

Appendix 1. Edema score

- 0 – no edema
- 1 – moderate edema
- 2 – severe edema (skin is tight and shiny)

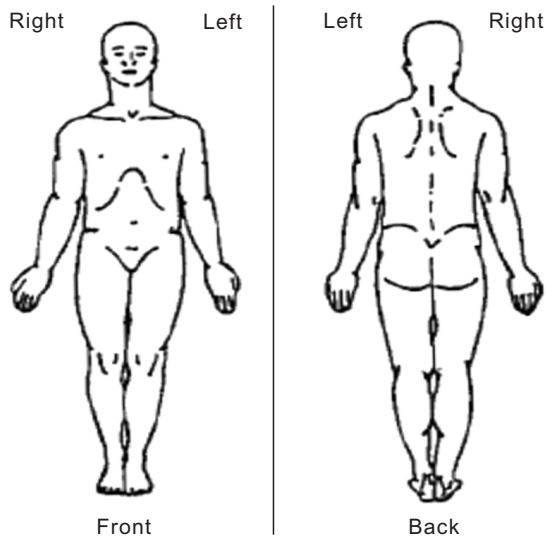
Appendix 2. Brief Pain Inventory questionnaire

Note: Copyright © 2009. MD Anderson Cancer Center. Reproduced from Cleveland CS. The Brief Pain Inventory User Guide. Available from: https://www.mdanderson.org/documents/Departments-and-Divisions/Symptom-Research/BPI_UserGuide.pdf. 11

Date _____ Name _____
 Age/Sex _____ UHID. No. _____

1. Throughout our lives, most of us have had minor aches and pains from time to time. Have you had pain, other than these everyday kinds of pain?
 Yes, No
2. Please rate your pain by circling the word that best describes your pain at its worst in the past 24 hours.
 No, Mild, Moderate, Severe, Most Intense Pain Imaginable
3. Please rate your pain by circling the word that best describes your pain at its least in the past 24 hours.
 No, Mild, Moderate, Severe, Most Intense Pain Imaginable
4. Please rate your pain by circling the word that best describes your pain on average.
 No, Mild, Moderate, Severe, Most Intense Pain Imaginable
5. Please rate your pain by circling the word that best describes your pain right now.
 No, Mild, Moderate, Severe, Most Intense Pain Imaginable
6. What treatments or medications are you receiving for your pain?

7. Since last visit, how much relief have pain treatments or medications provided
 No relief, Some relief, Considerable relief, Complete relief
8. On the diagram, shade the area where you feel pain. Put an X on the area that hurts the most.



9. Circle the word that describes how pain has interfered with your :

- A. General activity
No Mildly Moderately Severely complete Interference
- B. Mood
No Mildly Moderately Severely Complete Interference
- C. Walking ability
No Mildly Moderately Severely Complete Interference
- D. Relations with other people
No Mildly Moderately Severely Complete Interference
- E. Sleep
No Mildly Moderately Severely Complete Interference
- F. Enjoyment of life
No Mildly Moderately Severely Complete Interference

Appendix 3. Quick DASH questionnaire

Note: © Institute for Work & Health. Development and testing of the DASH and Quick-DASH Outcome Measure Instruments and the DASH User's Manual. Available from: HYPERLINK "<http://dash.iwh.on.ca/>" <http://dash.iwh.on.ca>.

Please rate your ability to do the following activities in the last week by circling the number below the appropriate response.

NO MILD MODERATE SEVERE DIFFICULTY UNABLE

1. Open a tight or new jar. 1 2 3 4 5
2. Do heavy household chores (e.g., wash walls, floors). 1 2 3 4 5
3. Carry a shopping bag or briefcase. 1 2 3 4 5
4. Wash your back. 1 2 3 4 5
5. Use a knife to cut food. 1 2 3 4 5
6. Recreational activities in which you take some force or impact through your arm, shoulder or hand (e.g., golf, hammering, tennis, etc.). 1 2 3 4 5

NOT AT ALL SLIGHTLY MODERATELY QUITE EXTREMELY A BIT

7. During the past week, to what extent has your arm, shoulder or hand problem interfered with your normal social activities with family, friends, neighbours or groups? 1 2 3 4 5

NOT LIMITED SLIGHTLY MODERATELY VERY UNABLE

8. During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem? 1 2 3 4 5

NONE MILD MODERATE SEVERE EXTREME

9. Arm, shoulder or hand pain. 1 2 3 4 5
10. Tingling (pins and needles) in your arm, shoulder or hand. 1 2 3 4 5

NO MILD MODERATE SEVERE SO MUCH DIFFICULTY THAT I CAN'T SLEEP

11. During the past week, how much difficulty have you had sleeping because of the pain in your arm, shoulder or hand? (circle number) 1 2 3 4 5

Quick DASH DISABILITY/SYMPTOM SCORE =

$\left[\frac{\text{(sum of n responses)}}{n} - 1 \right] \times 25$, where n is equal to the number of completed responses.

Appendix 4. Patient Satisfaction Score

Patient satisfaction with treatment was measured using a 10-point Likert scale ranging from 1-10 (1=meaning least satisfied and 10=meaning most)