E-Poster

EP-597

Ballistic Trauma and Amputation in Military Personnel: Assessment of Functional and Psychosocial Consequences

Topic: Specific Target Groups (Children, Women, Elderly, Athletes, Musicians, Refugees, Ethnic Groups, Workers, and Others)

Manel Souissi, Meriem Hfaidh, Meriem Abdelhedi, Abrar Zaatouri, Rim Maaoui, Najla Mouhli, Hajer Rahali

Department of Physical Medicine and Rehabilitation, Main Military Hospital of Instruction of Tunis, Tunis, Tunisia

BACKGROUND

Lower limb amputation, particularly traumatic in military settings, significantly impacts mobility, autonomy, and body image. This study investigates the functional and psychosocial repercussions in military personnel following transtibial amputation due to ballistic trauma.

METHODS

A descriptive cross-sectional study was conducted on 36 military patients with transtibial amputations at the Military Hospital of Tunis. Demographic data and amputation characteristics were collected. Assessments included: walking tests (speed, 2-minute distance), Pohjolainen classification, Hospital Anxiety and Depression Scale (HADS), quality of life (SF12-P/M), and prosthetic satisfaction (SAT-PRO).

RESULTS

Thirty-six patients were included in the study. The mean age was 29.4 ± 6.9 years, and all participants were male. The education level was secondary school in 58% of cases, and 81% of patients were single. The amputation was on the right side in 56% of cases, and the amputation level was the middle third in 56% of cases. The stump shape was conical in 83% of cases, with a mean length of 16.8 ± 3.3 cm, and insufficient padding was observed in 25% of cases. An adherent scar was noted in 25% of cases, and knee flexion contracture was found in two cases. Functional assessment revealed a mean walking speed of 1.3 ± 0.3 m/s, a two-minute walk test distance of 159.8 ± 25.6 m, and 92% of patients were classified as Class I according to Pohjolainen. The mean SAT-PRO score was 67% ± 25.7. The mean SF12-P and SF12-M scores were 39.8 ± 9 and 47.5 ± 11.4, respectively. The mean HADS-A and HADS-D scores were 6 ± 4.3 and 4.7 ± 3.9, respectively. Twenty-two patients (61%) returned to work after a mean delay of 20.2 ± 5.7 months. A significant association was found between SF12-P and age ($p < 0.001$) and between SF12-M and marital status ($p = 0.025$).

CONCLUSION

This study highlights the functional and psychosocial impact of traumatic amputations in military population. While most achieve good functionality, challenges persist in quality of life and prosthetic satisfaction, underscoring the importance of multidisciplinary care, with emphasis on psychological and social support for military personnel following traumatic amputation.

Statement of Disclosures

None

Corresponding Author:
Manel Souissi
Department of Physical Medicine and Rehabilitation, Main Military Hospital of Instruction of Tunis, Tunis, Tunisia
Email: manel.souissi@etudiant-fmt.utm.tn

Doi: 10.5606/archisprm.2026.EP-597