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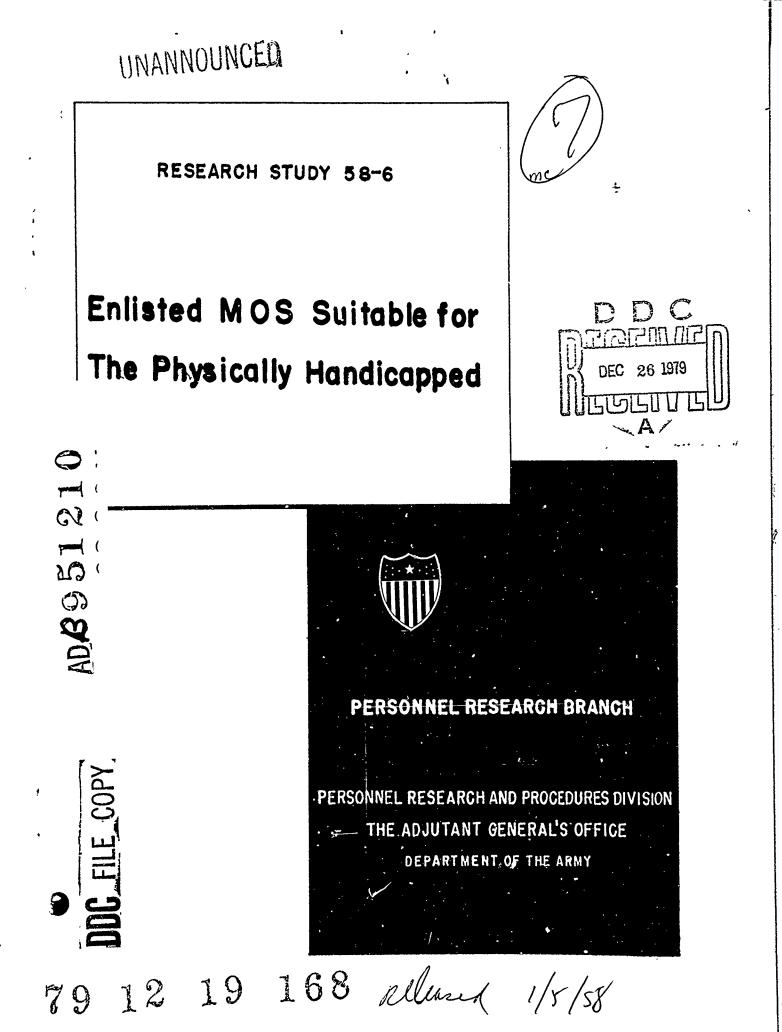
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Army Project Number Util. Women a-12 29560000 AGO - PRB - Research Study -58-6ENLISTED MOS SUITABLE FOR THE PHYSICALLY HANDICAPPED Jack/Sternberg, Frank S./ Greenberg Submitted by: Edmind F./Fuchs, Chief, Research Group I

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Dec 58

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BRIEF

### ENLISTED MOS SUITABLE FOR THE PHYSICALLY HANDICAPPED

### Requirement:

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In anticipation of possible manpower requirements in a future national military emergency, research has been undertaken to determine what new resources can be added to military manpower resources typically used in World War II. Utilization of physically handicapped men, presently excluded from service, may represent one fruitful means of helping to meet such requirements. For this approach, guidelines are needed for determining which categories of disabled men might be utilized in which jobs.

### Procedure:

Starting with the physical handicap classification system used by the Civil Service Commission, an illustrative classification system applicable to the Army situation was developed to consist of 18 "workable" categories. On the basis of independent judgments, later confirmed by group judgment, the 18 handicaps were assigned to each MOS with the exception of combat MOS and MOS requiring flight duty, to indicate which MOS contain duty positions which might be satisfactorily performed by handicapped.

### Findings:

:

Of a total of 401 MOS listed in AR 611-201, 250 MOS were identified with at least one duty position which could be performed satisfactorily by an individual with at least one type of those handicaps studied.

### Utilization of Findings:

The system and illustrative tabulations developed in this study were to be. given a review by personnel management and medical suthcrities from the point of view of feasibility of the approach and consistency with present personnel management and medical practices in the Army.

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### THE PHYSICALLY E-NDICAL ID AS A MANPOWER SOURCE

### ESTABLISHMENT OF A RESEARCH REQUIREMENT

During the latter months of World War II, the Army experienced some difficulty in obtaining enough physically sound men to meet the requirements of troop replacement and Army expansion (1, 3). Army manpower resources at that time consisted primarily of able-bodied men and a limited number of women utilized in a restricted range of assignments. The threatened shortage resulted in part from heavy initial induction of the physically fit throughout the first three years of the war and their assignment to many jobs which placed no premium upon physical capacity.

Since manpower requirements in a future national emergency might well exceed requirements experienced in the past, a program of personnel research was established in 1957 to determine what new resources can be added to military manpower resources typically called upon during World War II. The possibility of increasing resources by utilizing women more extensively has already been examined  $(\frac{1}{4})$ . As the structure of the military has become more and more complex, and development of new techniques and services has created many new types of non-combat jobs, potential placements for physically handicapped personnel have been increased. The present report deals with the initial phase of research on one of a number of possibilities of more extensive utilization of physically handicapped men. a la Maridia a destructiones de la constructiones de la constructiones de la constructiones de la constructione

### RETENTION OF PHYSICALLY HANDICAPPED IN THE ARMY

Although the peacetime Army of today does not accept for service men with other than minor impairments, a program for the retention, in times of heavier mobilization, of men disabled while on active duty was implemented in 1946. AR 40-504, Standards of Fitness and Unfitness for Retention on Active Duty, 1955, indicates the extent to which disease, injuries, and infirmities acquired in the service may or may not render a man unfit for further duty. Under these provisions, a disability which would disqualify a man for original appointment or enlistment may not disqualify him for retention if the following conditions hold:

> The disability is of such nature and degree as not to affect adversely the performance of continued duty on any assignment commensurate with the individual's grade or rating, including assignments to positions which may be held by an individual regardless of his basic branch.

The disability is not subject to complications or serious aggravation by reason of continued active duty.

Further, AR 616-41, Retention of Partially Disabled Personnel on Active Duty, 1956, states that an individual who is found unfit may be retained if he desires to remain on active duty and can be expected to perform satisfactory service based upon experience and/or potential qualifications of value to the service.

Army management has a continuing concern with the determination of physical requirements for enlisted MOS and duty positions. Revision of AR 611-201, Personnel Selection and Classification, Manual of Enlisted MOS, dated March 1955, is currently under consideration insofar as descriptions of physical demands is

concerned. Representatives of the Surgeon General's Office have expressed an interest in revising the methods of reporting physical capacities, and also in reevaluating minimum physical standards. Required are new devices for adequately matching physical qualifications with physical demands of the job. A study of possible revisions of methods of personnel reporting is needed to determine the limits of specificity that can be effectively utilized in the assignment of individuals on the basis of physical capacity.

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### SCOPE AND DIRECTION OF THE PRESENT STUDY

The present effort was exploratory only--to determine whether a system can be established for determining the amenability of range and type of MOS for given disabilities and to provide a tentative listing of MOS illustrative of such a system. Ultimately the problem of identifying jobs suitable for physically limited personnel must be subsumed under the larger objective of developing a system for dealing with the assignment and utilization of all personnel on the basis of physical capacity, as well as other capacities. Moreover, for the Surgeon General's Office to use such a system, it was recognized, would require an orientation on the part of medical officers which runs counter to present medical orientation of specifying physical activities which may not be performed, rather than relate residual physical capacity to the universe of occupational demands.

The provisions of AR 616-41 imply recognition of the satisfactory service that can be expected of personnel already qualified for military service but who have certain types and degrees of handicap. The construction of a systematized guide to the placing of selected handicapped personnel in certain MOS was recognized as possibly identifying a greater number of potential placements of handicapped men than provided for under past retention regulations (AR 40-504, Standards of Fitness and Unfitness for Retention on Active Duty, 1955). These placements would be designed to apply to recruits in a mobilization situation rather than to reenlistees only. To develop this guide, effort was directed toward identifying a portion of the draft registration population with physical handicaps which would clearly disqualify them by present standards but which nevertheless would permit them to perform satisfactory service in selected Army jobs. Such men would be expected to function in the normal Army situation except for execution of especially demanding duties such as guard and K. P.

### DETERMINING THE APPROACH TO BE USED

The first step of the current effort was to decide upon a method for establishing a relationship between MOS and handicap so that a determination could be made as to which handicaps are allowable for each MOS and which MOS can be performed by personnel with given handicaps. Three different approaches to this problem were considered.

### The Disability List Approach.

After determining the categories of impairments to be considered, jobs are analyzed in terms of their physical requirements. It is then determined whether or not an individual could perform specific jobs with any of the impairments. The resulting data may then be presented in one or both of the following ways: As a list of jobs which can be performed by persons with given disabilities.

As a list of disabilities which do not disqualify persons for each given job.

Similarly, lists of jobs not performable for given disabilities or of disabilities disqualifying persons for given jobs can be made up.

The disability list has the advantages of being relatively easy to understand and of providing some degree of standardization for the placement of handicapped personnel. It may have the disadvantage of not giving encugh consideration to how an individual adapts to his handicap.

### The Check List Approach.

The check list approach usually starts with an analysis of jobs into their various physical components. With a corresponding list of physical capacities for each job applicant, it may be determined whether or not the applicants are suited for any of the available jobs. This method is well suited to individual job placement but, like the disability list approach, may not take into consideration adaptations to a job arising from high motivation of the worker.

### The Rating Method.

Both the disability list and the check list characteristically deal with absolutes, e. g., "can manipulate - cannot manipulate." The third approach, the rating method, introduces various levels or degrees by which job requirements and physical capacities are classified. Instead of merely stating that a job requires lifting, the rating method might indicate that the job requires lifting 25 pounds several times an hour. While this approach may provide for greater potential matching of job and handicap, it may also require some subjective judgment on the part of the rater as to the extent of the requirement. The PULHES system of the U. S. Army is an example of the rating method in application. Physical Capacity, Upper Extremities, Lower Extremities, Hearing, Eyes, and Neuropsychiatric (S) factors are rated 1 - above average, 2 - average, 3 - below average, or 4 - below minimum standards. (AR 4C -503, Physical Standards and Physical Profiling for Enlistment and Induction, 1956)

The decision was made to use the disability list approach in the present study, with the assumption that the person would be highly motivated in a mobilization situation. The primary reason for using this approach was the need for a standardized classification system which would facilitate placement of handicapped persons in jobs they could perform without the requirement of a detailed analysis of the individual man. The absolute manner of presenting handicaps, usually a feature of this approach, was not altered, however. It was apparent that no two people, though similarly disabled, have exactly the same degree of disability, but it was felt that introduction of degrees of impairment would unduly complicate the classification process. The solution was to consider all disabilities as "severe" and motivation to perform "good." Thus any individual disabled to an extent less than "severe" could be expected to have the capacity to perform satisfactory service in the particular MOS in question.

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While this particular solution would promote the rapidity and ease of classification needed in a full-scale mobilization, it has the effect of curtailing the variety of MOS to which the "less than severely" handicapped individual could be assigned. For example, 'poor visual acuity', as defined in Appendix A, was found permissible with only 9 MOS; yet there are many profile 4 individuals rejected on the basis of poor vision, who nevertheless possess the minimum acuity to perform the duties found in additional selected MOS. Considering the numbers of men rejected on the basis of profile 4 vision, and because of the broadness of 'poor visual acuity', this category was the most restrictive of all categories. The other categories, in general, show this effect to a far less degree.

### DELINEATING MOS AND HANDICAP CATEGORIES TO BE CONSIDERED

For the purposes of this study, 'physically handicapped' was defined as referring to disability of any part or function of the body which would disqualify for military service under existent standards, whether the eticlogy of the impairment were organic or functional. Within the military setting, relatively minor impariments are classified under the 2 and 3 levels of the PULHES profiling system as qualifying for service. Therefore, the physically handicapped label referred only to those individuals having impairment more serious than indicated by classification 3, such as all but minor amputations, deafness, blindness, etc. However, <u>no</u> individuals with multiple handicaps were considered for this study.

It was obvious that many of these handicapped could not possibly perform satisfactory service in any Army job; therefore the following stipulations were made to establish a lower limit to the definition. Men were considered as disqualified and dismissed from further study where:

The impairment involved special medical maintenance (excessive hospital or outpatient treatment and/or any need for special drugs and medications).

The impairment involved the need for special supplies or equipment (inability to wear or use standard equipment).

The impairment precluded the individual's serving within the normal Army framework in a reasonably satisfactory manner with the exception of extra duties such as guard and K. P., as noted earlier (any impairment that might prevent an individual from such activities as walking to and from the mess hall, caring for issued supplies and equipment, and living harmoniously with other men).

As a result of applying the lower limit of physical handicaps, the following categories of handicaps were dismissed from further consideration:

Disease entities which require special medical treatment to maintain arrested states, which are subject to chronicity and accompanying time loss, and which are liable to deterioration and complication.

Handicaps of psychiatric etiology which would result in an inability to adjust to normal Army life.

Handicaps of such nature as to require special clothing or aids other than prosthetic limbs and glasses, both of which the prospective inductee will be assumed to have.

Just as the variety of handicaps was reduced in dismissing certain types from further consideration, so were the number of MOS to which handicaps were to be related. The latter reduction was the result of stipulating that handicapped personnel would not be considered for utilization in Combat MOS, MOS peculiar to the Combat Zone, or MOS requiring flight duties. In these MOS there is a premium on physical condition.

For ease in classification, the handicaps were placed into a limited number of categories. The basis for the classification system was that used by the U.S. Civil Service Commission  $(\underline{6})$ , shown in Table 1. Table 2 shows the modified Civil Service Commission system used in the present study.

### Table 1

CIVIL SERVICE COMMISSION CATEGORIES OF PHYSICAL HANDICAPS

DEPTH PERCEPTION REQUIRED

COLOR VISION REQUIRED

ORTHOPEDIC

Amputations Arm Arms Hand Hands Fingers Leg Legs Foot Feet

Disabilities Hip or Shoulder Arm Arms Hand Hands Fingers Leg Legs Foot Feet Back Hips or Shoulders EYES

Blind Two Eyes Industrially Blind Blind One Eye A 200

EARS Deaf Hard of Hearing

CHEST Cardiac Pulmonary Tuberculosis

- 6 -

Table 2

### PHYSICAL HANDICAP CATEGORIES USED IN PRESENT STUDY

### ORTHOPEDIC

Amputations Arm Hand Fingers Thumb Leg Foot EYES

Poor Visual Acuity Loss One Eye Other Visual Defects

EARS

Hard of Hearing

Disabilities Arm Hand Fingers Thumb Leg Foot Back Hip or Shoulder

Depth perception and color vision were not included because these impairments would not initially disqualify a person for service. Orthopedic was retained with the modification that all bilateral categories would be deleted, since there are too few duty positions which a person lacking normal use of feet, arms, hands, or legs, etc., could perform in a satisfactory manner. The addition of the category Thumb was made to both Amputations and Disabilities, because there are a number of MOS with at least one duty position in which the use of the thumb is not considered essential. The fourth basic area, Eyes, was retained with a few modifications: "blindness in both eyes" was deleted; "blind one eye" was replaced by "loss one eye;" "other visual defects" was added; and "industrially blind" was changed to "poor visual acuity." The added category includes visual defects of non-progressive and non-diseased nature excepting acuity loss. An example of such a handicap would be destruction of evelids sufficient to impair protection of the eyes from exposure. Hard of hearing was the only category retained under basic area Ears. Deafness was deleted as being too serious a handicap in a military setting. The sixth basic area, Chest, was deleted as reflecting fundamental disease processes. The eighteen handicap categories of Table 2 are defined in Appendix A.

### DEVELOPMENT OF MOS - HANDICAP CHART

### RELATING HANDICAPS AND JOBS

Two variables were considered in the task of determining the types of handicap with which an individual might be encumbered and still be able to perform a selected job in a satisfactory manner, given the appropriate aptitudes.

One was the physical demands of the job itself, reflecting both the duties involved and the conditions under which the duties are carried out. (An inspector's job might require little more than the vtsual acuity required in checking some set of gauges; in order to get to the gauges, however, he might have to climb a ladder or lift a heavy cover.) The other variable was the physical limitation implied by the handicap (Appendix A).

Measures of the physical demands of the job were found in the job schedules compiled by the Army's job analysis specialists (5) and in the job description in AR 611-201. The job analysis schedules yielded detailed descriptions of Army jobs, including intensity and frequency of physical job demands, while the AR yielded the more general requirements of each MOS. The fact that several job schedules were usually available for each duty position made it possible to reduce subjectivity by allowing the evaluator to abstract the modal rating values. and an and the second second

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Some duty positions within a given MOS differ in physical demands from others, i. e., some duty positions could be handled by an individual with any of the listed handicaps while other duty positions in the same MOS could not. Since professional medical judgments would have been required for these fine discriminations, the problem was handled by listing the MOS if at least one duty position could clearly be performed in a satisfactory manner by an individual having any one of the listed handicaps.

The procedure of assigning handicaps to MOS was accomplished in two stages. In the first stage, independent judgments were made on the basis of reviewing the physical demands of the duty positions within the MOS in terms of the residual ability implied by each category of handicap. In the second stage, disagreements of evaluators were resolved when the data were reevaluated in conference. Several MOS were deleted from the chart because no duty position was identified in which a person with any of the handicaps under study might succeed.

Appendix B, the MOS-Handicap chart, lists 250 MOS containing at least one duty position which could be performed successfully by a handicapped person, and the handicaps permissible for each MOS. For given handicaps, the number of MOS with suitable duty positions varies from 9 for poor visual acuity to 219 for loss of one eye.

### CONSOLIDATION OF HANDICAP CATEGORIES

Analysis of the final array of entries in Appendix B indicates that several of the categories might be consolidated without loss of too many MOS to which the individuals so handicapped might be assigned. For example, the handicap categories "Amputated Arm" and "Amputated Hand" could be consolidated into "Amputated Arm or Hand" a nout loss since there is complete overlap in this case. Further, if "Amput: d Arm or Hand" were combined with "Disabled Arm or Hand" into "Amputated or Disabled Arm or Hand," 6 MOS (of 23) would be lost. In the case of fingers and thumb, while there was substantial differentiation between amputated thumb and amputated fingers, the latter could be consolidated with "Disabled Fingers" with a loss of only 4 MOS out of 63. These consolidations and similar ones could be made after medical review of the tabulation in Appendix B is accomplished.

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### SUMMARY AND CONCLUSIONS

A portion of the draft population is physically disqualified for general draft or enlistment, but is believed to have the potential to perform satisfactory service in selected MOS. The primary objectives of this study were to **Obtain** some indication of the extent to which handicapped personnel could be utilized within the MOS structure.

All MOS listed in AR 611-201 were studied with the exception of combat MOS and MOS requiring flight duty. Workable categories of handicaps were derived from the system in current use by the Civil Service Commission. To assign 18 such handicap categories to the MOS required the resolution of independent judgments as to the physical demands of the MOS duty positions in terms of the functional loss and residual ability implied by the handicaps. The factor of training, or trainability, was not considered in this analysis. Of the 401 MOS listed in AR 611-201, 250 contain at least one duty position which could be performed satisfactorily by an individual with at least one type of those handicaps studied, according to the system developed in the present study. A portion of the increased manpower demands in a national emergency might thus be met through the induction and selective assignment of certain physically handicapped personnel. However, the specific implementation of this, or of any other plan for utilization of handicapped in time of mobilization would, of course, depend upon the consistency of the selected approach with present plans and principles of Army personnel management and medical authorities.'

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APPENDIXES

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### APPENDIX A

- - - I

### DEFINITIONS OF HANDICAP CATEGORIES

### I. ORTHOPEDIC

### A. Amputations

With the exception of "Leg" and "Foot" handicaps, the intact member within a category was assumed to be on the preferred side of the body unless there had been sufficient compensation by retraining of the originally nonpreferred member. Further, the following six categories, with the exception of "Fingers" and "Thumb", imply the presence and utilization of a prosthetic device.

1. Amputated arm--any amputation of the arm up to the point where full use of a prosthetic device can still be made.

2. Amputated hand--amputation up to the loss of hand and wrist.

3. Amputated fingers--total loss of four fingers on one hand.

4. Amputated thumb--total loss of one thumb.

5. Amputated leg--any amputation of the leg up to the point where full use of a prosthetic device can still be made.

6. Amputated foot--amputation up to the loss of foot and ankle.

### B. Disabilities

As in the case of Amputations, the assumption of the intact member being on the preferred side of the body was made where applicable. Further, in defining the following categories to include up to "severely limited function," it was assumed that the disability is more of a liability than the presence of a prosthesis.

1. Disabled Arm--impairment such that functioning is limited to severelyrestricted movement and strength.

2. Disabled Hand--impairment up to the point that ability to pick up, grasp, or otherwise manipulate objects is virtually lost.

3. Disabled Fingers--severe restriction of the normal function of all fingers (excepting thumb) of one hand.

4. Disabled Thumb--total loss of thumb-finger opposition.

5. Disabled Leg--impairment of either leg such that the normal function is severely limited as to movement and ability to support weight in excess of the individual.

6. Disabled Foot--impairment of either foot such that the normal function is severely limited as to movement and ability to support weight in excess of the individual.

7. Disabled Back--impairment sufficient to restrict severely spinal flexibility and ability to support weight.

8. Disabled Hip or Shoulder--impairment sufficient to restrict severely the movement of the joints involved unless great caution is exercised.

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### II. EYES

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A. Poor Visual Acuity-vision poorer than profile 3, but correctable to the point where the individual can do coarse work at close range.

B. Loss of One Eye--minimum uncorrected vision of 20/30 in the intact eye.

C. Other Visual Defects--any other non-disease, non-progressive defect other than acuity loss. Included are disabilities that restrict the normal eye usability without affecting acuity as such, e. g., impaired protection for eye resulting from destruction of eyelids.

### III. EARS

Hard of Hearing-hearing loss sufficient to disqualify by current minimum standards up to the point where the person is still able to receive individual verbal instructions at close range.

APPENDIX B

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MOS SUITABLE FOR SPECIFIC PHYJICAL HANDICAPS (Single Handicap Only)

X Indicates handicap permissible in at least one duty position of given MOS

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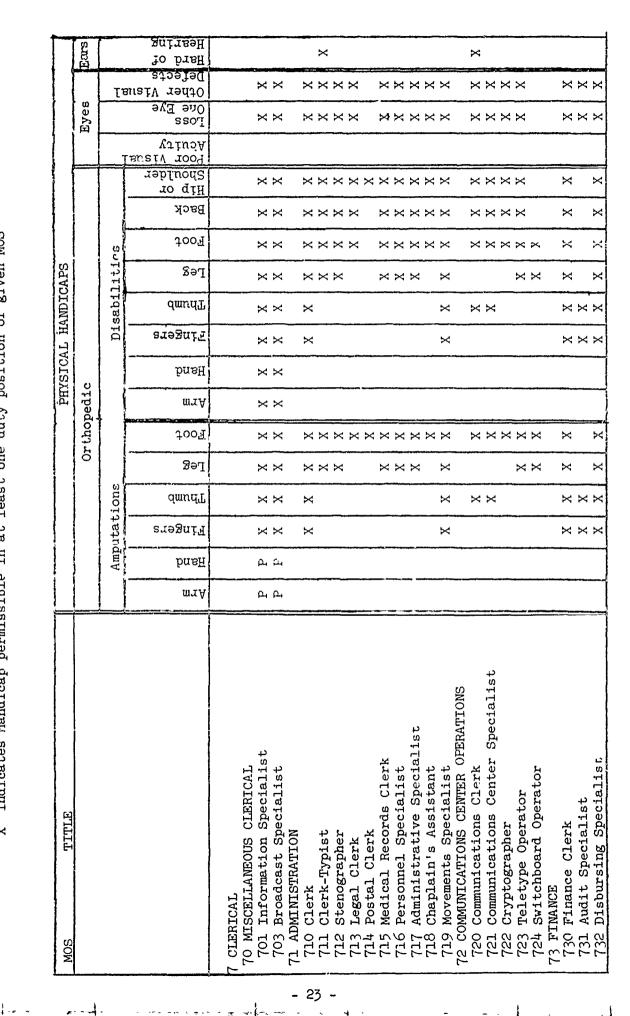
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