن لا يمكنه الحفاظ على مستوى مقبول من النظافة			
٤	يحتاج إلى مساعدة في جميع واجبات صيانة المنزل.			
٥	لا يشارك في أي واجبات التدبير المنزلي.			
	الغسيل			
١	يقوم بالغسيل الشخصي بالكامل.			
٢	غسل الأشياء الصغيرة - شطف الجوارب وما إلى ذلك.			
٣	كل الغسيل يجب أن يقوم به الآخرون.			
	طريقة النقل			
١	يسافر بشكل مستقل في وسائل النقل العام أو يقود سيارته الخاصة			
٢	يرتب السفر الخاص عبر التاكسي، لكنه لا يستعمل وسائل النقل العام			
٣	يسافر في وسائل النقل العام بمساعدة أو برفقة شخص آخر.			
٤	السفر مقصور على سيارة أجرة أو سيارة بمساعدة شخص آخر.			
٥	لا يسافر إطلاقا.			
	المسؤولية عن الأدوية الخاصة			
١	مسؤول عن تناول الأدوية بالجرعات الصحيحة في الوقت الصحيح.			
٢	يتحمل المسؤولية إذا تم تحضير الدواء مسبقًا بجرعات منفصلة.			
٣	غير قادر على اخذ الأدوية الخاصة به.			
	القدرة على التعامل مع الشؤون المالية			

١	يدير الأمور المالية بشكل مستقل (الميزانيات، ويحرر الشيكات، ويدفع الإيجار، والفواتير، ويذهب إلى البنك) ، ويجمع الدخل ويتابعه.			
٢	يدير عمليات الشراء اليومية ولكنه يحتاج إلى مساعدة في المعاملات المصرفية وعمليات الشراء الكبيرة وما إلى ذلك.			
٣	غير قادر على التعامل مع الأموال.			

Panel of Experts

	اسم الخبير	اللقب العلمي	الاختصاص	مكان العمل	سنوات الخبرة
١	حسن علوان بيعي.د	استاذ		كلية الحلة الجامعة	٤٠ سنة
٢	امين عجيل ياسر .د الياسري	استاذ	تمريض صحة الاسرة والمجتمع	جامعة بابل\كلية التمريض	٣٧ سنة
٣	أركان بهلول ناجي.د	استاذ	تمريض صحة الاسرة والمجتمع	جامعة بغداد\كلية التمريض	٣٥ سنة
٤	ناجي ياسر سعدون .د	استاذ مساعد	تمريض صحة الاسرة والمجتمع	جامعة بابل\كلية التمريض	٣٢ سنة
٥	ساجدة خميس عبد .د الله	مدرس	تمريض صحة الاسرة والمجتمع	جامعة القادسية\كلية التمريض	٣٢ سنة
٦	عامر عبد الله نجم .د	لواء طبيب	طبيب اختصاص	أمر اللجان الطبية العسكرية	٣١ سنة
٧	محمد شاكر جوده .د الفرطوسي	لواء طبيب	طبيب اختصاص	مدير الأمور الطبية العسكرية وزارة الدفاع\	٣٠ سنة
٨	قيصر عبد الرزاق .د عطية	لواء طبيب	اختصاص امراض المفاصل والتأهيل الطبي	مديرية الأمور الطبية العسكرية وزارة الدفاع	سنة٣٠
٩	محمد فاضل خليفه .د	استاذ	تمريض صحة الاسرة والمجتمع	جامعة بغداد\كلية التمريض	٣٠ سنة

١٠	د. سلمان حسين	أستاذ مساعد	تمريض صحة الاسرة والمجتمع	جامعة كربلاء \ كلية التمريض	٣٠ سنة
١١	د. فاطمة وناس خضير	استاذ	تمريض صحة الاسرة والمجتمع	جامعة الكوفة\كلية التمريض	٢٩ سنة
١٢	د. هالة سعيد عبد الواحد	استاذ	تمريض صحة الاسرة والمجتمع	جامعة بغداد\ كلية التمريض	٢٧ سنة
١٣	د. سحر أدهم	أستاذ	تمريض صحة البالغين	جامعة بابل \ كلية التمريض	٢٧ سنة
١٤	د. وسام جبار قاسم	استاذ	تمريض صحة الاسرة والمجتمع	جامعة بغداد \ كلية التمريض	٢٥ سنة
١٥	د. علي عبد الحسين محي	عميد طبيب	طبيب اختصاص	مستشفى الحسيني العسكري\ وزارة الدفاع	٢٤ سنة
١٦	عبد الرزاق نجم .د عبد جواد	لواء طبيب	طبيب اختصاص طب الطيران والفضاء	مديرية الأمور الطبية العسكرية\وزارة الدفاع	١٩ سنة
١٧	سجال فاضل فرهود.د	استاذ	طب صحة الاسرة والمجتمع	جامعة بابل\كلية الطب	١٨ سنة
١٨	حسين نجم عبد الله .د البهاش	عقيد طبيب	طبيب اختصاص	مديرية الأمور الطبية العسكرية\وزارة الدفاع	١٨ سنة
١٩	أيسن كمال محمد .د نوري	مدرس	تمريض صحة الاسرة والمجتمع	جامعة بغداد\كلية التمريض	١٧ سنة
٢٠	منى محمد عباس.د	أستاذ مساعد	التربية الاساسية	جامعة بابل\ التربية الاساسية	١٦ سنة

٢١	علاء حسين عبد.د	أستاذ مساعد	طب صحة المجتمع	كلية البصرة الجامعة للعلوم والتكنلوجيا	١٥ سنة
٢٢	أشرف محمد علي .د حسين	مدرس	طب صحة المجتمع	جامعة بابل\كلية الطب	١٥ سنة
٢٣	مرتض غانم عداي.د	أستاذ مساعد	تمريض صحة الاسرة والمجتمع	كلية التمريض\جامعة وارث الانبياء	١٥ سنة
٢٤	د. أياد عباس خضير	عقيد طبيب	طبيب اختصاص	مديرية الأمور الطبية العسكرية\وزارة الدفاع	١٥ سنة
٢٥	د. حسين محمد الداودي	أستاذ مساعد	تمريض صحة الاسرة والمجتمع	جامعة كركوك\ كلية التمريض	١٥ سنة
٢٦	د. منصور عبد الله فلاح	أستاذ مساعد	تمريض صحة الاسرة والمجتمع	جامعة الكوفة\كلية التمريض	١٥ سنة
٢٧	د. ماهر خضير	أستاذ مساعد	التربية الاساسية	جامعة بابل\ كلية التمريض	١٥ سنة
٢٨	د. محمد باقر حبيب	مدرس	تمريض صحة الاسرة والمجتمع	جامعة بغداد \ كلية التمريض	١٤ سنة
٢٩	د. حيدر علي حمزة	أستاذ مساعد	تمريض الصحة النفسية والعقلية	جامعة بابل\كلية التمريض	١٢ سنة
٣٠	د. قحطان قاسم محمد	أستاذ مساعد	تمريض الصحة النفسية والعقلية	جامعة بغداد \ كلية التمريض	١٢ سنة
٣١	د. احمد روضان سلمان	مدرس	التربية الاساسية	جامعة بابل \ كلية التربية الاساسية	١٠ سنة

الخلاصة

الخلفية مصطلح يستخدم بشكل جماعي لوصف المهارات (ADLs) : أنشطة الحياة اليومية الأساسية المطلوبة للرعاية الذاتية المستقلة، مثل الأكل والاستحمام والتنقل. قد يؤدي عدم القدرة على أداء الأنشطة الأساسية للحياة اليومية إلى ظروف غير آمنة وسوء نوعية الحياة. يعد قياس ADL للفرد أمرًا مهمًا لأن هذا يتنبأ بالقبول في دور رعاية المقاتلين، والحاجة إلى ترتيبات معيشية بديلة، والاستشفاء، واستخدام الرعاية المنزلية المدفوعة.

الأهداف: تهدف الدراسة إلى تقييم الإعاقة الجسدية لجرحى العسكريين، وتقييم أنشطة الجرحى العسكريين في الحياة اليومية، ومعرفة العلاقة بين أنشطة المقاتلين العسكريين المعاقين جسديًا في الحياة اليومية، والبيانات السريرية مع الجرحى الاجتماعيين. البيانات الديموغرافية مثل (العمر، الإقامة، التعليم، الحالة الاجتماعية، الحالة الاجتماعية والاقتصادية).

المنهجية: تم استخدام تصميم دراسة وصفية مقطعية لتقييم تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين. وأجري البحث خلال الفترة من ١٩ أيلول (سبتمبر) ٢٠٢١ إلى ١ أيار (مايو) ٢٠٢٢. وتم اختيار عينة مناسبة من (١٢٠) جريحاً عسكرياً من المركز الثالث لتأهيل الجرحى لتحقيق أهداف الدراسة. كانت إحدى الأدوات التي تم استخدامها لبناء الاستبيان هي قياس "تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين".

النتائج: أظهرت النتائج أن جرحى المقاتلين يعانون من إعاقة جسدية متوسطة إلى شديدة لدى ٤٩,٢٪ منهم يعانون من إعاقة متوسطة (١٧٦,٥٤ ± ٣٥,٣٨٦)، بينما يعاني ٤٥,٨٪ منهم من إعاقة شديدة ٥٩,٢٪ من جرحى المقاتلين يعانون من إعاقة متوسطة. الاعتماد. حياتهم اليومية. أنشطة الحياة (٧٧,٠٣٣ ± ١١,٧٠٧). يظهر المقاتلون المصابون اعتمادًا معتدلًا على التغذية لأنشطة الحياة اليومية، ويظهر ٨٩,٢٪ من المقاتلين المصابين أداءً معتدلاً في أنشطة الحياة اليومية (٦٢,١٤ ± ٦,٢٩٢). وتبين النتيجة أن هناك علاقة وثيقة بين الاستقلال في أنشطة الحياة اليومية والوظيفة الأساسية في أنشطة الحياة اليومية من حيث العمر والمستوى التعليمي وعدد الأطفال والحالة الاجتماعية للمقاتلين المصابين.

الخلاصة: ان نشاطات الحياة اليومية للمقاتلين المعوقين بدنياً معتدلة نتيجة لتأثير الاعاقة الجسدية. يؤثر العمر الاجتماعي الديموغرافي ومستوى التعليم والحالة الاجتماعية والاقتصادية على أنشطة الحياة اليومية للمقاتلين المعاقين جسديًا. يعاني المقاتلون المعاقون جسديًا من إعاقتهم الجسدية والعاطفية والاجتماعية كما ورد في شهادتهم. يعتمد المقاتلون ذوو الإعاقات الجسدية المعتدلة على الآخرين لإكمال أنشطتهم اليومية ويحتاجون إلى المساعدة في الوظائف الآلية.

التوصيات: التعاون بين وزارة الدفاع ووزارة الصحة في بناء وتنفيذ برامج التثقيف الصحي فيما يتعلق بتعزيز أنشطة الحياة اليومية للمقاتلين المعاقين جسديا. على وزارة الدفاع إعطاء الأولوية للمقاتلين المصابين في برامج إعادة التأهيل لتحسين نوعية حياتهم ، بالإضافة إلى دعمهم ماديًا. يمكن إجراء المزيد من الأبحاث على مستوى البلاد على عينة كبيرة من المقاتلين المعاقين جسديًا مع التركيز على مجموعة متنوعة من المتغيرات ذات الصلة التي قد تؤثر على أنشطتهم اليومية في المستقبل.

جمهورية العراق

وزارة التعليم العالي والبحث العلمي

جامعة بابل

كلية التمريض

تأثير الإعاقة الجسدية على أنشطة الحياة اليومية بين المقاتلين العسكريين المصابين

رسالة مقدّمة إلى

مجلس كلية التمريض /جامعة بابل

كجزء من متطلبات نيل درجة الماجستير في علوم التمريض

من قبل

الطالب

جمال عبد العظيم برهان

بإشراف

ا.د سلمى كاظم جهاد