



Jashore University of Science & Technology

Department of Physiotherapy & Rehabilitation
Trial Proposal for Project titled “Impact of CBR”

Title: Outcome Evaluation of Community Based Rehabilitation in a Selected District of Bangladesh.

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Background

Community-Based Rehabilitation (CBR) is reaching the rehabilitation services to the doorstep of the stakeholders [1]. The stakeholders include the persons with disabilities, their family members or caregivers including the society where they live [1]. 10-15% of the population in Bangladesh has disabilities and 80% of them reside in rural areas [2]. There is no exact prediction of the necessity of community-based rehabilitation in Bangladesh.

Study in low-resource countries such as India [3], Palestine [4], Afghanistan [5], and South Africa [6] proves the efficacy of community-based rehabilitation on physical impairments, quality of life, paid jobs, and personal-practical autonomy. To our best knowledge, there is a scarcity of data in this field. Moreover, the study recommends the implementation of CBR in the primary healthcare services in Bangladesh [7] and evaluates them in the country's context.

Justification

There is a necessity to the estimation of people needing CBR, screening baseline assessment of necessity according to the International Classification of Functioning, Disability, and Health (ICF).



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Also, the intervention of CBR needs to be evaluated as per the components. Our study is expected to meet the inquiries in a small-scale population of a selected district in Bangladesh.

General Objective

The main objective of the study will be to evaluate the outcome of Community Based Rehabilitation (CBR) in the Jashore District in Bangladesh.

Specific Objectives

To accomplish the general objectives, the specific objectives will be

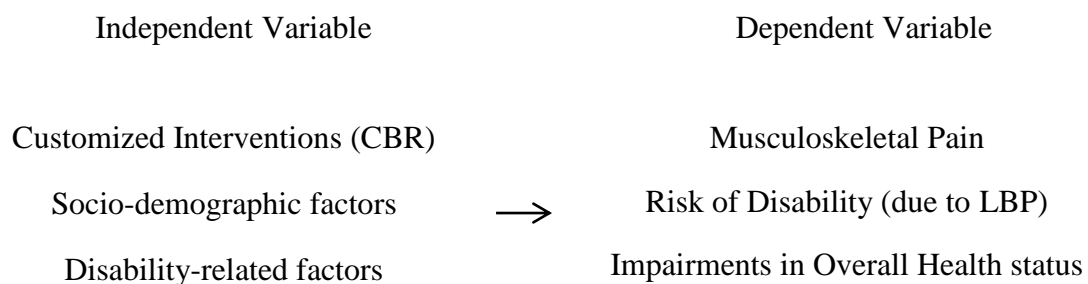
- 1) To screen the community dwellers for the necessity of CBR
- 2) To detect the risk of disability (induced by Low back Pain)
- 3) To elicit the impact of CBR on Risk reduction and pain remission on chronic painful Musculoskeletal impairments
- 4) To find out the effectiveness of CBR on the health matrix in chronic neurological disabilities in children and adults.

Hypothesis

Null Hypothesis: Community-Based Rehabilitation (CBR) is no longer effective in pain remission, disability risk reduction, and promoting Health Components of CBR Matrix in a selected district in Bangladesh

Alternative Hypothesis: Community-Based Rehabilitation (CBR) is effective in pain remission, disability risk reduction, and promoting Health Components of CBR Matrix in a selected district in Bangladesh

Conceptual Framework





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Methodology

Study Design

One arm Quasi-experimental study design

Study Population

People with any physical chronic musculoskeletal and neurological impairments living in the Jashore district

Study Area

Jashore District

Study Period

July 2022- September 2022

Sample size

The population of Jashore District is 2764547 and as per estimation 276454 have disabilities (10%). According to EPI Info Version 7.2.5.0 developed by the CDC of the US, a total of 384 samples, 128 per strata can give a 95% of Confidence Interval (CI) as we expect to reach 50% of the expected population, with 5% margin of error and 1.0 design effect.

StatCalc - Sample Size and Power

Population survey or descriptive study
For simple random sampling, leave design effect and clusters equal to 1.

Population size:	276454
Expected frequency:	50 %
Acceptable Margin of Error:	5 %
Design effect:	1.0
Clusters:	3

Confidence Level	Cluster Size	Total Sample
80%	55	165
90%	90	270
95%	128	384
97%	157	471
99%	221	663
99.9%	360	1080
99.99%	502	1506

Sampling Technique

The sampling technique will be Stratified Random Sampling. All the people having chronic musculoskeletal and neurological impairments living in the Jashore district will be stratified into the Upazila. From the Upozila, computer-based random sampling will select three Upazila. We will announce a health camp in the selected Upazila and screen the eligibility criteria to enroll in this



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study. All the people who attended the camps and have an eligibility criterion will be enrolled in the study. There will be an equal chance for all the strata to enroll equal patients.

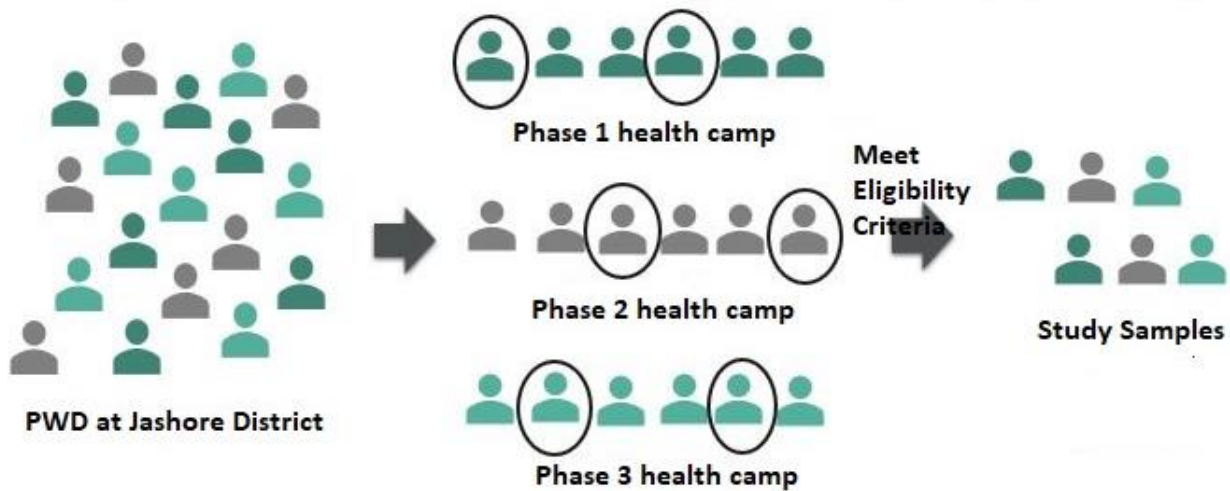


Figure 1: Random Enrollment of respondents for the study, image followed from <https://www.wallstreetmojo.com/stratified-sampling/>

Inclusion Criteria

1. People having chronic muscle pain as per the International Classification of Disease “2022 ICD-10-CM Diagnosis Code M79.1” [8]
2. Chronic cervical pain as per “2022 ICD-10-CM Diagnosis Code M54.2” [9]
3. Chronic thoracic pain as per “2022 ICD-10-CM Diagnosis Code M54.6” [10]
4. Chronic low back pain as per “2022 ICD-10-CM Diagnosis Code M54.5” [11]
5. Patients having lumbar disc herniation as per “2022 ICD-10-CM Diagnosis Code M51.06” [12]
6. Patients having cervical disc herniation as per “2022 ICD-10-CM Diagnosis Code M50.10” [13]
7. Any types of arthritis as per “2022 ICD-10-CM Diagnosis Code M19.90” [14]
8. Stroke survivors as per “2022 ICD-10-CM Diagnosis Code I63.9” [15]
9. Person with cerebral palsy as per “2022 ICD-10-CM Diagnosis Code G80.9” [16]
10. Any other type of physical disability needing physiotherapy & rehabilitation interventions

Exclusion Criteria

1. Conditions that are considered beyond the scope of physiotherapy practice according to the New Zealand Board of Physiotherapy [17] and Bangladesh Physiotherapy Association practice guidelines [18]
2. Participants having cultural or any other barriers to continuing CBR in their community
3. Refusal to participate in the study.



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Outcome Measurement tools:

1. STarT Back Screening Tool for people with Lower back and lumbar-related impairments for criteria 4 and 5 [19]. The tool is valid and reliable for people with chronic low back pain and can estimate the risk [20]

2. Orebro musculoskeletal pain questionnaire (OMPQ) [21]

The tool will be used for the people with diverse musculoskeletal impairments for criteria 1-3, 6-7

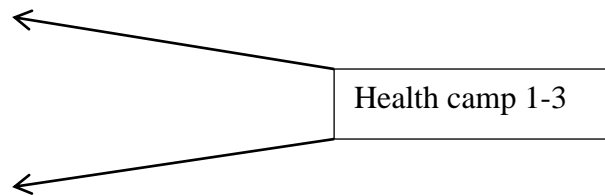
3. WHO CBR Impact Scale. The tool is developed by WHO to assess the feasibility, necessity, and status of a person with a disability in a Bio-psychosocial context. Moreover, we will use the Health Component only [22].

Intervention:

We will use a 3 layer assessment and intervention for the participants.

Phase 1

Initial Assessment and customized interventions from Graduate physiotherapy practitioners according to national practice guidelines [18]



Phase 2

customized intervention according to assessment for 12 sessions (45 minutes) of treatment guided by a Physiotherapist



Phase 3

Final evaluation and prescription of Home exercises



Phase 4

Telephone follow-up evaluation



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Questionnaire

The questionnaire has four parts, part one contains socio-demographic information and health-related information, part two contains information related to low back pain, part three is for the participants with other musculoskeletal impairments, and the final part contains information on health assessment through the WHO CBR survey tool. The questionnaire will be translated in forwarding and backward translation after development.

Data Collection

Data will be collected by the students of the bachelor courses of physiotherapy, trained and with a pilot screening. Data will be collected through hard copies.

Data Entry, Audit, and Analysis

Data entry will be processed in Microsoft Excel and audited for consistency. After the audit process, data will be managed and analyzed by Statistical Package for Social Sciences SPSS Version 20. Normality distribution will be examined by the Kolmogorov Smirnov test and Shapiro Wilk test. The descriptive statistics will be performed as measuring the central tendency for parametric data and frequency and percentage for non-parametric data. Inferential statistics will be performed as per the hypothesis of evaluation. Paired sample t-test will be performed to determine the changes between pretest and post-test, and post-test and follow-up. One-way ANOVA will be performed to measure the outcome from pretest to follow-up. The non-parametric tests will be performed as Friedman's ANOVA and Wilcoxon's test.

Ethical Consideration

The study will obtain ethical approval from the IRB of the Institute of Physiotherapy Rehabilitation and Research from the Bangladesh Physiotherapy Association. The research process will be conducted as per Helsinki declaration. The trial registration will be obtained from a primary trial registry site of the WHO.

Funding

Data collection, intervention, and outcome evaluation of the study are funded by the Jashore University of Science & Technology.



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Timeline (Gantt chart) for study outline

Planning	June 2022	July 2022	August 2022	September 2022
Develop questionnaire				
Proposal writing				
Ethical review				
Trial registration				
Questionnaire validity				
Piloting study				
Data Collection				
Data analysis				
Final draft				
Publication				

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 10. Chronic Thoracic pain, ICD 10 Classification
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 11. Chronic Low Back pain, ICD 10 Classification
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 12. Lumbar Disc Herniation, ICD 10 Classification
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 13. Cervical Disc Herniation, ICD 10 Classification
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CRF

The questionnaire is designed to screen and evaluate CBR impacts on people with musculoskeletal problems and any kind of disability.

Pre-test

Section 1: Socio-demographic information (Please write the answers from the respondent)

Age in years	
Gender	
Village name	
Educational Status	
Disability/ Problem	
Height in inch	
Weight in Kg	
BMI (Calculate later)	
Comorbidity	

Section 2 A: Only for Back Pain Patients: Put tick marks Q1-9

1. My back pain has spread down my leg(s) at some time in the last 2 weeks	Disagree (0)	Agree (1)
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	Disagree (0)	Agree (1)
3. I have only walked short distances because of my back pain	Disagree (0)	Agree (1)



0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10



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No
pain

Pain as bad as
it could be

3. From past 3 months, on average, how bad was your pain on a 0-10 scale? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No
pain

Pain as bad
as it could be

4. How often would you say that you have experience pain episodes, on average, in last 3 weeks?

Circle one

0 1 2 3 4 5 6 7 8 9 10

Never

Always

5. Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't decrease
it at all

Can decrease it
completely

6. How tense or anxious have you felt in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Absolutel
y calm
and
relaxed

As tense and
anxious I've
ever felt

7. How much have you been bothered by feeling depressed in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Not al
all

Extremely

8. In your view, how large is the risk that your current pain may become persistent? Circle one.

0 1 2 3 4 5 6 7 8 9 10



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No risk Very large risk

9. In your estimation, what are the chances that you will be able to work in six months? Circle one.
(The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10
No chance Very large chance

10. If you take into consideration your work routines, management, salary, promotion possibilities, and workmates, how satisfied are you with your job? Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10
Not satisfied at all Completely satisfied

11. Physical activity makes my pain worse. Circle one

0 1 2 3 4 5 6 7 8 9 10
Completely disagree Completely agree

12. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

Circle one

0 1 2 3 4 5 6 7 8 9 10
Completely disagree Completely agree

13. I should not do my normal work with my present pain. Circle one

0 1 2 3 4 5 6 7 8 9 10



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Completely disagree

Completely agree

14. I can do light work for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

15. I can walk for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

16. I can do ordinary household chores. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

17. I can do the weekly shopping. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

18. I can sleep at night. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10



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Can't do it
because of pain
problem

Can do it
without pain
being a problem

Section 3: For any other person with disability (WHO CBR Impact Scale- Health Component)

1. In general, how would you rate your health today?	1=Very good 2=Good 3=Neither poor nor good; 4=Poor 5=Very poor
2. On your last visit to a health-care provider, to what extent were you satisfied with the level of respect you were treated with?	1 (Not at all) 2 3 4 5 (Completely)
3. Has your (Physiotherapist) ever discussed with you the benefits of eating a healthy diet, engaging in regular physical exercise, or not smoking?	1=Yes 2=No
4. When was the last time you had a regular health check-up?	1=In the last year; 2=Between 1–2 years ago; 3=Between 2–5 years ago; 4=Longer than 5 years ago; 5=Never
5. In the last 12 months, has there been a time when you needed health care but did not get that care?	1=Yes, I was unable to get the care I needed 2=No, I got the care I needed No; 3=No need for health care in the past 12 months
6. Which reason(s) explain(s) why you did not get health care?*	1=Health-care facility too far away; 2=Could not afford the cost of the visit; 3=No transport available / accessible;



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	<p>4=Transport not accessible;</p> <p>5=Could not afford the cost of transport;</p> <p>6=Were previously badly treated;</p> <p>7=Could not take time off work or had other commitments;</p> <p>8=Health-care provider’s drugs or equipment were inadequate;</p> <p>9=Health-care provider’s skills were inadequate;</p> <p>10=Did not know where to go;</p> <p>11=Tried but were denied health care;</p> <p>12=Thought you were not sick enough;</p> <p>13=Other</p>
7. On your last visit to a health-care provider, to what extent were you involved in making decisions for your treatment?	<p>1 (Not at all);</p> <p>2</p> <p>3</p> <p>4</p> <p>5 (Completely)</p>
8. In the last 12 months, has there been a time when you needed rehabilitation services, such as physical, occupational, or speech therapy, but did not get those services?	<p>1=Yes, I was unable to get the services I needed</p> <p>2=No, I got the services I needed</p> <p>3=No need for rehabilitation services in the past 12 months</p>
9. Which reason(s) explain(s) why you did not get that rehabilitation service?*	<p>1=Rehabilitation facility too far away;</p> <p>2=Could not afford the cost of the visit;</p> <p>3=No transport available;</p> <p>4=Transport not accessible;</p> <p>5=Could not afford the cost of transport;</p> <p>6=Were previously badly treated;</p> <p>7=Could not take time off work or had other commitments;</p> <p>8=The rehabilitation service provider’s drugs or</p>



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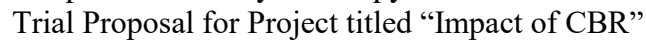
	<p>equipment were inadequate;</p> <p>9=The rehabilitation service provider’s skills were inadequate;</p> <p>10=Did not know where to go;</p> <p>11=Tried but were denied health care;</p> <p>12=Thought you were not sick enough;</p> <p>13=Other</p>
10. Do you use any visual aids, such as glasses or a white cane?	<p>1=Yes, and it works well;</p> <p>2=Yes, but it doesn’t work or isn’t appropriate;</p> <p>3=No, but I need it;</p> <p>4=No, because it’s broken or not appropriate;</p> <p>5=No, I don’t need it</p>
11. Do you use anything to help you hear or communicate better?	<p>1=Yes, and it works well;</p> <p>2=Yes, but it doesn’t work or isn’t appropriate;</p> <p>3=No, but I need it;</p> <p>4=No, because it’s broken or not appropriate;</p> <p>5=No, I don’t need it</p>
12. Do you know how to keep your assistive device in good working condition?	<p>1=Yes;</p> <p>2=No;</p> <p>3=Not applicable</p>

The questionnaire is designed to screen and evaluate CBR impacts on people with musculoskeletal problems and any kind of disability.

Post-test-01(immediate)

Section 2 A: Only for Back Pain Patients: Put tick marks Q1-9

1. My back pain has spread down my leg(s) at some time in the last 2 weeks	Disagree (0)	Agree (1)
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	Disagree (0)	Agree (1)
3. I have only walked short distances because of my back pain	Disagree (0)	Agree (1)
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain	Disagree (0)	Agree (1)





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3. From past 3 months, on average, how bad was your pain on a 0-10 scale? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No

Pain as bad

pain

as it could be

4. How often would you say that you have experience pain episodes, on average, in last 3 weeks?

Circle one

0 1 2 3 4 5 6 7 8 9 10

Never

Always

5. Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't decrease
it at all

Can decrease it
completely

6. How tense or anxious have you felt in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Absolutel
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As tense and
anxious I've
ever felt

7. How much have you been bothered by feeling depressed in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Not al
all

Extremely

8. In your view, how large is the risk that your current pain may become persistent? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very
large
risk



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9. In your estimation, what are the chances that you will be able to work in six months? Circle one.

(The score is 10 minus the number that has been circled)

0	1	2	3	4	5	6	7	8	9	10
No										Very
chance										large
										chance

10. If you take into consideration your work routines, management, salary, promotion possibilities, and workmates, how satisfied are you with your job? Circle one. (The score is 10 minus the number that has been circled)

0	1	2	3	4	5	6	7	8	9	10
Not										Completel
satisfie										y satisfied
d at all										

11. Physical activity makes my pain worse. Circle one

0	1	2	3	4	5	6	7	8	9	10
Completely										Completely
disagree										agree

12. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

Circle one

0	1	2	3	4	5	6	7	8	9	10
Completel										Completel
y disagree										y agree

13. I should not do my normal work with my present pain. Circle one

0	1	2	3	4	5	6	7	8	9	10
Completel										Completel
y disagree										y agree



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14. I can do light work for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it Can do it
because of pain without pain
problem being a problem

15. I can walk for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it Can do it
because of pain without pain
problem being a problem

16. I can do ordinary household chores. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it Can do it
because of pain without pain
problem being a problem

17. I can do the weekly shopping. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it Can do it
because of pain without pain
problem being a problem

18. I can sleep at night. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it Can do it
because of pain without pain
problem being a problem



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The questionnaire is designed to screen and evaluate CBR impacts on people with musculoskeletal problems and any kind of disability.

Post-test-03 (after 4 weeks)

Section 2 A: Only for Back Pain Patients: Put tick marks Q1-9

1. My back pain has spread down my leg(s) at some time in the last 2 weeks	Disagree (0)	Agree (1)
2. I have had pain in the shoulder or neck at some time in the last 2 weeks	Disagree (0)	Agree (1)
3. I have only walked short distances because of my back pain	Disagree (0)	Agree (1)
4. In the last 2 weeks, I have dressed more slowly than usual because of back pain	Disagree (0)	Agree (1)
5. It's not really safe for a person with a condition like mine to be physically active	Disagree (0)	Agree (1)
6. Worrying thoughts have been going through my mind a lot of the time	Disagree (0)	Agree (1)
7. I feel that my back pain is terrible and it's never going to get any better	Disagree (0)	Agree (1)
8. In general I have not enjoyed all the things I used to enjoy	Disagree (0)	Agree (1)

9. Overall, how bothersome has your back pain been in the last 2 weeks?

Not at all (0)	Slightly (0)	Moderately (0)	Very much (1)	Extremely (1)
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Section 2 B: For all other MSK problems except Back Pain -Örebro Musculoskeletal Pain Questionnaire:

Before starting the questionnaire, please answer the first three questions- (Place a tick (✓) for all appropriate sites)

A) Where do you have pain?			
<input type="checkbox"/> Neck	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Arm	<input type="checkbox"/> Upper Back
<input type="checkbox"/> Leg	<input type="checkbox"/> Other (specify.....)		
B) How many weeks of work have you missed because of pain during past 18 months?			
C) How long (weeks) have you had your current pain problem?			

Please read and answer the questions carefully. Do not take long to answer the questions; however, you must answer every question. There is always a response to your particular situation.

1. Is your work heavy or monotonous? Circle the best alternative.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Not at Extremel
all y

2. How would you rate the pain that you have had during the past week? Circle one.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain as bad as
pain it could be

3. From past 3 months, on average, how bad was your pain on a 0-10 scale? Circle one.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

No Pain as bad
pain as it could be

4. How often would you say that you have experience pain episodes, on average, in last 3 weeks?

Circle one

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10

Never Always

5. Based on all things you do to cope, or deal with your pain, on an average day, how much are you able to decrease it? Circle the appropriate number. (The score is 10 minus the number that has been circled)

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Can't decrease it at all Can decrease it completely

6. How tense or anxious have you felt in the past week? Circle one.

0	1	2	3	4	5	6	7	8	9	10
0	1	2	3	4	5	6	7	8	9	10



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Absolutely
calm
and
relaxed

As tense and
anxious I’ve
ever felt

7. How much have you been bothered by feeling depressed in the past week? Circle one.

0 1 2 3 4 5 6 7 8 9 10

Not at
all

Extremely

8. In your view, how large is the risk that your current pain may become persistent? Circle one.

0 1 2 3 4 5 6 7 8 9 10

No
risk

Very
large
risk

9. In your estimation, what are the chances that you will be able to work in six months? Circle one.
(The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

No
chance

Very
large
chance

10. If you take into consideration your work routines, management, salary, promotion possibilities, and workmates, how satisfied are you with your job? Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Not
satisfied
at all

Completely
satisfied

11. Physical activity makes my pain worse. Circle one

0 1 2 3 4 5 6 7 8 9 10



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Completely
disagree

Completely
agree

12. An increase in pain is an indication that I should stop what I'm doing until the pain decreases.

Circle one

0 1 2 3 4 5 6 7 8 9 10

Completel
y disagree

Completel
y agree

13. I should not do my normal work with my present pain. Circle one

0 1 2 3 4 5 6 7 8 9 10

Completel
y disagree

Completel
y agree

14. I can do light work for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

15. I can walk for an hour. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem

16. I can do ordinary household chores. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it
because of pain
problem

Can do it
without pain
being a problem



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17. I can do the weekly shopping. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it

because of pain

problem

Can do it

without pain

being a problem

18. I can sleep at night. Circle one. (The score is 10 minus the number that has been circled)

0 1 2 3 4 5 6 7 8 9 10

Can't do it

because of pain

problem

Can do it

without pain

being a problem

Section 3: For any other person with disability (WHO CBR Impact Scale- Health Component)\

1. In general, how would you rate your health today?	1=Very good 2=Good 3=Neither poor nor good; 4=Poor 5=Very poor
2. On your last visit to a health-care provider, to what extent were you satisfied with the level of respect you were treated with?	1 (Not at all) 2 3 4 5 (Completely)
3. Has your (Physiotherapist) ever discussed with you the benefits of eating a healthy diet, engaging in regular physical exercise, or not smoking?	1=Yes 2=No
4. When was the last time you had a regular health check-up?	1=In the last year; 2=Between 1–2 years ago;



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	<p>3=Between 2–5 years ago;</p> <p>4=Longer than 5 years ago;</p> <p>5=Never</p>
5. In the last 12 months, has there been a time when you needed health care but did not get that care?	<p>1=Yes, I was unable to get the care I needed</p> <p>2=No, I got the care I needed No;</p> <p>3=No need for health care in the past 12 months</p>
6. Which reason(s) explain(s) why you did not get health care?*	<p>1=Health-care facility too far away;</p> <p>2=Could not afford the cost of the visit;</p> <p>3=No transport available / accessible;</p> <p>4=Transport not accessible;</p> <p>5=Could not afford the cost of transport;</p> <p>6=Were previously badly treated;</p> <p>7=Could not take time off work or had other commitments;</p> <p>8=Health-care provider’s drugs or equipment were inadequate;</p> <p>9=Health-care provider’s skills were inadequate;</p> <p>10=Did not know where to go;</p> <p>11=Tried but were denied health care;</p> <p>12=Thought you were not sick enough;</p> <p>13=Other</p>
7. On your last visit to a health-care provider, to what extent were you involved in making decisions for your treatment?	<p>1 (Not at all);</p> <p>2</p> <p>3</p> <p>4</p> <p>5 (Completely)</p>
8. In the last 12 months, has there been a time when you needed rehabilitation services, such as physical, occupational, or speech therapy, but did not get those services?	<p>1=Yes, I was unable to get the services I needed</p> <p>2=No, I got the services I needed</p> <p>3=No need for rehabilitation services in the past 12 months</p>



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9. Which reason(s) explain(s) why you did not get that rehabilitation service?*	<p>1=Rehabilitation facility too far away;</p> <p>2=Could not afford the cost of the visit;</p> <p>3=No transport available;</p> <p>4=Transport not accessible;</p> <p>5=Could not afford the cost of transport;</p> <p>6=Were previously badly treated;</p> <p>7=Could not take time off work or had other commitments;</p> <p>8=The rehabilitation service provider’s drugs or equipment were inadequate;</p> <p>9=The rehabilitation service provider’s skills were inadequate;</p> <p>10=Did not know where to go;</p> <p>11=Tried but were denied health care;</p> <p>12=Thought you were not sick enough;</p> <p>13=Other</p>
10. Do you use any visual aids, such as glasses or a white cane?	<p>1=Yes, and it works well;</p> <p>2=Yes, but it doesn’t work or isn’t appropriate;</p> <p>3=No, but I need it;</p> <p>4=No, because it’s broken or not appropriate;</p> <p>5=No, I don’t need it</p>
11. Do you use anything to help you hear or communicate better?	<p>1=Yes, and it works well;</p> <p>2=Yes, but it doesn’t work or isn’t appropriate;</p> <p>3=No, but I need it;</p> <p>4=No, because it’s broken or not appropriate;</p> <p>5=No, I don’t need it</p>
12. Do you know how to keep your assistive device in good working condition?	<p>1=Yes;</p> <p>2=No;</p> <p>3=Not applicable</p>