

Example of a Completed Baseline Impairment Summary Form

Project Area				Initial Baseline																												
Reg No.	Name	Year of Birth	Lep. Status	Exam. Date	Eyes				Hands				Feet																			
					Lid Gap	Red Eye	Visual Acuity	Small Finger Out	Thumb Up	Wrist Up	Sensation	Ulnar	Crack	Bone Loss	Dist	Foot Up	Sensation	Ulnar	Crack	Bone Loss												
					R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L	R	L								
720	Chandrab. Bhandari	1940	AF1	03/08/05																												
722	Munimbar. Mardik	1932	AF1	03/08/05																												
723	Dharmab. Bhandari	1930	AF1	03/08/05																												
724	Jeevan. Bhandari	1962	AF1	03/08/05																												
725	Shank. Chak	1945	AF1	03/08/05																												
726	Munimbar. Bhandari	1932	AF1	03/08/05																												
727	Kandabhar. Sankar	1938	AF1	03/08/05																												
728	Pravin. Bhandari	1979	AF1	03/08/05																												
729	Seemab. Sankar	1975	AF1	03/08/05																												
730	Bhawan. Bhandari	1977	AF1	03/08/05																												
731	Pravin. Bhandari	1940	AF1	03/08/05																												
732	Munimbar. Sankar	1970	AF1	03/08/05																												
733	Sankar. Chak	1974	AF1	03/08/05																												
734	Shank. Chak	1980	AF1	03/08/05																												
735	Jeevan. Bhandari	1932	AF1	03/08/05																												
736	Bhandari. Bhandari	1979	AF1	03/08/05																												
737	Pravin. Bhandari	1949	AF1	03/08/05																												
738	Shank. Chak	1972	AF1	03/08/05																												
739	Munimbar. Sankar	1945	AF1	03/08/05																												
Total People	19				17	2	3	2	4	3	6	4	5	4	1	1	5	6	1	2	1	3	2	1	6	5	2	1	3	1	2	1

General

- No impairments Leave Blank
- Not recorded Mark with X

Eyes

- Lid Gap Record in millimetres
- Red eye if present.....Record Y
- Visual AcuityMark with ↓ if less than 6/60

Strength

- WeakRecord W
- ParalysedRecord P

Sensation

- Record number of sensory test sites at which sensation is lost or where bone is lost.

Bone Loss

- Record number of lost toe or finger bones and lost metacarpal or metatarsal heads.
- If short foot or mitten handRecord S
- If more extensive bone lossRecord A

Wounds and Cracks

Record number of wounds and open cracks

Example of a Completed Review Impairment Summary Form

Project Area	Reg. No.	Exam. Date	Review Scores												Feet														
			Eyes						Hands						Sensation	Ulcer	Crack	Bone Loss											
			Ld Gap		Red Eye		Visual Acuity		Strength		St. station		Ulnar	Crack					Bone Loss	Dist	Foot Up								
			R	L	R	L	R	L	R	L	R	L			R	L	R	L				R	L	R	L				
	721	09/04/04																											
	722	07/04/04																											
	723	07/04/04																											
	724	08/04/04																											
	725	02/04/04																											
	726	01/04/04																											
	727	02/04/04																											
	728	01/04/04																											
	729	05/04/04																											
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	735	04/04/04																											
	736	04/04/04																											
	738	04/04/04																											
	739	04/04/04																											
	740	05/04/04																											
Total Impairments			17	2	2	1	1	3	3	6	4	4	3	5	6	1	1	1	1	2	2	1	1	1	1	1	2	1	
Total Improved Impairments			4	1	2	1	1	1	1	1	1	1	1	1	1	1	1	2	1	1	1	1	1	1	1	1	1	3	1
Total Impairments Worsened			2																										

Key to Recording Change

Encircle Scores that have changed since previous assessment.

Use Red Δ if worse -

Use Blue \circ if improved

Annex 2 Discussion and Demonstration Check List

NAME: _____ AGE: _____ SEX: _____ REGN. NO. _____

OCCUPATION: _____ Patient / Relative trained

Tick each box as you go through the list

	Health Worker		Client	
	Explained	Shown	Explained	Shown
Leprosy & its complications				
Signs and symptoms of leprosy				
Treatment				
Importance of regular treatment				
Neuritis – signs / symptoms / complications				
Reaction – signs / symptoms / complications				
Eye complications – signs / symptoms / dangers				
Eyes				
Discuss difference between anaesthetic and normal eyes				
Think blink				
Protecting eyes from wind, sun and foreign objects				
Cover eyes at night				
Danger of rubbing eyes				
Twice daily inspection for redness or injury				
Keeping eyes clean				
Frequent vision check (6 strides from a familiar object eg a tree)				
Importance of any irritation, redness or change in vision				
Eye lid exercises				
Hands				
Discuss difference between anaesthetic and normal hands				
Danger from hot objects				
Danger from pressure build up				
Danger from sharp objects				
Inspection (Signs of injury, hard skin)				
Soaking, scraping hard skin, oiling				
Hand exercises				
Clean, cover and rest wounds				
Find out cause of wound and plan avoidance in future				
Check wounds for signs of swelling, redness and pus (signs for referral)				
Feet				
Discuss difference between anaesthetic and normal feet				
Avoid long walks without rest or long periods of standing				
Wearing suitable footwear				
Avoid cross leg sitting and squatting for long periods				
Danger of fire and other hot objects				
Inspection (Signs of injury, hard skin, cracks)				
Soaking, scraping hard skin, oiling				
Foot drop exercises				
Clean, cover and rest wounds				
Find out cause of wound and plan avoidance in future				
Check wounds for signs of swelling, redness and pus (signs for referral)				
Initials				
Date				

Annex 3: Consensus Statement on Prevention of Disability, Cebu City, Philippines

13th – 16th September 2006: Executive Summary

The Consensus Development Conference brought together 100 individuals from 30 countries with an interest in the prevention of disability (POD) in chronic disabling disorders, in particular leprosy, lymphatic filariasis, Buruli ulcer and diabetes. Participants included people affected by leprosy, WHO and ILEP staff, national programme managers, experts and practitioners.

Five questions were discussed, with the following conclusions:

How can we make sure that people with reactions and neuritis are treated as early as possible?

Reasonably effective treatment for reactions and neuritis exists and the current priority is to expand coverage so that all patients have access to this treatment. Patients themselves should be made aware of the problem through structured health education at diagnosis and on treatment completion, to promote self-reporting. During regular follow-up, asking key questions can help to identify patients with symptoms suggestive of reactions or neuritis. Those at higher risk should have monthly nerve function assessments. An effective referral system should be available for patients who have complaints indicative of neuritis or have demonstrable new nerve function impairment.

What simple approaches can be developed to promote home-based self-care?

Self-care is a key strategy in the prevention of disabilities and is a vital component of leprosy control, but the extent of its coverage is, in general, very limited. Full participation by those affected is essential in any self-care programme. Development of facilitation and counselling skills within existing local structures is necessary to achieve adequate coverage and sustainability of self-care in the prevention of disability.

What are the pre-requisites for an effective footwear program?

The routine use of appropriate footwear is one of the most important POD interventions in leprosy, as loss of sensation in the sole of the foot and plantar ulceration are so common. Anyone with Grade 1 disability should be helped to obtain such footwear, whether this is by purchasing appropriate shoes in the market or through an organized programme.

For effective POD, what are the essential recording and reporting requirements?

A simple recording and reporting system is vital for the management of prevention of disability. Data collection should be dictated by its use for both clinical and managerial purposes. Measuring and recording Grade 1 disability is necessary for defining the need for protective footwear. Visual acuity and the absence of wounds/ulcers are key indicators for evaluating the efficacy of POD activities.

What are the priorities for research in POD?

Research to address issues of coverage and access should now be the priority, firstly in the area of self-care and footwear provision, and secondly in the area of treatment for reactions and neuritis. Research aimed at improving the efficacy of specific POD interventions is still needed, but it should be seen as a lower priority.

ILEP Learning Guides on Leprosy

How to Diagnose and Treat Leprosy

How to Recognise and Manage Leprosy Reactions

How to do a Skin Smear for Leprosy

ILEP Technical Guides on Leprosy

**Guidelines for the Social and Economic Rehabilitation
of People affected by Leprosy (1999)**

Training in Leprosy (2003)

Facilitating the Integration Process (2003)

**The Interpretation of Epidemiological Indicators in
Leprosy**

Community-Based Rehabilitation (due late 2006)

THIS IS THE FOURTH IN A SERIES OF LEARNING GUIDES ABOUT LEPROSY PUBLISHED BY ILEP. THE GUIDES GIVE GENERAL HEALTH WORKERS ALL THE INFORMATION THEY NEED TO CARRY OUT THE ESSENTIAL TASKS OF CONTROLLING LEPROSY AND CARING FOR PEOPLE WHO HAVE OR HAVE HAD THE DISEASE.

Learning Guide 4 is for all health workers and carers who may have to help people with nerve damage develop a lifetime habit of looking after their eyes, hands and feet.

The ILEP Learning Guides are short, clearly written and well illustrated. We hope that you find them easy to use. They will be useful as study aids, as supplements to training programmes and as reference books in the clinic.