

VHW MOBILITY/PAIN SCREENING AND INTERVENTION

Materials Needed:

Screening:

**Measuring tape
Stopwatch**

Intervention:

**Canes
Paracetamol 500 mg tablets**

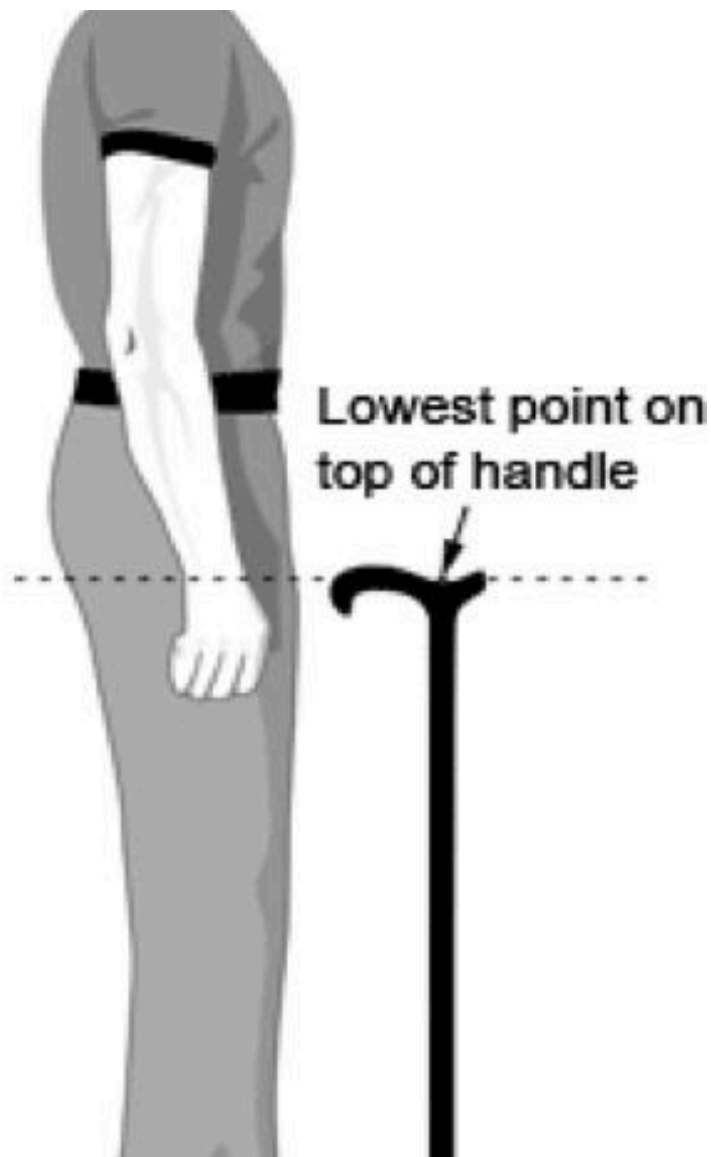
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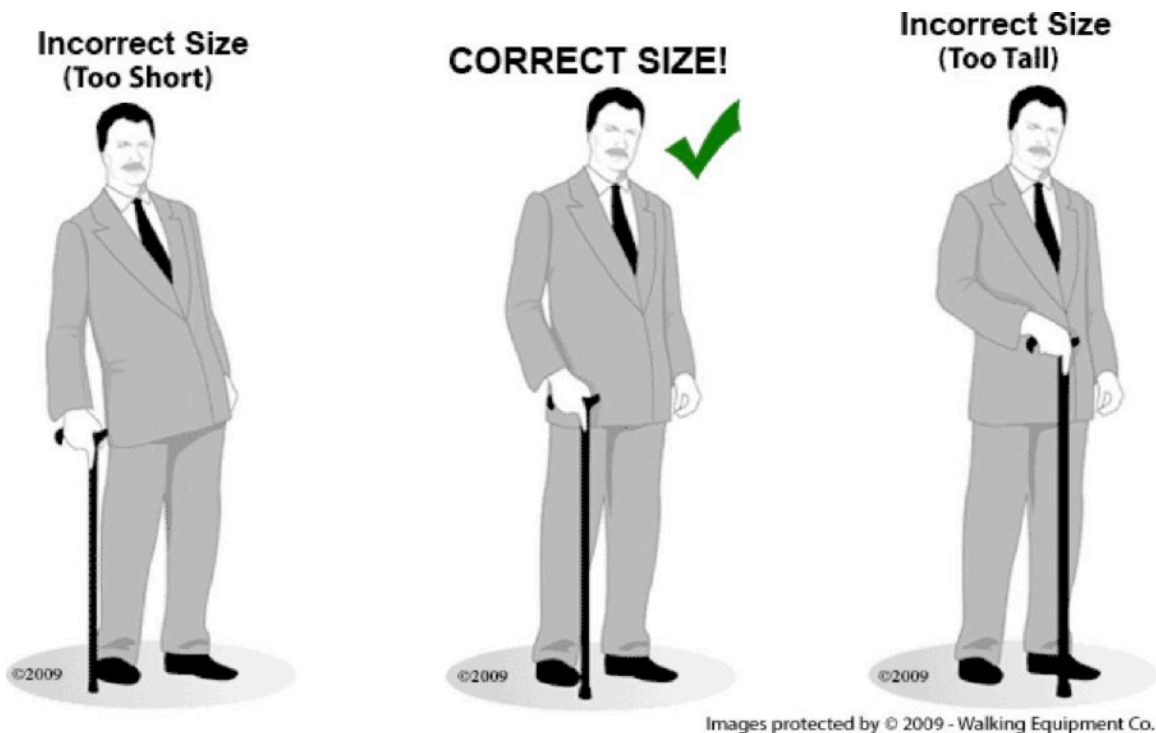
- 1) Introduce yourself and the Kisoro Elders Project.
Today we will be testing for balance and mobility problems, and finding out about pain that may be limiting your mobility.**

- 2) Ask about whether the person has difficulty with walking or balance. Ask if there is a history of falls, and whether the fall has caused injury.**

- 3) Timed Up and Go Test**
 - a) Measure 10 feet (3 meters) from a chair, mark a line on the ground.**
 - b) Explain that you will be timing how long it takes to stand up, walk quickly but safely to the line, turn around, return to the chair and sit down. Wear usual footwear and use their usual walking stick if they use one.**
 - c) Start stopwatch as soon as you say “Go”, stop it when the person has returned and fully sat down. Record the time.**
 - d) If the time is >20 seconds, they likely need some assistance with walking, a person or a stick. If >30 seconds, they are at risk of falling.**
 - e) If >20 seconds or they have a history of falls, have them try walking with a cane to see if helps them to feel safer. If yes, measure for a cane: from the floor to the wrist crease. Explain that cane has to be made and they will receive soon.**

The Kisoro Elders Project has provided a job for a village carpenter making canes for our older adults. Each cane is produced for the individual, an appropriate height. Although Physical Medicine teaching prescribes that the optimal cane height is the distance from the floor to the wrist crease (see illustrations in About Mobility in Older Adults), for maximal stability, many Kisoro Elders were accustomed to holding their traditional walking sticks at a higher height. In addition, the terrain in Kisoro is very hilly, and when walking down a steep hill, our canes did indeed seem too short. So, we modified the protocol so that individualized canes could be produced at 1” to 2” higher than protocol, if the individual older adult feels more secure at the higher height. When it is determined that the older adult would benefit from a cane, they are allowed to “try out” several canes and state their preference concerning standard height vs. 1-2” higher.





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The canes have a sturdy 1 inch diameter shaft, with a pistol grip glued securely to the top, and are varnished for an attractive appearance. Thick rubber tips are brought from the US to minimize slippage (available from amazon.com).

4) When giving cane, instructions for use:

- a) A cane should give more support than a walking stick
- b) Cane should be used on side opposite the weak or painful hip or knee
- c) Top of cane should be at wrist crease (or 1-2 inches higher, see explanation above) with arm hanging at side
- d) When walking, cane and opposite foot move forward together
- e) A walker is preferable if there is moderate-severe balance impairment/weakness on both sides, or one-sided weakness requiring support of >15-20% of body weight

5) Assess pain:

- a) Ask if the person has pain, where it is, how often, how severe (mild = 1, moderate = 3, severe = 5)
- b) Ask if the person has used pain medication in the past, which ones, were they helpful. Are they using now?
- c) Use your judgment to assess whether the person can afford to buy pain medication. If no, give a trial of 10 paracetamol pills.

d) Instruct: start with one pill twice a day. If it helps but not enough, try 2 pills twice a day, total 4. If pain is severe, the person could try 2 pills 3 times a day, the maximum 6.

6) Do a follow-up visit to assess whether paracetamol is helping (Yes, B=big, L=little/No). How long did the trial pills last? Give more if helping.

Pain treatment for Kisoro Elders

Most Kisoro Elders have not previously used pain medication, due to lack of affordability. (Even though by US standards, paracetamol is very inexpensive, and available from the local pharmacy). Since they are naïve to pain medication, a high percentage of older adults report the benefits of paracetamol for musculoskeletal pain (approximately 75%).

VHWs are taught to dispense paracetamol only for common musculoskeletal pain (back, neck, arms and legs). Other pain (head, chest, abdomen) is assessed and referred to hospital clinics or inpatient services as needed.

The Kisoro Elders Project chose paracetamol (acetaminophen) as the intervention for pain because of its low side effect profile. A maximum of 3 grams per day is safe for older adults, even if they have undiagnosed liver disease. We avoided NSAIDS because of their relatively high side effect profile in older adults, although VHWs do dispense NSAIDS as part of the Chronic Disease in the Community program, under clinical supervision. Opioids are available for appropriate patients at Kisoro District Hospital.

Acupuncture

Since January 2023, the Kisoro Elders Project has sponsored the services of Samson Ntakirutimana, qualified acupuncturist (trained by US acupuncturist Dr. Richard Mandell) from Kisoro District Hospital, to give acupuncture treatments one day a week. Eligible recipients are older adults in Kisoro rural villages whose pain has not responded to paracetamol.

In 2023 Samson administered more than 1200 acupuncture treatments. We are in the process of gathering objective data to study the outcomes of his treatments, but the reports by beneficiaries of his treatments are almost unanimously favorable. Older villagers are continuously appealing to their VHWs to have him return more frequently. Recipients of treatments report benefits that last from 1-4 months after a series of 2 treatments. One older woman reported that she was unable to use her arthritic hands to prepare food or sew, but that after treatment she was able to use them for 8 months!

For a report on Samson's hospital-based acupuncture services at Kisoro District Hospital:

<https://doi.org/10.1016/j.explore.2020.01.002>