

ANNEXES

ANNEX No 1

Visual analog scale

International Orthopedic Complex Hospital “Frank País”

Name Date Medical History

You should indicate the intensity of your pain on a scale of 0 to 10, where 0 indicates no pain and 10 the maximum pain imaginable.

Visual analog scale

0 Without pain	1	2	3	4	5	6	7	8	9	10 Unbearable pain
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ANNEX No 2

DASH ARM, SHOULDER AND HAND DISABILITIES QUESTIONNAIRE

(Disabilities of the Arm, Shoulder and Hand)

Please rate your ability to do the following activities in the past week by circling the number on each line.

Date:

Name:

#Identity document:

Age:

Laterality: Right

Left

Symptomatic Limb: Right

Left

		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	BE UNABLE
1	Opening a new or tight bottle	1	2	3	4	5
2	Write	1	2	3	4	5
3	Turn a key	1	2	3	4	5
4	Preparing food	1	2	3	4	5
5	Pushing a heavy door	1	2	3	4	5
6	Put an object on a ledge above your head	1	2	3	4	5
7	Do heavy housekeeping (like washing floors or walls)	1	2	3	4	5
8	Prune or arrange a garden or house plants	1	2	3	4	5
9	To make the bed	1	2	3	4	5
10	Carry a bag or briefcase	1	2	3	4	5
11	Carry a heavy object (more than 5 kg)	1	2	3	4	5
12	Change a tall light bulb (located above the level of your head)	1	2	3	4	5
13	Washing or drying your hair	1	2	3	4	5
14	Wash your back	1	2	3	4	5
15	Put on a closed suit or jacket	1	2	3	4	5

16	Cut food with a knife Do recreational activities that	1	2	3	4	5
17	Require little effort using the arm, shoulder or hand (for example: playing cards, knitting, etc.) Doing recreational activities that require	1	2	3	4	5
18	Effort using your arm, shoulder, or hand (for example: playing tennis, bowling, shuffleboard, etc.) Doing recreational activities that require	1	2	3	4	5
19	move your arm freely (for example: table tennis, swimming, flying kites, etc.)	1	2	3	4	5
20	Using means of transportation to go from one place to another	1	2	3	4	5
21	Do intimate couple activities	1	2	3	4	5
22	How much difficulty you have had in the last week participating in normal social activities with your family, friends or neighbors because of the problem with your arm, shoulder or hand	1	2	3	4	5

Please rate the severity of the following symptoms during the past week (circle one answer on each line)

		NOTHING	LIGHT	MODERATE	QUITE	EXTREME
24	Arm, Shoulder, or Hand Pain	1	2	3	4	5
25	Pain in the Arm, Shoulder or Hand when you do a specific activity	1	2	3	4	5
26	Tingling or needles sensation in your Arm, Shoulder, or Hand	1	2	3	4	5
27	Weakness in your Arm, Shoulder, or Hand	1	2	3	4	5
28	Stiffness in your arm, shoulder, or hand	1	2	3	4	5

		NO DIFFICULTY	MILD DIFFICULTY	MODERATE DIFFICULTY	SEVERE DIFFICULTY	DIFFICULTY DOESN'T LET ME SLEEP
29	How much difficulty did you have in the last week sleeping due to pain in your Arm, Shoulder or Hand	1	2	3	4	5

		TOTAL DISAGREEMENT	DISAGREEMENT	NEITHER AGREE NOR DISAGREE	AGREE	TOTALLY AGREE
30	I feel incapable, less secure or less useful due to my Arm, Shoulder or Hand problem	1	2	3	4	5

ANNEX No 3

International Orthopedic Scientific Complex “Frank País” Havana City, March 11, 2019 “Year 56 of the Revolution.”

A: Dr. Marisel Ibarbia Carreras

Head of the Rehabilitation Service

CCOI “Frank País”

The Ethics Commission for Medical Research of the International Orthopedic Scientific Complex “Frank País” that attends to research related to human beings, after having read and analyzed your request and the protocol to carry out the research entitled:

“Effectiveness of therapy by extracorporeal shock waves in health services”. It considers that it does not violate any principle of Medical Ethics by not compromising the physical and / or emotional health of patients or altering their privacy. The scientific nature, treatment and destination that the information obtained will have was also considered. Likewise, the criteria of the Deputy Director of Diagnostic Resources and Medical Assistance were taken into account, which were approved, therefore we inform you that it can be carried out.

Greets you,

Dr .C Luis Oscar Marrero Deputy Director of Teaching - Research

President of the Medical Ethics Commission

CCOI “Frank País”

Authors' Contribution

Marisel Ibarbia Carreras. General conception, research design and writing of the document. Ernesto W. Planas Montalvo. Analysis and interpretation of the study data. Corrections to the document. Alina del Pilar Marín Díaz. Execution of statistical analysis.