

BARRIERS TO RETURN TO WORK FOR THE PEOPLE WITH SPINAL CORD INJURY

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Bachelor of Science in Physiotherapy (B. Sc. PT)

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

BARRIERS TO RETURN TO WORK FOR THE PEOPLE WITH SPINAL CORD INJURY

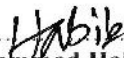
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DECLARATION

I declare that the work presented here is my own. All sources used have been cited appropriately. Any mistakes or inaccuracies are my own. I also decline that for any publication, presentation or dissemination of information of the study. I would bound to take written consent from the department of physiotherapy of Bangladesh Health Professions Institute (BHPI).

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Acronyms

ADL	: Activity of Daily Living
ASIA	: American Spinal Cord Injury Association
BHPI	: Bangladesh Health Professions Institute.
BMRC	: Bangladesh Medical Research Council
CBR	: Community Based Rehabilitation
CRP	: Center for the Rehabilitation of the Paralysed
IPA	: Impact of Participation and Autonomy
IRB	: Institutional Review Board
RTA	Road Traffic Accident
SCI	: Spinal Cord Injury
SPSS	: Statistical Package for the Social Science
UK	: United Kingdom
WHO	: World Health Organization

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Abstract

Purpose: To identify the barriers to return to work for the people with Spinal Cord Injury (SCI). **Objectives:** To find out the barriers to return to work for the people with Spinal Cord Injury, to identify the socio-demographic information, to explore the injury related status, to evaluate functional status, to find out the association between socio-demographic and different barriers related information. **Methodology:** The study was cross-sectional. Total 60 samples were selected conveniently for this study from the community. Data was collected by using mixed type of questionnaire. Descriptive statistic was used for data analysis which focused through table, pie chart and bar chart.

Results: In this study it was found that among the participants in the domains family role, work & education and social life & relationships were poor and very poor participation were mostly and also some fair found in items. Especially helping or supporting other people around 29 (48.3%) faces barrier in domains of social life & relationships, 25 (41.7%) faces difficulty in getting heavy tasks done in domains of family role and 30 (50%) faces barrier to getting the getting or keeping or voluntary job education or training in domains of work and education. In most cases were minor except getting or keeping or voluntary job cases were major around 34 (56.7%). Analysis showed that among the participants in autonomy indoor majority 22 (36.7%) faces barrier in going to the toilet, in autonomy outdoor valued as visiting relatives and friends, going on the sort of trips and holidays faces majority were 31 (51.7%). Among association between socio-demographic and all domains of IPA questionnaire most of the items of autonomy indoor are highly significant and access to getting or keeping or voluntary job is the most important variable in predicting perceived severe problems with participation. **Conclusion:** Barriers is a major important issue in people with SCI. The consequences of barriers are higher in the working group in comparison with the non-working population. These results of this study also provided background information about spinal cord injury that may be useful in minimize the Barriers to return to work for the people with spinal cord injury.

Key word: Spinal Cord Injury, Barrier, IPA

1.1 Background

Spinal cord injury (SCI) is a disastrous injury associated with significant functional loss commensurate with the severity of injury (Silver et al., 2012). Common cause include motor vehicle collisions, fall from height, acts of violence, and sports injuries SCI results in complete or incomplete loss of function below the level of the lesion and has a broad impact on medical, social, psychological, and economic conditions for those directly affected, their paid or unpaid caregivers, and the community (Jang et al., 2005). The spinal cord is 42-45 cm long and extends from the foramen magnum to the level of the L₁ or L₂ vertebra and the function of the spinal cord is to act as the main pathway for all incoming and outgoing impulses from the higher center to the periphery for reflex activities and also exerts traffic control over the muscular system (Drake et al., 2005).

Different studies have shown that the return-to-work rate after SCI ranges from 13% to 58%. This variation is not surprising because sample of various study and definition of work of demographic and injury related characters have been greatly varied. These studies also suggest that functional status and work-related factors correlate with different employment rates and employment status after SCI (Jang et al., 2005) .

Unemployment rate of 78.2%, which included 100% of their tetraplegia and 64.7% of their paraplegic respondents which was reported by Wang and Colleagues. A variety of study show that environmental factors and other individual attributes, such as age, educational level, and injury severity, have great effects on the success of re-employment of these SCI clients, and this has been confirmed (Chan & Man, 2005).

It is important for handling these barriers and developing treatment program to enhance the vocational capacity of these clients, rehabilitation professionals need to incorporate strategies. It is common in people with SCI medical and psychosocial problems and can present barriers that may last for years post injury. Returning to work or school, adapting to new social roles, and gaining general individual independence are associated with depression and their quality of life and it is very difficult. It is essential to maintaining health and well-being, preventing acute and chronic co-morbidities, and maximizing quality of life by eliminating and minimizing (Silver et al., 2012) . Increase in barriers to

employment related to with the age at injury and years since injury may be because of declining health. The older age at injury (45–54 years) and with the most years post injury (>30 years) is the largest number of barriers that was reported. Level of education, less severe injury and returning to pre-injury employer were It is associated with shorter interval to initiation of employment with 10 year censoring that their level of education, less severe injury and returning to pre-injury employer. The strong factor predicting return to work is functional independence. It may improve employment after SCI that, rehabilitation should be focused on education, self-care ability, community mobility, vocational training and environmental modifications. However, Non-accommodating environments, lack of opportunities and inadequate income support are facing by disable people. It is an important indicator of successful reintegration that early positive expectations of the individual person with a SCI (Gupta et al., 2011).

How to access necessary medical, social, financial, and insurance resources it's a new thing for injured persons are often reintroduced to the community having limited knowledge. The most cited physical barriers for persons with SCI is persistent pain, comorbid medical conditions, and lack of adequate durable medical equipment (Silver et al., 2012).

It is risk for people with SCI for developing a hypoactive lifestyle due to loss of motor, sensory or autonomic innervations below the level of injury (Vissers et al.,2008) . Nowadays cardiovascular disease are one of the major causes of morbidity and mortality in the SCI population and hypo activity may have negative effects on physical fitness, social participation and quality of life; it may increase the risk of developing secondary health problems, such as , obesity and non-insulin dependent diabetes mellitus Therefore, It is an important aspect and outcome measure of the rehabilitation process of persons with SCI that the level of everyday physical activity (Vissers et al., 2008).

1.1 Rationale :

Spinal cord injury has been described as —one of the greater calamities that can befall a human being. Because SCI tends to occur to people in their early adulthood, in the prime of their lives, when they are attending school or developing their careers or establishing a home and starting a family. From a life course perspective, SCI derails people with disabilities leaving them off-track and off-time in regard to socially expectable normative activities and social roles (Pickett et al., 2006).

The extent of life disruption experienced after traumatic SCI cannot be explained by injury severity or demographic factors alone. Patients with spinal cord injury may face range of problems or barriers in their community like as environmental, physical, emotional/psychological, perceptions and attitudes. Environmental & physical barriers are commonly seen in our country after spinal cord injury and it is increasing day by day. In recent past some studies have dealt with spinal cord injury patients in our countries, but the exact barriers of people with spinal cord injury patients in community has not been studied in Bangladesh. This study formulates to fill the gap of knowledge & ideas in this area. The purposes of the study are to find out accessibility barriers of people with spinal cord injury patients in community. This study also helps to explore the patient's physical, emotional/psychological, perceptions, attitudes and environmental barriers. This study also helps to discover the lacking area of a career, especially after doing any activities in community. By doing this research, the problem may be drawn out & gives proper education about accessibility barriers of people with spinal cord injury patients. This study is helpful in making physiotherapist to aware about the accessibility barriers of people with SCI patients. Physiotherapy plays a vital role in the management of SCI patients, so it is helpful for physiotherapist in working in this area for delivering service. As a result patients become more benefited. Thus the study might create a future prospect of physiotherapy profession in Bangladesh (Whiteneck et al., 2004).

So, researcher interest to work in this area and to aware the people and professionals about the accessibility barriers of people with SCI people in community. It helps to discover the role and importance of physiotherapy in every sector of Bangladesh.

1.3 Research Question

What are the barriers to return to work for people with spinal cord injury in community?

1.4 Study Objectives

1.4.1 General Objectives:

To identify the barriers to return to work for people with spinal cord injury.

1.4.2 Specific Objectives:

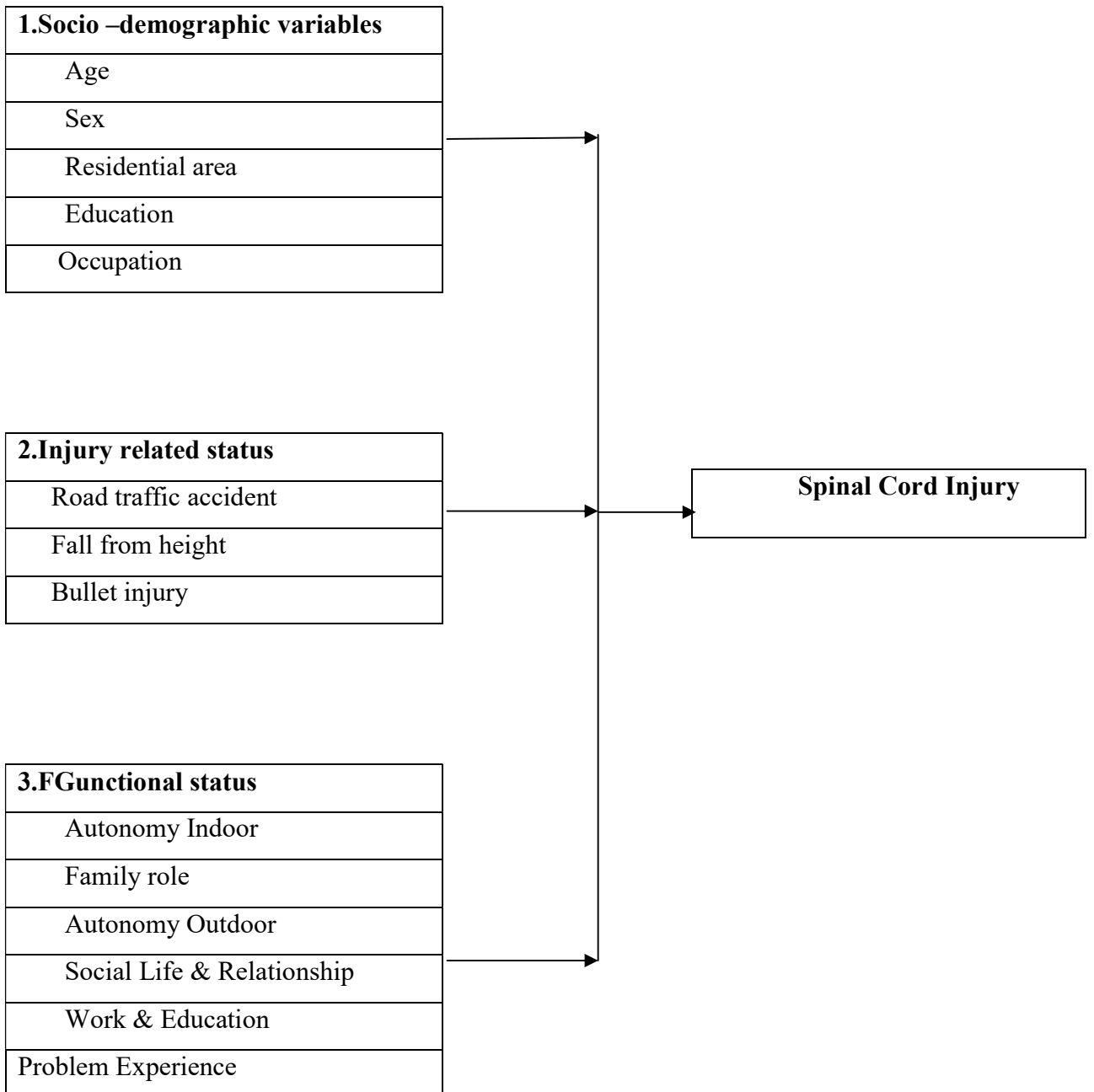
- To identify socio-demographic status.
- To explore the injury related status.
- To evaluate functional status.
- To find out the association between socio-demographic and different barriers related information.

1.5 List of variables

Conceptual framework

Independent variables

Dependent Variable



1.6 Operational definition

Barriers

Barrier is a physical structure which blocks or impedes something.

Spinal cord injury

Any injury to the spinal cord that can cause paralysis of both upper and lower limb called Spinal Cord Injury. Spinal cord injury is an enormous devastating condition often affecting young and male healthy individuals and which result negatively at all the parameters of their life.

Returns

Returns means back to the previous activity from the present condition.

Activities of daily living

Task that enable individual to meet basic needs in style.

CHAPTER : IILITERATURE REVIEW

Literature review

In South Asia Bangladesh is one of the most deep populated country in the world, total population of this country is about 130 million and about 830 people live in per square kilometer area. There are more than 80% population lives in the village and about 60% of the total labors forces are involved in agriculture, about 4.6% people are disabled due to spinal cord injury. There are more than 250,000 people in the U.S. currently living with spinal cord injury and approximately 12,000 new cases are reported each year (Silver et al., 2012).

The life altering experience that affects not only the patients with SCI but also their spouses, parents, siblings and children and the significant cause of mortality and morbidity. Spinal cord injury results in a high level of individual disability, which is hardly changes their lifestyle. The life expectancy of spinal cord injury patients was much lower in developed country than developing country like Bangladesh (Hossain, 2016). Internationally, between 12 and 58 SCI cases are reported per million annually (Van den Berg et al., 2010). The severity of the impairments and functional limitations depend on the extent and location of the spinal cord lesion (Itzkovich et al., 2007).

The independent living movement in the United States in the early 20th century focused on quality of life and the environment's accessibility, especially accessible transportation. Findings from De Jong et al showed that transportation fostered an active and productive lifestyle among persons with disabilities (Jang et al., 2005). Studies in the UK and the Netherlands found that after 12–18 months of discharge sexual pleasure was commonly rated very low by a sample of people with SCI, studies of partnered men with SCI also connected sexual satisfaction to biological factors such as erectile function greater than partner satisfaction and relationship quality although, for some people, sexual activity is deteriorate due to concerns about bowel and bladder incontinence (van Koppenhagen et al., 2008). A spinal cord injury person leads a poor lifestyle due to loss of motor, sensory or autonomic innervations below the level of injury and its very risk position for him. This type of inactivity may have negative effects on their physical fitness, social participation and quality of life; it may increase the risk of developing secondary

complication and create health problems, such as cardiovascular diseases, obesity and non-insulin-dependent diabetes mellitus, person with a spinal cord injury (SCI) might be at risk for secondary conditions like pressure ulcers, urinary tract infections, autonomic dysreflexia, spasticity, joint contractures, depression, deconditioning and weight gain, syringomyelia, Spinal cord injury is an enormous devastating condition often affecting young and male healthy individuals and which result negatively at all the parameters of their life including physical, emotional, financial and social cost, which can result in paralysis or paresis of the affected areas of the body and the extent of this injury determined by how high or low on the spine the damage occurs, leading finally to tetraplegia or paraplegia, with an estimated annual incidence of 11,000 cases per year in the United States (Thuret et al., 2006). In Australia, male is more affected than female in non-traumatic SCI and the ratio is 197:169 and the prevalence of paraplegia is more about 269 per million than tetraplegia (98 per million) (New et al., 2013). The worldwide incidence of SCI is 10.4 and 83 per million per year and the mean age is 33 years old, male and female ratio is 3.8:1 and one- third of the patients are tetraplegic all over the world (Wyndaele&Wyndaele, 2006). And 2.5 million people live with SCI around the world (Oyinbo, 2011). Physiological and psychological effects of spinal cord injury create freight for the patient as well as family members and also for the society. Spinal cord injury or damage can cause a wide range of impairments, activity limitation and participation restriction which has great impact on society in our country (Hossain, 2016). In India, approximate 20,000 new cases of spinal cord Injury are added every year 60-70% of them are illiterate, poor villagers (Singh et al., 2005).In tetraplegia patient they are facing more limitation than paraplegic patient. It is very hard for them to return work in again in their previous work. A higher educational level is associated with positive expectation. In 67%, return to work was successful. If the patient expected to resume work the chance to reintegrate successfully was better. About one-third of the 49 respondents working pre injury followed vocational retraining, which was successful for most of them so far. In the majority of work situations modifications have been made, such as job adaptations and reduction of working hours.

Early after injury participants expectation of their ability to return work or formal job find other work or the retrained were highly predictive of return of to work that was

reported by Netherland. Unemployed participants with SCI indicate that the most prominent barrier endorsed included inability to physically perform the same type of work following injury. Environment it's a great impact on the lives of people with SCI has been a focus of Spinal cord injury presents a substantial barrier to return to gainful employment ,relatively few individuals return to their pre-injury job after SCI, with recent estimates suggesting that only about 12% return to their pre-injury job Further, although individuals who are gainfully employed at the time of injury are more likely to work in the first few years after SCI, this advantage disappears after about 10 years post injury, When looking at all people with SCI, studies have generally suggested that less than 30% with SCI are working at any given point in time (Krause & Pickelsimer,2008). The ability to empirically quantify what effect environmental barriers and facilitators have on a person's participation in society has been limited. It is discovered progressively that participate in society and these barriers are; start with housing – where a person who recently developed SCI will have to return after rehabilitation – then ongoing with transport, which will be fundamental to take part in the community, and finishing with public buildings – such as schools and workplaces– where admittance is needed to fulfill rights to education and employment (Whiteneck et al., 2004).

After leaving the rehabilitation hospital SCI people may have some difficulties in accessing their accommodation due to some barriers such as stairs, small bathroom and inaccessible kitchens which in effect make them ,bed-blocking and that's why when patients healthy enough to go home and transportation barriers are one of the most important barriers because it's necessary to participate in education, employment and social activities outside the home, public transport is often inaccessible to people with SCI and ramps, lifts & safety lock-down systems may be absent, though present it maintain poorly. Individuals must often cope with various physical, psychological, and social issues, after sustaining a spinal cord injury (SCI) that occurs as a result of their injuries such as poorer health as a result of the injury, reduced employment opportunities, limited social support and family role functioning, limited access to recreational and leisure activities, and a lack of accessible transportation & also some invisible and conceptual barriers that arise from the attitudes and beliefs of the individual with the SCI and from society as a whole that are affect participation (Zinman et al., 2014).

Several studies have found that persons with paraplegia were more likely to return to work than those with tetraplegia (Anderson et al., 2002). Although others did not being married and receiving vocational training has been found to correlate positively with employment status. These studies have identified generally consistent relationships between employment and key demographic, functional, and environmental variables. However, because of methodological differences and small sample sizes or use of a particular population in some of these studies, there is still a lack of consensus on the precise nature and stability of the factors affecting return to work after SCI. More research is needed with persons who are many years post injury as well as those with widely varying ages, educational levels, and cultures (Jang et al., 2005)

A study conducted by Eastwood et al suggests that a higher incidence of re-hospitalization because of secondary medical conditions and an increased rate of discharge to institutional settings are both a result of this trend. These associations suggest that newly spinal cord injured individuals may be discharged from acute rehabilitation without the optimal functional skills necessary to successfully return home and to the community (Silver et al., 2012).

With the population of spinal cord injuries (SCI) is relatively young, and a high proportion of it falls within the working age range. The unemployment rate of SCI clients after injury ranges from 31% to 87%. The variation in the reported rates is mainly due to the heterogeneity in the characteristics of the subjects sampled and the definitions of employment adopted by different studies. In Hong Kong, there is a paucity of similar studies on this topic. Chan et al. studied the coping patterns of SCI victims and found that role dissatisfaction was a commonly reported problem. Many clients were disillusioned and disappointed with their work roles; in fact, these were among the top five stressful situations encountered by most SCI clients. We are not clear about how SCI clients face the physical and environmental barriers to re-employment. Knowledge of the psychosocial aspects of local SCI victims is also inadequate (Chan & Man, 2005).

Beginning immediately after injury, individuals are immersed with a series of physical, emotional, and social challenges. Rehabilitation offers those newly injured persons the benefit of individualized functional training before return to the community, as well as continued consultation and education post-discharge (Silver et al., 2012). Other studies have shown that the return-to-work rate after SCI ranges from 13% to 58%. This variation is not surprising because different study samples have varied greatly in demographic and injury-related characteristics and in the definition of work. These studies also suggest that functional status and work-related factors correlate with different employment rates and employment status after SCI. With the nature and extent of education being the most consistent predictor of employment outcome, those with a high level of education have been more likely to return to work than those with a low level of education and another Some studies found that younger people and those who were younger at the time of injury were more likely to return to work than older people, but others did not. In addition, some studies have found that persons with a longer duration of living with SCI were more likely to return to work than those who had lived with SCI for a shorter period of time, but, again others failed to support this (Jang et al., 2005).

Perceptions of health limitations, particularly as related to pressure ulcers, appear to be more substantial barriers to employment than previously believed, such that return to work among participants who endorsed any one of these three items was negligible. These findings suggest that self-perceptions of poor health and perhaps health itself ultimately serve as a prominent barrier to employment (Krause & Pickelsimer, 2008).

Scelza et al., (2005) stated that in 72 adults with SCI narrowed these to three primary categories of perceived exercise barriers, internal (lack of motivation, energy, interest and so on resources (cost, knowledge and so on) and structural accessibility and so on, environmental factors and other individual attributes, such as age, educational level, and injury severity, have great effects on the success of reemployment of these SCI clients and this has been confirmed by a variety of studies.

Spinal cord injury presents a substantial barrier to return to gainful employment, relatively few individuals return to their pre-injury job after SCI, with recent estimates suggesting that only about 12% return to their pre-injury job Further, although individuals who are gainfully employed at the time of injury are more likely to work in

the first few years after SCI, this advantage disappears after about 10 years post injury, When looking at all people with SCI, studies have generally suggested that less than 30% with SCI are working at any given point in time (Krause & Pickelsimer, 2008).

Few studies have attempted to identify perceived barriers to exercise in the spinal cord injury (SCI) population, however mixed disability focus groups have revealed 10 major groups of exercise participation barriers like as environmental, cost, equipment, laws and regulations, information, psychosocial, education and training, perceptions and attitudes, policies and procedures, and resource availability (Cowan et al., 2013).

3.1 Study design

A cross sectional study design was used. A cross sectional study was chosen as appropriate to find out the objectives. This design involves identifying group of people and then collecting the information that requires when they use the particular service. All the measurements on each person were made at one point in time. The data were collected all at the same time or within a short time frame. A cross-sectional design provides a snapshot of the variables included in the study, at one particular point in time (Fraenkel et al., 1993). The data were collected from the community through a standard questionnaire.

3.2 Study site

In this study I have chosen the Dhaka city as my study place where the SCI patients belongs to.

3.3 Study population and Sample population

A population is the total group or set of events or totality of the observation on which a research was carried out. It was the group of interest to the researcher, the group whom the researcher would like to generalize the result of the study. In this study the SCI people in community was chosen as a sample population to carry out this study. About 60 samples were selected for this study.

3.4 Sampling technique

Sampling refers to the process of selecting the subjects/individual. The convenience sampling method was used to draw out the sample from the population.

3.5 Sample size

Sampling procedure for cross sectional study done by following equation-

$$n = \frac{Z^2 pq}{d^2}$$
$$= (1.96)^2 \times 0.47 \times 0.5 / (0.05)^2$$
$$= 382$$

Here,

$$Z (1-\alpha/2) = 1.96$$

$$p = 0.47$$

$$q = 1-p$$

$$d = 0.05$$

The investigator aimed to focus his study by 382 samples following the calculation above initially. But as the study was done as a part of fourth professional academic research project and there were some limitations, so number of sample was selected 60 maintaining the inclusion and exclusion criteria and within the scarcity of time.

3.6 Inclusion criteria

- Traumatic SCI.
- Having undergone a complete rehabilitation program.
- Being at least 1 year post-injury.
- Between the ages of 18 and 60 years.
- Services for SCI patients from CRP.

3.7 Exclusion criteria

- Spinal cord injury patient with progressive disease.
- Below the ages of 18 and above 60 years.
- Unwillingness.
- Who are not being at least 1 year post injuries.

3.8 Data collection tools

Data were collected by using a standard questionnaire included IPA questionnaire. In that time some other necessary materials were needed like pen, pencil, and white paper, clip board & note book. Data were analyzed with the software named Statistical Packages for the Social Science (SPSS) version 20.0 Data were presented by using table.

3.9 Data analysis plan

The data that was collected is descriptive data. The table technique was used for analyzing data, calculated as percentages, and presented this by table using SPSS (Statistical Packages for the Social Science) software version 20 in Microsoft office Excel 2013. SPSS is a comprehensive and flexible statistical analysis and data management solution. SPSS can take data from almost any type of file and use them to generate tabulated reports, charts, and plots of distributions and trends, descriptive statistics, and conduct complex statistical analysis.

3.10 Ethical consideration

The research proposal was submitted to the Institutional Review Board (IRB) of Bangladesh Health Profession Institute (BHPI) and after defense the research proposal approval was taken from the IRB. A written/ verbal consent was taken from participate before collecting of data. The necessary information has been approved by the ethical committee of CRP and was permitted to do this research. Also the necessary permission was taken from the in-charge of the rehabilitation division of CRP. The participants were explained about the purpose and goal of the study before collecting data from the participants. The World Health Organization (WHO) and Bangladesh Medical Research council (BMRC) guideline was always followed to conduct the study. During the course of the study, the samples who were interested in the study had given consent forms and propose of the research and the consent forms were explained to them verbally. The study did not interfere with their jobs. They were inform that their participation was fully voluntary and they had the right to withdraw or discontinue from the research at any time. They were also informed that confidentiality was maintained regarding their information.

It should be assumed the participant that his or her name or address would not be used. The participants will also be informed or given notice that the research result would not be harmful for them.

Purpose of this study was to explore the barriers to return to work for people with Spinal Cord Injury. Data were numerically coded and analysis the data by using an SPSS 20.0 version software program and the result calculated as percentages and presented by using in table, pi-chart and bar-chart.

In this study 60 participants of people with Spinal Cord Injury were selected. Out of the participants the mean age of the participants was 31.91 (± 11.80) years. The range is 18-60 with minimum age 18 years and maximum 60 years. Among the participants the higher numbers of the participants were at the age of 30 years and the numbers were 7 (11.7%). The numbers of 18-40 years were 48 (80%) and 41-60 were 12 (20%).

4.1 Socio-demographic information:

4.1.1 Aging group:

Total 60 participants the age Group -A (18-40) were 48 (80%) and age Group-B there (41-60) were 12 (20%), (**Figure-1**).

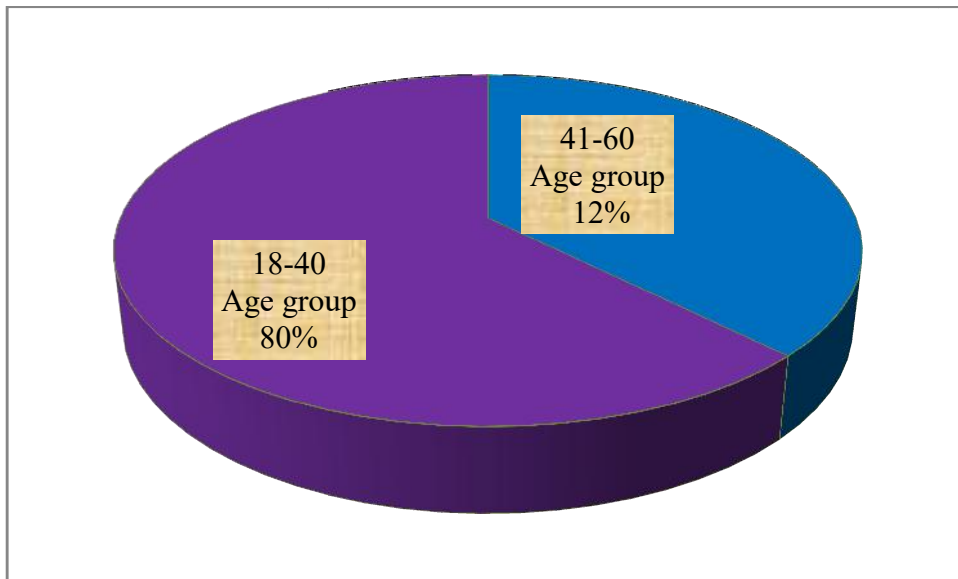


Figure-1: Age group of the participants

4.1.2 Sex of the patient:

Among all participants there male participant were more than female. Male participants were 51(85%) and female participant were 9(15%), (**Figure-2**).

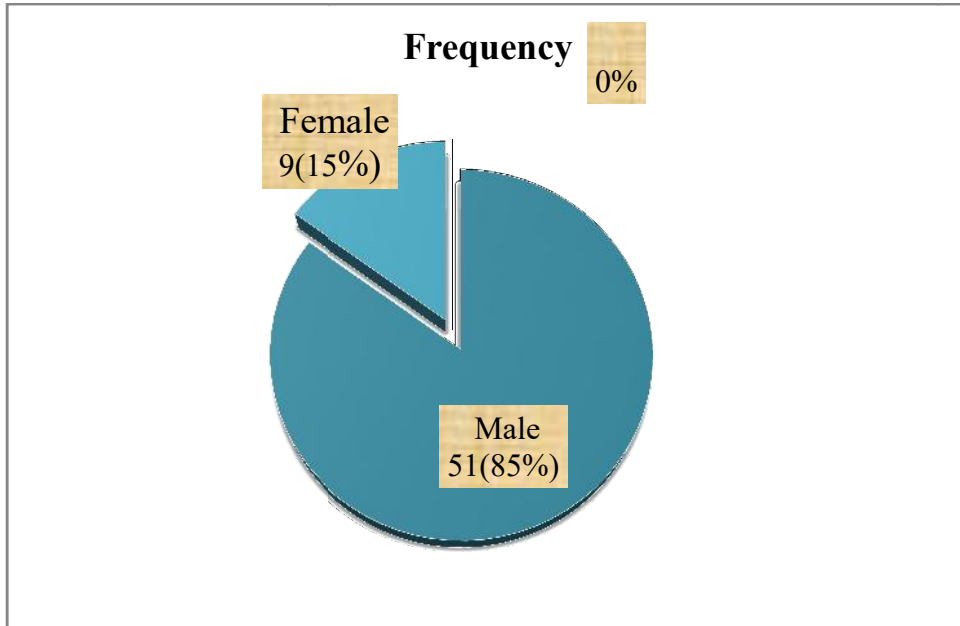


Figure-2: Sex of the participants

4.1.3 Marital status of the patient:

This figure shows the marital status of the participants. There 60 participants which are included in this study. Among them 35 (58%) participants were married, 24(40%) participants were unmarried and 1(2%) were separate (**Figure-3**).

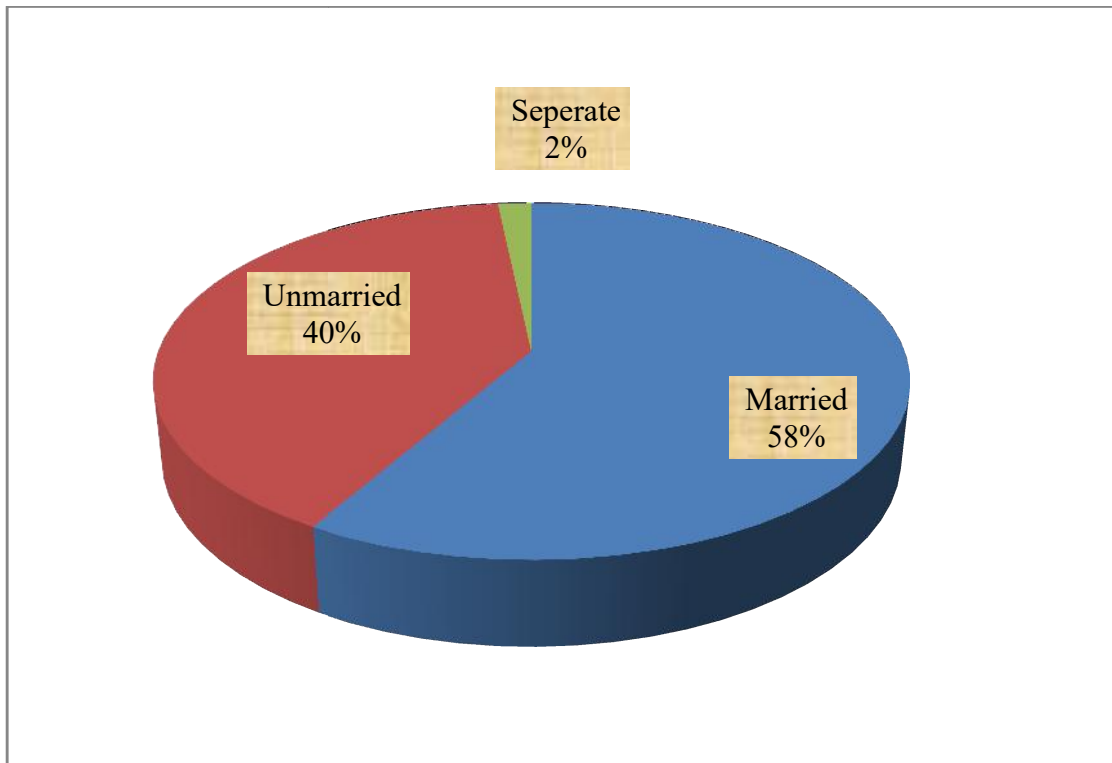


Figure-3: Marital Status of the participants

4.1.4 Religion:

Among total 60 participants there were Islam 56 (93.3%) and Hindu were 4 (6.7%), (Figure-4).

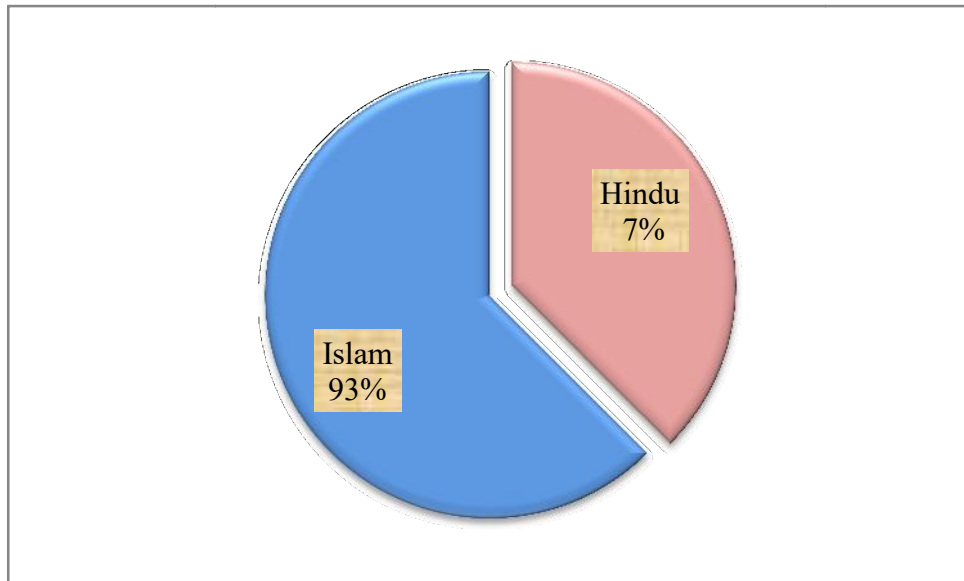


Figure-4: Religion of participants

4.1.5 Educational Status of the patient:

Among all 60 participants the number of uneducated participants were 6 (10%), primary were 16 (26.7%), maximum participants were Secondary school certificate 22 (36.7%), H.S.C participants were 12 (20%), Honor's 1 (1.7%), Masters 2 (3.3%) and others were 1 (1.7%), (Table-1).

Educational Status	Number	Percent %
Illiterate	6	10
Primary	16	26.7
S.S.C	22	36.7
H.S.C	12	20
Honors	1	1.7
Masters	2	3.3
Others	1	1.7
Total	60	100

Table-1: Educational status of the participants

4.1.6 Occupation of the participant:

The occupation of the participants among 60 there business were 6 (10%), shopkeeper were 6 (10%), carpenter were 2 (3.3%), service were 4 (6.7%) and others people occupation were 42 (70%), (Table-2).

Table-2: Occupation of the participants

Occupation	Number	percent %
Business	6	10
Shopkeeper	6	10
Carpenter	2	3.3
Service	4	6.7
Others	42	70
Total	60	100

4.1.7 Residential Area:

In total 60 participants there were Urban 24 (40%) and Rural were 36 (60%). Rural were more than urban, **(Figure-5)**.

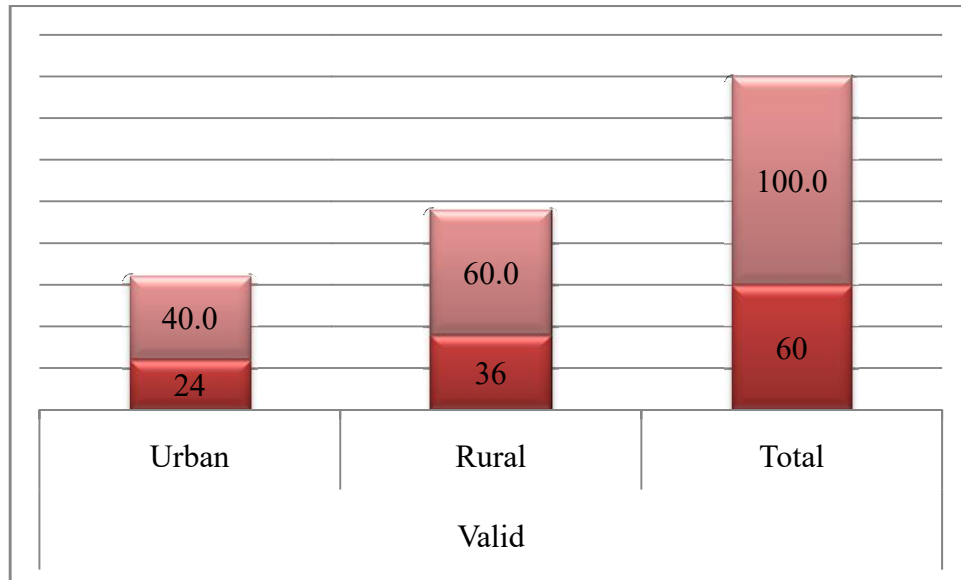


Figure-5: Residence Area of the participants

4.1.7 Causes of injury:

Among 60 participants maximum cause of injury were road traffic accident 23 (38.3%) and then fall from height 22 (36.7%). there were 1(1.7%) bullet injury and others 14 (23.3%) were different cause of spinal cord injury **(Table-3)**.

Table-3: Causes of injury of the participants.

Cause	Number	Percent%
RTA	23	38.3
Bullet Injury	1	1.7
Fall From Height	22	36.7
Others	14	23.3

4.1.8 Diagnosis:

There were total 60 participants among them paraplegia 37 (61.7%). And tetraplegia were 23(38%), (Figure-6).

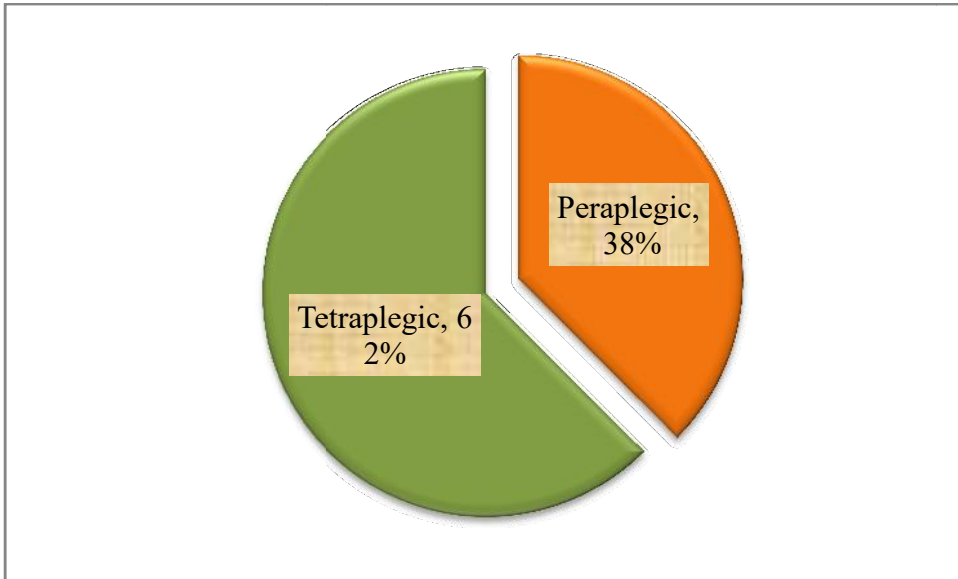


Figure-6: Diagnosis of the participants

4.1.9 Previous job:

In total 60 participants there are 15(25%) students, there are 5(8.3%) job holder,7(11.5%) business,5(8.3%) farmer, Bus driver 3(5%) and other people are 25(41.7%), (Table-4).

Table-4: previous job of the participants

Previous Job	Number	Percent%
Student	15	25
Job holder	5	8.3
Business	7	11.7
Farmer	5	8.3
Bus driver	3	5
Others	25	41.7

Impact on Participation and Autonomy (IPA) Questionnaire:

4.2.1 Autonomy Indoor:

In autonomy indoor there are 7 questions to find out the barriers valued as —getting around in house wherever want, whenever want, getting washed and dressed the way they wish, getting up and going to bed, going to toilet, eating and drinking. Among 60 participants majority 22 (36.7%) faces difficulty in going to toilet & they mostly faces barrier in going to the toilet. Around 32 (53.3%) said they faces no difficulty & barrier in getting washed and dressed the way they wish & getting up and going to bed (**Table-5**).

Table-5: Mobility indoor of the participants.

Autonomy Indoor	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Getting around in my house where I want	--	15(25)	24 (40)	19(31.7)	2(3.3)
Getting around in my house when I want	1(1.7)	12(20)	22(36.7)	20(33.3)	5(8.3)
Getting washed and dressed the way I wish	2(3.3)	20(33.3)	25(41.7)	11(18.3)	2(3.3)
Getting washed and dressed when I want	1(1.7)	18 (30)	32(53.3)	8 (13.3)	1(1.7)
Getting up and going to bed	4(6.7)	38(63.3)	14(23.3)	3 (5)	1(1.7)
Going to the toilet	--	18 (30)	16(26.7)	22(36.7)	4(6.7)
Eating and drinking	1(1.7)	31(51.7)	27 (45)	1 (1.7)	--

4.2.2 Family Role:

Among 60 participants majority 28 (46.7%) faces moderate difficulty in Contributing to looking after my home. And also 24 (40%) faces major difficulty in minor repairs and maintenance work done. Around 25 (41.7%) said they faces getting heavy task difficulty & barrier in fulfilling their role at home & choosing how they spend their own money (Table-6).

Table-6: Family roles of the participant.

Family Role	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Contributing to looking after my home	1 (1.7)	12 (20)	28(46.7)	17(28.3)	2(3.3)
Getting light tasks done	--	10(16.7)	27(45)	22(36.7)	1(1.7)
Getting heavy tasks done	--	8 (13.3)	20(33.3)	25(41.7)	7(11.7)
Getting house work done	--	15 (25)	27 (45)	18 (30)	--
Minor repairs and Maintenance work done	--	6 (10)	24 (40)	24 (40)	6 (10)
Fulfilling my role at home	3 (5)	19(31.7)	23(38.3)	14(23.3)	1 (1.7)
Choosing how I spend my Own money	3 (5)	21 (35)	22(36.7)	12(20)	2 (3.3)

4.2.3 Autonomy Outdoor:

Autonomy outdoor consists of 5 questions valued as —visiting relatives and friends, going on the sort of trips and holidays, using leisure time, seeing people as often, living life the way I want. Among 60 participants majority 31 (51.7%) faces major difficulty in going on the sort of trips and holidays & they mostly faces barrier in going on the sort of trips and holidays. And also 30 (50%) said they faces major difficulty in Visiting relatives and friends. Around 23 (38.3%) said they faces no difficulty in using leisure time (Table-7).

Table-7: Mobility outdoor of the participants

Autonomy Outdoor	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Visiting relatives and friends	--	8 (13.3)	18 (30)	30 (50)	4 (6.7)
Going on the sort of trips and holidays	--	9 (15)	18 (30)	31 (51.7)	2 (3.3)
Using leisure time	1 (1.7)	23 (38.3)	23 (38.3)	13 (21.7)	--
Seeing people as often	--	15 (25)	21 (35)	23 (38.3)	1 (1.7)
Living life the way I want	4 (6.7)	18 (30)	20 (33.3)	14 (23.3)	4 (6.7)

4.2.4 Social life and relationships:

In the domain of social life and relationships more than 90% reported their participation as sufficient in most of those items (very good, good or fair). Among 60 participants majority 29 (48.3%) faces barriers in helping or supporting other people & mostly faces barrier in helping or supporting other people. Around 16 (26.7%) said they faces no barriers in relationships with closed ones (**Table-8**).

Table-8: Social life and relationships of the participant

Social life and relationships	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)
Talking to people close to me	2 (3.3)	8 (13.3)	29(48.3)	18 (30)	3 (5)
Relationships with close to me	3 (5)	16(26.7)	32(53.3)	8 (13.3)	1 (1.7)
Respect I receive from close to me	4 (6.7)	13(21.7)	34(56.7)	8 (13.3)	1 (1.7)
Relationship with acquaintances	1 (1.7)	14(23.3)	26(43.3)	17(28.3)	2 (3.3)
Havingan intimate relationship	1 (1.7)	9 (15)	17(28.3)	29(48.3)	4 (6.7)
Helping or supporting other people	--	4 (6.7)	27 (45)	29(48.3)	--

4.2.5 Work and Education:

Among 60 participants 24 (40%) were missing due to their poor physical condition, unemployment and others. So among rest of 36 participants majority 34 (56.7%) faces difficulty in getting different paid or voluntary work & mostly faces barriers in getting different paid or voluntary work. Around 11 (18.3%) said they faces no barriers in doing their paid or voluntary work. Among all participants 17 (28.3%) participants perceived that their participation in getting education and training was insufficient (**Table-9**).

Table-9: Work and education of the participants

Work and education	Very Good n (%)	Good n (%)	Fair n (%)	Poor n (%)	Very Poor n (%)	Missing n (%)
Getting or keeping a paid or voluntary job	--	4 (6.7)	22 (36.7)	34 (56.7)	--	--
Doing my paid or voluntary work	--	3 (5)	13(21.7)	20 (33.3)	--	24 (40)
Contacts with other people my paid or voluntary work	1 (1.7)	11 (18.3)	9 (15)	13 (21.7)	2 (3.3)	24 (40)
Achieving or keeping the position in working place	--	10 (16.7)	14 (23.3)	12 (20)	--	24 (40)
Getting different paid or voluntary work	--	7 (11.7)	14 (23.3)	15 (25)	--	24 (40)
Getting the education or Training	1 (1.7)	17 (28.3)	12 (20)	30 (50)	--	--

4.2.6 Problems Experience

A large proportion (40–65%) of the respondents perceived minor problems in most of the aspects of participation, and (30–43.3%) of the respondents perceived that they had severe problems with mobility, helping and support other people, Activities around the house, education and training. Among 60 participants majority 25 (41.7%) experienced major problems in continuing education and training & mostly faces barriers in education and training. Around 11 (18.3%) said they faces no problems in spending leisure time and looking after the money (Table-10).

Table-10: Problem experiences of the participant

Problems Experience	No Problem n (%)	Minor Problem n (%)	Major Problem n (%)	Missing n (%)
Mobility	7 (11.7)	32 (53.3)	21 (35)	--
Self-care	6 (10)	33 (55)	21 (35)	--
Activities around the house	2 (3.3)	32 (53.3)	26 (43.3)	--
Looking after the money	16 (26.7)	28 (46.7)	16 (26.7)	--
Leisure	11(18.3)	38 (63.3)	11 (18.3)	--
Social life and relations	3 (5)	35(58.3)	22 (36.7)	--
Helping and support people		40 (66.7)	20 (33.3)	--
Paid or voluntary work	3 (5)	24(40)	9 (15)	23 (38.3)
Education and Training	5 (8.3)	30 (50)	25 (41.7)	--

4.3.1 Association between Previous Job and my chances of getting heavy tasks done around the house , either by myself or by others, the way I want them

In Association between Previous Job and my chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, the way I want them done by Cross tabulation in there were found good (1 student, 3 jobholder, 1 farmer and 3 others), fair (8 student. 2 jobholder, 4 business, 1 farmer and 5 others), poor (4 student, 3 business, 3 farmer and 12 others), very poor (2 student and 5 others), (**Table-11**).

Table-11: Association between Previous Job and my chances of getting heavy tasks done around the house, either by myself or by others, the way I want them

	My chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, the way I want them					
Previous job	Very good	Good	Fair	Poor	Very poor	Total
Student	--	1	8	4	2	15
Job holder	--	3	2	0	0	5
Business	--	0	4	3	0	7
Farmer	--	1	1	3	0	5
Bus driver	--	0	0	3	0	3
Others	--	3	5	12	5	25
Total	--	8	20	25	7	60

The Chi-Square Test performed between socio-demographic information with Problems experience. Highly significant association was observed activities with chance of getting heavy task done around the house either by himself or by others. Significant association was observed between previous job and activities ($P < 0.04$).

Previous Job and my chances of getting heavy tasks done around the house , either by myself or by others, the way I want	Chi square	P value
	25.70	0.04

4.3.2 Association between diagnosis and my chances of living life the way I want to be

Association between diagnosis and my chances of living life the way I want to are Cross tabulation, 2 tetraplegia and paraplegia were very good, 5 tetraplegia and 13 paraplegia were good 4 tetraplegia and 16 paraplegia were fair and 2 tetraplegia and 2 paraplegia were very poor chances of living their life the way they want (**Table-12**)

Table-12: Association between diagnosis and my chances of living life the way I want to be.

	My chances of living life the way I want to are					Total
	Very good	Good	Fair	Poor	Very poor	
Diagnosis						
Tetraplegia	2	5	4	10	2	23
Paraplegia	2	13	16	4	2	37
Total	4	18	20	14	4	60

The chi square test perform between association between diagnosis and my chances of living life the way I want to are Cross tabulation to there are significant association between diagnosis and my chances of living life the way I want the chi square value were 10.640 and P Value were 0.034 significant. Chi square test were $P < 0.03$. So the results were significant.

Association between diagnosis and my chances of living life the way I want to are Cross tabulation	Chi square	P value
	10.640	0.034

4.3.3 Association between age group and my chances of talking to people close to me on equal terms are:

Association between age group and my chances of talking to people close to me on equal terms are cross tabulation in age group (18-40) there are 7 people good 24 people fair and 3 are poor and in age group (41-60) there are 2 people are very good 1 good and last 5 are fair in chances of talking to people close to them on equal terms are, **(Table-13)**.

Table-13: Association between age group and my chances of talking to people close to me on equal terms are

My chances of talking to people close to me on equal terms are						
	Very Good	Good	Fair	Poor		
Age group						Total
18-40	0	7	24	3	48	
41-60	2	1	5	0	12	
Total	2	8	29	3	60	

The chi square test perform between association age group and my chances of talking to people close to me on equal terms are Cross tabulation to there are significant association between age group and my chances of talking to people close to me on equal terms are

chi square value were 9.22 and P Value were 0.05 significant. Chi square test were $P < 0.05$. So the results were significant.

Association between age group and my chances of talking to people close to me on equal terms are	Chi square	P value
	9.22	0.05

4.3.4 Association between occupation of and my chances of achieving or keeping the position that I want, in my paid or voluntary works are

Association between occupation of and my chances of achieving or keeping the position that I want, in my paid or voluntary work are cross tabulation there are total 5 businessman among them 3 are good & 2 fair. There are 5 shopkeepers between them 2 are good and 3 are poor condition. There are 2 carpenter total 1 are good 1 are poor. Total 4 service holder and all are fair. And other 20 among them 4 good 8 fair and 8 are poor, **(Table-14)**.

Table-14: Association between occupation of and my chances of achieving or keeping the position that I want.

My chances of achieving or keeping the position that I want, in my paid or voluntary work are				
Occupation	Good	Fair	Poor	Total
Businessman	3	2	0	5
Shopkeeper	2	0	3	5
Carpenter	1	0	1	2
Service	0	4	0	4
Others	4	8	8	20
Total	10	14	12	36

Association between occupation of and my chances of achieving or keeping the position that I want, in my paid or voluntary work cross tabulation to there are significant association between chi square value were 15.11 and P Value were 0.05 significant. Chi square test were $P < 0.05$. So the results were significant.

Association between	Chi square	P value
occupation of and my chances of achieving or keeping the position that I want, in my paid or voluntary work are	15.11	0.05

The investigator used a cross sectional study to find out the barriers to return to work for people with Spinal Cord Injury. The result of this study showed that a majority of the persons with SCI perceived their participation to be sufficient in most of the activities addressed. Still most of the persons perceived themselves to have barriers with several aspects of their participation, even if these problems in most cases were minor except getting or keeping or voluntary job cases were major around 34 (56.7%) and also education & training cases were 30 (50%). In case of autonomy indoor majority being sufficient except 22 (36.7%) faces barriers to going to toilet & not being sufficient 20 (33.3%) in getting around in my house when I want. Lund et al., (2005) reported that their autonomy indoors, measured in terms of several items related to self-care and mobility, was sufficient.

In this study it was found that among the participants in the domains family role, work & education and social life & relationships were insufficient, poor and very poor participation were mostly and also some fair found in items in the domains of family role, work & education and social life & relationships. Especially helping or supporting other people around 29 (48.3%) faces barrier in domains of social life & relationships, 25 (41.7%) faces difficulty in getting heavy tasks done in domains of family role and 30 (50%) faces barrier to getting the education or training in domains of work and education.

Nordlund et al., (2005) reported that poor or very poor participation were mostly found in items in the domains of family life, autonomy outdoors, work and education. More restrictions in participation were perceived in the domains of family role and autonomy outdoors than in autonomy indoors, social relations and in work and education.

Another study showed that, the strong factor predicting return to work is functional independence. It may improve employment after SCI that, rehabilitation should be focused on education, self-care ability, community mobility, vocational training and environmental modifications. It is an important indicator of successful reintegration that

early positive expectations of the individual person with a SCI (Gupta, Solomon and Raja, 2011).

Analysis showed that among the participants in autonomy indoor majority 22 (36.7%) faces barrier in going to the toilet, in autonomy outdoor valued as visiting relatives and friends, going on the sort of trips and holidays & and majority 31 (51.7%) faces barriers in going on the sort of trips and holidays & in family role valued as contributing to looking after home, getting light task done, getting heavy task done, getting housework done, minor repairs and maintenance work done, fulfilling role at home, choosing how spend own money. According to van Twillert et al., (2014) stated that the main limitations in participation and mobility were observed in the mobility outdoors and family role domains with scores of fair to poor, a majority perceived severe problems with one or several aspects of their participation, these severe problems with participation were to a greater extent associated with access to social support, an environmental factor, compared with the factors related to the person.

Unemployment rate of 78.2%, which included 100% of their tetraplegia and 64.7% of their paraplegic respondents. A variety of study show that environmental factors and other individual attributes, such as age, educational level, and injury severity, have great effects on the success of re-employment of these SCI clients, and this has been confirmed (Chan and Man, 2005). So, In my study also showed association between Previous Job and my chances of getting heavy tasks done around the house , either by myself or by others, the way I want them done by cross tabulation where highly significant associations ($P<0.04$) found getting around in house wherever want. Association between socio-demographic information and my chances of living life the way I want in the analysis which showed that access to variable in predicting perceived severe problems with participation on maximum items such as activities in and around the house, social life and relations, specially association between diagnosis and my chances of living life the way I want were highly significant ($P<0.03$) is found. Lund et al., (2005) stated that most of the persons perceived themselves to have problems with all domains for participation; however a majority perceived severe problems with one or several

aspects of their participation in addition to these severe problems with participation were to a greater extent associated with access to social support, an environmental factor, compared with the factors related to the person. Regarding this study, there were some limitations or barriers to consider the result of the study as below:

The first limitation of this study was small sample size. It was taken only 60 samples. A very few researches have been done on barriers to returns to work for people with SCI. So there was little evidence to support the result of this project study in the context of Bangladesh. Another major limitation was time. The time period was very limited to conduct the research project on this topic. As the study period was short so the adequate number of sample could not arrange for the study.

CHAPTER: VICONCLUTION AND RECOMENDATION

6.1 Conclusion

SCI is one of the foremost causes of morbidity, mortality and a socioeconomic challenge. This is particularly true for developing countries like Bangladesh, where health support system including the rehabilitation system is not within the reach of ordinary people. It is totally clear that, this devastating condition not only affects the patient but also their family. Barriers return to work is a major important issue in SCI people. It tends to require for every person barriers returns to work and also in activities of daily living especially for people with disability like SCI people require very much. Literature showed that 30%-72% SCI people faces barrier in ADL. The prevalence and consequences of barriers is higher in the working group in comparison with the non-working population and most of them were males. From this study, it was found that among the participants in the domains family role, work & education and social life & relationships were insufficient, poor and very poor participation were mostly found in items in the domains of family role, work & education and social life & relationships. Especially helping or supporting other people around 29 (48.3%) faces barrier in domains of social life & relationships, 25 (41.7%) faces difficulty in getting heavy tasks done in domains of family role and 30 (50%) faces barrier to getting the education or training in domains of work and education and males were (85%) faces more barrier than females. The investigator has tried to show the barriers to return to work for people with SCI according to participants view and some socio-demographic characteristic (age, living area and marital status etc.) among the SCI patients.

6.2 Recommendation

The purpose of the study was to find out the barriers to return to work for the people with SCI. Though the study had some limitations but investigator identified some further step that might be taken for the better accomplishment of further research. The main recommendations would be as follow:

The random sampling technique rather than the convenient would be chosen in further in order to enabling the power of generalization the results, the duration of the study was short, so in ratio of rural and urban participants were not equal, in case of further the equality of the rural and urban participant should be maintained for the accuracy of the result, in this study, the investigator took the people only recommended in the community as a sample for the study. So for further study investigator strongly recommended to include the patients from all over the Bangladesh to ensure the generalizability of this study. future wider time would be taken for conducting the study, investigator use only 60 participants as the sample of this study, in future the sample size would be more, the ratio of rural and urban participants were not equal, in case of further the equality of the rural and urban participant should be maintained for the accuracy of the result, in this study, the investigator took the people only from area of Dhaka and in the neighborhood of the city as a sample for the study. So for further study investigator strongly recommended to include the patients from all over the Bangladesh to ensure the generalizability of this study.

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APPENDIX

1. Permission Letter
2. Consent Form (Bangla)
3. Consent Form (English)
4. Questionnaire (Bangla)
5. Questionnaire (English)

Permission letter

July 21st, 2018

Assistant Manager,
Rehabilitation Wings,
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka – 1343.

Through: Head of Physiotherapy department, BHPI.

Subject: Permission to collect data in order to conduct my research project.

Dear Sir,

With due respect and humble submission to state that I am Iffat Ara Ela, student of 4th professional B.Sc. in physiotherapy at Bangladesh Health Professions Institute (BHPI). According to the course curriculum, I have to conduct a research project for the partial fulfillment to complete of the degree of B.Sc in Physiotherapy. The title of my research project is **“Barrier to return to work for people with Spinal Cord Injury”**. My research project will be conducted under the supervision of Md. Shofiqul Islam, Assistant Professor, Department of Physiotherapy, BHPI, CRP. I want to collect data for my research project from the community with Spinal Cord Injury (SCI) Patients. So, I need permission for data collection from the community. I would like to assure that anything of my study will not be harmful for the participants.

I, therefore, pray & hope that you would be kind enough to grant my application & give me permission for data collection and oblige thereby.

Yours sincerely,

Ela

Iffat Ara Ela
4th professional B.Sc. in physiotherapy
Roll- 34, Session: 2013-2014
Bangladesh health professions institute (BHPI)
(An academic institute of CRP)
CRP, Chapain, Savar, Dhaka-1343.

Forwarded for kind permission

Shofiq
21.07.2018
MD. SHOFIQU L ISLAM
Assistant Professor
Department of Physiotherapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Forwarded to
CRP Field office

Recommended

21.07.18
Prof. Md. Obaidul Haque
Head, Department of Physiotherapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

SALIM RAHMAN
Assistant Manager
Rehabilitation Wing
CRP, Chapain, Savar, Dhaka-13



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref.

Date: 15/11/2018

CRP-BHPI/IRB/11/18/1274

To
Iffat Ara Ela
B.Sc. in Physiotherapy
Session: 2013-2014, Student ID:112130231
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

Subject: Approval of the thesis proposal “Barrier to return to work for people with Spinal Cord Injury” by ethics committee.

Dear Iffat Ara Ela,
Congratulations,

The Institutional Review Board (IRB) of BHPI has reviewed the above mentioned dissertation, with yourself, as the Principal investigator. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Questionnaire (English & Bangla version)
3	Information sheet & consent form.

The purpose of the study is to determine the barriers faced by Spinal Cord Injury patients at communities. The study involves use of Impact of Participation and Autonomy (IPA) questionnaire that may take 20-30 minutes to answer the questionnaire and there is no likelihood of any harm to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 10:00 AM on 24th January, 2018 at BHPI.

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,

Muhammad Millat Hossain
Assistant Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ, ফোন : ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪ ফ্যাক্স : ৭৭৪৫০৬৯

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404, Fax : 7745069, E-mail : contact@crp-bangladesh.org, www.crp-bangladesh.org

মৌখিক অনুমতিপত্র/সম্মতিপত্র

(অংশগ্রহনকারীকে পড়ে শোনাতে হবে)

আসসালামুআলাইকুম/নমস্কার,

আমার নাম ইফফাত আরা ইলা, আমি এই গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)-এ পরিচালনা করছি যা আমার ৪র্থ বর্ষ বিএসসি ইন ফিজিওথেরাপী কোর্সের অধিভুক্ত। আমার গবেষণার শিরোনাম হল “ মেনুরঞ্জু তে আঘাতপ্রাপ্ত রোগীদের কাজের ক্ষেত্রে বাধাসমূহ ”। আমি এক্ষেত্রে আপনাকে কিছু ব্যক্তিগত এবং আনুষঙ্গিক প্রশ্ন মেনুরঞ্জু ক্ষতিগ্রস্থ সম্পর্কে করতে চাচ্ছি। এতে আনুমানিক ২০-৩০ মিনিট সময় নিবো।

আমি আপনাকে অনুগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্য কোন উদ্দেশ্যে ব্যবহৃত হবেনা। আপনি যে সব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে।

এই অধ্যয়নে আপনার অংশগ্রহণ স্বেচ্ছাপ্রণোদিত এবং আপনি যে কোন সময় এই অধ্যয়ন থেকে কোন নেতিবাচক ফলাফল ছাড়াই নিজেকে প্রত্যাহার করতে পারবেন। এছাড়াও কোন নির্দিষ্ট প্রশ্ন অপছন্দ হলে উত্তর না দেয়ার এবং সাক্ষাৎকারের সময় কোন উত্তর না দিতে চাওয়ার অধিকার ও আপনার আছে।

এই অধ্যয়নে অংশগ্রহনকারী হিসেবে যদি আপনার কোন প্রশ্ন থাকে তাহলে আপনি আমাকে অথবা/এবং মোঃ সফিকুল ইসলাম, সহকারী অধ্যাপক, ফিজিওথেরাপি বিভাগ, সিআরপি, সাতার, ঢাকা- ১৩৪৩ তে যোগাযোগ করতে পারেন।

আমি আপনার অনুমতি নিয়ে এই সাক্ষাৎকার শুরু করতে যাচ্ছি।

হ্যাঁ :

না :

১। অংশগ্রহনকারীর স্বাক্ষর.....

তারিখঃ

মোবাইল নাম্বারঃ

২। সাক্ষাৎগ্রহনকারীর স্বাক্ষর.....

তারিখঃ

মোবাইল নাম্বারঃ

Verbal Consent Statement

(Please read out to the participants)

Assalamualaikum/Namasker,

My name is IffatAraEla, I am conducting this study as a part of my academic work of B.Sc. in Physiotherapy under Bangladesh Health Professions Institute (BHPI), which is affiliated to University of Dhaka. My study title is — “**Barriers to return to work for the people with SCI**”. I would like to know about some personal and other related information regarding Spinal cord injury. You will need to answer some questions which are mentioned in this form. It will take approximately 20-25 minutes.

I would like to inform you that this is a purely academic study and will not be used for any other purpose. All information provided by you will keep in a locker as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous and also all information will be destroyed after completion of the study.

Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview.

If you have any query about the study or your right as a participant, you may contact with me and/or Md. Shofiqul Islam, Assistant Professor of Physiotherapy, Bangladesh Health Professions Institute (BHPI), Savar, Dhaka.

So, may I have your consent to proceed with the interview or work?

Yes :

No :

Signature of the Participant _____ Date:

Mobile No:

Signature of the Interviewer _____ Date:

শিরোনামঃ মেরুপ্রজ্বতে আঘাতপ্রাপ্ত রোগীদের কাজের ক্ষেত্রে বাধাসমূহ
প্রশ্নাবলী/ প্রশ্নমালা

ব্যক্তিগত তথ্যসমূহ:		
রেজি নং		
নাম		
ঠিকানা:		
সম্মতি পত্র গ্রহন	হ্যাঁ	না

আর্থসামাজিক অবস্থার তথ্যাবলী:

বয়সঃ	
লিঙ্গ:	১। পুরুষ ২। মহিলা
বৈবাহিক অবস্থাঃ	১। বিবাহিত ২। অবিবাহিত ৩। বিধবা ৪। আলাদা ৫। বিবাহ বিচ্ছেদ
ধর্মঃ	১। ইসলাম ২। হিন্দু ৩। বৌদ্ধ ৪। অন্যান্য
শিক্ষাগত যোগ্যতাঃ	১। আশিক্ষিত ২। প্রাইমারী শিক্ষা ৩। মাধ্যমিক ৪। উচ্চ মাধ্যমিক ৫। স্নাতক ৬। মাস্টার্স ৭। অন্যান্য
মাসিক আয় : টাকা
পেশা :	১। শিক্ষক ২। ব্যবসায়ী ৩। দোকানদার ৪। গাড়ি চালক ৫। কাঠমিস্ত্রি ৬। ডাক্তার ৭। চাকুরী ৮। অন্যান্য
পূর্বের কাজঃ
আবাসিক এলাকা :	১। শহর ২। গ্রাম

মেডিকেল হিস্টরি:

রোগ নির্ণয়	১। টেট্রাপ্রিজিক ২।		
আঘাতের কারণ		
নিউরোলজিক্যাল লেভেল	1. C1 2. C2 3. C3 4. C4 5. C5 6. C7 7. C7 8. C8	1. T1 2. T2 3. T3 4. T4 5. T5 6. T6 7. T7 8. T8 9. T9 10. T10 11. T11 12. T12	1. L1 2. L2 3. L3 4. L4 5. L5 6. S1 7. S2 8. S3 9. S4-5
স্কেলিটাল লেভেল	1. C1 2. C2 3. C3 4. C4 5. C5 6. C7	1. T1 2. T2 3. T3 4. T4 5. T5 6. T6 7. T7 8. T8 9. T9 10. T10 11. T11 12. T12	1. L1 2. L2 3. L3 4. L4 5. L5
এসিয়া লেভেল		
জটিলতা সমূহ	১। চাপজনিত ঘা ২। শ্বাসপ্রশ্বাস জনিত সমস্যা ৩। অল্প এবং মুএস্থলির সমস্যা ৪। মূত্রধারের অসংযমতা ৫। যৌন সমস্যা ৬। ডিভিটি		

অংশগ্রহণ এবং স্বাস্থ্যকর্মেণের উপর প্রভাব (আই পি এ)

চলাকেরাঃ যেকানে এবং যখন ইচ্ছা চলাকেরা করা উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
১ক. নিজের ঘরের চারপাশে যেকানে ইচ্ছা চলাকেরা করার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
১খ. নিজের ঘরের চারপাশে যে কোশ সময় চলাকেরা সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
১গ. আত্মীয়-স্বজন এবং বন্ধুবান্ধবের কাছে যে কোন সময় ঘুরতে যাওয়ার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
১ঘ. নিজের ইচ্ছামত ভ্রমণ এবং ছুটিতে যাওয়ার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
১ঙ. আপনার স্বাস্থ্য এবং অসামর্থতা আপনার চলাকেরা সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	১। কোশ সময় শয় ২। ছোটখটি সময় ৩। প্রধান সমস্যা
আপনার চলাকেরা ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	

নিজস্ব বস্ত্র (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
২ক. নিজের মত করে গোসল এবং পোশাক পরিধানের সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
২খ. নিজের প্রয়োজন মত যেকোন সময় গোসল এবং পোশাক পরিধানের সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
২গ. নিজের ইচ্ছামত দ্রুত বাওয়ার এবং বুন থেকে উঠার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
২ঘ. নিজের প্রয়োজন মত যেকোন সময় শৈচাঙ্গার ব্যবহারের সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
২ঙ. নিজের প্রয়োজন মত যেকোন সময় পানাহার ও খাওয়া-দাওয়া করার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
২চ. আপনার স্বাস্থ্য এবং অসামর্থতা আপনার নিজস্ব বস্ত্র নেওয়ার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার নিজস্ব বস্ত্র নেওয়ার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ

গৃহস্থালীর ভিতরে ও বাইরের কাজকর্ম(সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
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৩ক. নিজের ইচ্ছেমত গৃহস্থালী দেখাশোনার কাজে অংশগ্রহণের সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৩খ. গৃদয়ে করানোর সুযোগ হস্থালীর হাণকা কাজকর্ম (যেমনঃ চা, কফি বানানো) নিজের মত করে নিজে অথবা অন্য কাউকে	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৩গ. গৃহস্থালীর ভারী কাজকর্ম (যেমনঃ পরিষ্কার করা) নিজের মত করে নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৩ঘ. গৃহস্থালীর কাজকর্ম নিজের প্রয়োজন মত যেকোন সময় নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ	০। খুব ভালো ১। ভালো ২। মোটামুটি ৩। খারাপ ৪। খুব খারাপ
৩ঙ. নিজস্ব গৃহস্থালীর অথবা বাগানের ছোটখাট মেরামত ও দেখাশোনার কাজনিজের ইচ্ছেমত নিজে অথবা অন্য কাউকে দিয়ে করানোর সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৩চ. নিজস্ব নিজে ভূমিকা পালন করার সুযোগ	১। খুব ভালো

	২। ভাগো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৩৬. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার ঘরের ভিতরে ও বাইরের কাজকর্মে অংশগ্রহণের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার গৃহস্থানীর ভিতরে ও বাইরের কাজকর্ম সম্পন্ন করতে ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। বেশ সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

নিজস্ব টাকা দেখাশোনা (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কেরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৪৬. নিজস্ব টাকা নিজের ইচ্ছামত খরচ করতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৪৭. আপনার স্বাস্থ্য এবং অসামর্থ্যতা ব্যক্তিগত টাকা নিজের ইচ্ছামত খরচের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার নিজস্ব টাকা দেখাশোনার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

নিজস্ব টাকা দেখাশোনা (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কেরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৪ক. নিজস্ব টাকা নিজের ইচ্ছেমত খরচ করতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৪খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা ব্যক্তিগত টাকা নিজের ইচ্ছামত খরচের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার নিজস্ব টাকা দেখাশোনার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

অবসর সময় (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কেরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৫ক. নিজের ইচ্ছামত অবসর সময় কাটানোর সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৫খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত অবসর সময় কাটানোর সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার নিজস্ব অবসর সময় কাটানোর ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

সামাজিক জীবন ও সম্পর্ক (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৬ক. কাছের মানুষদের সাথে আগের মত কথা বলতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬খ. আপনজনদের সাথে সম্পর্কের মান	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬গ. আপনজনদের কাছ থেকে সম্মানপ্রাপ্তির পরিমাণ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬ঘ. পরিচিতদের সাথে সম্পর্কের মান	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬ঙ. পরিচিতদের কাছ থেকে সম্মানপ্রাপ্তির পরিমাণ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬চ. ঘনিষ্ঠ সম্পর্কে থাকার সুযোগ	১। খুব ভালো

	২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬৬. নিজের ইচ্ছামত মানুষের সাথে দেখা করতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৬৭. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত সামাজিক জীবন ও সম্পর্ক স্থাপনের সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার সামাজিক জীবন ও সম্পর্ক স্থাপনের ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

অন্যান্য মানুষকে সাহায্য ও সমর্থন(সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৭৬. কোন মানুষকে যেকোন উপায়ে সাহায্য ও সমর্থন করার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৭৭. আপনার স্বাস্থ্য এবং অসামর্থ্যতা নিজের ইচ্ছামত অন্যান্য মানুষকে সাহায্য ও সমর্থন করার সুযোগ প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়? আপনার অন্যান্য মানুষকে সাহায্য ও সমর্থন করার ব্যাপারে আরও মন্তব্যের স্থান (ঐচ্ছিক)	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা

প্রদত্ত বা স্বেচ্ছাসেবী কাজ (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কোরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৮৬. নিজের ইচ্ছামত একটি প্রদত্ত বা স্বেচ্ছাসেবী কাজ পাওয়ার এবং করতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি

	৪। খারাপ ৫। খুব খারাপ
দূর করে ৮খ থেকে ৮চ পর্যন্ত প্রশ্নের উত্তর দিন যদি আপনার কাছে কোন প্রদত্ত বা স্বৈচ্ছাসেবী কাজ থেকে থাকে যদিও অনুস্থতার দ্বারা আপনি তা করতে পারছেন না নতুবা ৯ নম্বর প্রশ্নের উত্তর দিন।	স্কেরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৮খ. নিজের ইচ্ছামত প্রদত্ত বা স্বৈচ্ছাসেবী কাজ করতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৮গ. প্রদত্ত বা স্বৈচ্ছাসেবী কাজের সাথে সম্পৃক্ত মানুষদের সাথে যোগাযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৮ঘ. প্রদত্ত বা স্বৈচ্ছাসেবী কাজে নিজের অবস্থান নিজের ইচ্ছামত অর্জন ও ধরে রাখতে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৮ঙ. নিজের ইচ্ছামত বিভিন্ন প্রদত্ত বা স্বৈচ্ছাসেবী কাজে পারার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৮চ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা আপনার প্রদত্ত বা স্বৈচ্ছাসেবী কাজকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	১। কোন সমস্যা নয় ২। ছোটখাট সমস্যা ৩। প্রধান সমস্যা
শিক্ষা ও প্রশিক্ষণ (সহায়ক উপকরণ এবং সাহায্যসহ অথবা ছাড়া)	স্কেরঃ শুধুমাত্র অফিস ব্যবহারের জন্য
৯ক. নিজের ইচ্ছামত শিক্ষা ও প্রশিক্ষণে পারার সুযোগ	১। খুব ভালো ২। ভালো

	৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ
৯খ. আপনার স্বাস্থ্য এবং অসামর্থ্যতা শিল্পের ইচ্ছামত শিক্ষা ও প্রশিক্ষণ পাবার সুযোগকে প্রভাবিত করে আপনার জন্য কি পরিমাণ সমস্যায় পরিণত হয়?	১। কোন সমস্যা নয় ২। মোটামুটি সমস্যা ৩। প্রধান সমস্যা
সমাপ্তি প্রশ্ন	স্কোর ৪ শুধুমাত্র অফিস ব্যবহারের জন্য
১০. নিজের মত করে জীবনযাপন করার সুযোগ	১। খুব ভালো ২। ভালো ৩। মোটামুটি ৪। খারাপ ৫। খুব খারাপ

এই প্রশ্নোত্তর পর্ব সম্পন্ন করার জন্য আপনাকে অসংখ্য ধন্যবাদ।

Title: Barrier to return work to work for people with spinal cord injury (SCI)

Personal details:		
Reg. No:		
Name:		
Age:		
Sex:		
Address:		
Consent form Taken	Yes	No

Socio-demographic Questionnaire:

Age:	
Sex:	<ol style="list-style-type: none"> 1. Male 2. Female
Marital status:	<ol style="list-style-type: none"> 1. Married 2. Unmarried 3. Widow 4. Separate 5. Divorce
Religious:	<ol style="list-style-type: none"> 1. Islam 2. Hindu 3. Vudho 4. Others.....
Education:	<ol style="list-style-type: none"> 1. Illiterate 2. Primary Education 3. SSC 4. HSC

	5. Honors 6. Masters 7. Others.....
Income:BDT
Occupation:	1. Teacher 2. Businessman 3. Shopkeeper 4. Driver 5. Carpenter 6. Doctor 7. Service 8. Others.....
Previous job:
Resident:	1. Urban 2. Rural

Medical History:

Diagnosis	1. TT 2. TP		
Causes of injury:		
Neurological Level of injury:	1. C1 2. C2 3. C3 4. C4 5. C5 6. C7 7. C7 8. C8	1. T1 2. T2 3. T3 4. T4 5. T5 6. T6 7. T7 8. T8	1. L1 2. L2 3. L3 4. L4 5. L5 6. S1 7. S2 8. S3

		9. T9 10. T10 11. T11 12. T12	9. S4-5
Skeletal level:	1. C1 2. C2 3. C3 4. C4 5. C5 6. C7	1. T1 2. T2 3. T3 4. T4 5. T5 6. T6 7. T7 8. T8 9. T9 10. T10 11. T11 12. T12	1. L1 2. L2 3. L3 4. L4 5. L5
ASIA level:		
Complications:	1. Pressure sore 2. Respiratory problem 3. Bowel and bladder problem 4. Urinary incontinence 5. Sexual problem 6. Deep venous thrombosis		

Impact on Participation and Autonomy (IPA)

Mobility: getting around where and when you want (with or without aids or assistance)	Score: for office use only
1a. My chances of getting around in my house where I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
1b. My chances of getting around in my house when I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
1c. My chances of visiting relatives and friends when I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
1d. My chances of going on the sort of trips and holidays I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
1e. If your health or your disability affect your chances of getting around where and when you want, to what extent does this cause you problems? (Space for further comments on your mobility) (optional):	<ol style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Self care (with or without aids or assistance)	Score: for office use only
2a. My chances of getting washed and dressed the way	<ol style="list-style-type: none"> 1. Very Good

I wish are	<ol style="list-style-type: none"> 2. Good 3. Fair 4. Poor 5. Very Poor
2b. My chances of getting washed and dressed when I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
2c. My chances of getting up and going to bed when I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
2d. My chances of going to the toilet when I wish and need to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
2e. My chances of eating and drinking when I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
2f. If your health or your disability affects yourself care, to what extent does this cause you problems? Space for further comments on yourself care (optional):	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor

Activities in and around the house (with or without assistance)	Score: for office use only
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3a. My chances of contributing to looking after my home the way I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
3b. My chances of getting light tasks done around the house (e.g. making tea or coffee), either by myself or by others, the way I want them done are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
3c. My chances of getting heavy tasks done around the house (e.g. cleaning), either by myself or by others, the way I want them done are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
3d. My chances of getting housework done, either by myself or by others, when I want them done are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
3e. My chances of getting minor repairs and maintenance work done in my house and garden, either by myself or by others, the way I want them done are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
3f. My chances of fulfilling my role at home as I would like are	<ol style="list-style-type: none"> 1. Very Good 2. Good

	<ul style="list-style-type: none"> 3. Fair 4. Poor 5. Very Poor
3g. If your health or your disability affect your activities in and around your home, to what extent does this cause you problems?	<ul style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Looking after your money (with or without aids or assistance)	Score: for office use only
4a. My chances of choosing how I spend my own money are	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
4b. If your health or your disability affect the opportunities you have over Spending your own money, to what extent does this cause you problems?	<ul style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Leisure (with or without aids or assistance)	Score: for office use only
5a. My chances of using leisure time the way I want to are	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
5b. If your health or your disability affects how you use your leisure time, to what extent does this cause you problems?	<ul style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Social life and relationships (with or without aids or assistance)	Score: for office use only
6a. My chances of talking to people close to me on equal terms are	1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
6b. The quality of my relationships with people who are close to me	1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
6c. The respect I receive from people who are close to me is	1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
6d. My relationships with acquaintances are	1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
6e. The respect I receive from acquaintances is	1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
6f. My chances of having an intimate relationship are	1. Very Good 2. Good 3. Fair

	<ul style="list-style-type: none"> 4. Poor 5. Very Poor
6g. My chances of seeing people as often as I want are	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
<p>6h. If your health or your disability affects your social life and relationships, to what extent do this cause you problems?</p> <p>Space for further comments on your social life and relationships (optional):</p>	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor

Helping and supporting other people (with or without aids or assistance)	Score: for office use only
7a. My chances of helping or supporting people in any way are	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
7b. If your health problems or disability affect your opportunities to help other people, to what extent does this cause you problems?	<ul style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Paid or voluntary work (with or without aids or assistance)	Score: for office use only
8a. My chances of getting or keeping a paid or voluntary job that I would like	<ul style="list-style-type: none"> 1. Very Good 2. Good 3. Fair

	<ol style="list-style-type: none"> 4. Poor 5. Very Poor
Please only answer questions 8b to 8f if you do have some form of paid or voluntary work, even if you are not working at the moment due to illness. Otherwise please proceed to question 9.	Score: for office use only
8b. My chances of doing my paid or voluntary work the way I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
8c. My contacts with other people at my paid or voluntary work are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
8d. My chances of achieving or keeping the position that I want, in my paid or voluntary work are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
8e. My chances of getting different paid or voluntary work are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
8f. If your health or your disability affect your paid or voluntary work, to what extent does this cause you problems?	<ol style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Education and Training (with or without aids or assistance)	Score: for office use only
9a. My chances of getting the education or training I want are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor
9b. If your health problems or disability affect your opportunities in education or training, to what extent does this cause you problems?	<ol style="list-style-type: none"> 1. No Problems 2. Minor Problems 3. Major Problems

Concluding IPA questions	Score: for office use only
10. My chances of living life the way I want to are	<ol style="list-style-type: none"> 1. Very Good 2. Good 3. Fair 4. Poor 5. Very Poor

Thank you for taking the time to complete this questionnaire

