

PŘÍLOHY

Příloha č. 1: screening pro rychlou diagnostiku somatosenzorického tinnitu

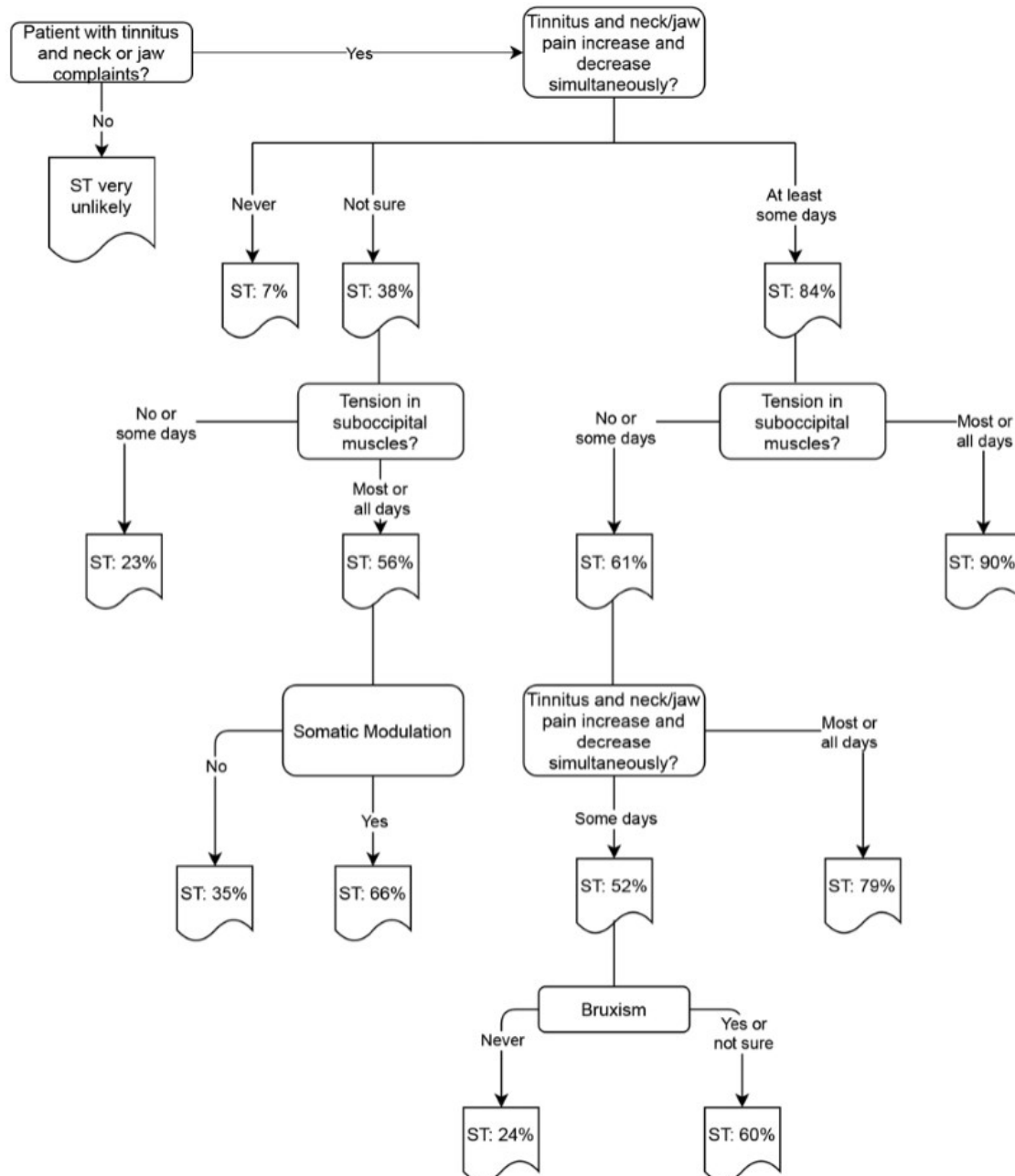


Fig. 1. Rapid Screening for Somatosensory Tinnitus Tool (Percentages in the figure represent the probability to diagnose a patient with somatosensory tinnitus.)

Zdroj: (Michiels et al., 2022)

Příloha č. 2: Tinnitus Handicap inventory questionnaire

Tinnitus Handicap Inventory (THI)

This form is for informational purposes only and should not take the place of consultation and evaluation by a healthcare professional.

Your Name: _____ Date: _____

Instructions: The purpose of this questionnaire is to identify, quantify, and evaluate the difficulties that you may be experiencing because of tinnitus. Please do not skip any questions. When you have answer all the questions, add up your total score, based on the values for each response.

1. Because of your tinnitus, is it difficult for you to concentrate?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
2. Does the loudness of your tinnitus make it difficult for you to hear people?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
3. Does your tinnitus make you angry?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
4. Does your tinnitus make you feel confused?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
5. Because of your tinnitus, do you feel desperate?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
6. Do you complain a great deal about your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
7. Because of your tinnitus, do you have trouble falling to sleep at night?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
8. Do you feel as though you cannot escape your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
9. Does your tinnitus interfere with your ability to enjoy your social activities (such as going out to dinner, to the movies)?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
10. Because of your tinnitus, do you feel frustrated?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
11. Because of your tinnitus, do you feel that you have a terrible disease?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
12. Does your tinnitus make it difficult for you to enjoy life?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
13. Does your tinnitus interfere with your job or household responsibilities?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
14. Because of your tinnitus, do you find that you are often irritable?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
15. Because of your tinnitus, is it difficult for you to read?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
16. Does your tinnitus make you upset?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
17. Do you feel that your tinnitus problem has placed stress on your relationships with members of your family and friends?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
18. Do you find it difficult to focus your attention away from your tinnitus and on other things?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
19. Do you feel that you have no control over your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
20. Because of your tinnitus, do you often feel tired?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
21. Because of your tinnitus, do you feel depressed?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
22. Does your tinnitus make you feel anxious?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
23. Do you feel that you can no longer cope with your tinnitus?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
24. Does your tinnitus get worse when you are under stress?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)
25. Does your tinnitus make you feel insecure?	<input type="radio"/> Yes (4)	<input type="radio"/> Sometimes (2)	<input type="radio"/> No (0)

The sum of all responses is your THI Score >>>

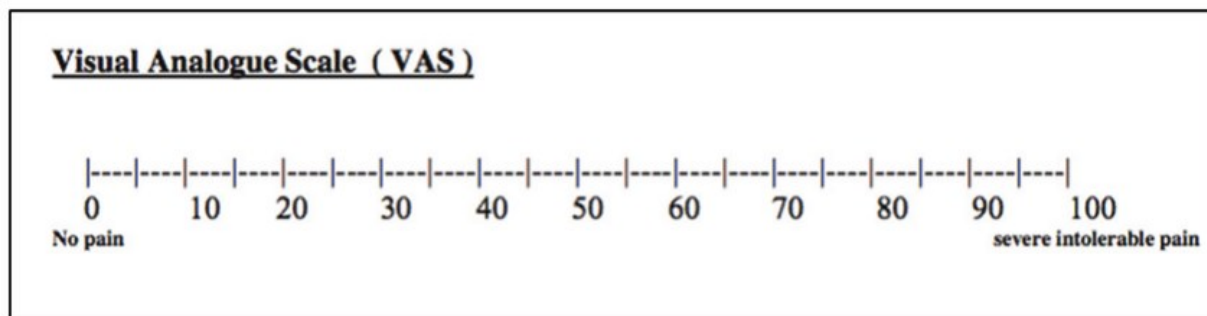
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0-16: Slight or no handicap (Grade 1)
 18-36: Mild handicap (Grade 2)
 38-56: Moderate handicap (Grade 3)
 58-76: Severe handicap (Grade 4)
 78-100: Catastrophic handicap (Grade 5)

Newman CW, Jacobson GP, Spitzer JB. (1996) "Development of the Tinnitus Handicap Inventory." Archives of Otolaryngology - Head and Neck Surgery. 122(2):143-8.

McCombe, A., Baguey, D., Coles, R., McKenna, L., McKinney, C. & Windle-Taylor, P. (2001). "Guidelines for the Grading of Tinnitus Severity: the Results of a Working Group Commissioned by the British Association of Otolaryngologists, Head and Neck Surgeons." Clinical Otolaryngology. 26, 388-393.

Zdroj: (Newman et al., 1996)

Příloha č. 3: Vizuální analogová škála

Zdroj: (Aggarwal et al., 2018)

Příloha č. 4: Informovaný souhlas**Informovaný souhlas**

Informovaný souhlas s účastí ve výzkumu za účelem vypracování bakalářské práce na 2. LF UK, obor Fyzioterapie.

Téma: Vliv zvýšeného napětí svalů krku na tinnitus

Informace pro pacienta: Tato bakalářská práce vzniká za účelem zjištění efektu manuální terapie na tinnitus a jeho vazby na hypertonické svaly krku. Terapie budou vedené autorkou práce – Adélou Zlesákovou a budou probíhat po dobu cca 10 týdnů. Pacienti budou zacvičeni do autoterapie, která je pro zmírnění symptomů nezbytná. Pacienti mají právo kdykoliv ukončit účast na bakalářské práci.

Způsob vyšetření: kineziologický rozbor, měření rozsahu pohyblivosti krční páteře pomocí goniometru, palpační vyšetření svalů krku, dotazníkové šetření

Využití dat: Data budou porovnávána s informacemi z aktuálních studií týkajících se témat spojených s cervikogenním somatosenzorickým tinnitem. Získaná data budou použita anonymně jen pro potřeby této práce a nebudou šířena třetím osobám.

Souhlas s účastí ve výzkumu

Svým souhlasem potvrzujete, že souhlasíte se zveřejněním anonymizovaných dat, výstupů a fotodokumentace poskytnutých pro účely vzniku práce.

Já, níže podepsaný/á, potvrzuji, že souhlasím s účastí na této bakalářské práci.

ANO NE

V Dne

Jméno.....

Podpis