## Manager/Supervisor Risk Management #143– 4/16/13 A twice weekly e-mail training for YCPARMIA members

## TOPIC: SAFETY - ERGONOMIC REPETITIVE MOTION INJURIES

One of the best descriptions of ergonomics that I have heard is <u>"the science of fitting the work to the</u> <u>user instead of forcing the user to fit to the work."</u> The goal is efficiency with comfort--or at least no injury. When the worker is in an environment that does not fit them there can be stressors that, especially over time, adversely affect the worker's body. If the stressors are repeated enough, or continue long enough, we might be facing an injury.

Any part of the body can potentially be affected by ergonomic stressors, but there are a few injuries that we see most often on workers' compensation claim forms.

- <u>Carpal tunnel Syndrome</u>: this is the classic wrist and hand pain caused by the entrapment of a nerve in the wrist that is caused by swollen tendons. It is not a communicative disease, but it is amazing how often it appears in clusters among our members' workers. Fortunately it is relatively rare; a good number of these injuries seem to be tendinitis rather than carpal tunnel that often requires surgery.
- <u>Tendinitis</u>: the inflammation of tendons, anywhere in the body, caused by overuse. It can include tennis elbow and trigger finger, and is generally treated with rest, ice, and anti-inflammatories.
- <u>Low back pain</u>: spasms or strains of the lower back muscles caused by the cumulative effect of bending, lifting, twisting, or poor posture. Treatment is similar to tendinitis.
- <u>Tension neck syndrome</u>: pain in the neck and shoulders caused by continuous tension in the neck; again treatment is generally rest and anti-inflamatories or muscle relaxants.

The purpose of this list is to indicate that any part of the body can manifest an injury from the cumulative effects of ergonomic stressors.

If a worker cannot point to a <u>specific incident</u> that caused the injury, the <u>cumulative ergonomic</u> possibility must be considered. If you are confronted with an injured worker who does not know how they were injured, the supervisor should ask a few questions to hopefully isolate the cause. Exploring the location of the pain, its frequency, whether it is getting progressively worse, and what the worker is doing when the pain manifests are all valid questions.

The central idea is that we are talking about the cumulative effect of repetitive activities on the body in a physical work environment that does not fit the injured worker. Once the <u>cause is identified</u>, it can be addressed; the first step is always to <u>eliminate or limit the ergonomic stressor</u>.

Next Topic: Safety – Ergonomics – Engineering/inspection