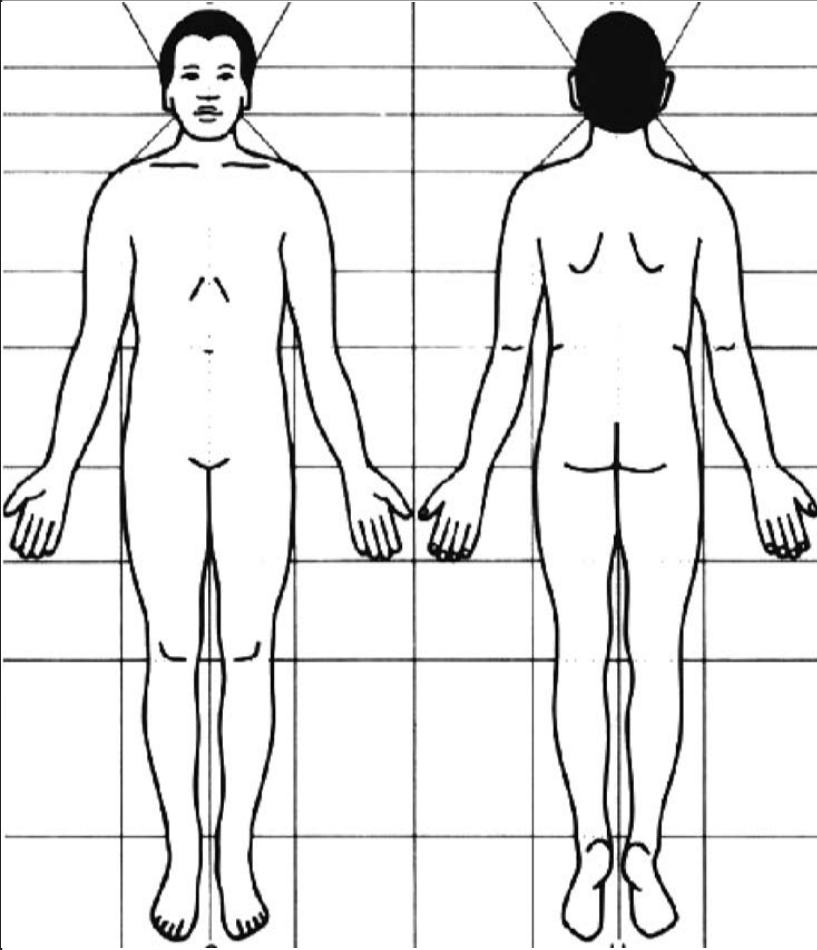


ANNEX 1

Buruli ulcer patient's POD assessment form developed in Ashanti Region, Ghana

Name:	No.	Sex:	M	F	
Contact address:	Age:				
City/village:	Classification:	<i>New case</i>	<i>Recurrent case</i>		
District:	Region:	Level of education:			
Date of POD/Rehabilitation evaluation (dd/mm/yy):		Occupation:			
Body chart (design location and extent of lesion) 		Location of lesion (X = Yes)	R	L	
		Head and neck (HN)			
		Thorax (TH)			
		Back (BK)			
		Abdomen (AB)			
		Buttocks and perineum (BP)			
		Upper limbs (UL)			
		Lower limbs (LL)			
		IMPAIRMENT (Problem/complication) (X = Yes)		R	L
		1. Open wound			
		2. Wound infection			
		3. Pain			
		4. Oedema/swelling (*measure)			
		5. Hypertrophic scar/keloid scar			
		6. Adhesion			
7. Soft tissue contracture (*measure)					
8. Joint contracture (*measure)					
9. Deformity of body part					
10. Amputation/loss of body part					
11. Muscle weakness					
12. Loss of sensation					
13. Other					
ACTIVITY LIMITATION, explain (difficulty with self-care/other activities):					
PARTICIPATION RESTRICTION, explain (family, school, work, play, social, etc.):					
OTHER, explain:					

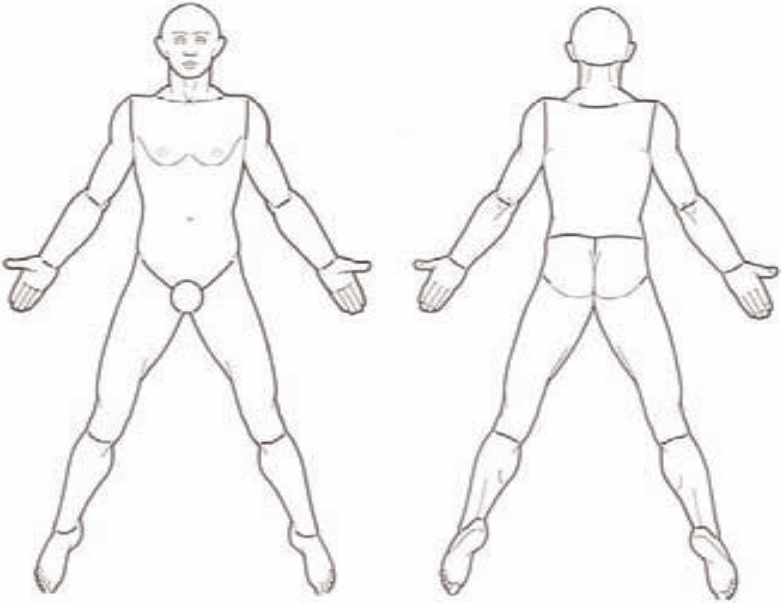
*See measurements (oedema & joint range of motion – ROM) documented on other paper/form

Non-surgical interventions	Describe specifics (include type, frequency, time, etc.)	Urgent	Successfully completed
1. Patient education in self-care			
2. Wound care			
3. Oedema control			
4. Scar management and control			
5. Positioning/splinting			
6. Management of pain and sensory problems			
7. ROM and strengthening weak muscles			
8. Adaptations in Activities of Daily Living (ADL)			
9. Referral			
10. Other			

ANNEX 2

Buruli ulcer patient's POD assessment form developed in Cameroon

Rehabilitation for the prevention of disabilities from Buruli ulcer – Initial evaluation Form

Date of evaluation:	Patient's name:
Year of birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Town/village:	Occupation: <input type="checkbox"/> Schoolchild/student <input type="checkbox"/> At home <input type="checkbox"/> Working <input type="checkbox"/> Inactive
District:	Level of education:
<input type="checkbox"/> New case <input type="checkbox"/> Recurrent	
Impairments	
Oedema	
Contracture of capsules and ligaments	
Contracture of muscles and tendons	
Atrophy of muscles	
Adhesion of muscles and tendons	
Loss of feeling (except graft)	
Pain	
Itching	
Hypertrophy	
Skin contractures	
Skin adhesion	
Open wound	
Area of infection	
Amputation/deformity	
Other:	
Case history	
Dates and circumstances of onset of condition:	
Date of arrival at hospital:	
Prior treatment? If yes: other health centre/traditional medicine? (underline whichever)	
Social and family circumstances (family, dependants in the village, carer at hospital, referee to assist with rehabilitation?) (underline whichever)	
Difficulties encountered since onset of the condition (physical, in the family, social, psychological, financial):	
What does the patient understand about his/her condition and its treatment?	
Hospital treatment:	
<input type="checkbox"/> Dressing alone <input type="checkbox"/> Antibiotic treatment <input type="checkbox"/> Excision, date: <input type="checkbox"/> Graft, date:	
Rehabilitation:	

Name of assessor:

ANNEX 3

Patient oedema control evaluation forms and locations for measurements for upper limb and lower limb

Upper limb oedema control evaluation form

LOCATION OF MEASUREMENT (measure in millimetres – mm)	Date	Date	Date	Date	Date	Date
1. Metacarpal phalanges (MCP)						
2. Wrist						
3. 2 fingers above the wrist						
4. 2 fingers below the elbow bend						
5. 2 fingers below the axilla						

Lower limb oedema control evaluation form

LOCATION OF MEASUREMENT (measure in millimetres – mm)	Date	Date	Date	Date	Date	Date
1. Metatarsal phalanges (MTP)						
2. Ankle around the heel						
3. 4 fingers below knee bend						
4. 4 fingers above knee cap						
5. 4 fingers below groin						

Note: Measurements can also be made with disposable string and then drawn onto a different piece of paper for comparisons.

ANNEX 4
Patient range of motion (ROM) evaluation forms
4A: Upper limb range of motion (ROM) evaluation form

Patient's name:

(A = Active; P = Passive) Listed are the most frequently affected joints in Buruli ulcer		Date		Date		Date		Date		Date		Date	
		A	P	A	P	A	P	A	P	A	P	A	P
SHOULDER	Flexion												
	Abduction												
	External rotation												
ELBOW	Flexion												
	Extension												
FOREARM	Pronation												
	Supination												
WRIST	Flexion												
	Extension												
	Radial deviation												
	Ulnar deviation												
FINGER MCP	Flexion												
	Extension												
FINGER PIP	Flexion												
	Extension												
FINGER DIP	Flexion												
	Extension												
THUMB MP	Flexion												
	Extension												
THUMB IP	Flexion												
	Extension												
THUMB web space – abduction (MCP) Measure in millimetres (mm/inches)													

Note: Joint measurements can be taken on paper if measurements with a goniometer are not possible/available

4B: Lower limb range of motion (ROM) evaluation form

Patient's name:

(A = Active; P = Passive) Listed are the most frequently affected joints in Buruli ulcer		Date		Date		Date		Date		Date		Date	
		A	P	A	P	A	P	A	P	A	P	A	P
HIP	Flexion												
	Extension												
	Abduction												
	External rotation												
KNEE	Flexion												
	Extension												
FOOT	Plantar flexion												
	Dorsal flexion (extension)												

Note: Joint measurements can be drawn on paper if measurements with a goniometer are not possible/available.

ANNEX 5 Pain scale

Objective

To measure the degree of pain perceived by a patient within the last 24 hours.

Material

- Piece of paper with a 10-centimetre line drawn on it, with the left side labelled “No pain” and the right side labelled “Maximum pain”.
- Pencil or pen.
- 10-centimetre ruler.

Procedure

- Explain to the patient that the scale is to understand the degree or amount of pain he/she has during the day and night.
- Show him that the left side of the scale represents no pain and the right side represents severe pain.
- Explain that severe pain means that the pain is so great that he/she cannot do anything.
- Ask the patient to show you on the line the amount of pain he/she is now experiencing (current pain).
- Place a mark (●) on the line where the patient is pointing with a pencil or pen.
- Next, request the patient to indicate the greatest amount of pain he/she has experienced within the last 24 hours (greatest pain).
- Place an **X**, with a pencil or pen, on the line where the patient is pointing.
- To find the values, measure from the “No pain” mark to the marks the patient has made for **current pain** and for **greatest pain**. Note the values in centimetres.

Figure 4.3.1 Numerical Pain scale indicator



Figure 4.3.2 Numerical Color Pain scale indicator for adults

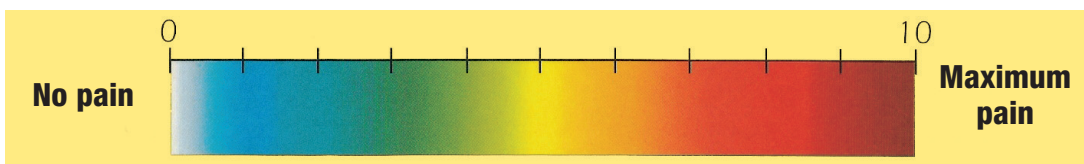
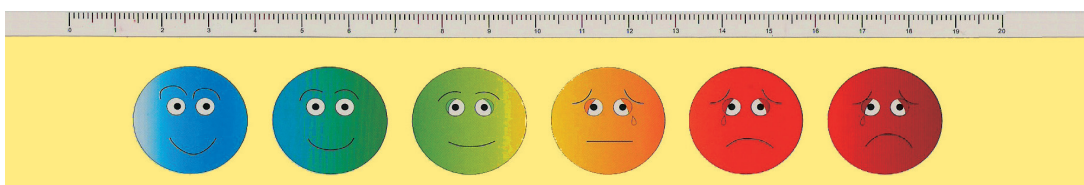


Figure 4.3.3 Numerical Color Pain scale indicator for children



KEY		
Current pain	● =	cm
Greatest pain within the last 24 h	X =	cm

ANNEX 6 Buruli ulcer functional limitation score (BUFLS)

Direct assessment of functional limitation

	Functional activity	Score		
		0*	1**	2***
Upper extremity	Eating with hand			
	Cutting with a knife ¹			
	Using pen (writing/drawing)			
	Holding a cutlass ¹			
	Drinking from a cup			
	Dressing (putting on/tying shirt) ¹			
	Combing hair ¹			
	Pouring from a pitcher ¹			
Lower extremity	Walking fast			
	Walking slow			
	Squatting			
	Kneeling			
Both extremities	Lifting an object			
	Sitting down			
	Standing up			
	Using a cutlass ¹			
	Hoeing ¹			
Others				
Trunk	Bending			
Breast	Breastfeeding a baby ¹			
Head (eye)	Sight			
Genitals	Fertility and sexual function ¹			

¹ Children younger than 6 years of age will not be scored for these activities.

* 0 points indicate no functional limitation when performing the activity.

** 1 point indicates functional limitation to a certain degree, but not full limitation.

*** 2 points indicate full functional limitation: no ability to perform the activity.

ANNEX 7 P-Scale (Participation Scale)

Number	PARTICIPATION SCALE Compared to your peers...	Not specified, not answered	Yes	Sometimes	No	Irrelevant, I don't want to I don't have to	No problem	Small	Medium	Big	SCORE
1	Do you have equal opportunity as your peers to find work?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
2	Do you work as hard as your peers do? (same hours, type of work, etc.)		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
3	Do you contribute to the household economically in a similar way to your peers?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
4	Do you make visits (travel) outside your village as much as your peers do? (except for treatment) e.g. bazaars, melas, nearby villages.		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
5	Do you help other people (e.g. neighbours, friends or relatives)?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
6	Do you take as much part in casual recreational/social activities as do your peers? (e.g. sports, chat, meetings)		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
7	Are you as socially active as your peers? (e.g. in religious/community affairs)		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
8	Do you visit other people in the community as often as other people do?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
9	Are you comfortable meeting new people?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
10	Do you have the same respect in the community as your peers?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
11	Do you move around inside and outside the house and around the village/neighbourhood just as other people do?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	

Number	PARTICIPATION SCALE Compared to your peers...	Not specified, not answered	Yes	Sometimes	No	Irrelevant, I don't want to I don't have to	No problem	Small	Medium	Big	SCORE
			0				1	2	3	4	
12	In your village, do you visit all the public places/common places? (including schools, shops, offices, market and coffees)		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
13	Do you have opportunity to take care of yourself (appearance, nutrition, health, etc.) as well as your peers?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
14	In your home, do you do household work?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
15	In family discussions, does your opinion count?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
16	In your home, are the eating utensils you use kept with those used by the rest of the household?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
17	Do you take part in major festivals and rituals as your peers do? (e.g. weddings, funerals, religious festivals)		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	
18	Do you feel confident to try to learn new things?		0								
	<i>[If sometimes, no, or irrelevant]</i> How big a problem is it to you?						1	2	3	4	

Comment:

Total

Name Age Gender

Reason for the assessment

Interviewer Date of interview/...../.....

Grades of participation restriction

No significant restriction	Mild restriction	Moderate restriction	Severe restriction	Extreme restriction
0 – 12	13 – 22	23 – 32	33 – 52	53 – 90

Disclaimer: the Participation Scale is the intellectual property of the Participation Scale Development Team. Neither the Team nor its sponsors can be held responsible for any consequences of the use of the Participation Scale.

Administering the P-Scale

The programme will need to decide who will administer the scale. The questions should be asked the way they are written. Only explanations given in the “question by question” (Q/Q) session should be used if the question itself is not clear. At times the interviewers may use different terms to explain a question but they should never go out of the scope defined by Q/Q. Before the actual scale interview is started, the interviewer should build rapport with the respondent and make the respondent feel at ease as much as possible. Where possible, the interview

should be done in private and by a same-sex interviewer. Once the scale interview has started, it should not be interrupted to answer other questions, give explanations that do not relate to the scale, or to discuss other topics. If the respondent wishes to elaborate, ask a question, or discuss another topic, the interviewer should insist in a friendly, but firm, manner that the scale interview needs to be completed first and that (s)he will then come back to the other questions or concerns of the respondent. This is very important.

Response options

Not specified/not answered

“I won’t tell you”, or “I forgot to ask”.

Use this response when the client does not give an answer, for example when they are too embarrassed to do so. It may also be used when the interviewer forgets, or for some other reason does not ask the question.

Yes

“There is no difficulty”.

Use this response when there is no participation restriction, or a negligibly mild one.

Sometimes

There are problems with this sometimes or with some people.

No

There are problems with this.

Irrelevant/I don’t have to/I don’t want to

Affected persons may answer a question with “no” but say that it is nevertheless irrelevant for them. For example, they may not travel outside their village, in which case the answer is “no”, but it may be irrelevant for them because they have no relatives or family living outside the village.

They may say that they don’t travel outside their village because their children go to the bazaar and they therefore **don’t have to** leave the village. This response can also be used when patients do not expect to be able to do this, e.g. questions about marriage for children. This response may also be used where there is an issue due to caste, gender, etc., rather than disease – for example, in a culture where women are excluded from community leadership positions, regardless of their health status.

Patients may also say that they **don’t want to** leave the village or have no interest in doing so. Interviewers must note that there is a difference between patients saying they don’t want to because they have no interest in something, and not wanting to do something because of fear or paranoia which is self-stigmatization.

Problem assessment

If “No” or “Sometimes”, the importance of the participation restriction must be assessed.

It is not a problem

There is a participation restriction, but it does not matter to the client either practically or emotionally. This can include situations where the client has fully adapted. Be careful to distinguish between this situation and that in which the client did not ever have expectations of participating.

It is a small problem

(in time or intensity) (mild restriction)

There is now a participation restriction. It matters to the client either practically or emotionally. But it is only a small problem because it does not happen often or is not a big difficulty.

It is a medium problem

(in time or intensity) (moderate restriction)

There is now a participation restriction. It matters to the client either practically or emotionally. It has an effect on his/her life.

It is a big problem

There is now a participation restriction. It matters to the client either practically or emotionally. (S)he has not found an appropriate way of coping and it is a big problem, which may have resulted in a major life change.

Marking the responses and computing the total score

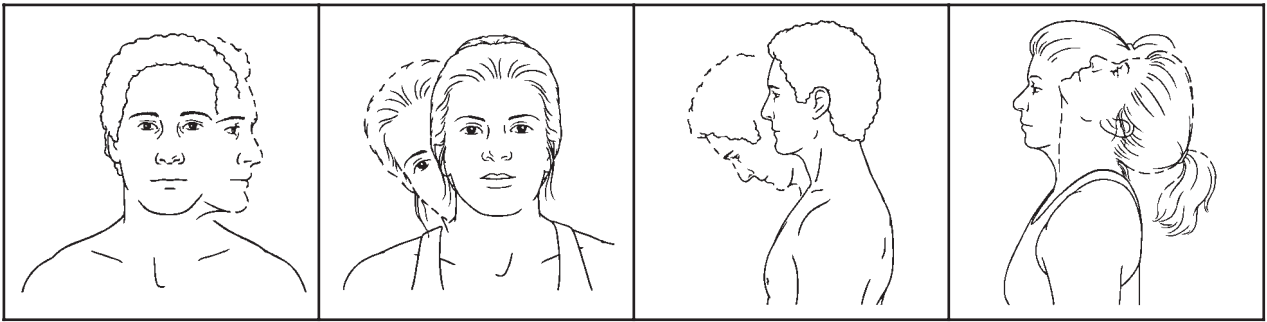
The scale is pre-coded and the scores to each response are already assigned in the response boxes. During the interview, the responses are marked in the appropriate boxes by encircling the corresponding number or by ticking the corresponding box and subsequently encircling the correct problem score. Boxes not applicable to a particular question are shaded. After the interview, the score for each item is transferred to the "Score" column and added up. The sum score is then written in the box marked "TOTAL". Because the item scores will each be between 0 and 4, the sum score would be somewhere between 0 and 72. The current recommended cut-off for 'normal' (= not having significant participation restrictions) is 12. People scoring more than 12 would be classified as having participation restrictions and would therefore need further evaluation to determine the need for, and feasibility of rehabilitation assistance of some kind.

The cut-off of 12 is based on the data collected during the development process. Among the control subjects interviewed, 95% scored 12 or

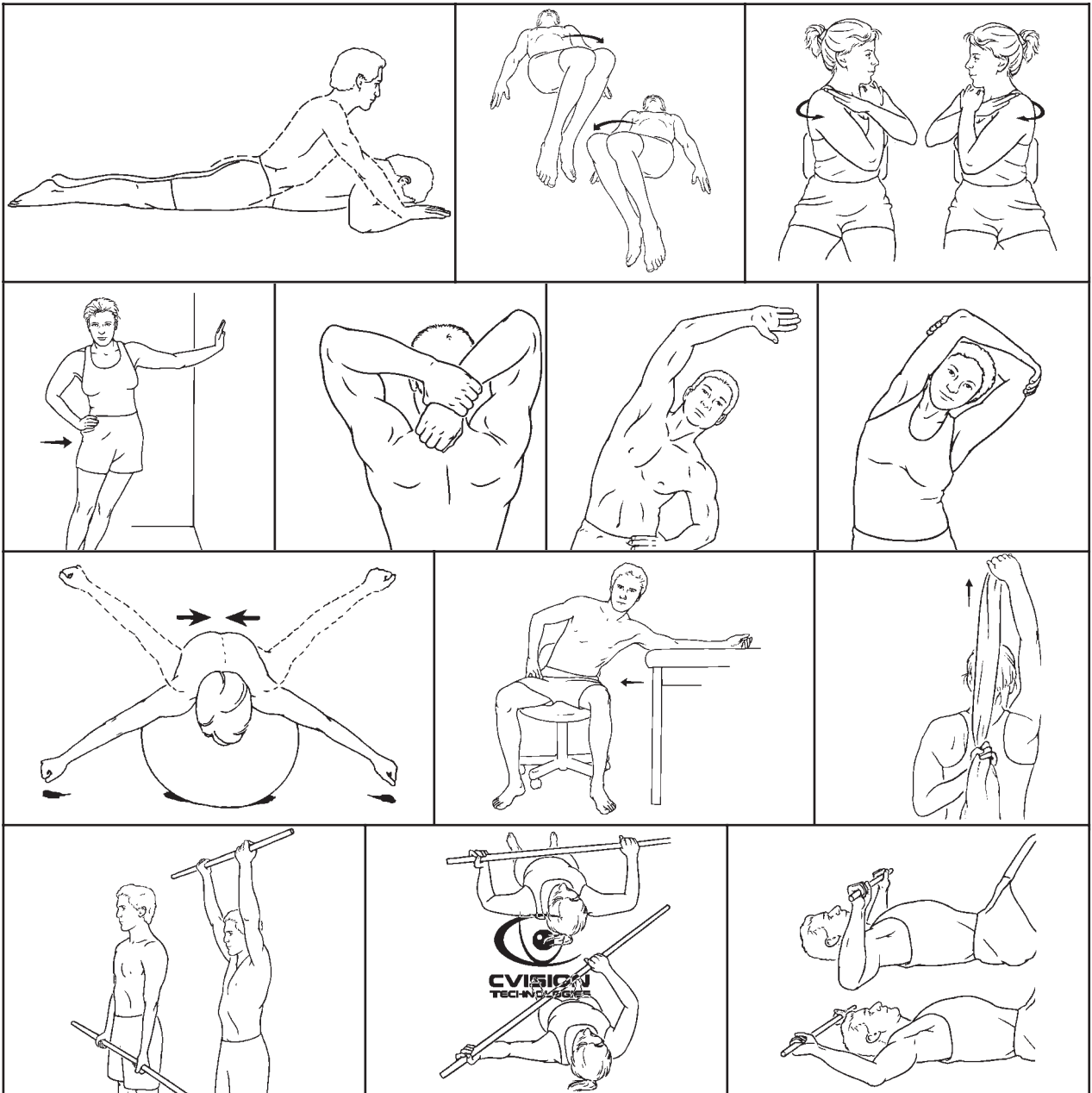
less. However, a different cut-off may be more appropriate locally. Data on what is 'normal' in a given area may be obtained by carrying out a small normative study, in which at least 30 control subjects (people without a stigmatized condition or disability) are interviewed. In general, choosing a higher cut-off will increase the specificity and lower the sensitivity; lowering the cut-off will do the reverse. A high sensitivity will result in more people appearing to be in need of rehabilitation interventions (having participation restrictions). A high specificity will ensure that only those with significant participation restrictions are identified as having problems. The choice of cut-off will depend on the scores obtained among control subjects and on the resources available for offering rehabilitation assistance. If resources are plentiful, one can choose a lower cut-off and offer assistance to a larger number of people; if resources are scarce, one may increase the cut-off and only offer assistance to those with more severe problems. It is important to enter the score along with the decision whether or not to evaluate the person for rehabilitation assistance.

ANNEX 8 Exercises: Visual Health Information (VHI)

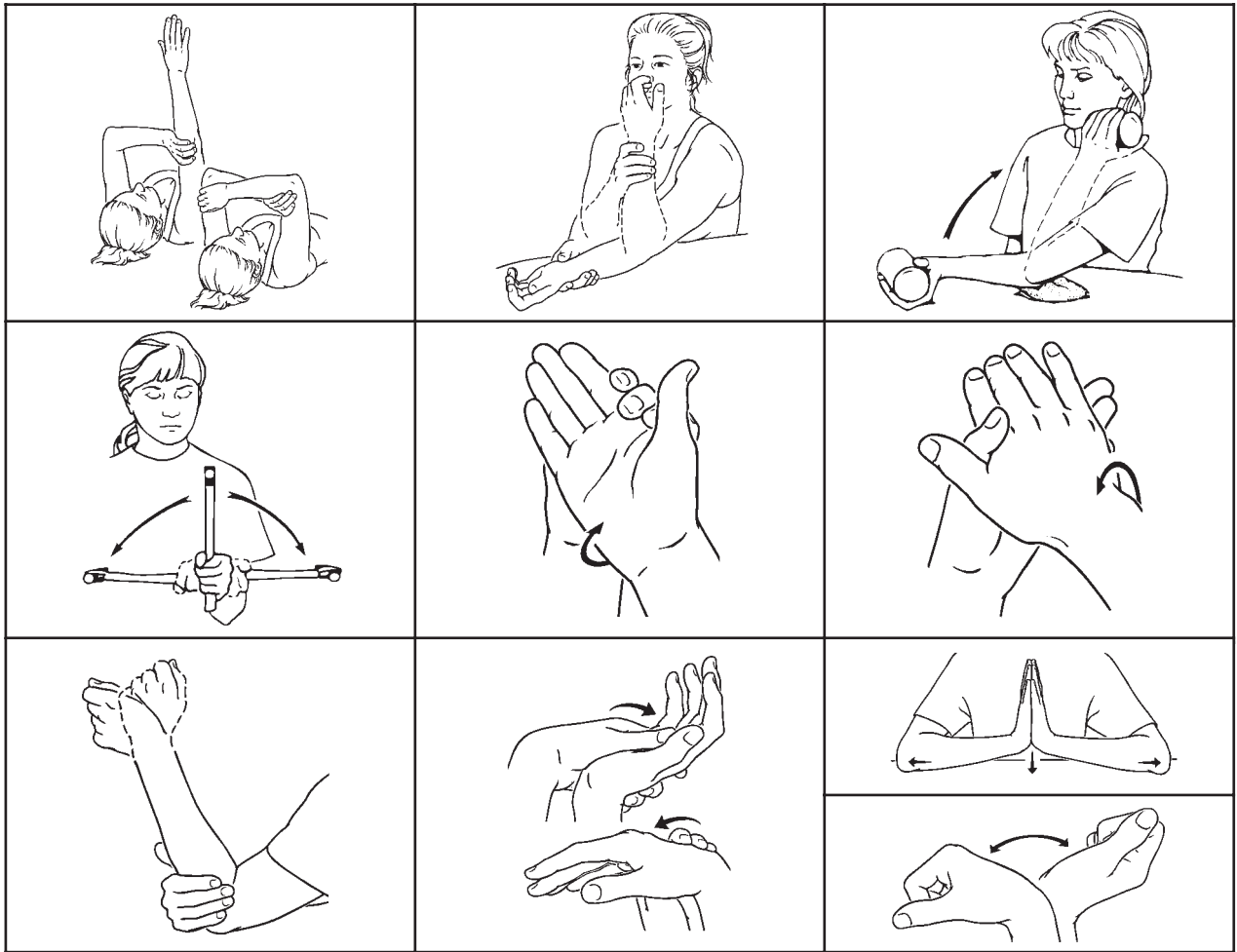
Head and neck



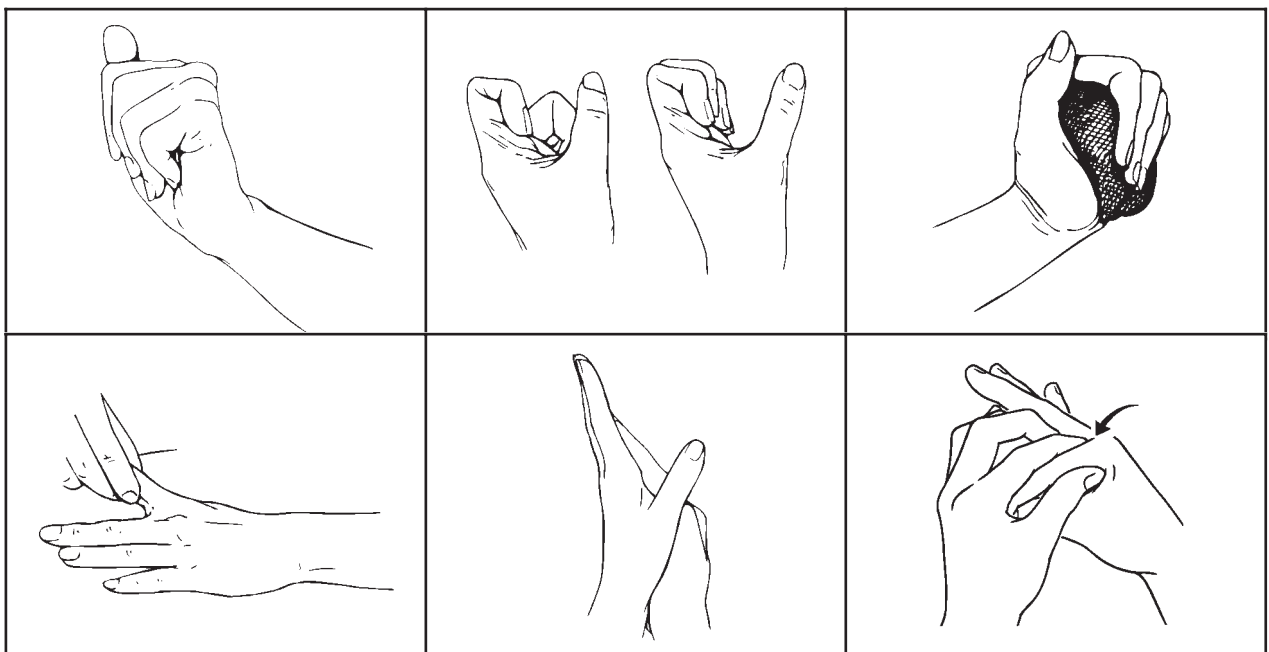
Trunk or lumbar and shoulder

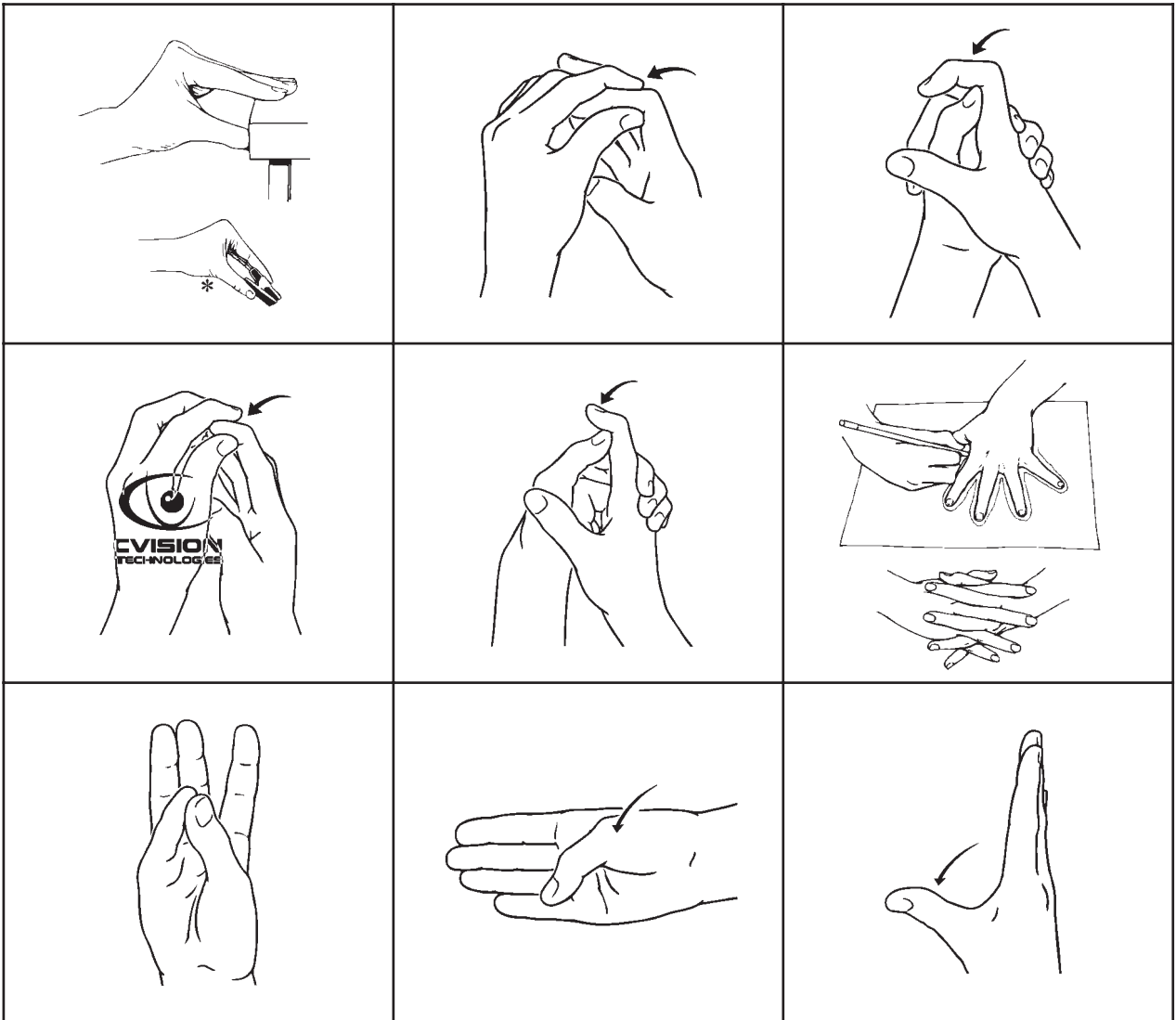


Elbow, forearm and wrist

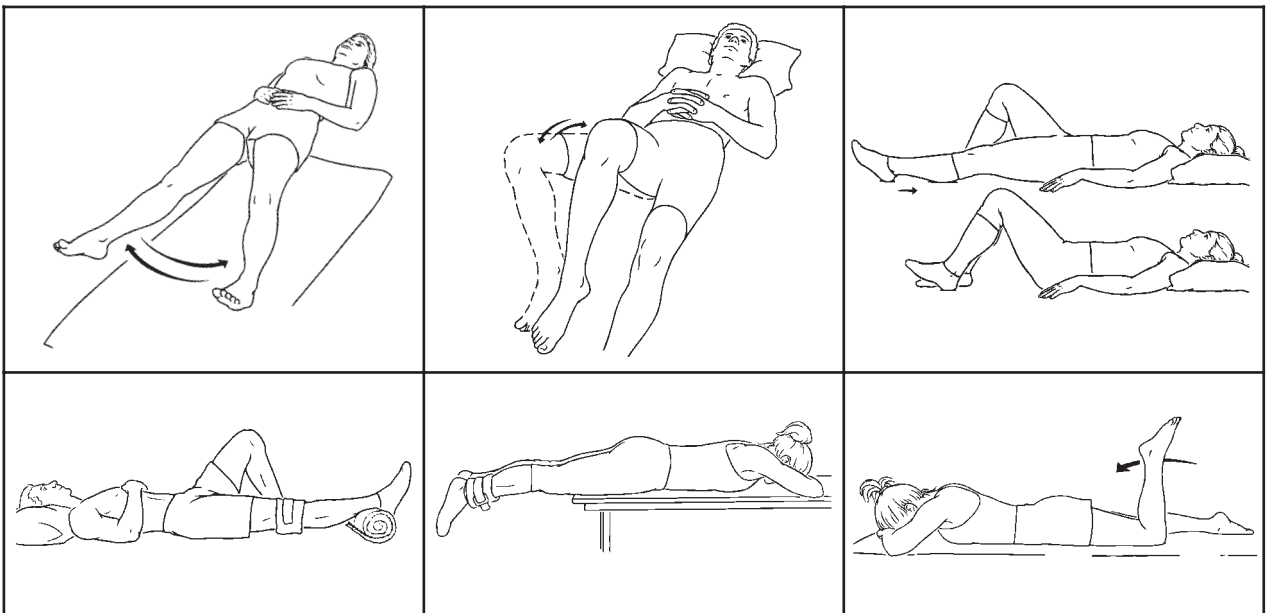


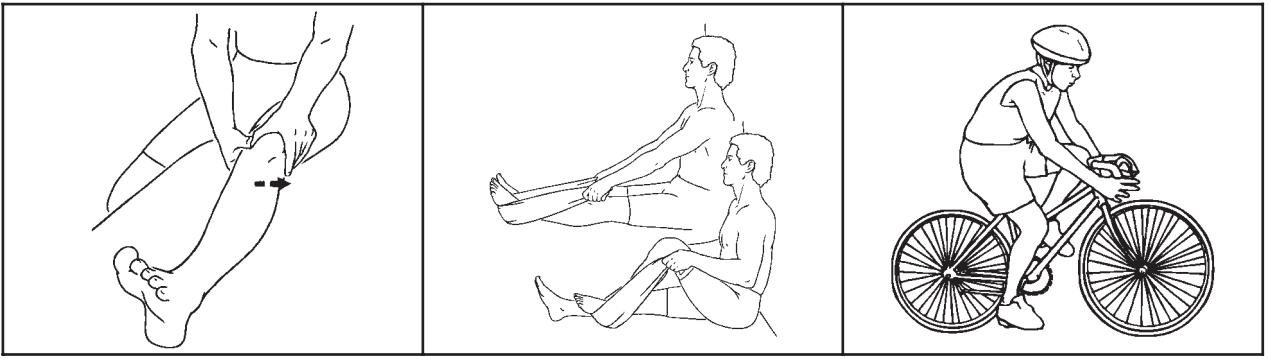
Hand, finger and thumb



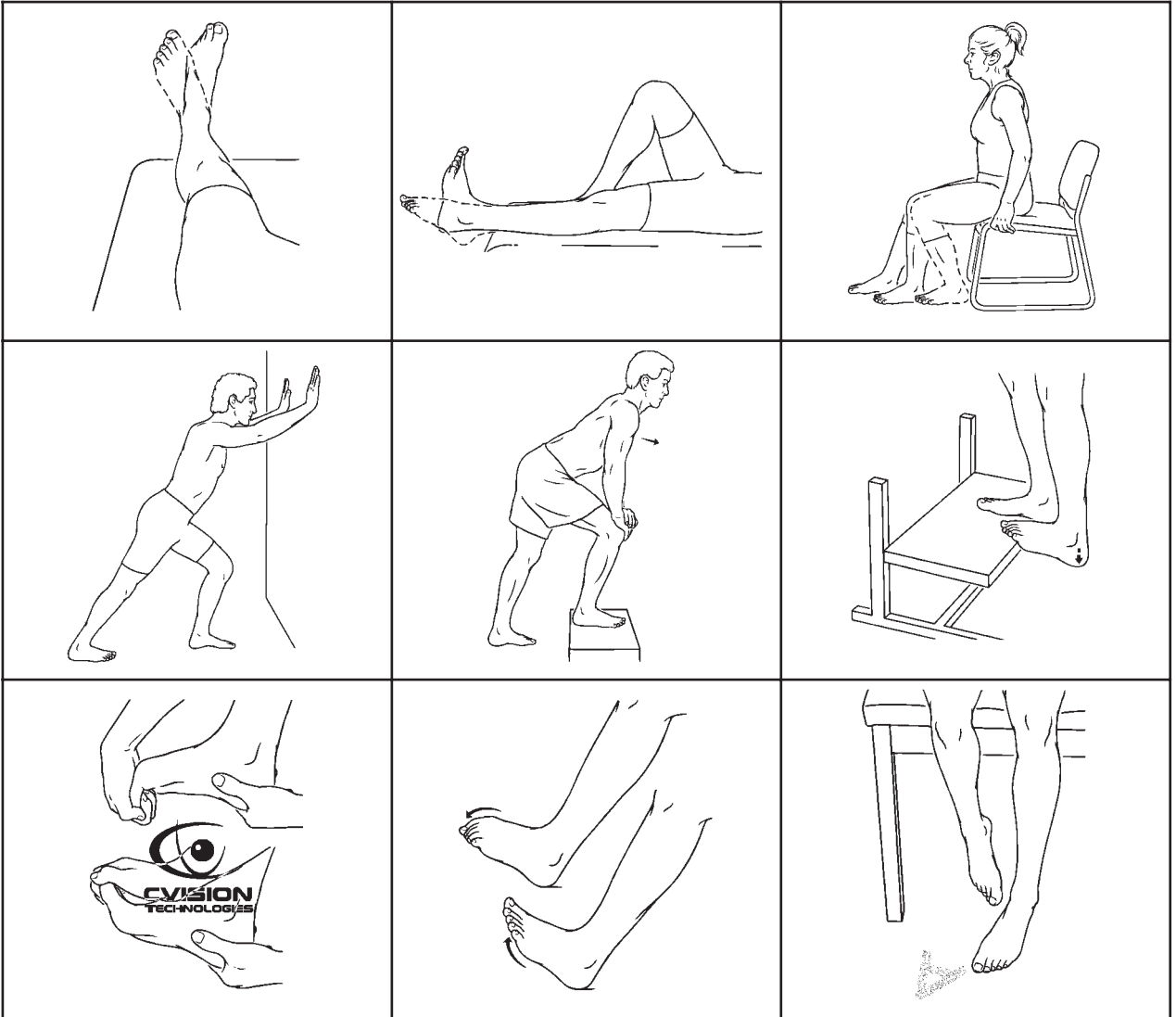


Hip, leg and knee

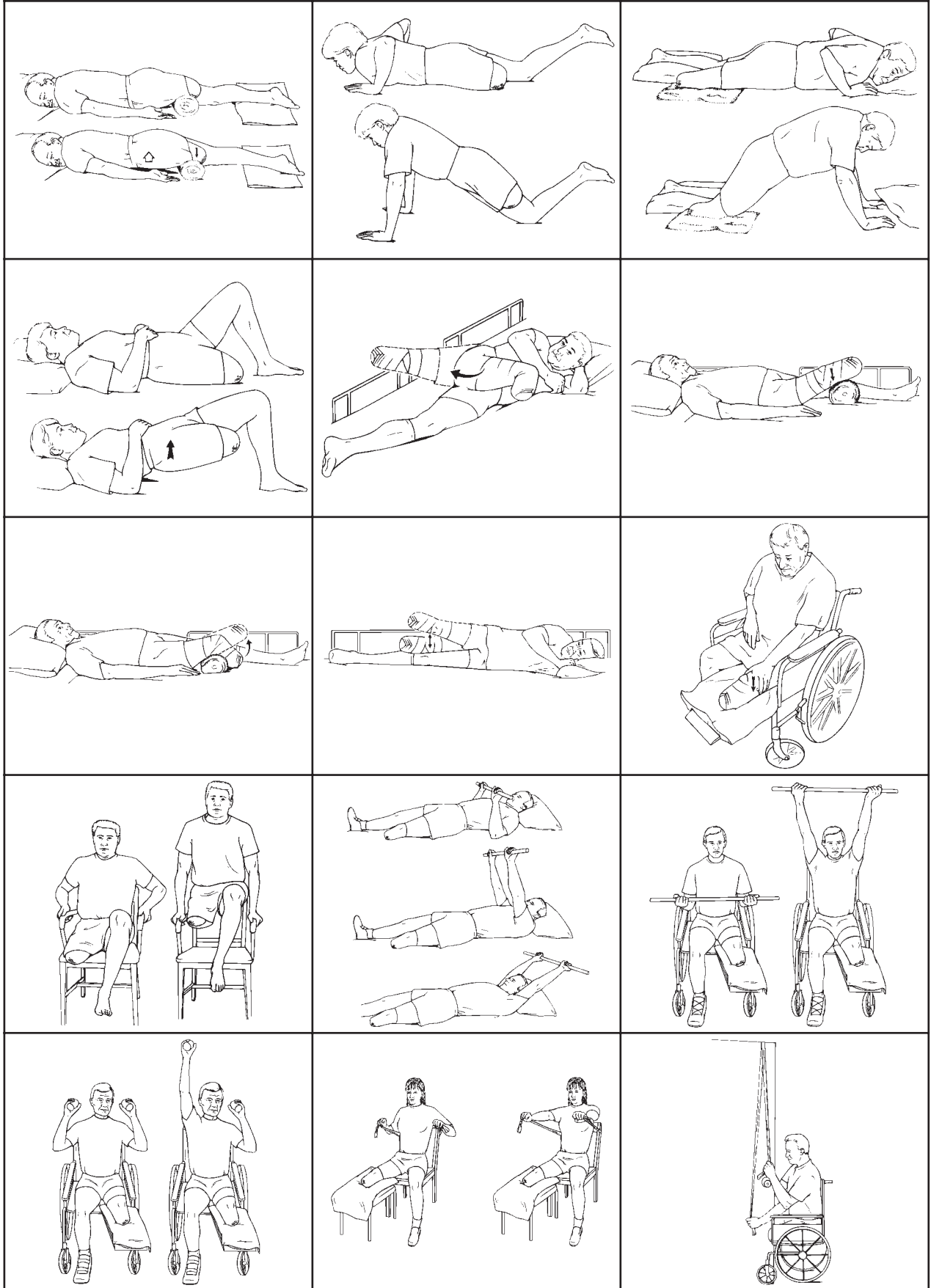




Ankle, foot and toes



Exercises for lower extremity amputations



ANNEX 9 Activities and games: Visual Health Information (VHI)

