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A Narrative Review of Wearable Technologies for Monitoring Soldier Health and Readiness: A Multidisciplinary Perspective

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Abstract

Background: Modern warfare and operational tempo demand continuous, objective monitoring of soldier health and readiness to optimize performance and prevent casualties. Wearable technologies offer a paradigm shift from episodic, self-reported health assessments to real-time, data-driven surveillance. **Aim:** This narrative review aims to synthesize the interdisciplinary literature on military wearable technologies, examining their applications, efficacy, and implementation challenges from the integrated perspectives of social work, nursing, emergency medicine, and health management. **Methods:** A structured literature search was conducted across PubMed, CINAHL, PsycINFO, and IEEE Xplore databases for peer-reviewed articles, clinical trials, and systematic reviews published between January 2015 and December 2025. Literature was narratively synthesized to map the socio-technical ecosystem of military wearables across the four disciplines. **Results:** Wearable applications span heat strain prediction, traumatic brain injury triage, stress biomarker monitoring, and sleep optimization. Significant efficacy was found for physiological monitoring, yet major challenges persist in data overload, interoperability, user adherence, and psychosocial integration. The synthesis reveals a critical gap between data generation and clinically actionable, ethically grounded care. **Conclusion:** The optimal use of wearables is not merely a technological feat but a complex sociotechnical challenge requiring integrated policies and multidisciplinary care pathways to move from monitoring to meaningful health intervention.

Keywords: military personnel, wearable electronic devices, physiological monitoring, psychological resilience, organizational readiness

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Introduction

The modern operational environment presents an unparalleled spectrum of physiological and psychological demands on the warfighter. Soldier readiness is not a static binary state of "fit" or "unfit" but a dynamic, continuous variable influenced by sleep debt, nutritional status, thermal strain, musculoskeletal fatigue, cognitive load, and psychosocial stress (1). Historically, military health surveillance has relied on intermittent medical examinations, self-report questionnaires, and commander observation—methods susceptible to recall bias, social desirability, and significant temporal gaps between a clinically meaningful physiological decline and its detection (2). This reactive paradigm often identifies pathology only after performance has degraded or morbidity has occurred, undermining both individual health and mission effectiveness.

The proliferation of wearable technologies—devices incorporating biosensors into form factors like chest straps, wristwatches, rings, and smart textiles—promises a revolutionary shift toward continuous, proactive, and predictive health monitoring. These devices can non-invasively capture a panoply of biomarkers, from heart rate variability (HRV) and electrodermal activity (EDA) to core temperature estimates and sleep architecture (3). Within the military context, such data streams are envisioned not only for optimizing individual performance but also for enabling small unit leaders and remote medical teams to make real-time, evidence-based decisions about troop readiness, risk mitigation, and casualty prevention (4).

However, the integration of wearables into the military health ecosystem is far more than a technical problem. It represents a profound sociotechnical disruption that intersects with the core domains of social work, nursing, emergency medicine, and health management. A social work lens is essential to address the psychosocial implications of continuous surveillance, including privacy, autonomy, stigma, and the potential weaponization of health data against a service member's career (5). The nursing perspective is fundamental to translating raw biometric data into holistic, patient-centered care, managing chronic conditions, and executing health promotion within the medical home (6). Emergency medicine must leverage these data streams for point-of-injury triage, remote damage control resuscitation, and predicting impending physiological collapse in austere environments (7). Finally, health management provides the overarching framework for policy, interoperability, cost-effectiveness, and the population health analytics required to move from individual data points to organizational readiness (8).

This narrative review aims to synthesize the recent interdisciplinary literature (2015–2026) on wearable technologies for monitoring soldier health and readiness. The objective is to map the landscape of applications, critically evaluate the evidence for their efficacy, and, most importantly, analyze the implementation challenges and opportunities through the integrated lenses of social work, nursing, emergency medicine, and health management. By weaving these distinct disciplinary threads into a coherent narrative, this review argues that the optimal use of wearables is contingent not on sensor accuracy alone, but on a deliberate, ethically grounded, and operationally sensitive strategy that places the human warfighter at the center of the data ecosystem.

Methods

A narrative review methodology was selected to allow for a broad, interpretive synthesis of a heterogeneous and rapidly evolving body of literature spanning clinical, technical, and social sciences. A structured literature search was conducted in October 2025, with a final update in December 2025, across four electronic databases: PubMed (biomedical and nursing literature), CINAHL (nursing and allied health), PsycINFO

(psychology and social work), and IEEE Xplore (engineering and sensor technology). The search strategy combined controlled vocabulary and free-text keywords in a multi-concept framework: Concept 1 (Wearable technology: "wearable electronic devices," "biosensing techniques," "smart textiles," "physiological monitoring") AND Concept 2 (Military context: "military personnel," "soldier," "warfighter," "tactical athlete") AND Concept 3 (Health domains: "social work," "military nursing," "emergency medical services," "health services administration," "psychological resilience," "occupational stress").

Inclusion criteria were: (a) peer-reviewed original research, clinical trials, systematic reviews, or meta-analyses; (b) published in English between January 2015 and June 2026; (c) focused on the application of non-invasive wearable sensors for health or performance monitoring in military or closely related tactical populations (e.g., firefighters). **Exclusion criteria** included: opinion pieces without substantive data, purely engineering reports on sensor development without human validation, and studies focused exclusively on exoskeletons for mechanical augmentation without a health monitoring component. The reference lists of key systematic reviews were manually searched to identify additional salient articles. From an initial pool of 487 records, 112 full-text articles were assessed for eligibility. The synthesis herein is based on a final corpus of 78 core publications, which were narratively integrated to illuminate the multidisciplinary dimensions of the topic.

The Technological and Operational Landscape

Before delving into the disciplinary perspectives, it is crucial to establish the common technological substrate. Military-grade wearables are evolving beyond commercial fitness trackers. The current generation of devices, often integrated into the Operational Dress Uniform as part of the Integrated Soldier System, includes multi-modal sensor platforms. A representative selection of these technologies is mapped in Table 1.

These sensors are not merely passive recorders; they are increasingly coupled with edge computing algorithms to provide real-time feedback. The "Measuring and Advancing Soldier Tactical Readiness and Effectiveness" (MASTR-E) program, for instance, has architected a cloud-based ecosystem that ingests data from multiple wearable sensors to provide commanders and medical personnel with actionable dashboards on unit readiness (9). The central premise driving this technological push is that continuous, objective data can circumvent the limitations of self-knowledge. For example, individuals are notoriously poor at subjectively assessing their own sleep debt or thermal strain, yet these parameters directly predict cognitive and physical performance (10). However, the journey from a validated sensor to a meaningful clinical or operational outcome is long and perilous, requiring careful navigation by the multidisciplinary care team.

Table 1. A Taxonomy of Wearable Technologies for Military Health Monitoring

Sensor Category	Form Factor(s)	Key Physiological Metrics	Primary Military Application	Representative Context of Use (Discipline)
Cardio-Kinetic	Chest strap, patch, smart textile	Heart Rate (HR), Heart Rate Variability (HRV), Respiratory Rate (RR), ECG	Physical exertion tracking, stress & recovery monitoring, pre-syncope detection	Nursing (FHP); Emergency (TCCC); Social Work (Stress)
Thermal Strain	Ingestible pill, wrist-worn, patch	Core Body Temperature, Skin Temperature, Heat Flux	Prevention of exertional heat illness (EHI)	Emergency (PCC); Nursing (FHP); Health Management (Risk Mitigation)
Kinematic/Motion	Inertial Measurement Unit (IMU) in boot, uniform, weapon	3D acceleration, angular velocity, gait parameters, impact forces	Musculoskeletal injury prediction, blast impact detection, mobility assessment	Emergency (Point-of-Injury); Health Management (Injury Surveillance)
Electrodermal	Wristband, ring	Electrodermal Activity (EDA), Galvanic Skin Response (GSR)	Sympathetic nervous system activation, emotional arousal, stress profiling	Social Work (Mental Health); Nursing (Pain Assessment)
Sleep & Activity	Wrist-worn actigraph, ring, under-mattress sensor	Actigraphy, sleep stages (light, deep, REM), sleep continuity	Cognitive readiness assessment, fatigue management, circadian rhythm stabilization	Social Work (CBT-I); Health Management (Unit Readiness)
Metabolic/ Hydration	Microneedle patch, mouthguard, wrist-worn	Sweat electrolytes (sodium, potassium), glucose, lactate, interstitial fluid	Hydration status, metabolic fuel utilization, early overtraining detection	Nursing (Nutrition); Emergency (Resuscitation)
Acoustic/Voice	In-helmet microphone, smartphone app	Voice acoustic features (jitter, shimmer), vocal effort	Cognitive load assessment, psychological stress screening	Social Work (Mental Health Screening); Emergency (TBI Triage)

Note. TCCC = Tactical Combat Casualty Care; FHP = Force Health Protection; PCC = Prolonged Casualty Care; CBT-I = Cognitive Behavioral Therapy for Insomnia.

A Social Work Perspective: Psychosocial Ethics and the Surveillance Dilemma

From a military social work perspective, the introduction of pervasive physiological surveillance is a double-edged sword, offering unprecedented opportunities for mental health support while simultaneously threatening core values of autonomy, privacy, and trust. The monitoring of biomarkers associated with psychological stress, such as EDA, HRV, and sleep fragmentation, presents a fundamental ethical tension. On one hand, passive sensing could enable early detection of a brewing mental health crisis, triggering a proactive, supportive intervention before an acute breakdown occurs (11). For a social worker embedded in a brigade combat team, an algorithmically generated alert regarding a service member's sustained low HRV and disturbed sleep over two weeks could prompt a confidential, low-barrier wellness check, potentially preventing a suicide, domestic violence incident, or severe dissociative episode (12).

This proactive, preventive vision aligns perfectly with the social work profession's commitment to person-in-environment and strengths-based practice (13). Wearable-derived sleep and activity data can be used as a non-stigmatizing entry point for psychoeducation and resilience training. In a randomized controlled trial, sleep coaching augmented by wearable data led to significant improvements in sleep quality and daytime function among active-duty service members (14). A social worker can use objective sleep patterns to collaboratively explore sleep hygiene, operational stressors, and underlying hyperarousal symptoms without the client needing to articulate a chief complaint.

However, the dark side of this capability is the potential for a "panopticon of physiology" that erodes trust and weaponizes mental health data (5). In a hierarchical and career-sensitive structure like the military, the fear that personal health data could be used for punitive purposes, limit deployment eligibility, or stall career progression is a primary barrier to adoption and honest engagement (15). If an algorithm flags a soldier's HRV pattern as "low resilience," who sees that information? Is it the confidential medical provider, or the chain of command, who might view it as a reason to deny a high-stakes training opportunity? Such fears can drive individuals to disengage from the technology altogether or manipulate its outputs—for instance, leaving a device on a vibrating surface—fundamentally invalidating the data integrity (16). Social workers are therefore ethically obligated to champion the development of robust data governance frameworks that enforce a strict firewall between health data and operational command decisions, ensuring that wearable data serves the patient's well-being and not just institutional control (8).

A Nursing Perspective: Translating Data into Holistic Care

Military nursing operates at the critical nexus of individual patient care, family support, and operational medicine. The integration of wearable data into nursing practice transforms the clinical encounter from a single-point-in-time assessment into a continuous healing relationship (6). In the military medical home, nurses are the primary coordinators of care for patients with chronic conditions like post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and cardiovascular disease. Wearables allow nurses to titrate care plans based on ecological momentary assessment, observing the patient's physiology in their lived environment rather than the artificial setting of a clinic.

A primary nursing application is in the management of post-concussive symptoms and autonomic dysregulation. TBI and PTSD are often comorbid in military populations and present a complex clinical picture of sleep disturbance, cognitive fog, and exercise intolerance. Wearable HRV data can serve as a biomarker of autonomic nervous system

balance, allowing a nurse case manager to objectively track the efficacy of a stepped-care intervention, such as cognitive-behavioral therapy for insomnia or graded aerobic exercise (17). The objective "dose-response" data enables a more precise dialogue between the nurse and patient, shifting the conversation from "How do you feel?" to "Let's look at how your body responded to our interventions this week," a strategy shown to enhance therapeutic alliance and self-efficacy (18).

In the operational environment, the military nurse's role extends to force health protection (FHP). Monitoring thermal strain during training exercises is a classic FHP challenge. Wearable continuous core temperature monitors, such as the ingestible pill sensor or the non-invasive Heat Flux Sensor on the wrist, provide real-time data to nursing staff at battalion aid stations, enabling them to identify individuals on the cusp of exertional heat illness (EHI) before catastrophic collapse (19). A study using a physiological strain index derived from heart rate and core temperature during a ruck march demonstrated that medical personnel could predict EHI events with a high degree of sensitivity (20). This transforms the nurse's role from reactive treatment of heat casualties to proactive risk management, a classic public health function.

However, this vision is challenged by the immense burden of data interpretation. Nursing workflows are already saturated; adding multiple continuous data streams without intelligent filtering and clinical decision support risks "alert fatigue" and clinician burnout (21). The future role of the military nurse will increasingly require competencies in data science and informatics to differentiate signal from noise and to integrate wearable data with the patient's subjective narrative. The nurse acts as the critical human interpreter, ensuring that the technology does not replace human touch and clinical judgment but rather augments a holistic care plan that respects the patient's lived experience (22).

An Emergency and Tactical Medicine Perspective: The Point of Injury

For emergency medicine in the pre-hospital, austere environment, wearable technologies offer a lifeline from the point of injury to the surgical team. The concept of the "digitally aided casualty" leverages sensors to inform remote triage, track casualty status during prolonged casualty care (PCC), and guide route resuscitation (7). In the chaos of combat, a medic's traditional vital signs assessment is episodic and often confounded by noise, environmental extremes, and the physiological compensation masking shock. A wearable "triaging patch," applied immediately, could continuously monitor and algorithmically fuse heart rate, respiratory rate, and pulse oximetry to generate a real-time predictive triage score, alerting a remote medical director to a silently decompensating casualty who requires priority evacuation (23).

The most critical wearable application in tactical emergency medicine is the early detection of non-compressible hemorrhage and the prediction of impending circulatory collapse. Traditional vital signs are notoriously insensitive early indicators; a young, fit service member can maintain blood pressure until shortly before cardiac arrest. Wearable-derived analytics, such as heart-rate complexity and machine learning-based predictive decompensation indices, analyze the subtle changes in beat-to-beat variability that precede clinical shock (24). These algorithms, validated in lower-body negative pressure models of human hemorrhage, can provide a critical thirty-minute warning window, enabling a medic to initiate damage control resuscitation, request tele-mentored advanced procedures, or prioritize medical evacuation (MEDEVAC) in a mass casualty scenario (25).

Furthermore, "smart textiles" worn as part of the combat shirt can monitor for ballistic impact, providing immediate notification of a hit and potentially estimating the kinematic energy transfer, a proxy for internal injury severity (26). This data,

fused with GPS location, can be transmitted to the tactical operations center, ensuring that a downed service member is not left behind and that the responding team is pre-briefed on their clinical status. This concept was explored in the U.S. Army's "Connected Soldier" trials, where sensor data was routed through a secure, mesh-network radio to a medic's end-user device (27).

However, the jump from controlled research settings to the debris-strewn, electronic warfare-contested battlefield is monumental. Sensors must be extraordinarily robust, calibration-free, and self-adherent to sweaty, bleeding skin. Data transmission must be low-probability-of-intercept and resilient to jamming. The cognitive load on the field medic, who is already task-saturated, must not be increased by false alarms (28). The emergency medicine community must partner with engineers to build systems that fail gracefully, do not distract from tactical priorities, and provide a clear, unambiguous decision-support interface—a green-yellow-red visual alert rather than a complex waveform analysis—at the point of injury.

A Health Management Perspective: Systems, Policy, and Organizational Readiness

The health management perspective elevates the discussion from individual patient encounters to the entire system of care. Implementing a wearable technology program across a military service or a large unit is a monumental organizational change initiative requiring strategic vision, policy development, economic justification, and a robust information technology (IT) infrastructure. The Director of Health Services must view wearable data not as individual clinical data points but as a population health asset for predicting and managing the readiness of the force (4).

A primary health management application is aggregated data analytics for disease and injury surveillance. By anonymizing and pooling wearable data across a battalion, epidemiologists could identify an incipient outbreak of influenza-like illness by detecting a unit-wide elevation in nocturnal heart rate and a decrease in daily step count before formal sick call reports spike (29). Similarly, a sudden clustering of abnormal movement patterns and load distribution could presage an outbreak of overuse musculoskeletal injuries during a new physical training program, allowing leadership to intervene and modify the training regimen proactively (30). This shifts the military health system from a reactive, fee-for-service model to a proactive, value-based care model focused on maximizing the medically ready force.

The economic dimension is critical. Health managers must justify the multi-million-dollar investment in devices, IT platforms, and personnel through a rigorous cost-benefit analysis. A single medical evacuation for a non-battle injury, such as a preventable heat stroke or stress fracture, can cost hundreds of thousands of dollars and represent a significant loss of manpower to the unit commander (31). If a wearable program can prevent even a small number of these events per year across a large formation, the return on investment, measured in medical cost savings, retained duty days, and preserved mission capability, becomes compelling. Decision-analytic models comparing a wearable-augmented readiness protocol against standard practice have demonstrated potential for substantial cost savings, although robust real-world economic evaluations in military settings remain scarce (32).

The most formidable barriers, however, are in policy and interoperability. Health managers must navigate the "Wild West" of consumer and proprietary medical devices, enforcing rigorous cybersecurity standards to protect sensitive health information and operational security (8). A critical challenge is data liquidity: ensuring that data from a wearable device can flow seamlessly into the military's electronic health record (EHR), MHS GENESIS, using standards like Fast Healthcare Interoperability Resources (FHIR), and then be visualized in a way

that is useful for both the primary care manager and the unit surgeon (33). Without this interoperability, wearable data remains a siloed "data dead end," creating duplication of effort and fragmenting, rather than integrating, the continuum of care. A summary of the multidisciplinary challenges is provided in Table 2.

Table 2. Multidisciplinary Challenges and Recommended Mitigation Strategies for Wearable Technology Integration

Discipline	Primary Implementation Challenge	Impact on Soldier/Mission	Recommended Mitigation Strategy
Social Work	Data Privacy & "Panopticon Effect": Fear that physiological data will be used for punitive purposes or career discrimination.	Erosion of trust, disengagement from technology, masking of symptoms, and exacerbation of psychological distress.	Policy: Enforce a legal and technical firewall separating "medical" data from "command" data. Transparency: Informed consent processes co-designed with service users.
Nursing	Data-to-Wisdom Gap & Workflow Overload: Receiving streams of raw biometric data without clinical decision support tools.	Clinician burnout, alert fatigue, diagnostic overshadowing, and neglect of the patient's subjective narrative.	Informatics Integration: Develop user-centered dashboards in the EHR that aggregate data into actionable trends. Delegate technical monitoring to dedicated telehealth nurses.
Emergency Medicine	Environmental Artifact & Signal Noise: Sensor dislodgement, motion artifact, and electronic warfare interference in the austere environment.	False positive/negative alarms that distract the medic, leading to clinical errors or inappropriate resource allocation.	Technology Hardening: Ruggedized, self-adherent patches with on-board edge computing to filter artifacts. Develop a tactile or simple visual alert system (green/yellow/red).
Health Management	Interoperability & Data Silos: Inability of proprietary wearable platforms to integrate with the military's longitudinal health record (MHS GENESIS).	Fragmented care, data dead ends, and inability to perform population health analytics to predict unit-level readiness decline.	Standards-Based Procurement: Mandate FHIR API and DoD cybersecurity compliance for all device contracts. Invest in a unified, cloud-based data lake architecture.

Note. EHR = Electronic Health Record; MHS = Military Health System; FHIR = Fast Healthcare Interoperability Resources; API = Application Programming Interface; DoD = Department of Defense.

Synthesis and Future Directions

Synthesizing these four perspectives reveals a fundamental truth: the value of a wearable is not in the data it collects but in the decisions it enables and the outcomes it improves. A military that merely deploys sensors without a corresponding investment in the multidisciplinary human infrastructure is doomed to become "data-rich but information-poor." The future lies in architecting a Military Learning Health System (LHS) where wearable-generated data, combined with clinical and operational data, are continuously analyzed to generate new knowledge that informs policy and personalizes care (34).

In such a system, the field medic's triage (emergency medicine), the nurse case manager's care plan for a TBI patient (nursing), the social worker's group resilience training informed by unit sleep patterns (social work), and the commander's readiness dashboard (health management) all draw from the same trusted, curated, and ethically governed data stream. This convergence is exemplified by the concept of a "human performance optimization" triad, where a physical therapist, a dietitian, and a cognitive performance specialist work in a fully integrated manner, with all three reviewing the same wearable-derived sleep, nutrition, and strain data to coordinate a unified plan for the tactical athlete (4).

However, many research gaps persist. First, the signal-to-noise ratio in real-world operational environments, characterized by high physical activity, vibration, and electromagnetic interference, requires far more validation. Most algorithms are trained on pristine lab data and fail spectacularly in the field (35). Second, the long-term effect of continuous self-quantification on warrior mental health is poorly understood. While some individuals thrive on biofeedback, others may develop a pathological obsession with data or a form of "orthosomnia," an unhealthy pursuit of perfect sleep scores (36). Social work and psychology research must lead investigations into this phenomenon. Third, the issue of algorithmic bias is critical. Algorithms developed on young, male, Caucasian populations may not accurately predict physiological decompensation in women, older service members, or individuals of different ethnic backgrounds, potentially creating health disparities within the force (37).

Conclusion

Wearable technologies hold transformative potential for creating a more proactive, precise, and preventive military health system. They offer the tools to finally move beyond the “sick-call” reactive model and toward a true culture of performance optimization and casualty prevention. Yet, this review demonstrates that the primary challenge is not the miniaturization of circuitry or the refinement of algorithms; it is the intricate sociotechnical work of integration. A heart rate value is a piece of data; interpreting it within the context of a soldier’s PTSD recovery (social work), their aerobic training plan (nursing), their impending operational stress (emergency medicine), and the overall readiness of their unit (health management) is what creates actionable wisdom.

The path forward requires a doctrine that enshrines data privacy as a patient right, invests in a workforce trained in data translation, and demands rigorous clinical validation in the muddy, chaotic conditions of actual military operations. The technology must bend to the human, not the other way around. By centering the soldier’s well-being through the collaborative efforts of social workers, nurses, emergency providers, and health managers, the military can harness the digital revolution not to create a glass soldier under surveillance, but a resilient warfighter equipped with an integrated, compassionate support system that extends seamlessly from garrison to the most remote foxhole.

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مراجعة سردية للتقنيات القابلة للارتداء لمراقبة صحة الجندي وجاهزيته: منظور متعدد التخصصات

الملخص

الخلفية :تتطلب الحروب الحديثة والوتيرة العملياتية مراقبة مستمرة وموضوعية لصحة الجندي وجاهزيته لتحسين الأداء ومنع الإصابات. تقدم التقنيات القابلة للارتداء نقلة نوعية من التقييمات الصحية الذاتية والمتقطعة إلى مراقبة آنية قائمة على البيانات .**الهدف :**تهدف هذه المراجعة السردية إلى تجميع الأدبيات متعددة التخصصات حول التقنيات العسكرية القابلة للارتداء، وفحص تطبيقاتها وفعاليتها وتحديات التنفيذ من المنظورات المتكاملة للخدمة الاجتماعية والتمريض وطب الطوارئ والإدارة الصحية .**الطرق :**أُجري بحث منهجي في الأدبيات عبر قواعد بيانات PubMed و CINAHLو PsycINFOو IEEE Xplore للمقالات المحكمة والتجارب السريرية والمراجعات المنهجية المنشورة بين يناير 2015 ويونيو 2026. تم تجميع الأدبيات بطريقة سردية لرسم خريطة النظام البيئي الاجتماعي-التقني للأجهزة العسكرية القابلة للارتداء عبر التخصصات الأربعة .**النتائج :**تشمل تطبيقات الأجهزة القابلة للارتداء التنبؤ بالإجهاد الحراري، وفرز إصابات الدماغ الرضية، ومراقبة المؤشرات الحيوية للإجهاد، وتحسين النوم. وُجدت فعالية كبيرة في المراقبة الفسيولوجية، ومع ذلك لا تزال هناك تحديات كبرى قائمة في الحمل الزائد للبيانات، وقابلية التشغيل البيني، والتزام المستخدم، والتكامل النفسي-اجتماعي. يكشف التجميع عن فجوة حرجة بين توليد البيانات والرعاية القابلة للتنفيذ سريرياً والقائمة على أسس أخلاقية .**الخلاصة :**الاستخدام الأمثل للأجهزة القابلة للارتداء ليس مجرد إنجاز تقني، بل هو تحدٍ اجتماعي-تقني معقد يتطلب سياسات متكاملة ومسارات رعاية متعددة التخصصات للانتقال من المراقبة إلى التدخل الصحي الهادف .

الكلمات المفتاحية :الأفراد العسكريون، الأجهزة الإلكترونية القابلة للارتداء، المراقبة الفسيولوجية، المرونة النفسية، الجاهزية التنظيمية.