

Prevalence of De-Quervain's Tenosynovitis among the Tailors in Dhaka, Bangladesh



By
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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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Statement of Authorship

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Dedication

*Dedicated to my
Beloved Parents & Honorable Teachers.*

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List of Abbreviations

APL: Abductor Pollicis Longus

ADL: Activities of Daily Living

BHPI: Bangladesh Health Professions Institute

BMI: Body Mass Index

CRP: Centre for the Rehabilitation of the Paralysed

DQT: De-Quervain's Tenosynovitis

EPB: Extensor Pollicis Brevis

IRB: Institutional Review Board

OT: Occupational Therapy

PRWE: Patient Rated Wrist Evaluation Questionnaire

SPSS: Statistical Package for the Social Sciences

VAS: Visual Analogue Scale

WHAT: Wrist Hyperflexion and Abduction of the Thumb

WHO: World Health Organization

UE: Upper Extremity

UL: Upper Limb

Abstract

Background: De-Quervain's Tenosynovitis (DQT) is a painful inflammation of tendons on the side of the wrist at the base of the thumb. These tendons are the extensor pollicis brevis and the abductor pollicis longus. The pain gets worse with abduction of thumb, grasping action of hand and ulnar deviation of the hand. DQT is common in tailors because they involve highly repetitive activities like- comprise of wrist, forearm and hand movements in cutting, stitching.

Aim: The study was aimed to find out the prevalence of DQT among the tailors in Dhaka, Bangladesh.

Methods: The study method was Quantitative study design including Cross-sectional study approach. This study involved 112 tailors from tailor's shops and tailor's houses through a purposive sampling procedure under non-probability sampling method considering the inclusion and exclusion criteria. People more than 18 years, job experience more than 6 months were the inclusion criteria. The data was collected by face-to-face survey through Sociodemographic Questionnaire, Patient-Rated Wrist Evaluation (PRWE) Questionnaire. Finkelstein test also used to determine presence of DQT on both hands. SPSS 20 version was used to conduct the descriptive analysis.

Result: The tailors were aged between 20 to 68 years. The study population were predominantly male 67% (n=75) and 33% (n=37) female. The largest proportion had 33-39 years of experience 22.3% (n=25). Most of the population work between 5-10 hours per day, 76.8% (n=86). Most participants worked full time 92.9% (n=104). 56.3%(n=63) of the total population assessed had DQT. 53.6%(n=60) had DQT in right-hand and

2.7%(n=3) had in both hands. Older group people aged 59-71 years had a higher risk of DQT (mean rank 80.41) and younger group people aged 20-32 years had lower risk of DQT (mean rank 35.42).

Conclusion: The study findings reveal the prevalence of DQT among the tailors. It is important to develop research-based evidence of Occupational Therapy practice. This study helps to discover the areas where people work with repetitive movement, awkward posture before doing any activities.

Key words: Tailors, De-Quervain's Tenosynovitis, Finkelstein test.

CHAPTER I: INTRODUCTION

1.1 Background

De-Quervain's Tenosynovitis (DQT) is a painful inflammation of tendons on the side of the wrist at the base of the thumb. These tendons are the extensor pollicis brevis and the abductor pollicis longus (Maurya et al., 2020).

The primary observation is reactive fibrosis and thickening of the retinaculum where it overlies over the first wrist extensor compartments. The pain gets worse with abduction of thumb, grasping action of hand and ulnar deviation of the hand. The wrist and hand are made up of 27 bones, including 8 carpal, 5 metacarpal, and 14 phalange bones, as well as more than 20 joints. The mechanism of injury is when the wrist was compressed while it was extended, such as during a fall or block. Here, the wrist's forced extension, axial loading, and compression all contributed to the damage (Jannat et al., 2023).

Occupational Therapists working in the field of hand therapy by following a reductionist biomedical approach in their practice. The International Classification of Functioning, Disability and Health and could be used as a framework to examine the consequences of hand injuries. By taking all four conceptual domains into account when treating this client group, it might be possible not only to examine, for example, range of movement and tendon glide but also to start looking at the occupational impact on people's activity performance and social participation following hand impairment, as well

as to explore the variations of the occupational impact that these injuries have on people's lives (Fitzpatrick & Presnell, 2004).

A study was to determine the effectiveness of conservative Occupational Therapy interventions for individuals diagnosed with DQT. DQT is characterized by pain and inflammation of the wrist at the first dorsal compartment. The condition affects the wrist and thumb, and generally decreases an individual's performance and engagement in daily occupations. Occupational Therapy can assist to diminish the associated symptoms and facilitate recovery of function by Conservative management (Lang & Gibson, 2014).

DQT affecting the first extensor compartment of the wrist, with an incidence of 0.94 per 1,000 person-years. The disease had been linked to people who perform manual work, owing to the unique mobility of the human thumb, 2 with women four times as likely to be affected than men, and increased incidence in nonwhite individuals and those older than 40 years of age. Patient with this condition typically present with radial sided wrist pain and may have difficulty with lifting, grasping, and twisting activities involving the thumb. Other features in the diagnosis include signs of local swelling, tendon sheath thickening, and tenderness over the radial styloid (Wu et al., 2018).

This study was investigated the prevalence of DQT among the tailors in Dhaka, Bangladesh. Repetitive hand and wrist motion had been linked to wrist injuries for the past few years, and the number of instances had been sharply rising. Numerous variables, including overuse injuries and an increase in the prevalence of DQT in tailors during occupational activities. Such as- cutting, swelling, ironing, folding clothes contribute to wrist disabilities.

1.2 Justification of the study

DQT is common in tailors. A tailor makes, repairs, or alters clothing with a wide range of fabrics and materials, including silk, wool, cotton, and leather, and they always do repetitive work. Tailoring was a profession that involved the aforementioned activities which were monotonous and highly repetitive, and most of them comprise of wrist, forearm and hand movements in cutting, assembly, stitching. Cutting, swelling, ironing, folding clothes contribute to wrist disabilities. DQT is commonly caused by overuse or repetitive work. Occupational therapy is a holistic approach that enables people to become independent in their activities of daily living. Occupational Therapy is provided to the people with DQT. The study was aimed to find out the prevalence of DQT among people who were tailors. This study also helps to discover the areas where people work with repetitive movement, especially with awkward posture before doing any activities.

There were few literatures available easily about the prevalence of DQT among the tailors in the perspective of Bangladesh so it is difficult to compare the study with the other research. It is important to know prevalence of DQT among the tailors in the perspective of Bangladesh. This is why student researcher feels interested in this area. Moreover, this research will be significant for health professionals to have adequate knowledge about DQT so that they will be aware about this topic and further research will be done.

1.3 Operational Definition

1.3.1 De-Quervain's Tenosynovitis (DQT)

De-Quervain's tenosynovitis (DQT) is a stenosing overuse condition of the synovial sheath of the first extensor compartment of the wrist affecting the Extensor Pollicis Brevis (EPB) and Abductor Pollicis Longus (APL) tendons (Challoumas et al., 2023).

1.3.2 Tailor

A tailor is a person who makes, repairs, or alters clothing with a wide range of fabrics and materials, including silk, wool, cotton, and leather, and are skilled at using various tools and techniques to create custom-fitted clothing (Nagy, 2000).

1.4 Aim of the study

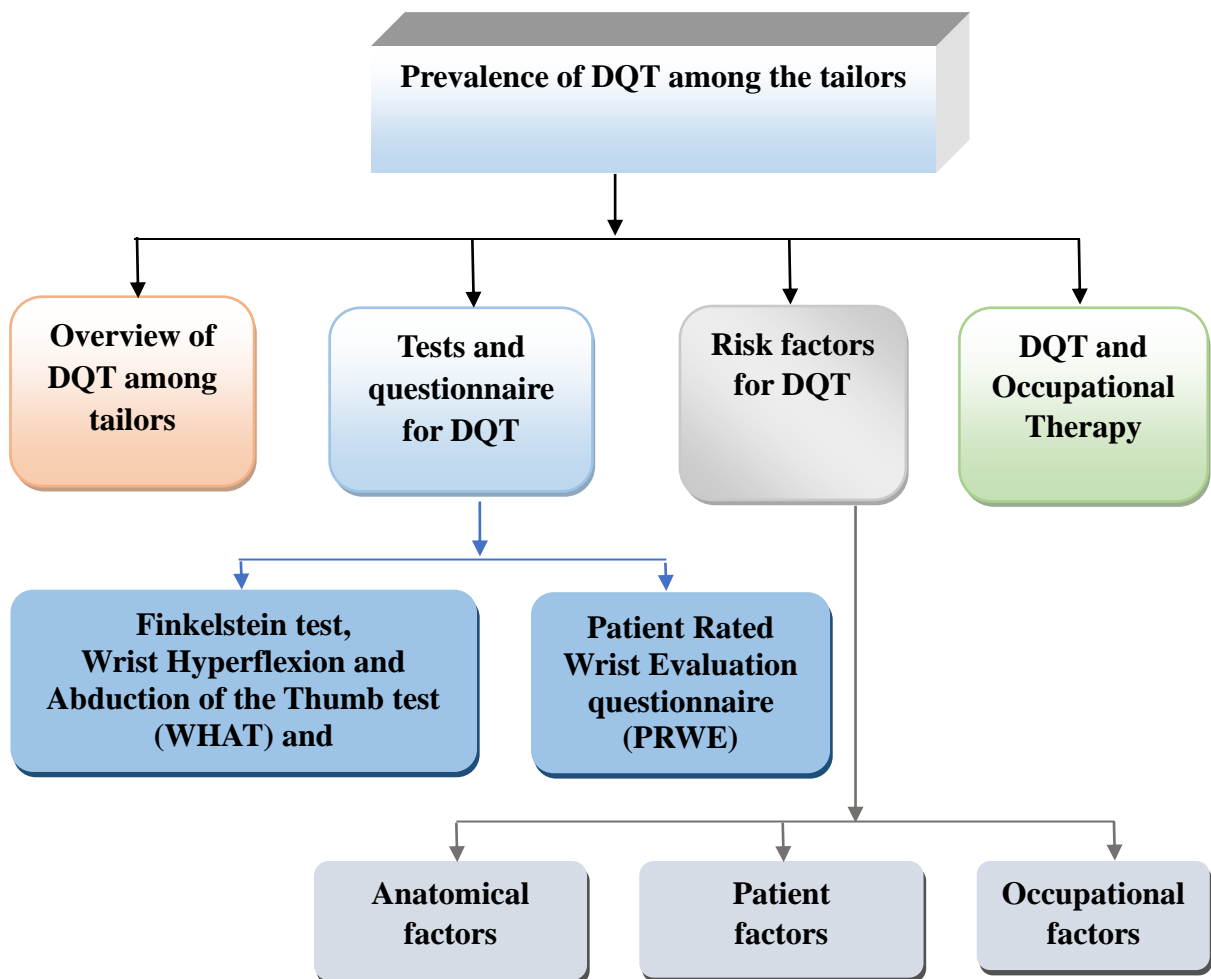
The study was aimed to find out the prevalence of DQT among the tailors in Dhaka, Bangladesh.

CHAPTER II: LITERATURE REVIEW

This chapter covered the review of existing literature regarding the prevalence DQT among the tailors. There was overview of DQT among tailors, tests and questionnaire for DQT, risk factors for DQT and also includes DQT and Occupational Therapy.

Figure 2.1

Overview of literature review findings



2.1 Overview of DQT among tailors

In Pakistan, a descriptive cross-sectional study was carried out among tailors and barbers from shops, houses and saloons. The duration was 6 months. A total of 333 individuals were selected by non-probability sampling technique. Males and females are between 25 to 50 years. Finkelstein test was used to calculate the prevalence of DQT using among barbers and tailors. Out of 333 participants, 212(63.7) were males and 121(36.3) were females, in which 215(64.6) were aged between 25 to 33, and 88(26.4) were aged between 34 to 42 and 30(9) were aged between 43 to 50 years. On performance of the Finkelstein test, it was found that 80% of the total population had overall positive result. The study concluded that the prevalence of DQT more common among tailors and barbers due to their working patterns (Jannat et al., 2023).

A study was conducted to determine the presence of DQT using the Finkelstein test in tailors. According to the inclusion and exclusion criteria 100 subjects were selected. A written informed consent was taken from the subjects. The procedure was explained to the subjects. The test was performed on the both hands. A positive test was indicated by pain over the abductor pollicis longus and extensor pollicis brevis tendons at the wrist and is indicative of a para tendonitis of these two tendons. The data was collected and was statistically analyzed. 75% of the total population assessed had DQT. 72% had DQT in right hand and 28% had in left hand. It was also found that 34% of the test-positive population had bilateral pain (Maurya et al., 2020).

The Defense Medical Epidemiology Database (DMED) system by race, gender, military service, rank, and age for the years 1998–2006. There were 11,332 cases of DQT

in the population at risk of 12,117,749 person-years. Women had a significantly higher rate of DQT at 2.8 cases per 1000 person-years, compared to men at 0.6 per 1000 person-years. In analysis of a large population, risk factors for DQT in our population include female gender, age greater than 40, and black race (Wolf et al., 2009).

2.2 Tests and questionnaire for DQT

According to (Cheimonidou et al., 2019) a study was included 45 healthy individuals. There were three tests used for the study.

- Finkelstein test,
- Wrist Hyperflexion and Abduction of the Thumb test (WHAT) and
- Eichhoff test.

The tests were performed by two clinical physiotherapists. Any pain was measured by using a VAS scale (0-10). The Finkelstein's and Eichhoff's tests revealed False Positives of 46,7% and 53,3% respectively. The percentage for the WHAT test was fair and for the Eichhoff test was moderate.

Table 2.2

Overview of Finkelstein test, Wrist Hyperflexion and Abduction of the Thumb test (WHAT) and Eichhoff test.

Finkelstein's test	Eichhoff test	WHAT test
The participant was seated opposite of the examiner with their forearm on the table. The forearm was positioned flat on the table with the hand hanging over the edge and the ulna side facing down. At the initial stage, the examiner applied light ulnar deviation assisting gravity. In the next step if there was little or no pain then slight pressure causing ulnar deviation was applied to create tension in the first dorsal compartment. Finally, the examiner distracted the thumb distally. A positive result is pain in the first dorsal compartment.	The participant was seated opposite the examiner with their forearm on the table. At the initial stage, the examiner asked the volunteer to close the thumb with the rest of their fingers and then proceeded to apply a slight ulnar deviation in the direction of gravity. If there was little or no pain slight over pressure causing ulnar deviation was applied to create tension in the first dorsal compartment. A positive result is pain over the dorsal compartment.	The participant was seated opposite the examiner with their forearm on the table. The participant was asked to place their wrist in a fully flexed position within the limits of any pain and retain the thumb in extension and abduction while the examiner applied stepwise isometric resistance to the thumb. The test was completed when the participant could no longer maintain their position against the force applied by the examiner. A positive result is when there is pain near the base of the thumb during the test.

Patient Rated Wrist Evaluation questionnaire (PRWE) was used to evaluate pain and impairment to examine wrist disability in barbers and tailors. There were 15 items on this questionnaire It had two subscales, one for pain and one for function, and it allows patients to rate their wrist discomfort and functional impairment on a scale from 0 to 10. The pain subscale had five items. Specific activities (containing six items) and common activities (having two parts) are further split into the function scale (having 4 items). For pain in the wrist and thumb, the **Numerical Pain Rating Scale (NPRS)** will

be employed. Finkelstein tests was conducted on those who have reported experiencing pain (Jannat et al., 2023).

2.3 Risk factors for DQT

According to (Ramchandani et al., 2022) risk factors for DQT can be broadly split into some categories. Such as- anatomical, patient, and occupational factors.

2.3.1 Anatomical Factors

Numerous studies had been conducted assessing the correlation between different anatomical variations in the first extensor compartment and DQT incidence. A prospective study of 67 wrists of surgical management for DQT, revealing six (9%) cases with the established textbook anatomy. Sub compartmentalization was present in 42 (60%) of cases, whilst there were at least two APL slips observed in 76% of patients (Bahm et al., 1995). Furthermore, a larger study involved 300 cadaveric wrists of 40 patients with DQT, reported bilateral and symmetrical anatomical findings in approximately 60%, although this relates to the presence or absence of septa (Jackson et al., 1986).

2.3.2 Patient Factors

With regards to patient factors, DQT is up to ten times more common in females in pregnancy and the postpartum period. Those with DQT also have high rates of anxiety and depression (Ramchandani et al., 2022). Many epidemiological studies had shown that DQT is approximately three to ten times more prevalent in women than in men (Härmä et al., 2015).

For pregnancy, it is thought that fluctuations in estrogen and progesterone levels could be a contributing factor of DQT (SCHNED, 1986). According to (Toesca et al., 2008) for postpartum-associated DQT, is occurred due to whether these endogenous changes and can independently predispose women to DQT, or are mechanical factors related to childbirth (such as repetitively picking up your child) also necessary.

The largest epidemiological study to date, by (Wolf et al., 2009) included 11,332 DQT cases and found that women to have a significantly higher rate of DQT, at 2.8 cases per 1000 person-years, compared to men at 0.6 per 1000 person-years.

2.3.3 Occupational Factors

When considering occupational factors, a work-related activity involving repetitive, forceful, or stressful manual work was not an established direct cause of DQT (Ramchandani et al., 2022).

Including 80 articles a systematic review and meta-analysis found no evidence of a causal relationship between DQT and occupational risk factors, such as repetitive, forceful, and ergonomically stressful manual work (Stahl et al., 2013).

In 2015, a case-control study conducted by (Stahl et al., 2015) found that there was no difference in the rate of manual labor profession, computer work, wrist trauma, or repetitive forceful work between a control cohort (n = 198) and a cohort of patients with DQT (n = 189).

DQT was a significant cause of musculoskeletal pain among workers. The occupational risk factors for DQT in a working population. Work-related factors were

workplace dependent on (i) technical organization, (ii) repeated or sustained wrist bending in awkward posture, and (iii) repeated movements associated with the twisting or driving of screws. Work-related factors were associated with DQT in the working population; wrist bending and movements associated with the twisting or driving of screws were the most significant of the work-related factors (Le Manac'h et al., 2011).

2.4 DQT and Occupational Therapy

Occupational Therapy practitioners are key health care providers for people with musculoskeletal disorders of the distal upper extremity. Occupational Therapists understand the most effective means for remediating impairments and supporting clients to independence in purposeful occupations. A previous systematic review published between 2006 and July 2014 about the evidence for the effect of occupational therapy interventions on functional outcomes for adults with musculoskeletal disorders of the forearm, wrist, and hand. Implications for occupational therapy practice and research are provided (Roll & Hardison, 2016).

The use of Occupational Therapy after certain hand procedures was to evaluate common hand procedures. Outpatient administrative claims data from patients who underwent procedures for Carpal Tunnel Syndrome, Trigger Finger, Carpometacarpal Arthritis, DQT, Wrist Ganglion Cyst, and Distal Radius Fracture were abstracted from the Truven Health Market Scan database from 2007 to 2015 (Shah et al., 2020).

In Ohio, a sample of 33 clients referred to Occupational Therapy outpatient intervention was recruited from five clinics. Clients with upper-extremity injury or

surgery made strong, positive gains in functional measures following client-centered Occupational Therapy services (Case-Smith, 2003).

In America, a systematic review of the literature related to the effectiveness of Occupational Therapy interventions in rehabilitation of individuals with work-related forearm, wrist, and hand injuries and illnesses was conducted as part of the Evidence-Based Literature Review Project of the American Occupational Therapy Association. This review analysis of 36 studies and provides a comprehensive overview that addressed many of the interventions commonly used in hand rehabilitation. Findings reveal that the use of occupation-based activities has reasonable to support its effectiveness (Amini, 2011).

2.5 Key Gaps of the Study

- There were only a few studies conducted and reported the prevalence of DQT among the tailors.
- There was no evidence among those studies about the importance of Occupational Therapy for DQT among the tailors.
- Most of the article covered the age of participants between 20-50 years but 18 to 59 years is the working age of Bangladesh.
- There were few literatures available easily about the prevalence of DQT among the tailors in the perspective of Bangladesh so it is difficult to compare the study with the other research.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objectives

Study Question: What is the prevalence of DQT among the tailors in Dhaka, Bangladesh?

Aim: The study was aimed to find out the prevalence of DQT among the tailors in Dhaka, Bangladesh.

Objectives:

- To determine the presence of DQT using the Finkelstein test in tailors.
- To identify which hand is affected mostly by DQT among tailors.
- To quantify how many participants take Occupational Therapy treatment.
- To quantify how this syndrome affects their Activities of Daily Living (ADL).

3.2 Study Design

3.2.1 Study method

Quantitative study design. Quantitative research method was used because this method concerned with collecting and analyzing data that was structured and could be represented numerically (Allen et al., 2013).

3.2.1 Study approach

Cross-sectional study. Cross-sectional study served many purposes, assessing the

prevalence of disease, knowledge and attitudes among patients and health personnel (Kesmodel, 2018).

3.3 Study Setting and Period

3.3.1 Study setting

The study was conducted at different tailor's shops and tailor's houses in Savar, Mirpur-1 and Mirpur-10.

3.3.2 Study period

The study period was between May, 2023 to February, 2024.

3.4 Study Participants

3.4.1 Study Population

The population of this research was the tailors.

3.4.2 Sampling Techniques

In this research, sample was selected by the purposive sampling procedure under the non-probability sampling method considering the inclusion and exclusion criteria. The purposive sampling was the better matching of the sample to the aims and objectives of this research, thus improving the trustworthiness of the data and results (Campbell et al., 2020).

3.4.3 Inclusion Criteria

- People who were working in tailoring.
- Age more than 18 years.
- Job experience more than 6 months.

3.4.4 Exclusion Criteria

- People who had serious illness.
- People who were not willing to participate.

3.4.5 Sample Size

Sampling procedure for cross-sectional study is done by following the equation-

Cochran formula

$$n = \frac{z^2 \times pq}{d^2}$$

n = Sample size

$$= \frac{z^2 \times p(1-p)}{d^2}$$

z = 1.96 (The standard deviate due to Confidence &

$$= \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.5 \times 0.5)^2}$$

Interval (CI) Level of error is 95%)

$$= 384$$

p = 50% = 0.5 (The precise number of tailors is

unknown so Population portions are 50%)

$$q = (1-p) = 0.5$$

$$d = 0.05 \text{ (Level of precision)}$$

So, the researcher initially aimed to focus his study on 384 samples, following the calculation above. The study was done as a part of fourth professional academic research

project but due to lack of time for the study, the researcher had to limit and conduct with 112 tailors as a sample for this study. 112 samples were taken as sample by purposive sampling procedure.

3.5 Ethical Consideration

3.5.1 Ethical Approval from IRB

The ethical issues were sought from the Institutional Review Board (IRB) through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) to conduct the research. The IRB number was CRP/BHPI/10/2023/769.

3.5.2 Informed Consent

The researcher explained the aim, objective, and purpose of the study to the participants through an Information sheet. The participants, who were willingly interested in participating in the study, their data were collected. Written consent was obtained from the participants through a Consent form.

3.5.3 Unequal relationship

The researcher collected data following a structured questionnaire and the participants filled it up by themselves or the researcher filled it up in front of them. So, there was no scope to bias the respondents.

3.5.4 Risk and Beneficence

Participation in this study did not involve any risk or beneficence. There was no monetary or any other benefit involved in this study.

3.5.5 Power Relationship

Power relationships included one person had social-formative power over another and was able to get the other person to do what they wish whether by compelling obedience or in some less compulsive and even a more subtle way. The power relationship was strictly prevented.

3.5.6 Confidentiality

The researcher had strictly maintained the secrecy of the research. The names of the participants were cited only in the consent form. To maintain the secrecy of the participants code was maintained in the question paper of the participants. Only the related researcher and supervisor were able to know about it directly. Information paper was locked in a drawer and preservation of electronics was stored in the Department of Occupational Therapy of BHPI and personal laptop of the researcher.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

The researcher went to the different tailor's shops and their houses & selected the participants who fulfilled the inclusion criteria and then explain the aim, objective, and

purpose of the study to the participants through an Information sheet. Then the researcher took permission from them to collect data through a Consent form. After obtaining permission, researcher collected data.

3.6.2 Data Collection Method

The data was collected by face-to-face survey through Sociodemographic Questionnaire, Patient-Rated Wrist Evaluation (PRWE) Questionnaire. The researcher translated the questionnaire into Bangla, the native language of Bangladesh, with the supervisor's help. Finkelstein test also used to determine presence of DQT among tailors. The researcher was physically present to ask the survey questions and to help the participants if they had faced any kind of problem to understand the question. In a face-to-face survey, an interviewer was physically present to ask the survey questions and to assist the respondent in answering them (Doyle, 2014).

3.6.3 Data Collection Instrument

Patient-Rated Wrist Evaluation (PRWE) Questionnaire (See appendix B for the full Questionnaire)

According to (MacDermid, 2011) the PRWE is a 15-item questionnaire designed to measure wrist pain and disability in activities of daily living. The PRWE allows patients to rate their levels of wrist pain and disability from 0 to 10, and consists of 2 subscales:

- 1) PAIN subscale (0 = no pain, 10 = worst ever)
 - Pain - 5 items
- 2) FUNCTION subscale (0 = no difficulty, 10 = unable to do)
 - Specific activities - 6 items
 - Usual activities - 4 items

In addition to the individual subscale scores, a total score can be computed on a scale of 100 (0 = no disability), where pain and function problems are weighted equally (see “How to Score the PRWE” for detailed scoring instructions).

The PRWE provides clinicians with a standardized outcome tool that is easy to administer and score in the clinic, and complements traditional impairment and radiographic measures. The PRWE has been used to assess wrist-related pain and disability in various populations.

How to Score the PRWE

Computing the Subscales

Pain Score = Sum of the 5 pain items (out of 50) [Best Score = 0, Worst Score = 50]

Function Score = Sum of the 10 function items,
 Divided by 2 (out of 50) [Best Score = 0, Worst Score = 50]

Computing the Total Score

Total Score = Sum of pain + function scores [Best Score = 0, Worst Score = 100]

Interpretation

- The total PRWE score rates pain and disability equally.
- Higher score indicates more pain and functional disability (e.g., 0 = no disability).
- Total score 50 indicates medium pain and functional disability, more than 50 score indicates more pain and functional disability and less than 50 score indicates less pain and functional disability.

3.6.4 Field Test

According to the supervisor, the researcher did the field test with two tailors. Through the field test, some changes were fixed later- detail address and phone number were added in the questionnaire, which helped to maintain the questions quality.

3.7 Data Management and Analysis

Data was analyzed with the software named Statistical Package for Social Science (SPSS), version 20.0. And descriptive analysis was used to analyze data because descriptive analysis refers to methods of describing a set of results in terms of their most interesting characteristic (Hicks, 2009). The variables were labeled in a list and a researcher is keeping a computer-based data record file.

3.8 Quality Control and Quality Assurance

The five stages of data cycle management were followed properly to ensure data quality and safety in this study. 112 tailors were participated. The question was given to them in paper document format with the spaces for answers. All the documents were photocopied for further safety. Then, their data was translated into formal English and entered into the system. The data collection from participants and the data entry process was non-biased. All the data was initially stored in the SPSS for analysis. These were also stored in the Google Drive storage system. The cloud system is well protected by strong password on Google securities. The proper use of the data was ensured. Any unauthorized access never occurred. All data was used as it is. Student researcher was conscious of every data use and their analysis. Neither data modification nor data exploitation was done. All the data in Google Drive is archived. The student researcher and the supervisor believe in data archiving for future research works. The student researcher and the supervisor agreed upon the data destruction after research. These data may not be relevant after this period. For proper safety and valuation, all the data used in this research will be destroyed (Hubert Ofner et al., 2013).

CHAPTER IV: RESULTS

The study's findings were presented in tables and figures in this chapter.

4.1 Distribution of respondents by age, gender, educational level and marital status

Table 4.1

Distribution of respondents by age, gender, educational level and marital status

Details	Frequency (n=112)	Percent (%)
Age		
20-32 years	19	17.0%
33-45 years	33	29.5%
46-58 years	44	44%
59-71 years	16	16%
Gender		
Male	75	67.0%
Female	37	33.0%
Educational level		
Uneducated	5	4.5%
Class2	1	0.9%
Class3	3	2.7%
Class4	5	4.5%
Class5	30	26.8%
Class6	3	2.7%
Class7	8	7.1%
Class8	30	26.8%
Class9	4	3.6%
Class10	13	11.6%
S.S.C.	3	2.7%
H.S.C.	4	3.6%
Honors 2 nd year student	1	0.9%
Honors 4 th year student	2	1.8%
Marital status		
Married	99	88.4%
Unmarried	13	11.6%

Here table 4.1 showed the demographic data of the participants. Among all of the 112 participants, the majority of the participants were within the 46-58 years age range which was 44% (n=44) of total participants. The lowest age range was 59-71 years about 16% (n=16). Minimum age was 20 years old and maximum age was 68 years old.

The study population were predominantly male, with 67% (n=75) male participants and 33% (n=37) female respondents.

The educational level showed that 4.5% (n=5) of total participants were uneducated. This study included the majority of respondents have completed education up to Class 8 which was 26.8% (n=30), or Class 5 about 26.8% (n=30). or while a smaller portion have completed education up to Class 10 and the percentage was 11.6% (n=13). Some participants were student, including 0.9% (n=1) participant was honors 2nd year student and 1.8% (n=2) participants were honors 4th year student.

The majority of participants were married, accounting for 88.4% (n=99) of the participants and 11.6% (n=13) of participants were unmarried.

4.2 Work-Related characteristics

Table 4.2

Overview of Work-Related Characteristics

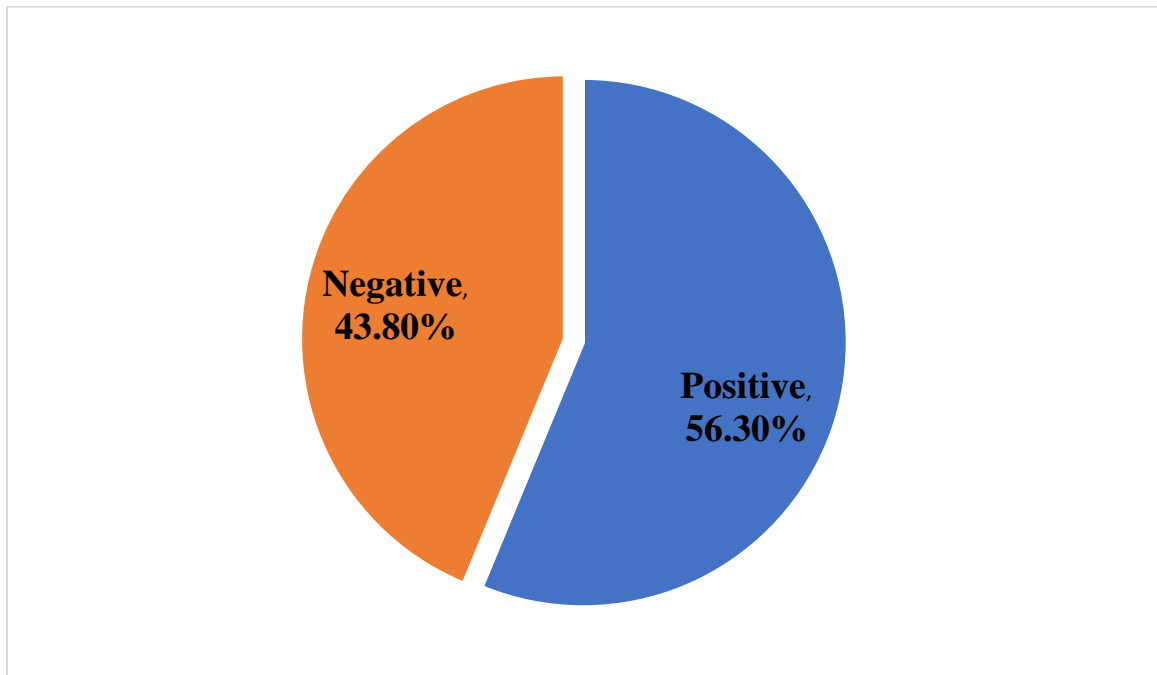
Details	Frequency (n=112)	Percent (%)
Job experience(years)		
5-11 years	16	14.3%
12-18 years	18	16.1%
19-25 years	14	12.5%
26-32 years	19	17.0%
33-39 years	25	22.3%
40-46 years	20	17.9%
Duration of working hours		
1-5 hours	8	7.1%
5-10 hours	86	76.8%
11-15 hours	18	16.1%
Types of work		
Part time	8	7.1%
Full time	104	92.9%

Here table 4.2 showed the work-related characteristics of the participants. Among all of the 112 participants, participants were fairly evenly distributed across different job experience ranges, with the largest proportion had 33-39 years of experience 22.3% (n=25) and the lowest proportion had 19-25 years of experience 12.5% (n=14). The duration of working hours of the participants was most of the population work between 5-10 hours per day, representing 76.8% (n=86) and the lowest proportion was working 1-5 hours of a day, representing 7.1% (n=8) of the total population. Most of the participants worked full time 92.9% (n=104) and less participants worked less time 7.1% (n=8).

4.3 Prevalence of DQT using the Finkelstein test among tailors.

Figure 4.3

Prevalence of DQT using the Finkelstein test among tailors.

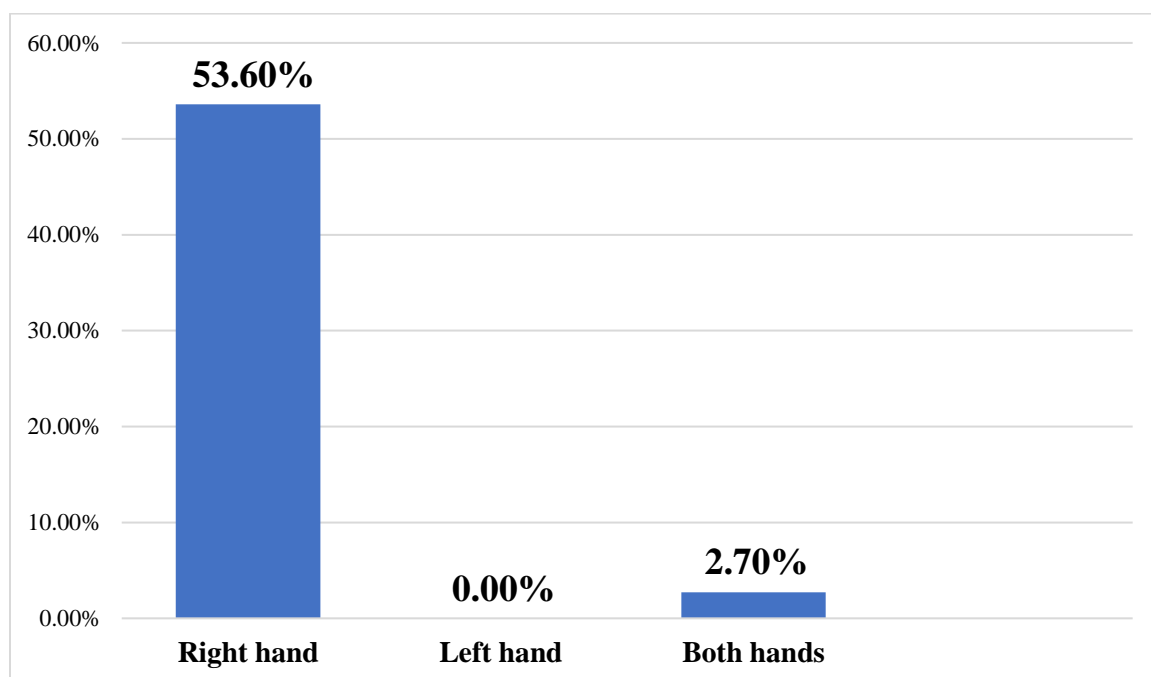


In the study, among 112 participants, the Finkelstein test was used to identify the prevalence of DQT in tailors. On the performance of the test, it was found that 56.30% (n=63) participants had positive results and 43.80% (n=49) participants had negative results. So, the prevalence was 56.30% of total participants had DQT.

4.4 Identifying which hand is affected mostly by DQT among tailors.

Figure 4.4

Overview of which hand affected mostly by DQT



The prevalence was studied using the Finkelstein test, which was an active test commonly used to detect the presence of DQT. 56.30% (n=63) of the total population had been assessed with DQT. When assessing the results of the right hand, left hand and both hands it was found that, 53.60% had DQT in the right hand and 2.70% had both hands. It was also found that no participants had pain only left hand.

4.5 Association between gender and risk of DQT (Mann-Whitney Test)

Table 4.5

Association between gender and risk of DQT (Mann-Whitney Test)

Gender	Frequency (n)	Mean Rank	p-value
Male	75	57.33	.689
Female	37	54.82	

The table 4.5 presented the results of a Mann-Whitney test examining the association between gender and the risk of DQT. Among 112 participants, 75 were male and 37 were female. The participants were not equal. Findings showed that male had a higher level of risk (mean rank 57.33) compared to female had low level of risk (mean rank 54.82).

The p-value was 0.689, which was greater than the typical significance level of 0.05 that was not statistically significant. Both genders have similar mean ranks in terms of perceived risk, and the observed difference is likely due to random chance.

4.6 Association between age and risk of DQT (Kruskal-Wallis Test)

Table 4.6

Association between age and risk of DQT (Kruskal-Wallis Test)

Age	Frequency (n)	Mean Rank	p-value
20-32	19	35.42	.000
33-45	33	43.24	
46-58	44	66.85	
59-71	16	80.41	

The table 4.6 presented the results of a Kruskal-Wallis test examining the association between age and the risk of DQT. Findings showed that older group people aged 59-71 years had a higher risk of DQT (mean rank 80.41) compared to others age group and younger group people aged 20-32 years had lower risk of DQT (mean rank 35.42). The risk of DQT for the 33-45 years age group was higher than the previous one (mean rank 43.24), suggesting a higher perceived risk of DQT compared to the younger age group. The 46-58 years age group exhibited a substantial increase in the risk of DQT (mean rank 66.85), indicating a significantly higher perceived risk of DQT compared to the younger age groups.

The significant p-value (0.000) suggested that there was a statistically significant association between age and the risk of DQT. In summary, as age increases, there was a notable increase in the perceived risk of DQT, with individuals aged 59-71 showing the highest risk.

4.7 Overview of Patient-Rated Wrist Evaluation (PRWE) Questionnaire

Table 4.7

Scoring of Pain Subscale

Score	Frequency (n=112)	Percent (%)
0	49	43.8
4	3	2.7
5	2	1.8
6	4	3.6
7	5	4.5
8	6	5.4
9	1	.9
10	4	3.6
11	2	1.8
12	5	4.5
13	3	2.7
14	3	2.7
15	1	.9
16	4	3.6
18	5	4.5
19	2	1.8
20	5	4.5
21	3	2.7
22	1	.9
25	1	.9
28	1	.9
30	1	.9
32	1	.9
Total	112	100.0

Here table 4.7 showed the scores of the pain subscale, 0 score indicated best score (0= no pain) and 50 score indicated worst score (50= more pain and functional disability). 25 score indicated medium pain, more than 25 score indicated more pain and less than 25 score indicated less pain.

The total participants were 112, the result showed that 0 score occurred mostly, representing 43.8% (n=49) of the total population. That meant 43.8% participants had no pain.

Scores 4, 13, 14, and 21 each representing 2.7% (n=3) each of total population. It meant this group of population had less pain. 1.8% (n=2) each participants scored 5, 11 and 19 each which meant they had less pain. 3.6% (n=4) each of total population scored 6, 10 and 16 each it also indicated less pain. Scores 7, 12, 18, and 20 each representing 4.5% (n=5) each of total population. Score 8 occurred in 6 participants, representing 5.4%. Scores 9, 15 each representing 0.9% (n=1) each of total population. The maximum population had less pain.

Scores 25, 28, 30, and 32 each representing 0.9% (n=1) each of total population which meant this group of participants had more pain.

Table 4.8*Scoring of Functional Subscale*

Score	Frequency (n=112)	Percent (%)
0.00	49	43.8
2.00	4	3.6
2.50	2	1.8
3.50	3	2.7
4.00	3	2.7
4.50	3	2.7
5.00	3	2.7
5.50	2	1.8
6.00	3	2.7
6.50	3	2.7
7.00	3	2.7
7.50	2	1.8
8.00	4	3.6
9.00	2	1.8
9.50	3	2.7
10.00	4	3.6
11.00	2	1.8
11.50	3	2.7
12.00	1	.9
13.00	2	1.8
14.50	1	.9
15.00	1	.9
15.50	1	.9
17.00	1	.9
21.50	1	.9
22.50	1	.9
24.50	1	.9
25.00	3	2.7
34.00	1	.9
Total	112	100.0

Here table 4.8 showed the scores of the functional subscale, 0 score indicated best score (0= no disability) and 50 score indicated worst score (50= more pain and functional disability). 25 score indicated medium functional disability, more than 25 score indicated more functional disability and less than 25 score indicated less functional disability.

Among 112 participants, 0.00 score occurred mostly, representing 43.8% (n=49) of the total population. That means 43.8% participants had no disability.

Scores 2.00, 8.00, and 10.00 each representing 3.6% (n=4) each of total population. It meant this group of population had less functional disability. 1.8% (n=2) each participants scored 2.50, 5.50, 7.50, 9.00, 11.00 and 13.00 each which meant they had less functional disability. 2.7% (n=3) each of total population scored 3.50, 4.00, 4.50, 5.00, 6.00, 6.50, 7.00, 9.50 and 11.50 each it also indicated less functional disability. Score 25.00 representing 2.7% (n=3) of total population which meant this group of participants had medium functional disability.

Scores 12.00, 14.50, 15.00, 15.50, 17.00, 21.50, 22.50, 24.50 each representing 0.9% (n=1) each of total population which meant this group of participants had less functional disability. Score 34.00 representing 0.9% (n=1) participants which meant this group of participants had more functional disability.

Table 4.9*Total scoring of the PRWE Questionnaire*

Items	Mean	Median	Std. Deviation	Minimum	Maximum
Pain Subscale	7.57	6.00	8.339	0	32
Functional Subscale	5.3661	3.5000	6.94411	0	34
Total PRWE score	12.9375	10.7500	14.78009	0	66

Here table 4.9 showed the total scores of the PRWE Questionnaire. The total score was the sum of the pain subscale and functional subscale. Total PRWE score rated pain and disability equally. Higher score indicated more pain and functional disability (Best score=0, Worst score 100). Less score indicated better outcome. Total score 50 indicated medium pain and functional disability, more than 50 score indicated more pain and functional disability and less than 50 score indicated less pain and functional disability.

The total participants were 112. The mean PRWE score 12.9375 which included mean pain subscale score 7.57 and mean functional subscale score 5.3661. The median PRWE score was 10.7500, which included median pain subscale score 6.00 and median functional subscale score 3.5000 and total standard deviation was 14.78009 which included standard deviation pain subscale score 8.339 and standard deviation functional subscale score 6.94411.

The minimum PRWE score was 0 included minimum pain subscale score 0 and minimum functional subscale score 0 and the maximum PRWE score was 66 included maximum pain subscale score 32 and maximum functional subscale score 34.

CHAPTER V: DISCUSSION

The current study was conducted to determine the prevalence of DQT in 112 tailors in the age group of 20-68. The majority of the participants were within the 46-58 years age range which was 44% (n=44) of total participants. The lowest age range was 59-71 years about 16% (n=16). The study population were predominantly male, with 67% (n=75) male participants and 33% (n=37) female respondents. This study included the majority of respondents have completed education up to Class 8 which was 26.8% (n=30), or Class 5 about 26.8% (n=30). The majority of participants were married, accounting for 88.4% (n=99) of the participants and 11.6% (n=13) of participants were unmarried. The largest proportion had 33-39 years of experience 22.3% (n=25) and the lowest proportion had 19-25 years of experience 12.5% (n=14). The duration of working hours was most of the population work between 5-10 hours per day, representing 76.8% (n=86) and the lowest proportion was working 1-5 hours of a day, representing 7.1% (n=8) of the total population. Most of the participants worked full time 92.9% (n=104) and less participants worked less time 7.1% (n=8).

The prevalence was studied using the Finkelstein test. On performance of the test, it was found that 56.30%(n=63) of the total population had overall positive result i.e. 56.30%(n=63) of the total population had positive test regardless of side. Within this positive result, 56.30% (n=63) had DQT in right hand and 2.70% had in both hands. Thus, it was concluded that there was significant prevalence of DQT in tailors.

The association between gender and the risk of DQT done by Mann-Whitney test. Male had a higher level of risk (mean rank 57.33) compared to female had low level of

risk (mean rank 54.82). The p-value was 0.689, which was greater than the typical significance level of 0.05 that was not statistically significant. The association between age and the risk of DQT done by Kruskal-Wallis test. Older group people aged 59-71 years had a higher risk of DQT (mean rank 80.41) compared to others age group and younger group people aged 20-32 years had lower risk of DQT (mean rank 35.42). The significant p-value (0.000) suggested that there was a statistically significant association between age and the risk of DQT. The minimum score of Patient-Rated Wrist Evaluation (PRWE) Questionnaire was 0 included minimum pain subscale score 0 and minimum functional subscale score 0 and the maximum PRWE score was 66 included maximum pain subscale score 32 and maximum functional subscale score 34.

The study done by (Dwivedi et al., 2021) suggested that tailors suffered most from work-related MSK disorders in the shoulder, neck, wrist and hand. Another study defined work related MSK disorders as over injuries, soft tissue disorders, cumulative trauma disorders, and repetitive strain and motion injuries, and concluded that the main complaints of tailors were pain and muscular weakness due to overuse activities and extreme work hours (Jamro et al., 2023).

Tailoring was a profession that involved the aforementioned activities which were monotonous and highly repetitive, and most of them comprise of wrist, forearm and hand movements in cutting, assembly, stitching. Such strenuous tasks led to MSK disorders in 65.45% of tailors assessed by the Nordic Questionnaire scale in the study done in 2016. All of the above evidences support the notion that DQT is a highly relevant and substantial problem faced by tailors (Banerjee et al., 2016).

It has been observed that hand and forearm related MSK disorders, including DQT, had not significant association to occupational risk factors (Maurya et al., 2020b). Even a study on highly repetitive workers, had observed the occurrence of muscle pain and tenderness in 23% of workers with forearm/hand as the site which had been a previously unreported area (Ranney et al., 1995). They suggested that DQT was one of the most prevalent conditions of the distal forearm, and that stress on the muscle tissues of these sites should be studied just as much as neck or shoulder problems.

Since forearm and hand disorders had long been overlooked to give importance to neck/shoulder disorders, this warranted a need for a study which indicates definitive prevalence of DQT in tailors, unilaterally or bilaterally. This study was conducted with the notion that most of the daily activities involved in a tailor's occupational hours would constitute of extensive use of forearm, wrist, hand and fingers, and also that DQT was a reactive fibrosis known to be caused by repetitive trauma to the respective tendons involved. Hence, it is very plausible to assume that there was a relationship between the occurrences of DQT and the nature of work that tailors performed on a regular basis, regardless of the severity of the same. This assumption was proved by the 56.30% overall positive result, which clearly established the need for a simple treatment protocol that could be easily followed by the tailors, as well as ergonomic advice that not only focused on posture and long sitting hours, but also on the care for wrist and hand activities and position.

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Strengths

- The study has provided the prevalence of DQT among the tailors in Dhaka, Bangladesh. The study is valid and approved by the Institutional Ethical Review Board of BHPI.
- To maintain the secrecy of the participants code is maintained in the question paper of the participants. Only the related researcher and supervisor are able to know about it directly.
- In Occupational Therapy background this is important research in Bangladesh. It is important to develop research-based evidence of Occupational Therapy practice. Occupational Therapist's practice is evidence-based in all aspects of health care.

6.1.2 Limitations

- Though the expected sample size was 384 for this study but due to resource constrain researcher could manage just 112 samples which was very small enough to generalize the result for the wider population of the tailors.
- There were few literatures available easily about the prevalence of DQT among the tailors in the perspective of Bangladesh so it was difficult to compare the study with the other research.

- The researcher was able to collect data only from Savar, Mirpur-1 and Mirpur-10 for a short period of time which will affect the result of the study to generalize for the wider population.

6.2 Practice Implication

6.2.1 Recommendation for future practice

- Health professionals will understand how DQT affects the peoples in their daily living activities.
- The increasing trend of DQT among the tailors are the public health concern in Bangladesh. This study found that some of the tailors experienced pain in forearm, wrist, arm, leg and knee. Further practice is needed to explore the incidence to prevent DQT among tailors.
- Future practice conduct on other area where Occupational Therapists can work. Like common Carpal Tunnel Syndrome, Thoracic Outlet Syndrome among tailors, Trigger Finger, Carpometacarpal Arthritis, Wrist Ganglion Cyst, and Distal Radius Fracture.

6.2.2 Recommendation for future research

- For the ensuring of the generalization of the research, it is recommended to investigate a large sample.
- In this study researcher only took some tailors from some tailor's shops and houses. So, for further study researcher strongly recommended including all professional-nonprofessional tailors from all over Bangladesh.

- Due to the limitation of time, the investigator was not able to collect the data from some government organizations. For this, it is strongly recommended that any further study will be done in this area.
- Besides this in this study the ratio of male and female participants was unequal. So, it is recommended for further study to take the participants equally for comparison of gender.

6.3 Conclusion

In this study, Occupational Therapists will have a better understanding about the prevalence of DQT. It is important to develop research-based evidence of Occupational Therapy practice. Occupational Therapist's practice which is evidence based in all aspect of health care. From this study, awareness will be increased, and it will provide proper recommendations for every single risk, which will be helpful for people. Aside from this, it also helps to establish proper guidelines and proper techniques. This study also helps to discover the areas where people work with repetitive movement, especially with awkward posture before doing any activities. Besides this, it is helpful for professional development, which is mandatory in the current situation. So, Occupational Therapists help them teach and give proper education about posture, the condition, and preventive methods. And it is helpful for discovering the role and importance of Occupational Therapy in every sector of Bangladesh.

On the other hand, this research can make an ideal proof which can provide concept to other researchers. They can use this research for their study. For this reason, it is important to know about the prevalence of DQT in the community.

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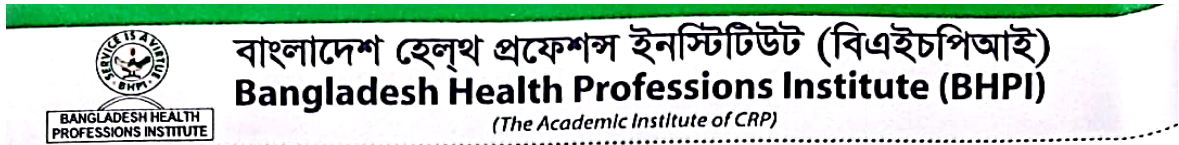
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APPENDICES

Appendix A: Approval Letter and Permission Letter

IRB Approval Letter



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: **CRP-BHPI/IRB/10/2023/769**

Date: **18.10.2023**

To
 Aditi Saha
 4th Year B.Sc. in Occupational Therapy
 Session: 2018-2019; Student ID: 122180325
 Department of Occupational Therapy
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Prevalence of De-Quervain's Tenosynovitis among the Tailors in Dhaka, Bangladesh" by ethics committee.

Dear Aditi Saha,
 Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Nayan Kumar Chanda Assistant Professor, Department of Occupational Therapy at Bangladesh Health Professions Institute (BHPI) as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form

The purpose of the study is to find out the prevalence of De-Quervain's Tenosynovitis among the tailors in Dhaka, Bangladesh. The study involves use of Patient-Rated Wrist Evaluation (PRWE) Questionnaire will take about 10 to 15 minutes and Finkelstein test will be used to determine presence of De-Quervain's Tenosynovitis among the tailors that will take about 1 to 2 minutes and there is no likelihood of any harm to the participants and no economic benefits for the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Member Secretary
 Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

Muhammad Millat Hossain
 Associate Professor
 Project & Course Coordinator
 Dept. of Rehabilitation Science
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission Letter

25 October, 2023

To

The Head of the Department

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain-Savar, Dhaka-1343, Bangladesh.

Subject: Application for permission to collect data for the research project.

Sir,

With due respect, I would like to draw your kind attention that I am a 4th year student of B.Sc. in Occupational Therapy at Bangladesh Health Professionals Institute (BHPI). I have to submit a research paper to the University of Dhaka in partial fulfilment of the degree of Bachelor of Science in Occupational Therapy. I want to collect information about De Quervain's Tenosynovitis (DQT) among tailors from Community. The research title is "Prevalence of De Quervain's Tenosynovitis (DQT) among the Tailors in Dhaka, Bangladesh." The Study design is Quantitative method with Cross-sectional study approach. I will use Face-to-face interview method to collect the data. I assure you that anything of my project will not be harmful for the participants, and any data collected will be kept confidential.

So, I look forward to having your permission to start data collection to conduct a successful study as a part of my course.

Sincerely yours,

Aditi Saha

Roll: 13

4th Year, B.Sc. in Occupational Therapy

Session: 2018-2019

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain-Savar, Dhaka-1343, Bangladesh.

*Recommended and
forwarded for your consideration.
Dr. Masud
0410
25/10/2023*

Appendix B: Information Sheet, Consent Form and Withdrawal Form

(English version)



BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code no:

Information Sheet

Research Title:

Prevalence of De-Quervain's Tenosynovitis among the Tailors in Dhaka, Bangladesh.

Name of the researcher:**Aditi Saha**

Roll:13, Session: 2018-19

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Chapain, Savar, Dhaka-1343.

Supervisor:**Nayan Kumer Chanda**

Assistant Professor

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343.

Location of the research:

This research will be conducted in Dhaka, Bangladesh.

Introduction

I am Aditi Saha. I want to invite you to take part in this research. Before you take the decision, you have to know why this research is being done and how you are related to it. Please take time to read the given information. If you face any problem after reading or you need to know more information, you can ask me.

Background and Aim of this Research

I am Aditi Saha, studying B.Sc. in Occupational Therapy in Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of Centre for the Rehabilitation of the Paralyzed (CRP). As a part of B.Sc. Curriculum, I am going to conduct a research activity under the assistant professor of Occupational Therapy Nayan Kumer Chanda. The topic of the research is about the prevalence of De-Quervain's Tenosynovitis among the tailors. Aim of the study is to find out the prevalence of De-Quervain's Tenosynovitis among the tailors.

What to do to participate in the study?

As I will find out the prevalence of De-Quervain's Tenosynovitis among the tailors, I will use the Patient-Rated Wrist Evaluation (PRWE) questionnaire that will take about 10 to 15 minutes and Finkelstein test will be used to determine presence of De-Quervain's Tenosynovitis that will take about 1 to 2 minutes. The participants also have the right not to answer a particular question that they don't like or don't want during the interview.

Why you are invited to participate?

As my topic is about the prevalence of De-Quervain's Tenosynovitis among the tailors. So, I want to invite all of the people who are working as tailor.

Will you have to participate?

Participation in the research is completely voluntary. Before participation consent should be taken from participants. After the participants participated, they also have the right not to answer a particular question that they don't like or don't want during the interview.

What are the possible risks and opportunities of participation?

There is no direct opportunity for this participation that means participants will not get any financial opportunity. Apart from this, there is no negative question in questionnaire. Therefore, there is no physical or mental risk for the participants. If any problem is seen after participation, then a doctor will advise. Furthermore, by participating in this study will increase awareness about De-Quervain's Tenosynovitis among the tailors.

Will the participation be confidential?

The researcher will strictly maintain the secrecy of the research. The names of the participants will be cited only in the consent form. To maintain the secrecy of the participants code will be maintained in the question paper of the participants. Only the related researcher and supervisor will be able to know about it directly. Information paper will be locked in a drawer and preservation of electronics will be in Department of Occupational Therapy of BHPI and personal laptop of the researcher.

What will be the result of research?

By this research, I will find out the prevalence of De-Quervain's Tenosynovitis among the tailors in Dhaka, Bangladesh. This research can make an ideal proof which can provide concept to other researchers. They can use this proof for their study.

Promotional result

Result of this research will be published and presented through print media, electronic/ social media, conferences and criticism.

Can you withdraw yourself from the research?

You may withdraw your participation without providing any explanation to the researcher until prior to data incorporation, even if you have given consent.

If you have any question you can contact through the given address-**Researcher: Aditi Saha**

Roll: 13, Session: 2018-19

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343.

Email: araddhaaditi@gmail.com

Contact number: 01734788992

Supervisor: Nayan Kumer Chanda

Assistant Professor

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343.

Email: nayan_crp@yahoo.com

Contact number: 01735296444

Consent Form

I am Aditi Saha, 4th Year, B.Sc. in Occupational Therapy student in Bangladesh Health Professions Institute (BHPI) which is under the Medicine Faculty of Dhaka University, an academic institute of Centre for the Rehabilitation of the Paralysed (CRP). As a part of B.Sc. Curriculum, I am going to conduct a research activity under the supervisor Nayan Kumer Chanda, Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The title of the research about the **“Prevalence of De-Quervain’s Tenosynovitis among the Tailors in Dhaka, Bangladesh”**. The aim of the study is to find out the prevalence of De-Quervain’s Tenosynovitis among the tailors. This will take approximately 10-15 minutes.

In this research, I am _____ a participant and I have been clearly informed about the purpose and aim of the study. I am also informed that the information collected will only be used for study purposes and would be kept confidential. Name and address will not be published anywhere. Participation in this study is voluntary, I am willing to participate in the study.

Signature of the participant: _____ Date: _____

Signature of the researcher: _____ Date: _____

Withdrawal Form

Research Title: Prevalence of De-Quervain's Tenosynovitis among the Tailors in Dhaka, Bangladesh.

Name of the researcher: Aditi Saha, Roll:13, Session: 2018-19, 4th year, B.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP, Chapain, Savar, Dhaka-1343.

I, _____(Participant),
wish to withdraw my consent to the use of data arising from my participation.

Name of the participant: _____

Signature of the participant: _____ Date: _____

Signature of the researcher: _____ Date: _____

Appendix B: Information sheet, Consent form and Withdrawal form (Bangla version)



বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স:
০২-৭৭৪৫০৬৯

কোড নং:

তথ্য পত্র

গবেষণার শিরোনাম: ঢাকা, বাংলাদেশে কর্মরত দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস ব্যাপকতা সম্পর্কিত গবেষণা।

গবেষক:**অদিতি সাহা**

রোল-১৩, সেশন: ২০১৮-২০১৯

৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা- ১৩৪৩।

তত্ত্বাবধায়ক:**নয়ন কুমার চন্দ**

সহকারী অধ্যাপক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা-১৩৪৩।

গবেষনার স্থান:

গবেষণাটি ঢাকা, বাংলাদেশ এর মধ্যে পরিচালিত হবে।

ভূমিকা

আমি অদिति সাহা। আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে চাই। আপনি সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি আপনার সাথে কীভাবে জড়িত। নিম্নলিখিত তথ্য পড়ার জন্য দয়া করে সময় নিন। আপনার পড়ার পর বুঝতে কোনো প্রকার সমস্যা হলে বা আপনি আরও তথ্য চাইলে প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট এবং উদ্দেশ্য

আমি অদिति সাহা, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই) বি.এসসি. ইন অকুপেশনাল থেরাপিতে অধ্যয়নরত, যা ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের সাথে অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের (সিআরপি) এর একটি একাডেমিক ইনস্টিটিউট। বি.এসসি. কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপি বিভাগের সহকারী অধ্যাপক নয়ন কুমার চন্দ্র এর তত্ত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয়- দর্জীদের মধ্যে ডি-কোয়ার্ভেইনের টেনোসাইনোভাইটিস ব্যাপকতা। গবেষণার উদ্দেশ্য খুঁজে বের করা দর্জীদের মধ্যে ডি-কোয়ার্ভেইনের টেনোসাইনোভাইটিস ব্যাপকতা।

গবেষণায় অংশগ্রহণ করতে হলে কী কী করতে হবে?

যেহেতু আমি খুঁজে বের করবো দর্জীদের মধ্যে ডি-কোয়ার্ভেইনের টেনোসাইনোভাইটিস ব্যাপকতা, আমি ব্যবহার করব পেশেন্ট-রেটেড রিস্ট ইভোলুশন (পিআরডাব্লিউই) প্রশ্নাবলী যার জন্য ১০-১৫ মিনিট সময় লাগবে এবং ফিঙ্কেলস্টাইন পরীক্ষা করব নির্ধারণ

করার জন্য দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস এর উপস্থিতি যার জন্য ১-২ মিনিট সময় লাগবে। অংশগ্রহণকারীদের অধিকার আছে কোনো প্রশ্নের উত্তর না দেয়ার যেটা তারা পছন্দ করবে না বা চাবে না সাক্ষাৎকার নেয়ার সময়।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আমার গবেষণার বিষয় হল দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস ব্যাপকতা, তাই আমি এখানে বাংলাদেশের সকল দর্জীদের আমন্ত্রণ জানাচ্ছি।

আপনাকে কি অংশগ্রহণ করতে হবে?

গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাধর্মী। অংশগ্রহণের আগে অংশগ্রহণকারীর কাছ থেকে সম্মতি নেওয়া হবে। অংশগ্রহণকারীর অংশগ্রহণের পর অধিকার আছে কোনো প্রশ্নের উত্তর না দেয়ার যেটা তারা পছন্দ করবে না বা চাবে না সাক্ষাৎকার নেয়ার সময়।

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

এই গবেষণায় অংশগ্রহণের জন্য সরাসরি কোনো সুবিধা নেই অর্থাৎ অংশগ্রহণকারী কোনো আর্থিক সুবিধা পাবেন না। এছাড়াও, জরিপ প্রশ্নাবলী ফর্মে কোন নেতিবাচক প্রশ্ন নেই। সুতরাং, অংশগ্রহণকারীদের কোন শারীরিক বা মানসিক ঝুঁকি নেই। অংশগ্রহণের জন্য কোন সমস্যা দেখা দিলে, গবেষক একজন ডাক্তার পরামর্শ দেবেন। অধিকন্তু, এই অধ্যয়নে আপনার অংশগ্রহণের মাধ্যমে, দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস ব্যাপকতা সম্পর্কে সচেতনতা বাড়াবে।

অংশগ্রহণ কি গোপনীয় হবে?

গবেষক কঠোরভাবে সমস্ত তথ্যের গোপনীয়তা বজায় রাখবেন। অংশগ্রহণকারীদের নাম শুধু মাত্র সম্মতি পত্রে উল্লেখ্য করা থাকবে। অংশগ্রহণকারীদের গোপনীয়তা বজায় রাখতে প্রশ্নাবলীতে সমস্ত অংশগ্রহণকারীদের জন্য কোড নম্বর ব্যবহার করা হবে। শুধু মাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। তথ্য পত্র একটি লক করা ড্রয়ারে রাখা হবে এবং তথ্যের ইলেক্ট্রনিকস সংরক্ষণ বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগী এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংগ্রহ করা হবে।

গবেষণার ফলে কি হবে?

এই গবেষণার মাধ্যমে আমি খুঁজে বের করবো ঢাকা, বাংলাদেশে দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস ব্যাপকতা। এই গবেষণাটি একটি আদর্শ প্রমাণ তৈরি করতে পারে যা গবেষণা গোষ্ঠীকে আরও ধারণা দিতে পারে। গবেষণা গোষ্ঠীগুলি তাদের আরও অধ্যয়নের জন্য এই প্রমাণ ব্যবহার করতে পারে।

প্রচারমূলক ফলাফল

এই গবেষণা প্রকল্পের ফলাফলগুলো প্রিন্ট মিডিয়া, ইলেকট্রিক/সামাজিক যোগাযোগ মাধ্যম, সম্মেলন, আলোচনা ও সমালোচনার মাধ্যমে জার্নাল এর মতো ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

গবেষণা থেকে নিজেকে প্রত্যাহার করা যাবে কি?

আপনি সম্মতি প্রদান করা স্বত্বেও ডাটা অধিভুক্ত করার পূর্ব সময় পর্যন্ত গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন।

আপনার যদি কোন প্রশ্ন থাকে তাহলে আপনি নিম্নলিখিত ঠিকানায় যোগাযোগ করতে পারেনঃ

গবেষক: অদিতি সাহা

রোল- ১৩, সেশনঃ ২০১৮-১৯

৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা-১৩৪৩।

ইমেইলঃ araddhaaditi@gmail.com

যোগাযোগের নম্বরঃ ০১৭৩৪৭৮৮৯৯২

তত্ত্বাবধায়কঃ নয়ন কুমার চন্দ

সহকারী অধ্যাপক

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা-১৩৪৩।

ইমেইলঃ nayan_crp@yahoo.com

যোগাযোগের নম্বরঃ ০১৭৩৫২৯৬৪৪৪

সম্মতি পত্র

আমি অদिति সাহা, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটে (বিএইচপিআই) বি.এসসি. ইন অকুপেশনাল থেরাপিতে অধ্যয়নরত, যা ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের সাথে অধিভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের (সিআরপি) এর একটি একাডেমিক ইনস্টিটিউট। বি.এসসি. পাঠ্যক্রম এর অংশ হিসাবে, আমি অকুপেশনাল থেরাপি বিভাগের সহকারী অধ্যাপক নয়ন কুমার চন্দ্র এর তত্ত্বাবধানে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। আমার গবেষণার গবেষণার বিষয়- **দর্জীদের মধ্যে ডি-কোয়ার্ভেইনের টেনোসাইনোভাইটিস ব্যাপকতা**। গবেষণার উদ্দেশ্য খুঁজে বের করা দর্জীদের মধ্যে ডি-কোয়ার্ভেইনের টেনোসাইনোভাইটিস ব্যাপকতা। এটি পূরণ করতে প্রায় ১০-১৫ মিনিট সময় নেবে।

এই গবেষণায় আমি _____
 একজন অংশগ্রহণকারী এবং অধ্যয়নের উদ্দেশ্য এবং লক্ষ্য সম্পর্কে আমাকে স্পষ্টভাবে অবহিত করা হয়েছে। আমাকে আরও জানানো হয়েছে যে সংগৃহীত তথ্য শুধুমাত্র অধ্যয়নের উদ্দেশ্যে ব্যবহার করা হবে এবং গোপন রাখা হবে। নাম ঠিকানা কোথাও প্রকাশ করা হবে না। এই গবেষণায় অংশগ্রহণে একজন স্বেচ্ছাসেবী হিসেবে আমি গবেষণায় অংশগ্রহণ করতে ইচ্ছুক।

অংশগ্রহণকারীর স্বাক্ষর: _____ তারিখ: _____

গবেষকের স্বাক্ষর: _____ তারিখ: _____

প্রত্যাহার পত্র

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

শিরোনাম: ঢাকা, বাংলাদেশে কর্মরত দর্জীদের মধ্যে ডি-কোয়ার্টেইনের টেনোসাইনোভাইটিস ব্যাপকতা সম্পর্কিত গবেষণা।

গবেষকের নাম: অদिति সাহা, রোল-১৩, সেশনঃ ২০১৮-১৯, ৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা- ১৩৪৩।

আমি, _____ (অংশগ্রহণকারী),
আমার অংশগ্রহণ থেকে উদ্ভূত ডেটা ব্যবহারের জন্য আমার সম্মতি প্রত্যাহার করতে
চাই।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর: _____ তারিখ: _____

গবেষকের স্বাক্ষর: _____ তারিখ: _____

Appendix C: Questionnaire (English version)

Code no:

Sociodemographic Questionnaire

1. Name:

Address:

Police station:

District:

Mobile no:

2. Age:

3. Gender:

Male

Female

4. Weight (kg):

5.

Education:

Undergraduate/

Post

graduate:

6. Marital status:

Married

Unmarried

7. Children:

Yes

No

If yes, number:

8. Job experience: _____ days/ months/years

9. Duration of working time: _____

10. Types of work:

Part time

Full time

11. Have you ever experienced pain on the side of the wrist at the base of the thumb?

[a] Yes [b] No

12. Which arm have you experienced pain on the side of the wrist at the base of the thumb?

[a] Right [b] Left [c] Both

13. Have you ever diagnosed your condition?

[a] Yes [b] No

14. If yes, what was the diagnosis? _____

15. Have you ever take any treatment or therapy for your condition?

[a] Yes [b] No

16. If yes, what was the name of the treatment or therapy? _____

17. Finkelstein test (Right/ Left/ Both hands):

Positive

Negative

Patient-Rated Wrist Evaluation (PRWE) Questionnaire

Patient Rated Wrist Evaluation	
Rate the average amount of pain/difficulty you have had in your wrist over the past week by circling the number from 0 (no pain or difficulty) to 10 (the worst pain you have ever experienced or you could not do the task).	
PAIN:	
• At rest	0 1 2 3 4 5 6 7 8 9 10
• When doing a task with repeat wrist movement	0 1 2 3 4 5 6 7 8 9 10
• When lifting a heavy object	0 1 2 3 4 5 6 7 8 9 10
• When it is at its worst	0 1 2 3 4 5 6 7 8 9 10
• How often do you have pain?	0 1 2 3 4 5 6 7 8 9 10
FUNCTION--SPECIFIC ACTIVITIES:	
• Turn door knob using my affected hand	0 1 2 3 4 5 6 7 8 9 10
• Cut meat using a knife in my affected hand	0 1 2 3 4 5 6 7 8 9 10
• Fasten buttons on my shirt	0 1 2 3 4 5 6 7 8 9 10
• Use my affected hand to push up from a chair	0 1 2 3 4 5 6 7 8 9 10
• Carry a small object in my affected hand	0 1 2 3 4 5 6 7 8 9 10
• Use bathroom tissue with my affected hand	0 1 2 3 4 5 6 7 8 9 10
FUNCTION--USUAL ACTIVITIES:	
• Personal care activities (dressing, washing)	0 1 2 3 4 5 6 7 8 9 10
• Household work (cleaning)	0 1 2 3 4 5 6 7 8 9 10
• Work (your job or everyday work)	0 1 2 3 4 5 6 7 8 9 10
• Recreational activities	0 1 2 3 4 5 6 7 8 9 10
Score:	
Pain subscale:	/50
Functional subscale (total divided by 2):	/50
Total PRWE score:	/100
<i>Scoring:</i> Each section can be summated individually or the total scores can be calculated & scored as percentages. For either method, the higher the score, the poorer the outcome.	

Appendix C: Questionnaire (Bangla version)

কোড নং:

আর্থ-সামাজিক প্রশ্নাবলী

১. নাম:

ঠিকানা:

থানা:

জেলা:

মোবাইল নাম্বার:

২. বয়স:

৩. লিঙ্গ:

 পুরুষ মহিলা

৪. ওজন (কেজি):

৫. শিক্ষাগত যোগ্যতা: (স্নাতক/স্নাতকোত্তর): _____

৬. বৈবাহিক অবস্থা:

 বিবাহিত অবিবাহিত

৭. সন্তানসন্ততি:

 হ্যাঁ না

যদি থাকে, সংখ্যা: _____

৮. কাজের অভিজ্ঞতা: _____ দিন/মাস/বছর

৯. দিনের কত সময় আপনি কর্মক্ষেত্রের ব্যয় করেন: _____

১০. কাজের ধরন:

 পার্ট টাইম ফুল টাইম

১১. আপনি কি কখনও বুড়ো আঙুলের গোড়ায় কঞ্জির পাশে ব্যথা অনুভব করেছেন?

(ক) হ্যাঁ (খ)না

১২. আপনি কোন হাতে বুড়ো আঙুলের গোড়ায় কঞ্জির পাশে ব্যথা অনুভব করেছেন?

(ক) ডান (খ) বাম (গ) দুই হাত

১৩. আপনি কি কখনও আপনার অবস্থা ডায়াগনোসিস বা রোগ নির্ণয় করেছেন?

(ক) হ্যাঁ (খ)না

১৪. যদি হ্যাঁ, রোগ নির্ণয় কি ছিল? _____

১৫. আপনি কি কখনও আপনার অবস্থার জন্য কোন চিকিৎসা বা থেরাপি গ্রহণ করেছেন?

(ক) হ্যাঁ (খ)না

১৬. যদি হ্যাঁ, চিকিৎসা বা থেরাপির নাম কি ছিল? _____

১৭. ফিঙ্কেলস্টেইন পরীক্ষা (ডান/বাম/দুই হাত):

 ইতিবাচক নেতিবাচক

পেশেন্ট-রেটেড রিস্ট ইভালুয়েশন প্রশ্নাবলী

পেশেন্ট রেটেড রিস্ট ইভালুয়েশন	
আপনার কঙ্গির উপরে যে গড় ব্যথা/কষ্ট হয়েছে তা নির্ধারণ করুন	
গত সপ্তাহে সংখ্যাটি গোল করে 0 (কোন ব্যথা বা অসুবিধা নেই) থেকে 10 পর্যন্ত	
(সবচেয়ে খারাপ ব্যথা আপনি অনুভব করেছেন বা কাজটি করতে পারেন নি)	
ব্যথা:	
• বিশ্রামের সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• বারবার কঙ্গি নড়াচড়া করে একটি কাজ করার সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• যখন একটি ভারী বস্তু উত্তোলন করা হয়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• যখন এটি সবচেয়ে খারাপ অবস্থায় থাকে	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আপনার কত ঘন ঘন ব্যথা হয়?	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
কাজ-নির্দিষ্ট ক্রিয়াকলাপ:	
• আমার আক্রান্ত হাত ব্যবহার করে দরজার হাতল বা হ্যান্ডেল ঘুরানোর সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আমার আক্রান্ত হাতে একটি ছুরি ব্যবহার করে মাংস কাটার সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আমার শার্টের বোতাম লাগানোর সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আমার আক্রান্ত হাত দিয়ে একটি চেয়ার ধাক্কা দেওয়ার সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আমার আক্রান্ত হাতে একটি ছোট বস্তু বহন করার সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• আমার আক্রান্ত হাত দিয়ে বাথরুম টিস্যু ব্যবহার করার সময়	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
কাজ-সম্পর্কিত ক্রিয়াকলাপ:	
• ব্যক্তিগত যত্ন কার্যক্রম (পোশাক পড়া, ধোয়া)	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• ঘরের কাজ (পরিষ্কার করা)	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• কাজ (আপনার কাজ বা দৈনন্দিন কাজ)	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
• বিনোদনমূলক কার্যক্রম	০ ১ ২ ৩ ৪ ৫ ৬ ৭ ৮ ৯ ১০
স্কোর:	
ব্যথা সাবস্কেল:	/৫০
কার্যকরী সাবস্কেল (মোট ২ দ্বারা বিভক্ত):	/৫০
মোট স্কোর:	/১০০
স্কোরিং: প্রতিটি বিভাগ পৃথকভাবে যোগ করা যেতে পারে বা মোট স্কোর গণনা করা যেতে পারে এবং শতাংশ হিসাবে স্কোর করা যেতে পারে। উভয় পদ্ধতির জন্য, স্কোর যত বেশি হবে, ফলাফল তত খারাপ হবে।	

Appendix D: Supervision Contact Schedule

Bangladesh Health Professions Institute
 Department of Occupational Therapy
 4th Year B. Sc in Occupational Therapy
 OT 401 Research Project

Thesis Supervisor- Student Contact: face to face or electronic and guidance record

Title of thesis: Prevalence of De-Quervain's Tenosynovitis among the Tailors in Dhaka, Bangladesh

Name of student: Adik Saha

Name and designation of thesis supervisor: Nayan Kumar Chanda, Assistant Professor,
 Department of Occupational Therapy, Bangladesh Health Professions Institute.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	BHPI	About the research title	1 hour	Curious about the research	Adik	Nayan
2	10.08.23	BHPI	Previous research and questionnaire	1 hour	Need to select questionnaire	Adik	Nayan
3	14.08.23	BHPI	Aim, Objective, Methodology	1.30 hours	Need to set objectives	Adik	Nayan

4	13.8.23	BHPT	Methodology	1 hour	Overall good	Atti	Not
5	24.8.23	BHPT	Study design & inclusion exclusion criteria	1 hour 25min	Not to set inclusion & exclusion	Atti	Not
6	28.8.23	BHPT	Sample size, Ethical consideration Data collection & data analysis	2 hours	Need to select sample size.	Atti	Not
7	7.9.23	BHPT	Abstract, Information Sheet, question form	1 hour 20min	Important to write abstract	Atti	Not
8	11.9.23	BHPT	Consent form, with abnormal form, questionnaire	45 min	Questionnaire check	Atti	Not
9	16.9.23	BHPT	Introduction, text Literature review	1 hour 20min	Important	Atti	Not
10	19.9.23	BHPT	Time frame & Budget	20 minutes	Need to set time frame	Atti	Not
11	20.9.23 10.10.23	BHPT	Data collection progress, data analysis	45 min	Data collection	Atti	Not
12	7.10.23	BHPT	SPSS data entry, Table making	45 min	SPSS	Atti	Not
13	05.11.23	BHPT	Referencing checks, Mendley	45 min	Mendley	Atti	Not
14	16.11.23	BHPT	Acknowledgement writing & Abstract	30 mins	Acknowledgement	Atti	Not

15	15.1.23	BHPT	Result Writing	1 hour 30mins	Need write result in details	04:41	<i>[Signature]</i>
16	19.2.23	BHPT	Discussion writing	30mins	Discussion	04:41	<i>[Signature]</i>
17	28.8.23	BHPT	Discussion & conclusion	30mins	penultima check	04:41	<i>[Signature]</i>
18	2.4.23	BHPT	Recheck result & SPSS	45 mins	Result correction	04:41	<i>[Signature]</i>
19	9.4.23	BHPT	Referencing, result, scale check	30mins	Result & scale	04:41	<i>[Signature]</i>
20	16.4.23	BHPT	Overall feedback & Presentation	1 hour	Final Thesis & Presentation feedback	04:41	<i>[Signature]</i>

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.