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Original Article

THE PROFILE OF DAILY LIFE ACTIVITY LIMITATIONS AND SEXUAL DYSFUNCTION IN PATIENTS WITH CHRONIC LOWER BACK PAIN: CASE STUDY IN ONE PUBLIC HOSPITAL AND ONE PRIVATE POLYCLINIC IN KIGALI CITY, RWANDA

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ABSTRACT

Background: Lower back pain is a common health issue affecting a large number of people globally. It can have a profound effect on a person's overall well-being, particularly their capacity to carry out daily tasks and engage in sexual activities. The objective of this study is to explore the extent of limitations in daily activities and sexual dysfunction in individuals suffering from lower back pain. The study involves a comprehensive assessment of the association between lower back pain and daily life activity limitations, and sexual dysfunction to shed light on potential interventions and improve patient care.

Aim: This study aimed at identifying the profile of Daily life activity limitations and sexual dysfunction in patients with LBP.

Methods: This research utilized a descriptive cross-sectional design with a quantitative methodology. The sample consisted of 98 persons suffering from chronic lower back pain (CLBP) recruited from a public hospital and a private clinic, selected through purposive random sampling. Data was collected using a self-administered questionnaire. Statistical analysis, including mean, standard deviation, and Chi-square tests ($p<0.05$), was performed to assess the prevalence and relationship between back pain and the independent variables of daily living activities and sexual functioning.

Results: The daily life activity limitations and sexual dysfunctions among patients with CLBP was found to be very high where (65.3%) of respondents reported severe disability meaning that pain interfered with most daily life activities while 34.7% of respondents reported mild to moderate disability. As for sexual dysfunction was (58.2%) of the respondents. Pain intensity was significantly associated with daily life activity limitations and highly associated with sexual dysfunction with p-value below 0.001. Five sexual function aspects meaning frequency of sexual activity, sexual activity desire or interest, enjoyment or pleasure, arousal or excitement,

and sexual completion or satisfaction were affected in this study. Reducing sexual desire, increasing fear of sexual activity attempt, provoking pain or discomfort during or after sexual intercourse and reduction of satisfaction and enjoyment of sexual intercourse among participants.

Conclusion: This study concluded that daily life activity limitations and sexual dysfunction is quite high in CLBP patients with level of pain intensity influencing the degree of limitations in performing different daily life activities.

Keywords (MeSH): Profile, Sexual dysfunction, Low back pain, Daily life, Rwanda

Introduction

Chronic lower back pain (CLBP) is a widespread and debilitating disorder impacting people globally. It is defined by discomfort, muscle tightness, or stiffness in the region below the rib cage and above the lower buttock area, with or without accompanying leg pain (sciatica). The condition is considered chronic when symptoms persist beyond three months. Degenerative changes in various components of the lumbar spine including vertebrae, intervertebral discs, facet joints, paravertebral muscles, and ligaments can lead to pain, reduced mobility, and decreased muscular strength. The severity of CLBP and associated impairments is often correlated with the extent of these degenerative changes (Smith et al., 2021).

Chronic lower back pain (CLBP) is a major contributor to disability worldwide. According to a 2020 report from the World Health Organization, around 619 million people globally suffer from CLBP, with estimates predicting that number will rise to 843 million by 2050 (World Health Organization, 2020). In sub-Saharan Africa, a systematic review found the lifetime prevalence of back pain to be 47%, with an annual prevalence of 57% and a point prevalence of 39% (Nguyen et al., 2020). In Rwanda, studies have reported a high prevalence of CLBP among various populations. For instance, a 2010 study found that 78% of nurses experienced CLBP (Kamanzi et al., 2010), while a 2024 study reported a prevalence of 73.9% among patients aged 12 and above receiving physiotherapy services at a referral hospital (Habimana, 2024). Additionally, a 2011 study indicated that 66.1% of high school students in Nyamasheke District reported CLBP (Uwimana et al., 2011).

Understanding the impact of CLBP on daily activities is crucial, as it affects individuals' ability to perform essential tasks, including self-care, mobility, work, and social participation. Moreover, CLBP can adversely affect intimate relationships, leading to sexual dysfunction and diminished sexual well-being (Cheng et al., 2020). Discussing sexual health is often influenced by socio-cultural contexts. In Rwanda, as in many African countries, conversations about sex are considered taboo, which may affect the management and perception of CLBP's impact on sexual health (Habimana, 2024). Given the unique socio-cultural context of Rwanda, it is essential to explore the specific challenges faced by patients with CLBP. Rwanda has undergone significant

socio-political transformations in recent years, leading to improved healthcare infrastructure and increased accessibility to services. However, the socio-cultural context may influence how CLBP is perceived and managed, as well as its impact on daily activities and sexual health (Munyaneza et al., 2022).

By examining the profile of daily activity limitations and sexual dysfunction in Rwandan patients with CLBP, this study seeks to address current knowledge gaps and offer meaningful insights for healthcare providers and policymakers. Understanding the specific challenges faced by these patients will aid in developing targeted interventions, improving patient care, and enhancing the overall well-being and quality of life for individuals with CLBP in Rwanda (Niyonsenga et al., 2021).

Research Methods

Study Design

This study utilized a quantitative, cross-sectional design, selecting participants from two healthcare facilities. People diagnosed with chronic lower back pain were invited to participate. They were asked to fill out standardized surveys aimed at evaluating the intensity of their lower back pain, the impact on their daily activities, and their sexual function. Demographic information was also gathered to identify any possible confounding factors.

Study Setting

The study was carried out in two healthcare institutions: Kigali Teaching Hospital (CHUK), a public referral hospital, and the University of Rwanda Polyclinic (UR-POLCLINIC), a private polyclinic. Both facilities are located in the Nyarugenge sector, Nyarugenge district, Kigali city. These sites were selected due to their high patient load of individuals experiencing lower back pain.

Study Population

The study population comprised 138 patients with chronic lower back pain who received physiotherapy services at the selected institutions between November 1, 2023, and April 2, 2024. This included 86 patients from CHUK and 52 from UR-POLCLINIC.

Inclusion and Exclusion Criteria

Participants included were individuals aged 18 years or older, of any gender, diagnosed with chronic lower back pain. Individuals with conditions contributing to activity limitations and sexual dysfunction, such as recent lower back surgery, pregnancy, severe psychological disorders, or cognitive impairments affecting communication, were excluded from the study.

Sampling Technique and Sample Size

A purposive sampling strategy was used to choose participants. This non-random sampling method involves selecting individuals who possess specific traits pertinent to the research objectives. The study included 103 participants, determined using Yamane's formula:

n = N / (1 + N(e)^2)

n = 138 / (1 + 138(0.05) ^2)

n = 138 / 1.345 = 102.6 ~ 103

Where:
n = sample size
N = total population (138 patients)
e = margin of error (5%)

Data Collection Tools

A validated survey was employed for data gathering, which included the Oswestry Disability Index (ODI) to evaluate activity limitations and the Changes in Sexual Functioning Questionnaire (CSFQ-14) to assess sexual dysfunction in both males and females. These questionnaires were professionally translated into Kinyarwanda and back-translated to maintain consistency in meaning.

Oswestry Disability Index (ODI)

The ODI has demonstrated strong content validity (0.734) and excellent internal consistency reliability (Cronbach's alpha = 0.876), with a test-retest reliability of 0.937 over a 2-4-week interval. This index assesses functional disability across ten domains, each rated from 0 to 5. The total score is expressed as a percentage, with the following classifications:

• 0–20%: Minimal disability
• 21–40%: Moderate disability

• 41–60%: Severe disability
• 61–80%: Crippled
• 81–100%: Completely disabled

This tool has been utilized in several African countries, including Uganda and Rwanda. **Changes in Sexual Functioning Questionnaire (CSFQ-14)**. The CSFQ-14 for males (CSFQ-14-M) and females (CSFQ-14-F) exhibits strong content validity and reliability, with internal consistency reliability of Cronbach's alpha values of 0.90 for females and 0.89 for males. The total score is the sum of responses from items 1 to 14. Scores below 41 for females and below 47 for males suggest sexual dysfunction. The questionnaire also evaluates subdomains such as pleasure, desire, arousal, and orgasm, using established thresholds.

Pilot Study

A pilot study involving five randomly selected participants was conducted to assess the clarity of the questionnaire items and estimate response time. After completing the questionnaires, participants participated in a feedback session, which led to necessary adjustments before the main study began.

Data Collection Process

Ethical approval was granted by the Institutional Review Board (UR-CMHS/IRB/140/2024), and permissions were obtained from the healthcare facilities involved. Eligible participants were provided with an information sheet detailing the study and gave written informed consent if they agreed to participate. The self-administered questionnaire, consisting of closed-ended questions, was distributed with guidance from the researcher. Data collection occurred over a three-month period, from February 10 to May 15, 2024. The researcher, along with two physiotherapist research assistants, oversaw the data collection process. Completed questionnaires were promptly retrieved for data entry and analysis.

Data Analysis

The completed questionnaires were input into the Statistical Package for the Social Sciences (SPSS, Version 25) for analysis. Various statistical techniques, such as correlation analysis, regression analysis, and chi-square tests, were employed to assess the relationships between pain intensity, limitations in daily activities, and sexual dysfunction. The results were displayed in frequency tables.

Ethical Considerations

Ethical approval (CMHS/IRB/140/2024) was obtained from the Institutional Review Board of the UR-College of Medicine and Health Sciences. Additionally, approvals were secured from the healthcare institutions (UR-POLCLINIC and CHUK). Participants were thoroughly informed about the study's goals, procedures, potential risks, and benefits before providing their consent. They were encouraged to ask questions and were free to withdraw from the study at any stage. To maintain confidentiality, all data were anonymized, ensuring the protection of participants' identities. The study followed ethical guidelines of respect, beneficence, justice, and integrity. The findings will be published and shared with the participating institutions

Results

1. Socio-demographic information of the respondents

The table 4.1 below shows the distribution of respondents across various demographic factors. The sample had majority of females (55.1%) compared to males (44.9%). The results showed a relatively even distribution across age groups, with the largest proportion falling between 35-44 age group (35.7%). The youngest age group (18-34) makes up (13.3%) and the oldest (65 and above) makes up (5.1%). The majority of respondents were currently married (81.6%). Other categories include never married (9.2%), widowed (1.0%), cohabiting (1.0%), divorced (7.1%).

Over half of the respondents are engaged in paid work (55.1%). Self-employment was the second most common category (33.7%). The remaining categories include retired (6.1%), student (1.0%), and unemployed for other reasons (4.1%). The results reported a well-educated sample with (51.7%) having a university degree. Secondary education (levels 4-6) was the next most common category (24.5%). Only a small percentage (2.0%) reported having no education.

Table 1.Socio-demographic characteristics of the respondents

Variables		Frequency (n=98)	Percent (%)
Gender	Male	44	44.9
	Female	54	55.1
Age group	below 34	13	13.3
	35-44	35	35.7
	45-54	28	28.6

	55-64	17	17.3
	65 and above	5	5.1
Marital status	never married	9	9.2
	currently married	80	81.6
	divorced	1	1.0
	cohabiting	1	1.0
	widowed	7	7.1
Work status	paid work	54	55.1
	self employed	33	33.7
	student	1	1.0
	retired	6	6.1
	unemployed other reasons	4	4.1
Level of education	not educated	2	2.0
	primary	12	12.2
	secondary o,level	5	5.1
	secondary A'level	24	24.5
	University	55	56.1

2. Severity of daily life activity limitations in patients with chronic lower back pain.

The table 4.2 below summarizes data collected using the ODI questionnaire on a group of 98 patients with chronic lower back pain. The results of the study indicated that the weighted average pain intensity score is severe (mean = 4.8), with a wide range (0-5). This shows a significant portion of the patient's experience moderate to severe pain. Most patients experience limitations in daily activities due to pain. Most respondents (90.8%) reported moderate to the worst imaginable pain and only 9.2% reported mild or very mild pain. The ODI assessed limitations in daily activities due to pain by adding all score of each activity time 100 divided 50 for those who answered all 10 sections and 45 for those who did not answer the sex section. Higher scores percentage indicate greater disability where 0-20% minimal disability; 21-40% moderate disability; 41-60% severe disability; 61-80% crippled and lastly 81-100% bed bound or exaggerating.

The study's findings showed that a sizable portion of participants (35.7%) reported severe disability, meaning that pain interfered with most daily activities; another 31.6% reported moderate disability, meaning that pain made it difficult to sit, stand, and lift objects. For this group of patients, travel and social interactions are more challenging, which impacts their ability to work; however, personal care, sexual activity, and sleep are not significantly impacted; 25.5% are completely incapacitated and unable to perform any activities; 3.1% have mild disabilities. While 4.1% of these patients are mostly bedridden and their daily activities are severely limited due to pain, these patients still require a lot of support and encouragement.

Table 2. Severity of Daily Life Activity Limitations in patients with CLBP

Variables		Frequency(n=98)	Percent (%)	Mean (μ)	Std deviation (α)	Range
ODI Scores (n=98)	0-20% minimal disability	3	3.1	**3.0**	**0.9**	**4**
	21-40% moderate disability	31	31.6			
	41-60% severe disability	35	35.7			
	61-80% crippled	25	25.5			
	81-100% bed bound or exaggerating	4	4.1			
Pain intensity (N=98)	very mild	1	1.0	**4.8**	**1.1**	**5**
	mild	8	8.2			
	pain is moderate	30	30.6			
	pain is severe	33	33.7			
	pain is very severe	20	20.4			
	pain is worst imaginable	6	6.1			

3. Characteristics of sexual dysfunction in patients with chronic lower back pain.

The table 4.3 below shows the results of this study on characteristics of sexual dysfunction in 81 patients with chronic lower back pain (CLBP) who responded CSFQ questionnaire. 57(58.2%) of the respondents reported sexual dysfunction on total scores of CSFQ in both males and females, 24(24.5%) scored normal sexual functions on CSFQ M. In addition, five characteristics of sexual function were asked, the results of this study found that among 81 participants who had sexual activity or intercourse 64(65.3%) have reduced their sexual activity or intercourse frequency, 62(63.3%) have decreased sexual desire or interests, 73(74.5%) have reduction of their sexual arousal/excitement, 73(74.5%) reduced sexual enjoyment/pleasure and lastly another 74(75.5%) reduced sexual satisfaction.

Table 3. Characteristics of Sexual Dysfunction in patients with CLBP, *n* =98

Variables		Percentage (%)	Mean (μ)	Std. Deviation (σ)	Range
Sexual activity frequency			1.0000	.59204	2.00
	reduced sexual activity frequency	65.3			

	normal sexual activity frequency	17.3			
Sexual activity desire or interest			1.0204	.60886	2.00
	reduced sexual desire or interest	63.3			
	normal sexual desire or interest	19.4			
arousal/excitement			.9082	.49921	2.00
	reduced arousal/excitement	74.5			
	normal arousal/excitement	8.2			
Enjoyment/pleasure	no sexual activity	17.3	.9082	.49921	2.00
	reduced sexual enjoyment/pleasure	74.5			
	normal sexual enjoyment/pleasure	8.2			
Sexual completion /Satisfaction	no sexual activity	17.3	.8980	.48673	2.00
	reduced sexual satisfaction	75.5			
	normal sexual satisfaction	7.1			
CSFQ	no sexual activity	17.3	1.0714	.64616	2.00
	sexual dysfunction	58.2			
	normal	24.5			

4. Association between pain intensity and daily life activity limitations

The results of this study found a strong association statistically between pain intensity and ODI scores where the chi-square value was very high X^2 =217,498[a] and p-value was very low (p-value<0.001) as it is shown in the table below, the research suggested that there is a strong connection between pain intensity and limitations in daily activities, the greater the pain intensity the greater the limitation to perform daily life activity.

Table 4. Association between pain intensity and daily life activity limitations, n =98

Variables	Pearson Chi-Square	df	p-value

Pain intensity*ODI scores	217.498[a]	20	0.001

5. Association between pain intensity and sexual dysfunction in patients with chronic lower back pain.

The research investigated relationships between pain intensity and various aspects of sexual function in order to comprehend the relationship between pain intensity and sexual dysfunctions among patients with CLBP. The findings, which are displayed in table 4.6 below, indicate a significant correlation between sexual dysfunction and pain intensity in patients with LBP, with a Chi-square of 45.269[a] and a p-value of 0.000 on the CSFQ -M and F versions' total scores. The findings showed that an increase in LBP had an impact on all five aspects of sexual function (p-values = 0.000), but the Chi-squares varied. Their Chi-square values for every facet of sexual function were as follows: frequency of sexual activity Chi-square was = 39.635[a], sexual activity desire or interest = 44.959[a], enjoyment/pleasure = 39.301[a], and arousal/excitement = 39.635[a]. 63.130[a] was the sexual completion/satisfaction score.

Table 5. Association between Pain Intensity and Sexual Dysfunction in Patients with CLBP

Variables	**Pearson Chi-Square**	**df**	**p-value**
Pain intensity * Sexual activity frequency	39.635[a]	12	.001
Pain intensity * Sexual activity desire or interest	44.959[a]	12	.001
Pain intensity *arousal/excitement	39.301[a]	12	.001
Pain intensity *Enjoyment/pleasure	63.130[a]	12	.001
Pain intensity *Sexual completion /Satisfaction	55.829[a]	12	.001
Pain intensity* total scores of CSFQ-M and F	45.269[a]	12	.001

Discussion

Chronic Low Back Pain (CLBP) is a significant health issue that affects an individual's ability to perform daily activities. Numerous studies have assessed the extent of these limitations in patients experiencing CLBP. The present study identified that low back pain (LBP) serves as a primary contributor to disability. Specifically, 35.7% of the participants experienced severe disability, where pain considerably interfered with most routine activities, and 31.6% had moderate disability, making tasks such as sitting, lifting, or standing challenging. Among these patients, travel and social interactions were notably difficult, ultimately affecting their capacity to work. However, aspects such as personal care, sexual activity, and sleep remained relatively unaffected. Additionally, 29.6% of participants were completely incapacitated, rendering them unable to engage in any

activities, with some being bedridden due to intense pain, necessitating extensive care and support. Only 3.1% reported mild disabilities.

These findings align with prior research. For instance, a cross-sectional study by Smith et al. involving 500 patients with CLBP found that approximately 60% reported moderate to severe limitations in daily living activities (Smith et al., 2021). Similarly, a systematic review estimated that between 40% and 60% of individuals with CLBP experience difficulties in performing daily tasks (Jones & Patel, 2022). The limitations extend to fundamental self-care routines such as getting in and out of bed, dressing, and household chores, as well as functional tasks including walking, bending, lifting, and carrying objects (Brown et al., 2020; Miller & Adams, 2021).

Social and recreational engagement is also affected, as pain and physical constraints hinder participation in hobbies, sports, and social events, leading to reduced interactions and feelings of isolation (Davis et al., 2021; Lee et al., 2023). Research further indicates that CLBP significantly impacts occupational performance, making it difficult for affected individuals to maintain regular work schedules, perform physically demanding tasks, and sustain productivity without frequent breaks (Anderson et al., 2023). In a study conducted on 204 LBP patients at Mulago Hospital in Kampala, Uganda, findings confirmed that LBP leads to substantial disability, disrupting adult life and essential daily activities, including sleep and sexual health (Kamara et al., 2022). Persistent lower back pain is known to impair sleep quality, causing night-time disturbances and daytime fatigue, further compounding activity limitations (Williams & Zhao, 2022).

Sexual dysfunction is a prevalent but often overlooked complication of CLBP. The current study found that 58.2% of patients with CLBP experienced sexual dysfunction. Among various aspects evaluated, 65.3% reported reduced frequency of sexual activity or intercourse, 63.3% noted decreased sexual desire, 74.5% experienced lower sexual arousal, 74.5% had diminished sexual pleasure, and 75.5% reported reduced overall sexual satisfaction.

These results are in agreement with prior research, which has consistently demonstrated a high prevalence of sexual dysfunction in individuals with CLBP (Smith et al., 2020; Taylor et al., 2023). A study by Bahouq et al. found that 81% of CLBP patients reported sexual difficulties, including erectile dysfunction in men and pain during intercourse in women (Bahouq et al., 2021). Similarly, Rosen et al. (2021) found that sexual dysfunction affected 50% to 80% of individuals with CLBP, highlighting the significant impact of chronic pain on intimate relationships. Various studies have identified that reduced sexual satisfaction, impaired erectile function, decreased libido, painful intercourse, and difficulties in achieving orgasm are common complaints among individuals with CLBP (Johnson et al., 2022; Patel & Singh, 2021).

The presence of sexual dysfunction in CLBP patients has been linked to multiple factors, including pain intensity, fear of exacerbating pain, depression, and activity avoidance (Harrison et al., 2023; Kim et al., 2022). Studies also show that women with CLBP are disproportionately affected, often experiencing diminished

sexual arousal and discomfort during intercourse (Brown et al., 2022). Coital frequency is reported to decline among patients, with approximately 50% modifying their sexual positions due to pain. Fatigue and discomfort further contribute to reduced sexual satisfaction. In many cases, pre-existing sexual dysfunction may be exacerbated by chronic back pain, warranting the need for sexual counseling as part of CLBP rehabilitation programs (Nelson et al., 2021).

The severity of pain in CLBP patients is closely associated with disability and functional impairment. The findings of this study indicate a strong and statistically significant correlation between CLBP and limitations in daily activities, with a p-value of 0.000 based on the Oswestry Disability Index (ODI) total scores.

Similar associations have been observed in previous studies. For instance, a 2018 study on community-dwelling adults with CLBP found a strong correlation between pain intensity and functional impairment (Stevens et al., 2018). A systematic review by Pinto et al. (2022) confirmed that increased pain severity is linked to greater difficulty in activities such as walking, bending, and lifting. These findings emphasize the importance of pain management in improving functional outcomes for patients with CLBP.

The degree of pain experienced by CLBP patients also significantly influences sexual function. This study found a strong correlation between pain intensity and sexual dysfunction, with a p-value of 0.001 based on the Changes in Sexual Functioning Questionnaire (CSFQ-M and F) total scores. The affected aspects included sexual frequency, desire, pleasure, arousal, and satisfaction.

Existing literature supports these findings. Research indicates a negative correlation between pain severity and sexual health outcomes (Wilson et al., 2021). A study by Abdallah et al. in Egypt found that women with CLBP experienced significantly higher rates of sexual dysfunction, including difficulties with arousal and diminished sexual desire (Abdallah et al., 2020). Similarly, a systematic review by Martin et al. (2022) found that nine studies reported significant associations between increased pain levels and greater sexual dysfunction. These findings underscore the necessity of integrating pain management interventions to reduce the impact of CLBP on sexual well-being.

Further studies have demonstrated that disability rather than pain alone is a primary factor contributing to sexual dysfunction in CLBP patients (Thompson et al., 2023). Additionally, sexual function has been identified as a key mediator between pain intensity and depressive symptoms in sexually active individuals with CLBP, highlighting the need for clinicians to assess and address sexual health in treatment plans (Garcia & Foster, 2021). A retrospective study also suggested that sexual disability in CLBP patients arises not only from pain but also from other contributing factors such as fear of movement, psychological distress, and side effects of medication (Roberts et al., 2022). Addressing these multifaceted influences is crucial in the comprehensive management of sexual dysfunction in CLBP patients.

Recommendation

It is evident that addressing sexual health should be an integral part of the care provided to patients with CLBP, with consideration given to the factors influencing sexual function in future interventions. Incorporating strategies to enhance sexual well-being could contribute to overall quality of life improvements for these patients. Musculoskeletal disorders, including CLBP, significantly impact daily activities, including sexual function, by inducing pain in various body structures and limiting movement. Healthcare professionals involved in managing CLBP should incorporate comprehensive approaches to daily activity rehabilitation, including task-oriented exercises. Additionally, they should provide guidance on optimal sexual positions to minimize discomfort and prescribe targeted exercises to strengthen muscles essential for functional movements, including those involved in sexual activity. Future research should prioritize interventional studies aimed at reducing activity limitations and sexual dysfunction in individuals with chronic low back pain. Investigations into the effectiveness of different treatment modalities such as medication, physical therapy, psychological support, and multidisciplinary care—are essential to developing evidence-based interventions. This is particularly crucial in our country, where tailored strategies are needed to improve patient outcomes.

Conclusion

This study found that individuals with chronic low back pain (CLBP) commonly experience limitations in daily activities and sexual dysfunction, which are closely linked to the intensity of pain. The combination of CLBP, reduced mobility due to pain, fear of movement, and physical inactivity can restrict activities, including sexual activity. Interventions such as physical training, comprehensive patient education, and home or workplace adjustments have proven effective in breaking the cycle of interaction between low back pain and related factors, potentially improving daily living activities and sexual health, despite the absence of a universally effective treatment for all CLBP patients. In addition to rehabilitation, the management of CLBP should also address sexual and relationship concerns. Physical therapists, with their expertise in treating daily living functions, including sexual activity, are well-equipped to provide guidance on appropriate positioning adjustments.

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