

## Study Abstract

Military operations, both in combat and training, have resulted in a significant number of mangled extremities leading to traumatic amputations. Extremity injuries predominate, representing 50% to 70% of all injuries treated (Crabtree, 2006). Traumatic limb loss due to a combat casualty present unique medical, surgical, and rehabilitation challenges as well psychological and emotional issues. The majority of injuries sustained in OEF/OIF are combined penetrating, blunt trauma, burn and blast injuries, traumatic amputation, and infections from the multi-drug resistant organism, *Acinetobacter* (Bumbasirevic, Lesic, Mitkovic & Bumbasirevic, 2006).

This study seeks to address the following research aims in a group of adults who served in the U.S. armed forces and sustained the loss of one or more limbs during any combat or military training activity. The specific aims of this study are to:

1. To describe the level of well-being (i.e., degree of mobility, physical/social activity) and level of impact of events symptoms (i.e., degree of intrusive thoughts, intentional avoidance) in this group;
2. To describe relevant personal, environmental, and disability factors in this group, (age, gender, and ethnicity); environmental factors (current living situation); and disability factors (number / location(s) of amputations);

Advances in military medicine and use of protective armor translated into a greater percentage of wounded soldiers surviving than any previous wars. The intensive care and advent of arterial repair, close to the battlefield, allow for greater life and limb salvage (Bagg, Covey, & Powell, 2006). Significant numbers of soldiers have returned with traumatic injuries and amputations.