

# ***Ergonomics & Musculoskeletal Disorders***

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# What is ergonomics?



# ***Ergonomics:***

- Derived from two Greek words:
  - “*Ergon*” meaning work
  - “*Nomoi*” meaning natural laws
- ***human factors engineering***
- the study of the physical and cognitive demands of work to ensure a safe and productive workplace.



## ***Ergonomics:***

- The study of the **physical & cognitive** demands of work to ensure a **safe and productive** workplace

# ***Ergonomics:***

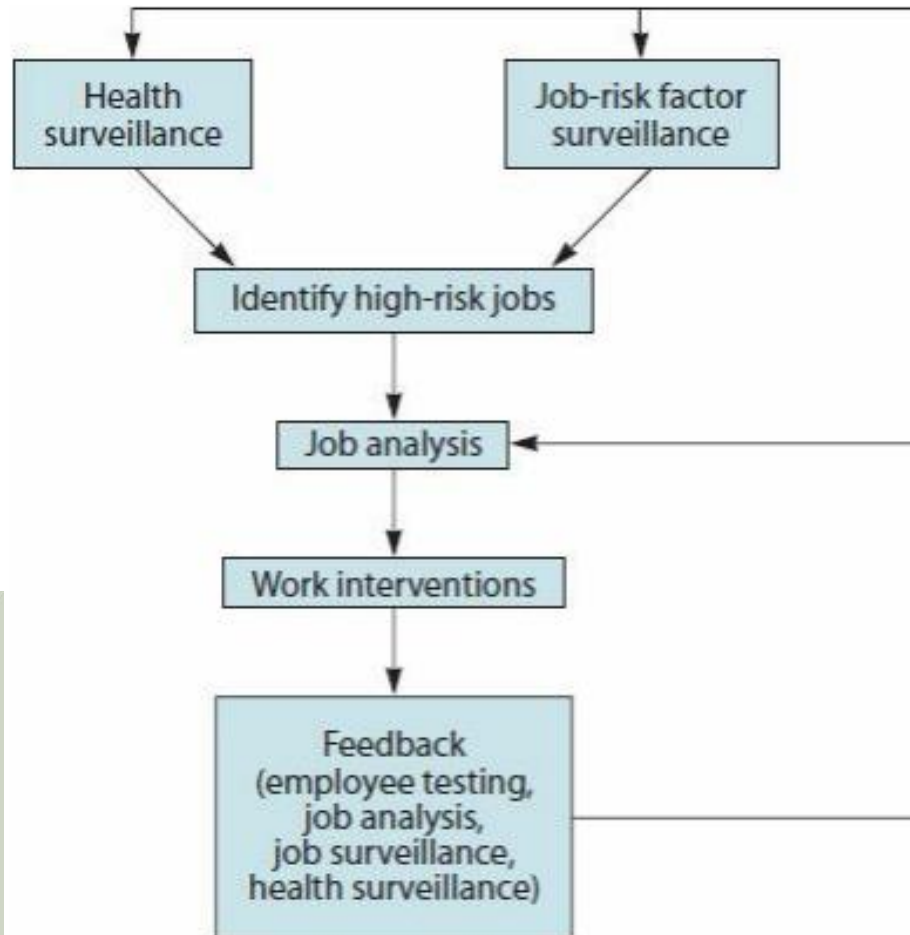
- Ergonomics is the **science and practice** of designing **jobs and workplaces** to match the **capabilities and limitations** of the human body.
- Ergonomics means **“fitting the job to the worker”**

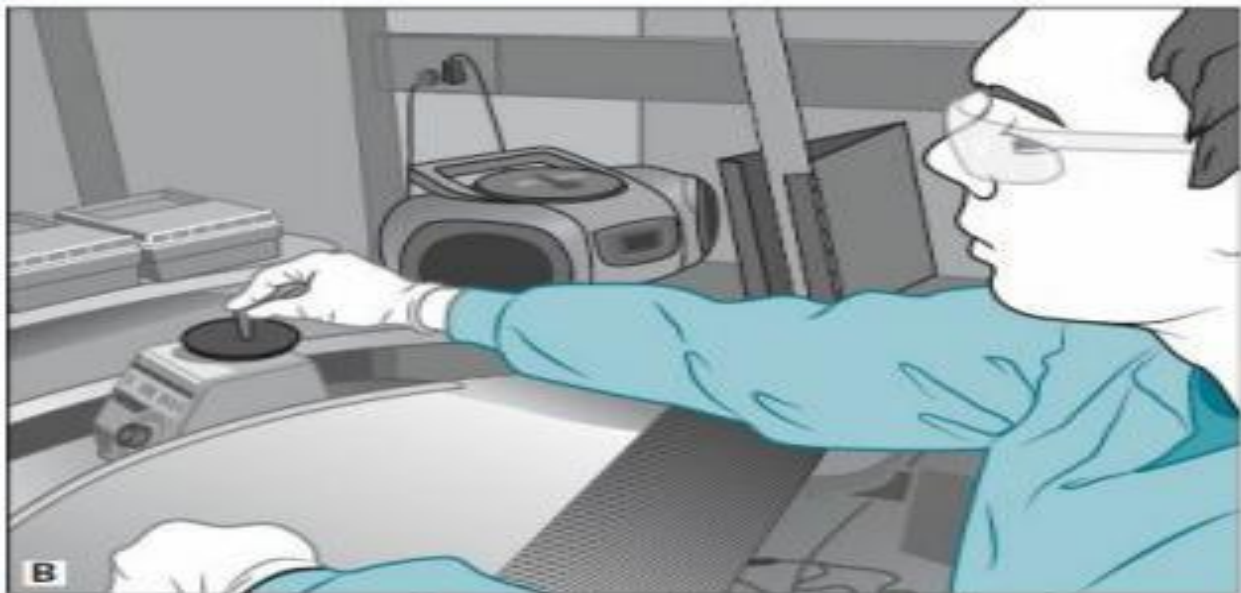
# *Approach to Prevention of Occupational Injuries*

- Health professionals should:
  - ❑ tour work
  - ❑ familiarize themselves with job procedures, equipment, and working conditions.
  - ❑ job redesign: job simplification or job enlargement



# Components of an ergonomics program







# *Cost-Effectiveness of Preventive Activities*

- **Management support** is critical for success
- **initial trainings** may lead to **increased injury reports**
- **but long-term impact of ergonomics programs reduce the overall costs and severity of work-related injuries**
- **payback period of less than 1 year**





# Occupational Musculoskeletal Disorders (MSDs)

Material Safety Data Sheet (MSDS)

# Musculoskeletal Disorders (MSDs)

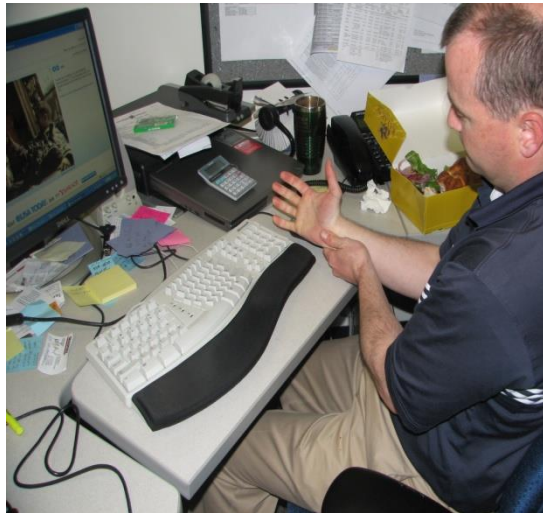
- Muscles
- Tendons
- Ligaments
- Bones
- Nerves
- Blood Vessels
- Disks

# PHYSICAL RISK FACTORS ASSOCIATED WITH MSDs

- The NIOSH and the National Academy of Sciences have reviewed the physical stressors or risk factors that are associated with upper extremity and neck disorders and low-back pain.



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# ACGIH\_HAL

## NIOSH Lifting Equation

### The Strain Index



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# ***WORKSTATION DESIGN PRINCIPLES***



# Reduce Sustained Awkward Postures

- ❑ Work should be designed to prevent sustained :
  - • Neck or trunk flexion, extension, or rotation
  - • Squatting
  - • Shoulder elevation, abduction, flexion or external rotation
  - • Elbow flexion
  - • Wrist extension, flexion or ulnar or radial deviation
  - • Finger extension or abduction



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## *These risk factors for upper extremity are:*

- The application of sustained or high forces
- Sustained awkward postures
- Rapid, repeated motions
- Contact stress
- Vibration
- Cold environment



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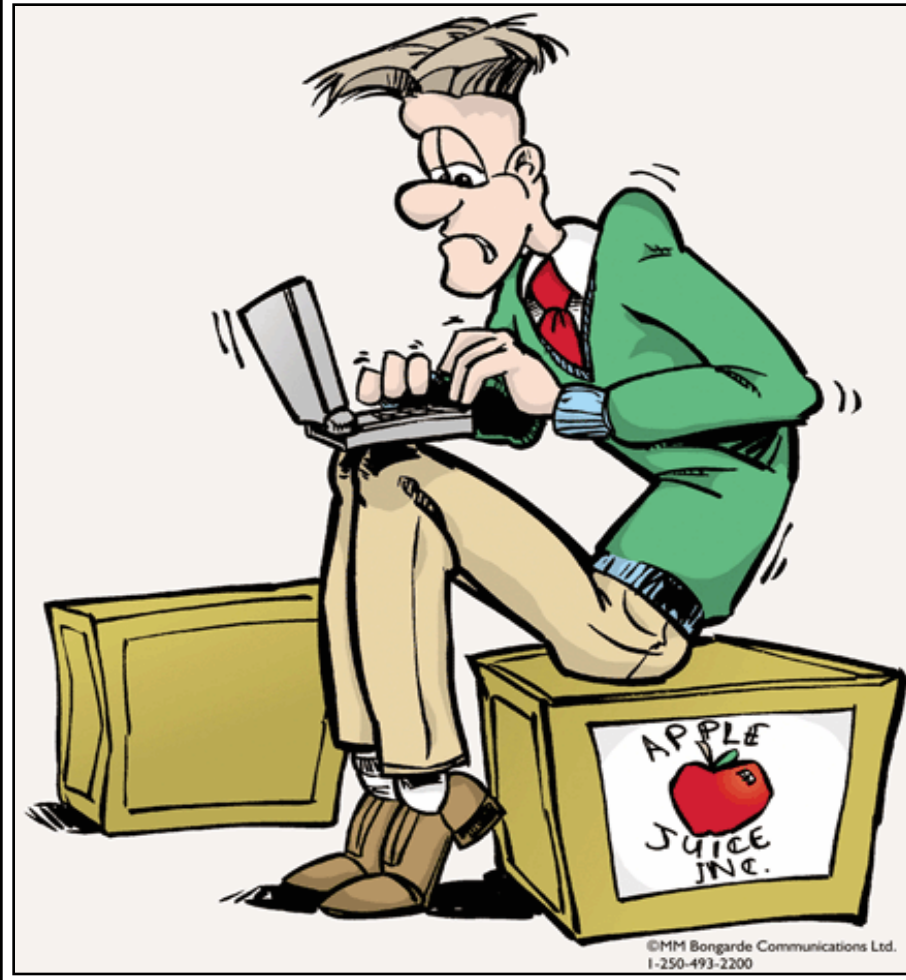


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# Reduce Contact Stress

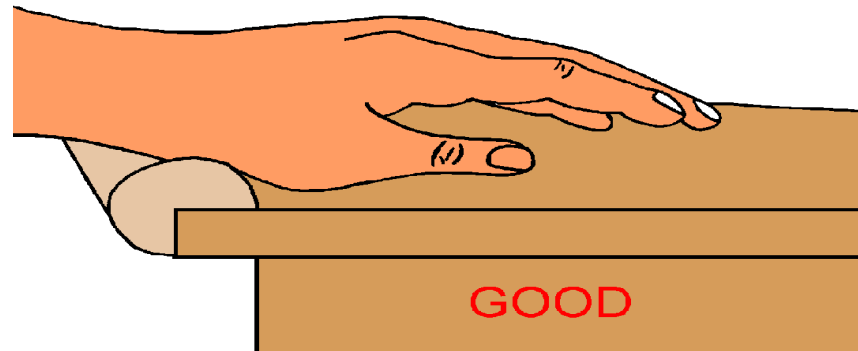
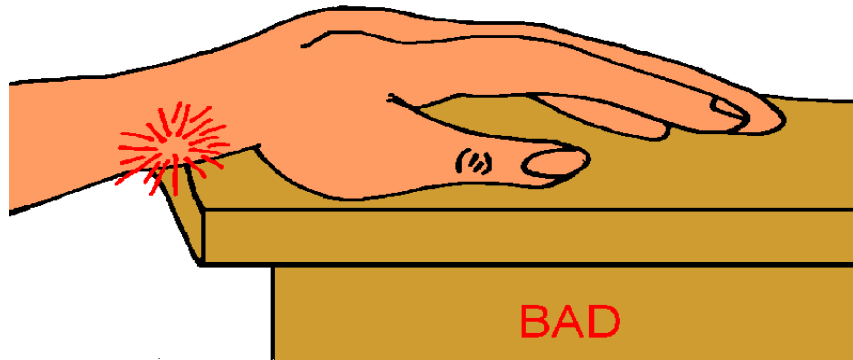


- support surfaces should be **rounded** and **padded** to minimize the risk of contact stress and located on sensitive body regions (wrist or elbow).

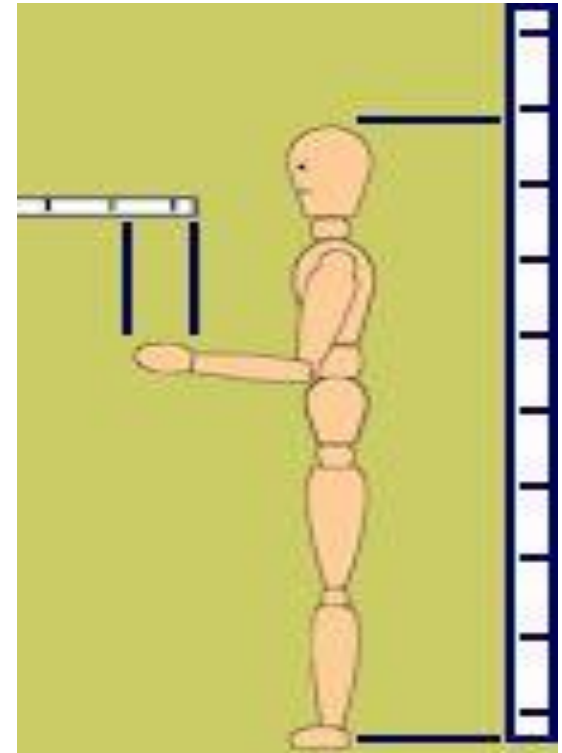
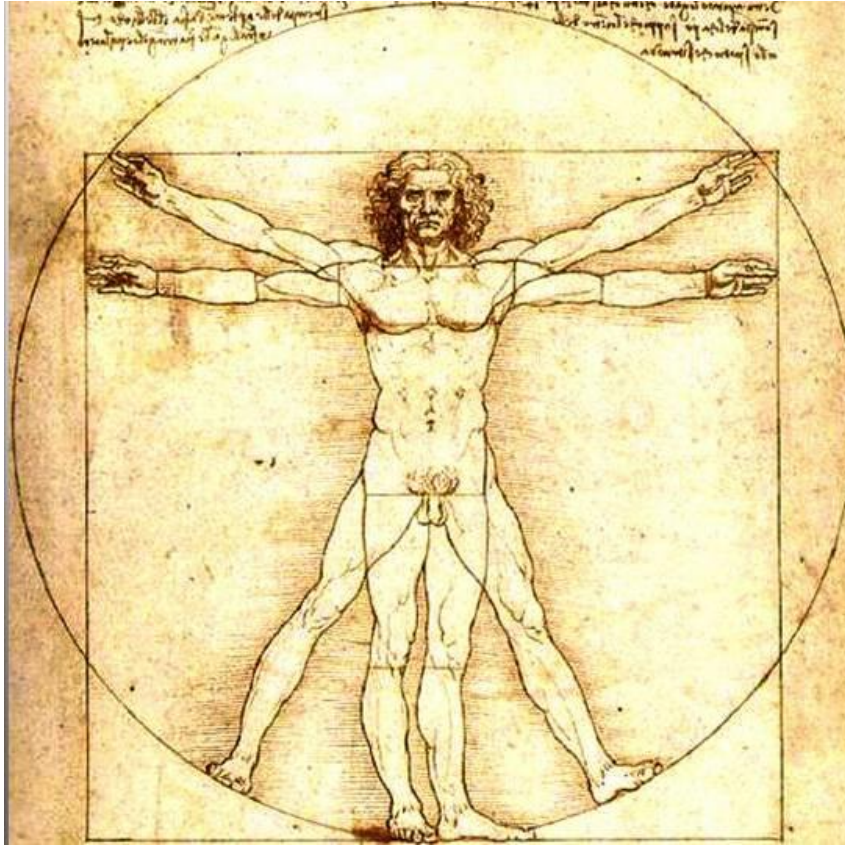


Forearm support for sustained work at the computer

# Reduce contact stress



# Anthropometry



# *Design Work Based on Anthropometric Data*

- ❑ mismatch in size between the worker and the workplace, equipment, or tools = work related MSD
- prolonged forward bending to reach for tools or materials
- having to hold a heavy tool at some distance from the body
- having to sit in a position that is too low or too high for the hands.

# People Are Different

## Age Differences



## Height Differences



20 October 2021









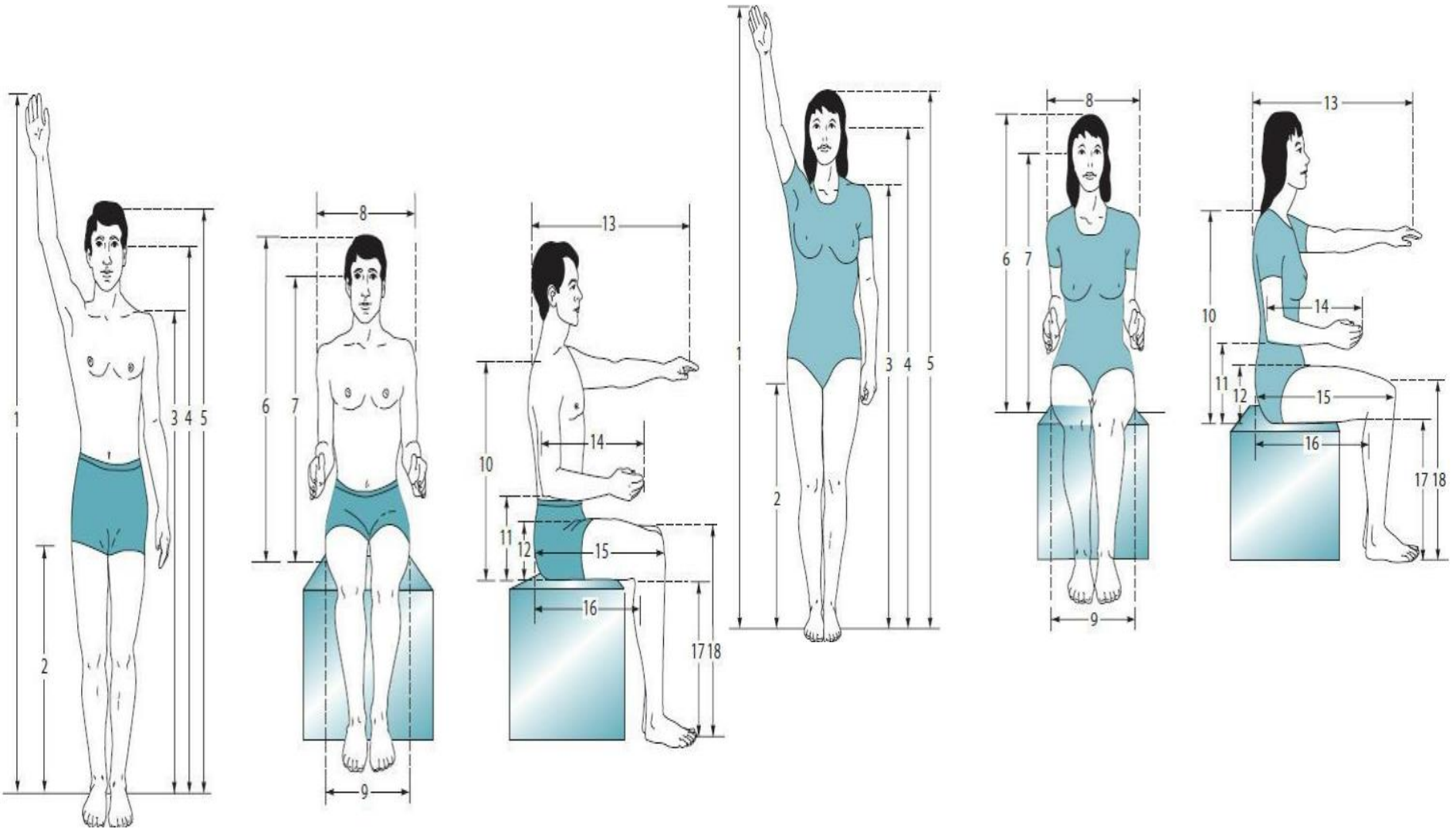




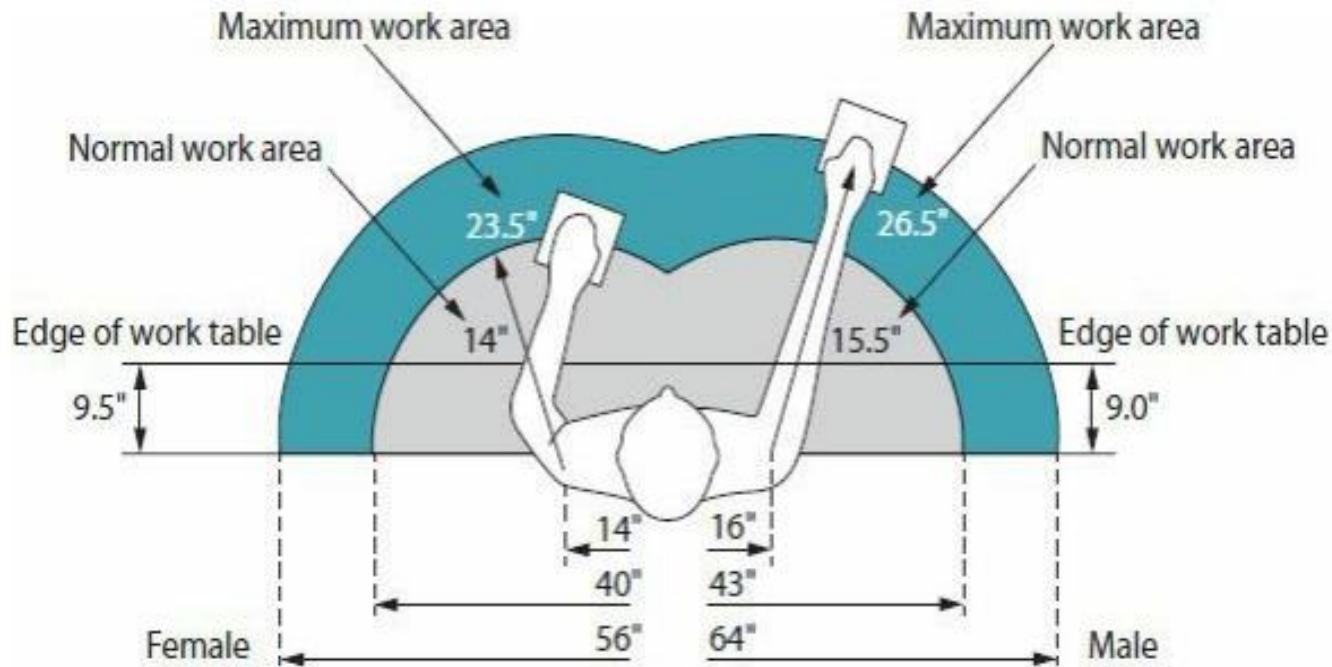
## Male Body Dimensions (cm)

Dimension Number	Dimension Name	5th Percentile	50th Percentile	95th Percentile	Standard Deviation
1	Vertical reach	195.6	209.6	223.5	8.46
2	Crotch height	75.4	83.1	90.7	4.67
3	Shoulder height	133.6	143.6	154.1	6.22
4	Eye height	152.4	163.3	175.0	15.29
5	Stature	163.8	174.4	185.6	6.61
6	Height, sitting	84.5	90.8	96.7	3.66
7	Eye height, sitting	72.8	78.8	84.6	3.57
8	Shoulder breadth	41.5	45.2	49.8	2.54
9	Hip breadth, sitting	30.7	33.9	38.4	2.38
10	Shoulder height, sitting	57.1	62.4	67.6	3.18
11	Elbow height, sitting	18.8	23.7	28.0	2.78
12	Thigh clearance	13.0	14.9	17.5	1.36
13	Thumb tip reach	74.9	82.4	90.9	4.85
14	Elbow-fingertip length	44.3	47.9	51.9	2.31
15	Buttock-knee length	54.9	59.4	64.3	2.85
16	Buttock-popliteal length	45.8	49.8	54.0	2.50
17	Popliteal height	40.6	44.5	48.8	2.50
18	Knee height, sitting	49.7	54.0	58.7	2.73

# Body dimensions for men & women







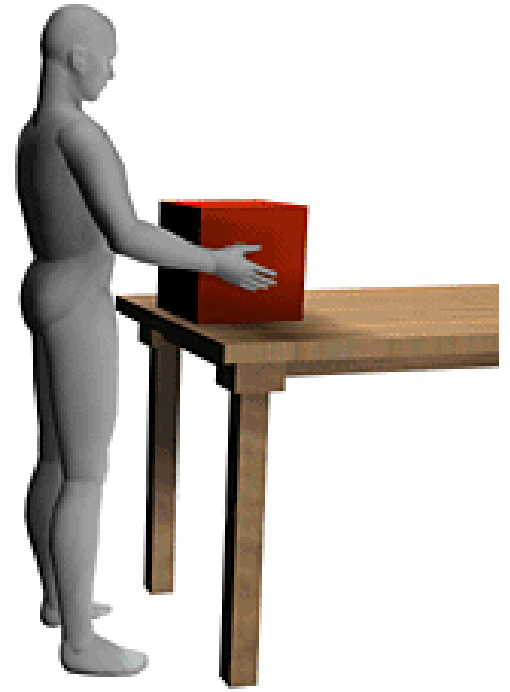
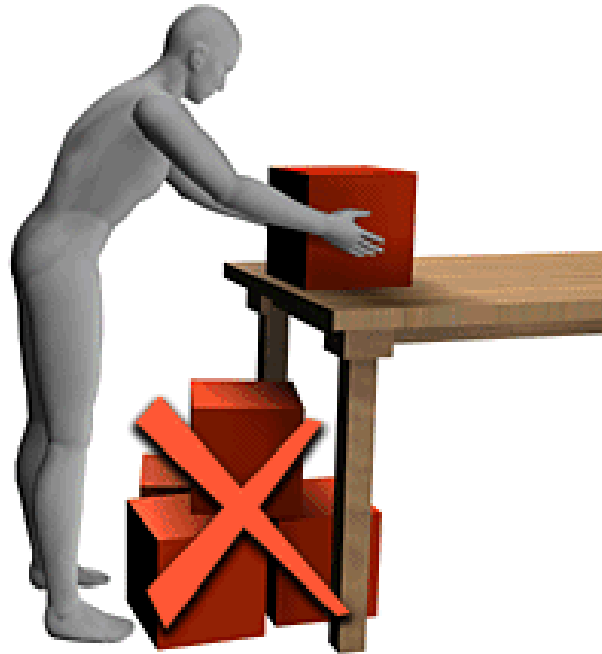
**Forearm-only (preferable)** and **full-arm (satisfactory)** reach limits for men and women in working areas shown in the horizontal and vertical planes.













**Too low**



**Too far away**



**Too high**

**Avoid high and low object placement, especially as the weight and/or size of the object increases.**

**Too high**



**Too high**

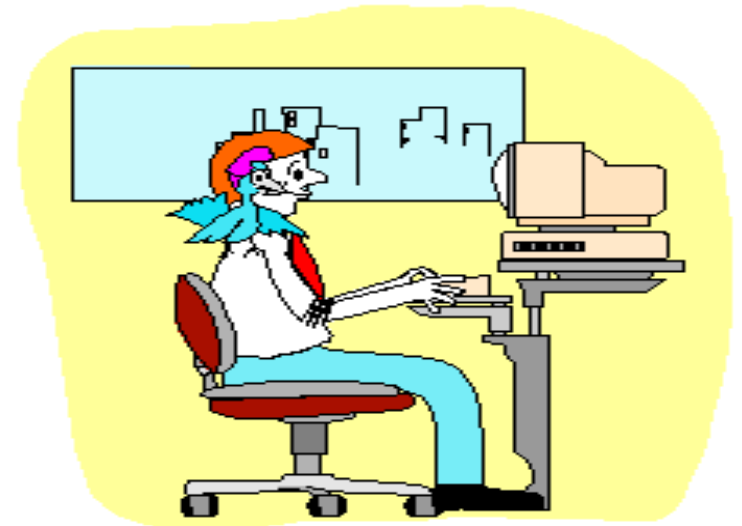


**Too low**

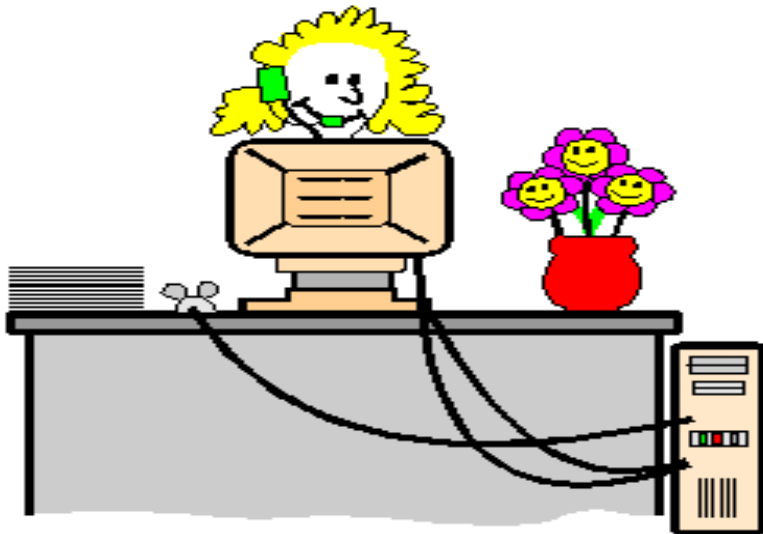
# OFFICE ERGONOMICS



**FROM THIS**



**TO THIS!**



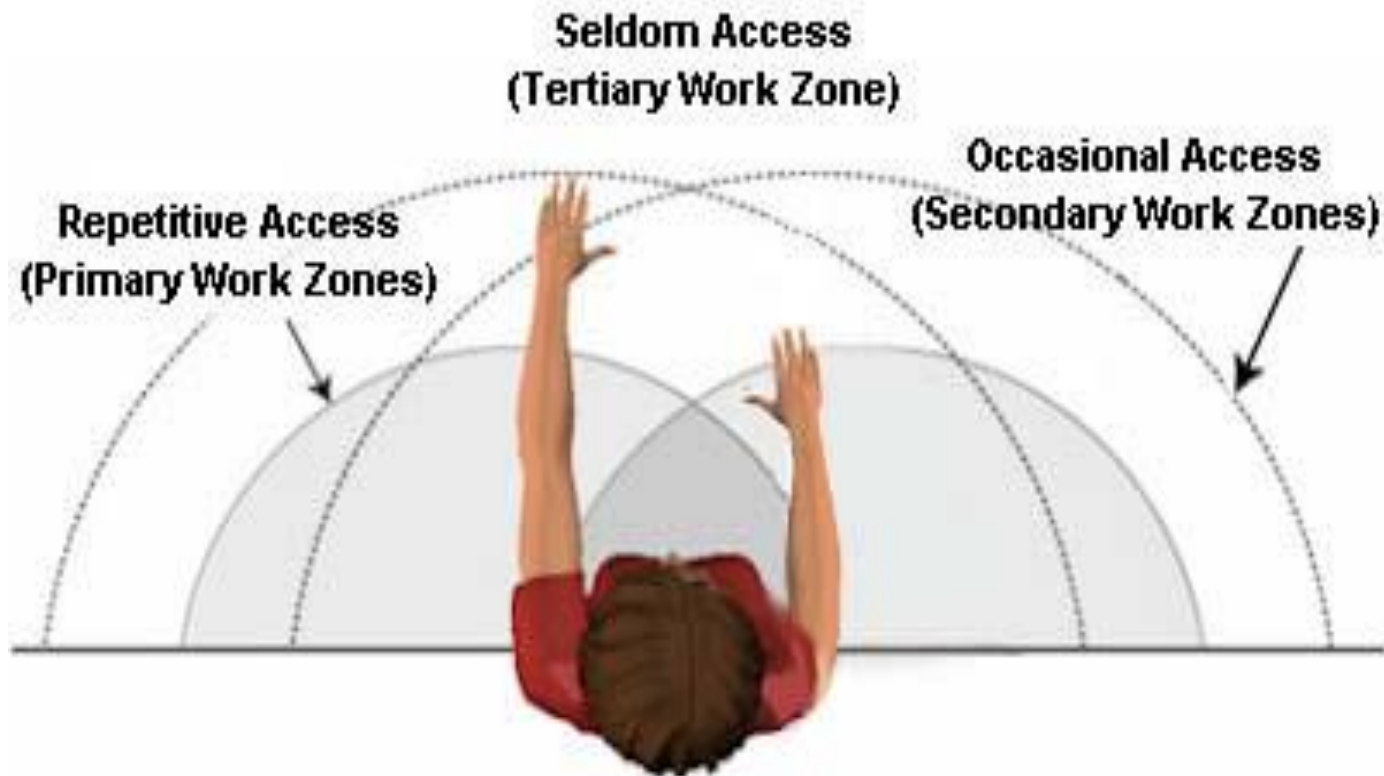
**RATHER THIS!**



**THAN THIS**

# Logically Locate Controls & Displays

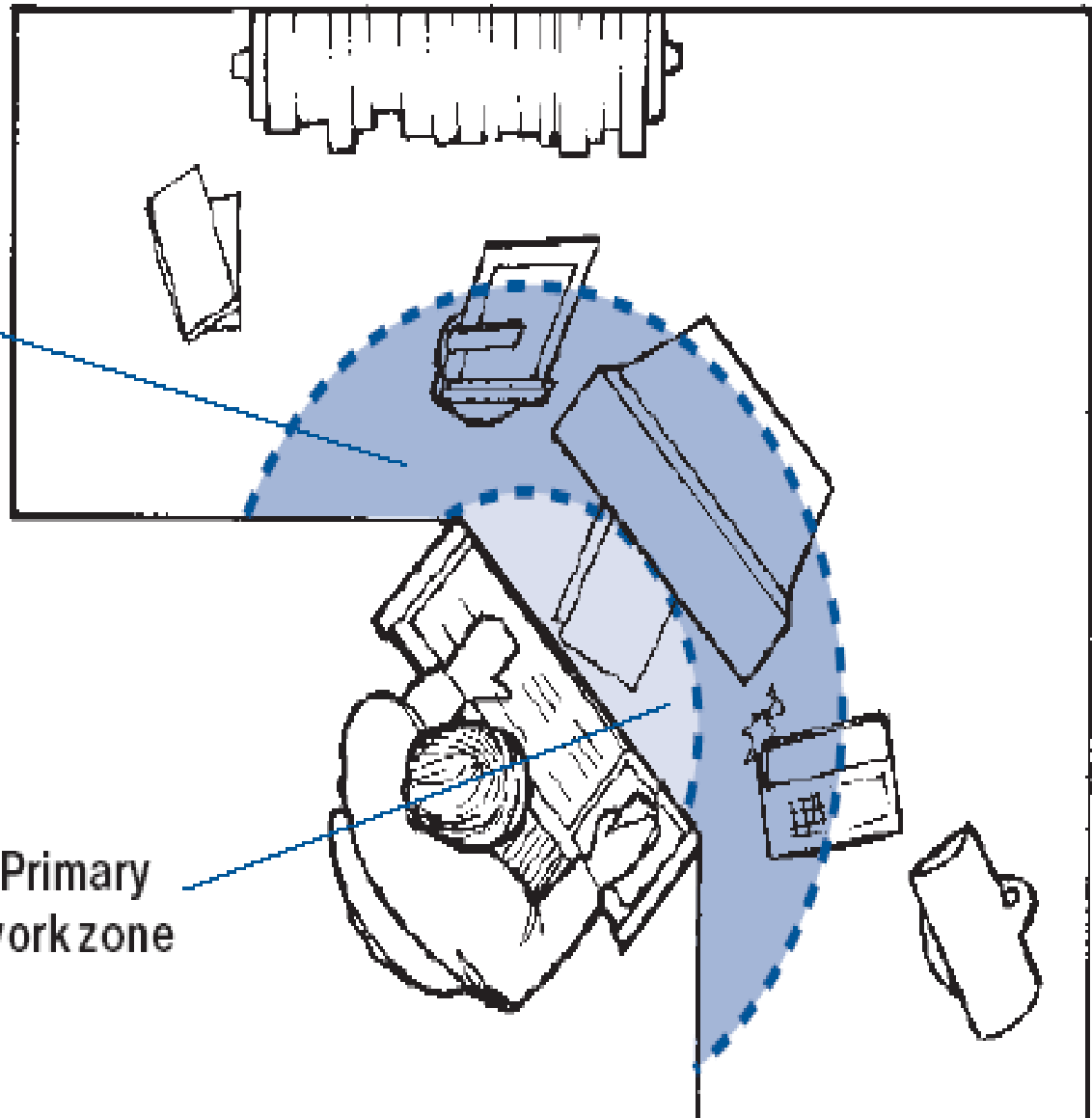
- ❑ **Primary controls** \_forearm-only reach limits and between the shoulders
- ❑ **infrequently used controls** \_full-arm reach limits





Secondary  
work zone

Primary  
work zone



# Proper Design of Chairs









Declined Sitting



Reclined Sitting



Upright Sitting



Standing



**Seat Pan**



**Seat pan length adjustment**















**Relaxed**

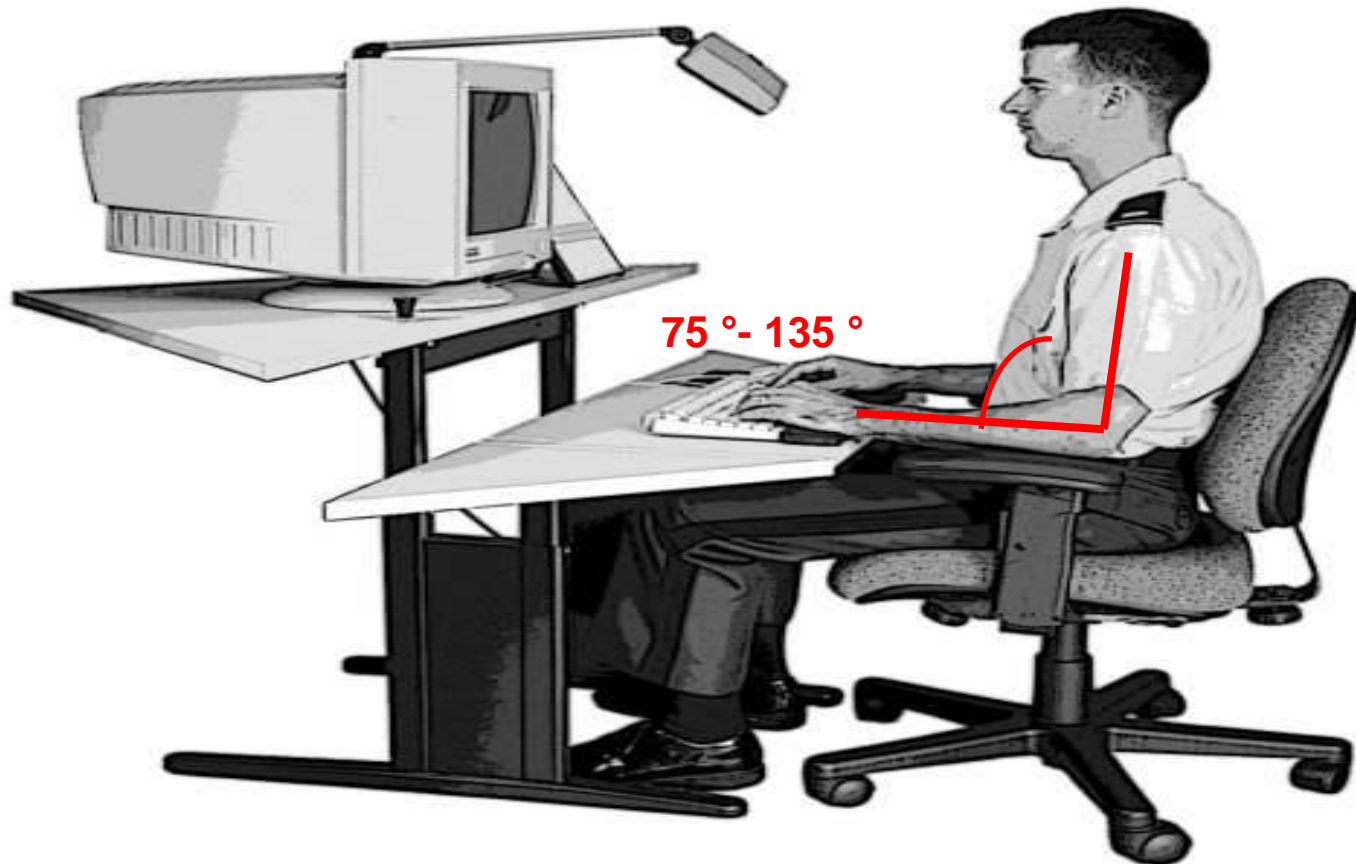
**Armrest  
too High**

**Armrest too  
High & Wide**

# *Proper Selection of Chairs*



# The Desk



# Avoid Static Body Positions: Task Variation



# Break Time





# COMPUTER WORKSTATIONS

Computer operators often complain of:

- pain and fatigue in the neck, upper back, shoulders, forearms, or wrists
- visual fatigue or eyestrain

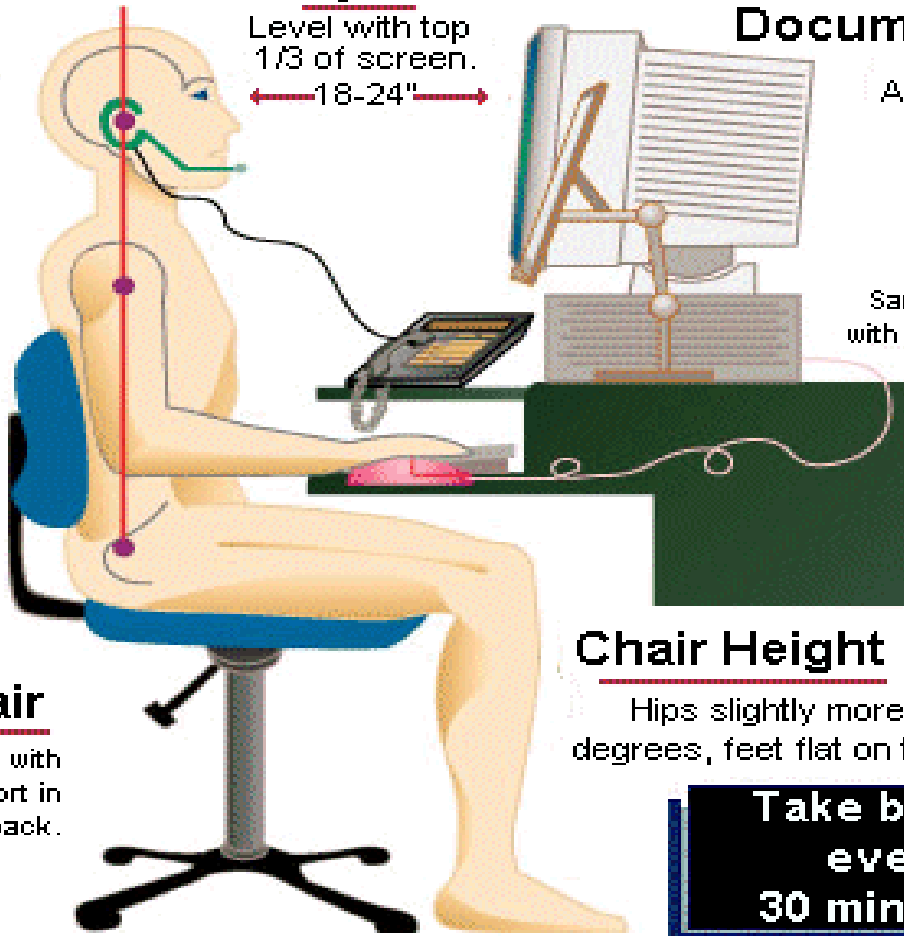


# Adjust Chair First



The sitting posture during work can vary from forward sitting (visually demanding task) to upright sitting, reclined sitting (writing computer code), or standing.

# Proper Placement of Monitor & Documents



The diagram shows a person sitting at a desk with a computer monitor and keyboard. A vertical red line indicates the spine's alignment. A horizontal red line with arrows indicates the distance from the eyes to the top of the monitor, labeled '18-24"'. The monitor is tilted back. A document holder is placed to the right of the monitor. The keyboard and mouse are on the desk. The person is sitting on an office chair.

**Head**  
Head back, chin tucked, Ears, shoulder, hips aligned.

**Neck**  
Use headphones. Do not cradle phone between head and shoulder!

**Elbows**  
At sides - slightly more than 90 degree bend.

**Chair**  
Fully adjustable with lumbar support in small of the back.

**Eyes**  
Level with top 1/3 of screen.  
← 18-24" →

**Document Holder**  
Adjacent to and at same height as monitor.

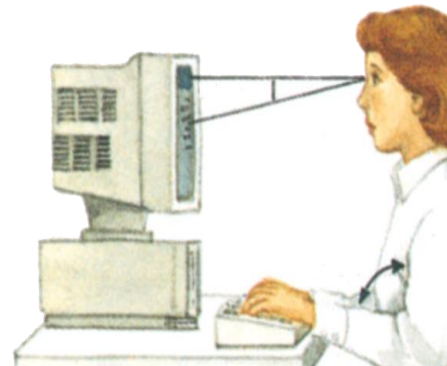
**Keyboard**  
Same height as elbow with wrists slightly bent. Keystroke gently!

**Mouse**  
Adjacent to and at same height as keyboard.

**Chair Height**  
Hips slightly more than 90 degrees, feet flat on the floor

**Take breaks every 30 minutes!**

- ❑ Primary visual targets should be between 0 to 30 degrees below eye level
- ❑ Bifocal lens users need the primary display 30 to 45 degrees below eye level and may benefit from prescription monofocal or occupational bifocal lenses





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# Eliminate Glare



The computer monitor should be positioned so that glare is minimized:

1. the bright light source the side of or above the computer user
2. Reduce the general illumination in the room to about 500 lux.
3. Provide more illumination where needed with desk lamps
4. use glare-reducing filters on computer screens

Workstation  
Chair  
Monitor &  
Document  
Keyboard &  
Mouse

Work Process  
Environment  
Lighting  
Glare



# Position of Input Devices



- ❑ The height of keyboard and pointing device should be adjusted so that the shoulders are not elevated and the wrists are relatively straight during use
- ❑ Alternative keyboards or pointing devices can reduce awkward wrist and forearm postures





# Pointing Devices

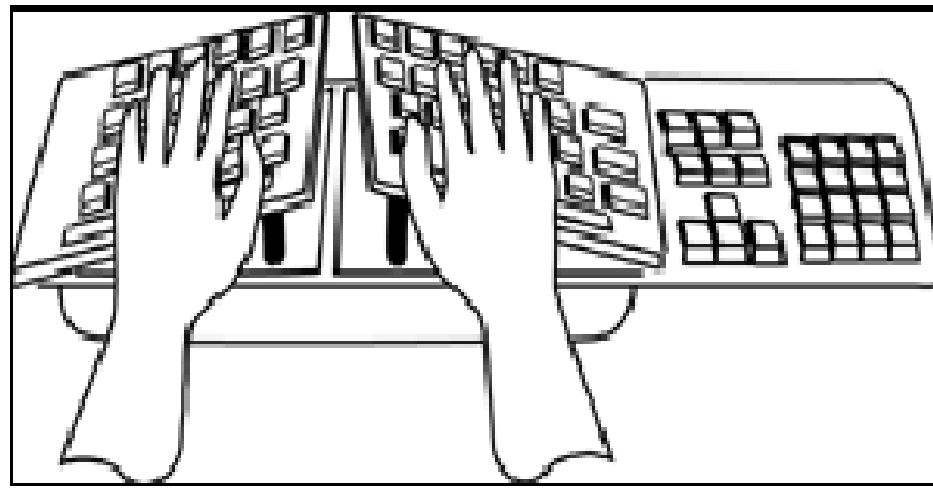
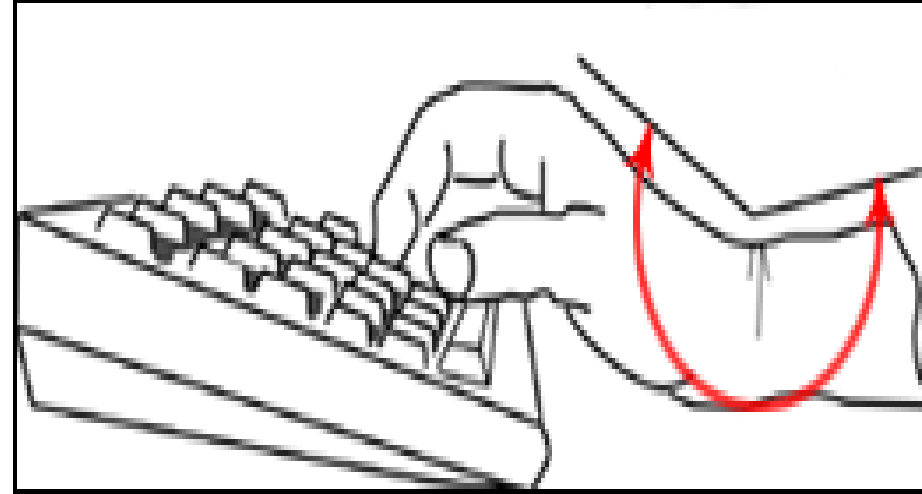


# Type of Keyboards



Mini Keyboards







**Bad**



**Good**





**Good**



**Bad**



**Mouse wrist rest**



Neck twisted to look at monitor

✗ Monitor not positioned head on

✗ Cacti grow well in hot, dry environments

✗ Incorrect positioning of desk lamp

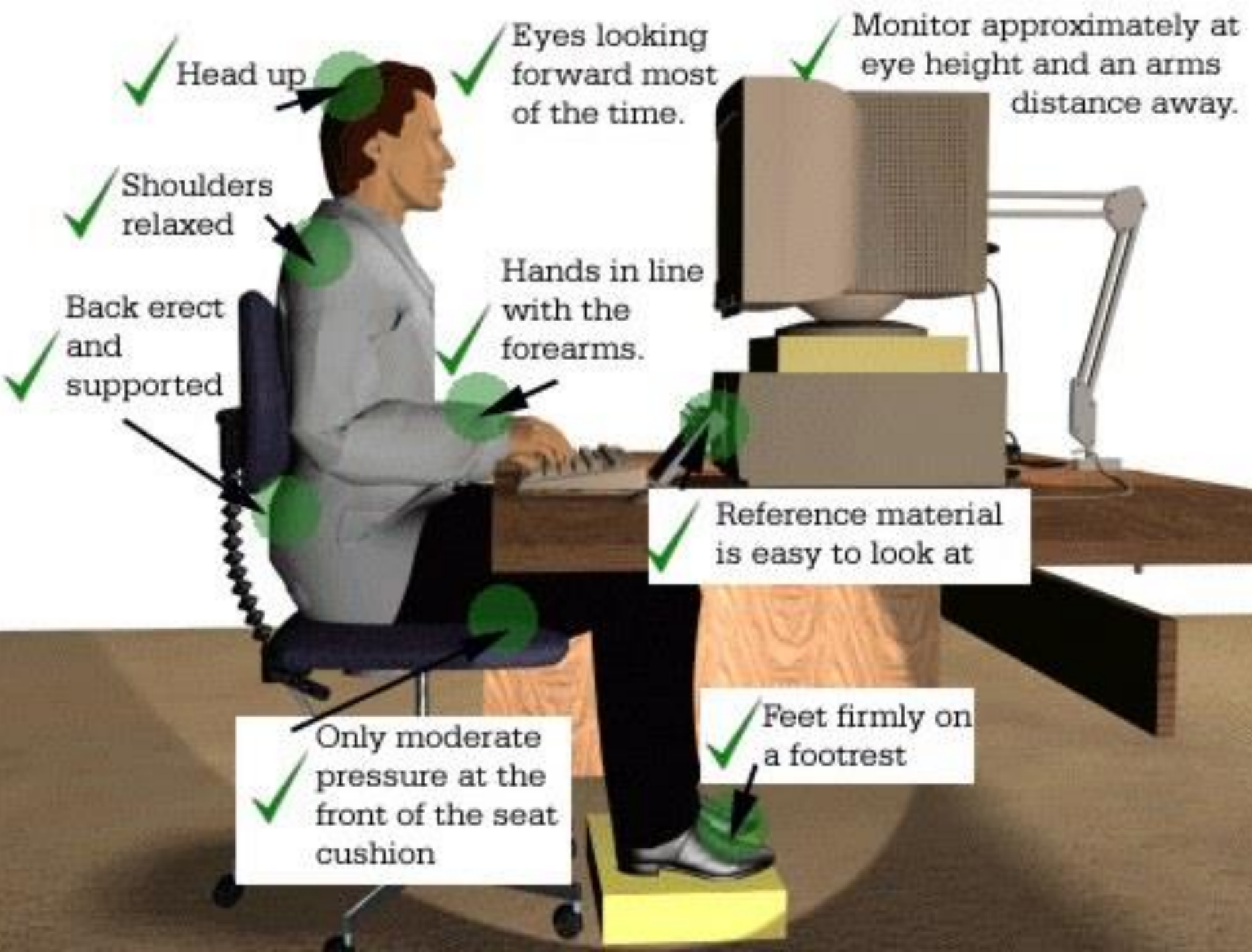
✗ Keyboard at an angle, increasing angle at wrist

✗ Back not supported by the backrest

✗ Using mouse too far away causing strain on shoulder

✗ Feet not firmly on the floor

✗ Cushion pressing into underside of thigh





# HAND TOOL DESIGN & SELECTION

## Reduce Hand Force:

- The repeated **high-pinch force** or **grip power tools** is associated with tendon disorders of the forearm, muscle fatigue, and carpal tunnel syndrome



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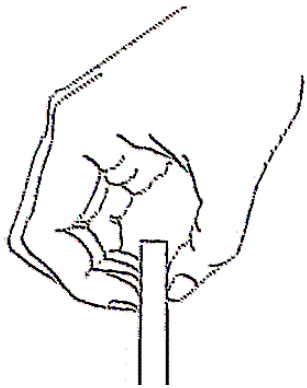
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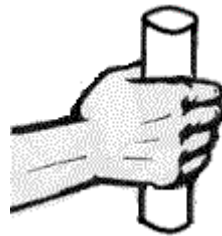
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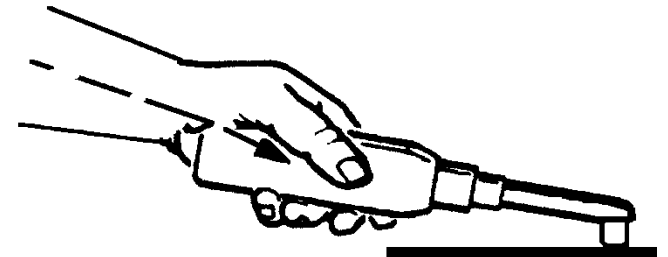
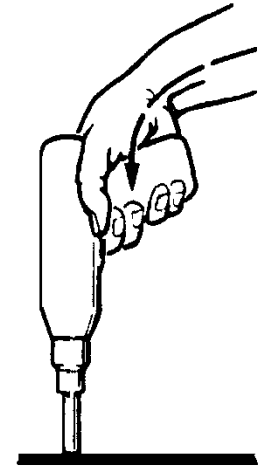
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Pinching with the fingertips



Gripping with the whole hand



Sustained or repeated **pinch grip** puts tendons at even **greater risk** than a **power grip**. Tools can be **redesigned** to convert use from a pinch grip to a power grip



# Avoid Static Holding Positions

- Heavy parts can be held with a jig or clamp so that the nondominant hand is not applying a constant grip force



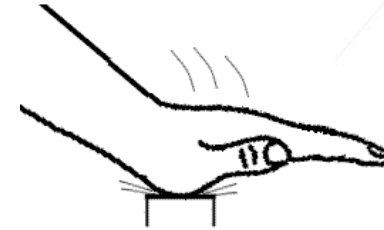
When sustained holding is still necessary, the tool can be suspended from **cables** with a **balancing system** or articulated with antitorque bars to **decrease grip force**



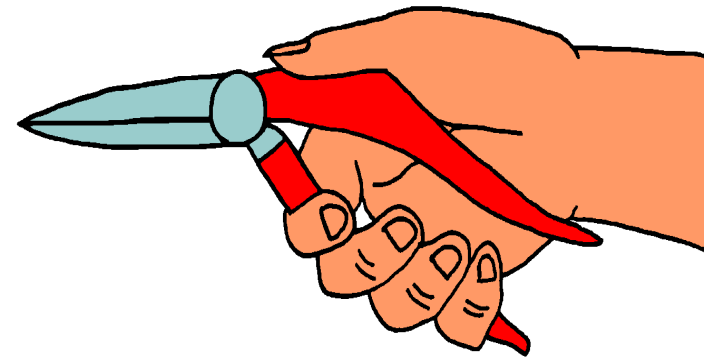
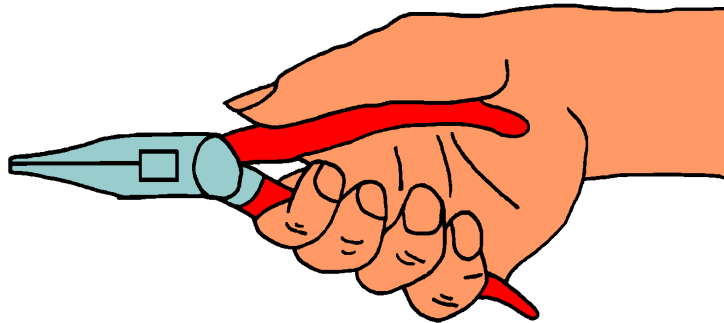
**Tool Balancer**



- Avoid Use of the Hand as a Tool



- Proper Design of Tool Handles

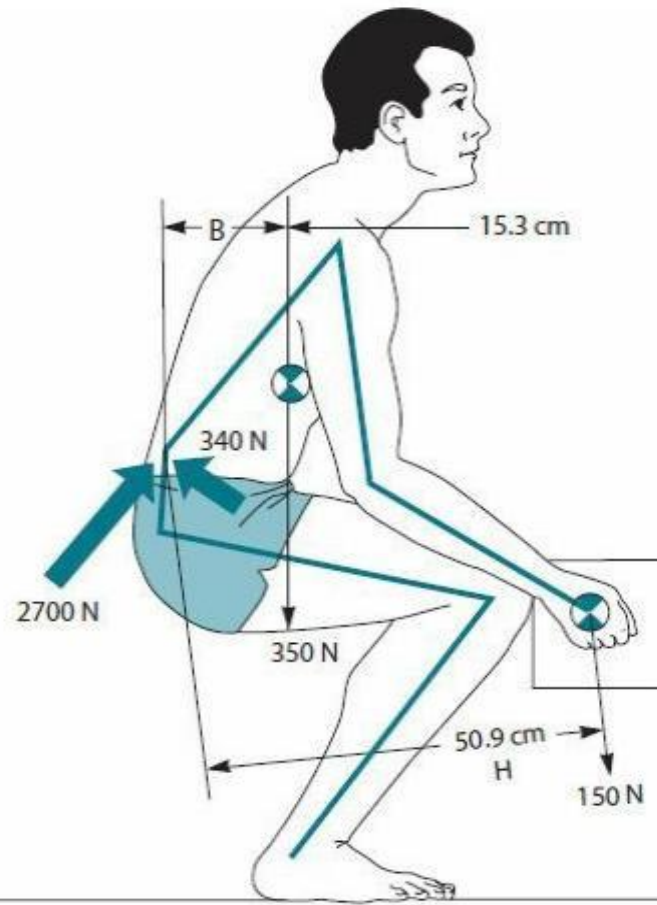
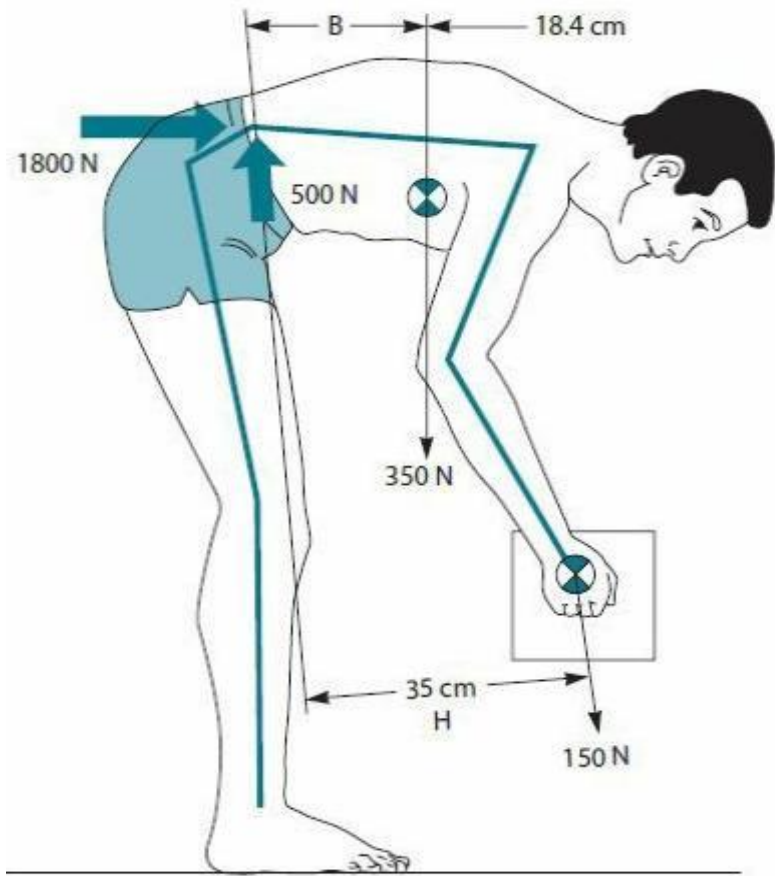




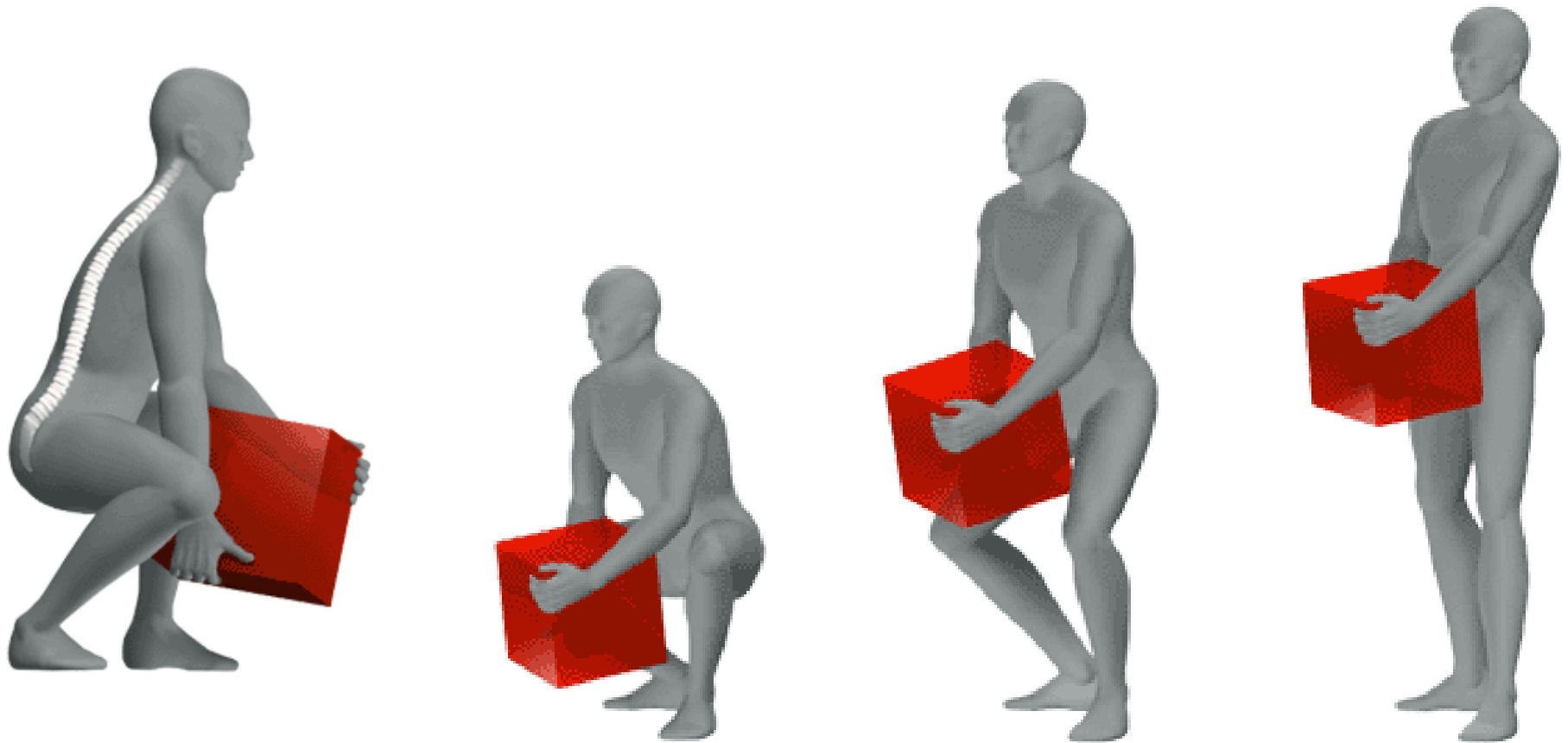
# BIOMECHANICS OF LIFTING, PUSHING, & PULLING







A commonly repeated safety rule is to “lift with the legs” and keep the load close to the body



## ❑ Optimal lifting styles are those that :

- Allow the load to be kept as **close** as possible to the spine.
- Offer a broad base of support for **good balance**.
- Allow the worker to **see ahead** and avoid obstacles.
- Allow the worker to retain a comfortable position (“**neutral posture**”) of the spine, avoiding extremes of bending or twisting.



# Correct & Incorrect Techniques



*Correct lifting technique*



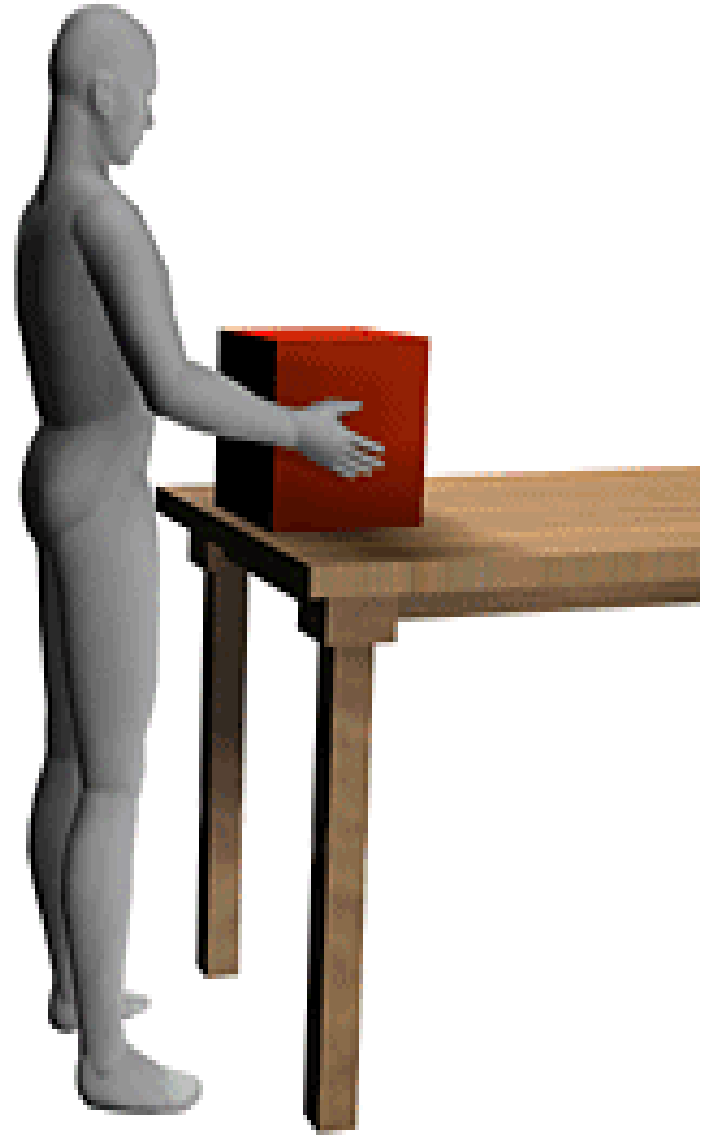
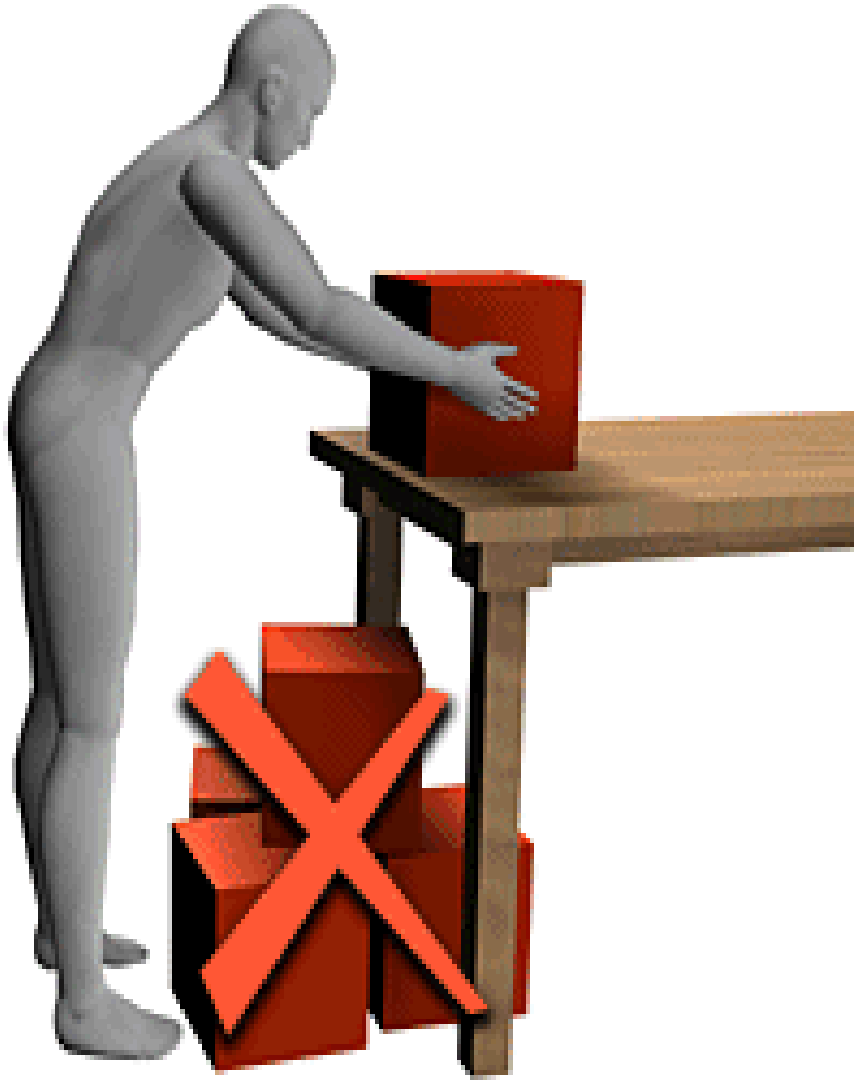
*Incorrect lifting technique*



**The wrong way!**

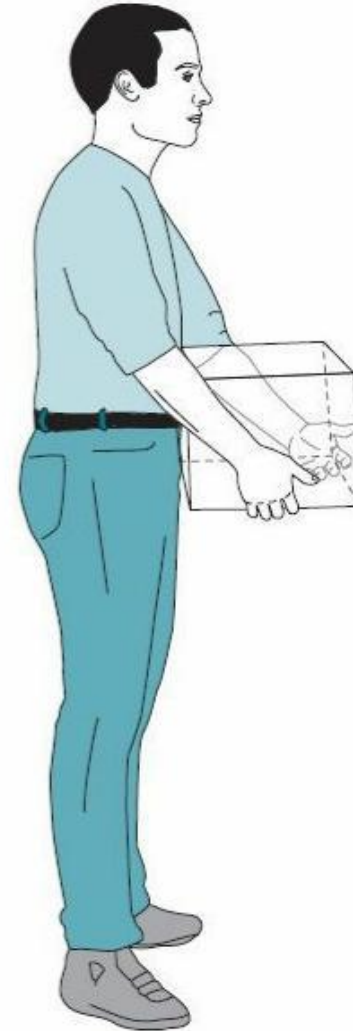
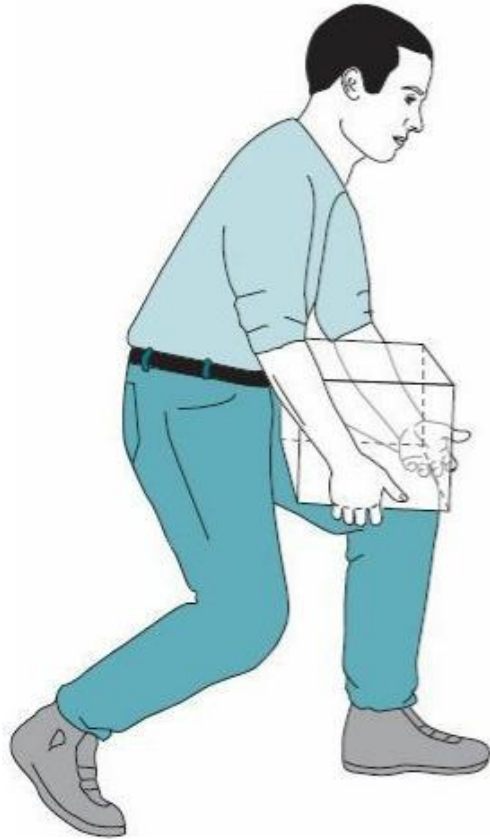


**The right way!**



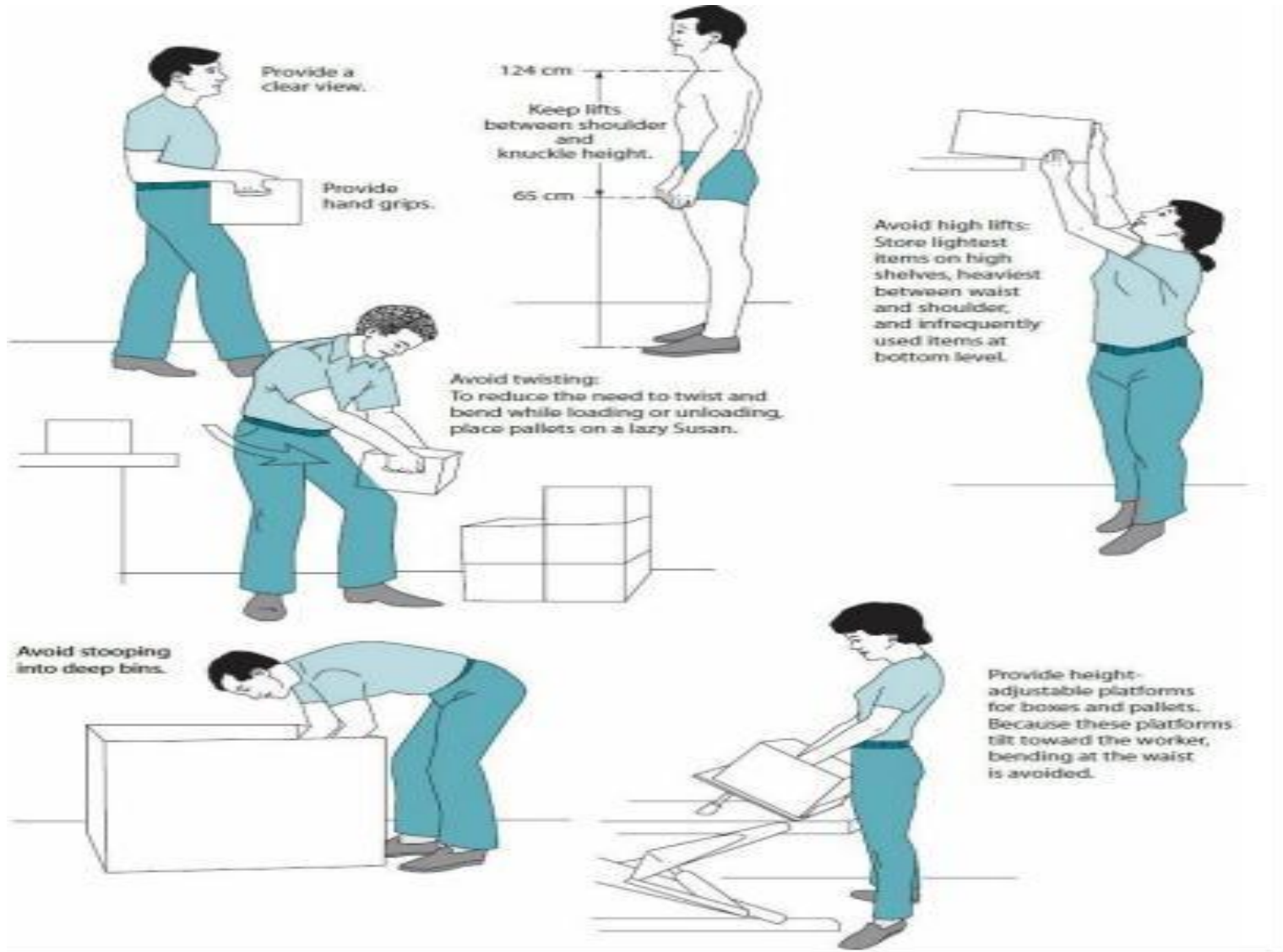
- Test the load; get help if needed.
- Plan the lift and the path you will take.
- Keep the load as close to the body as possible.

- Pivot and move your feet with a broad base of support to avoid twisting.
- Try to keep your movements smooth and coordinated.
- Keep the back in a straight line from "head to tail."



With good lifting technique, the spine is kept stable even when it must be tilted forward.

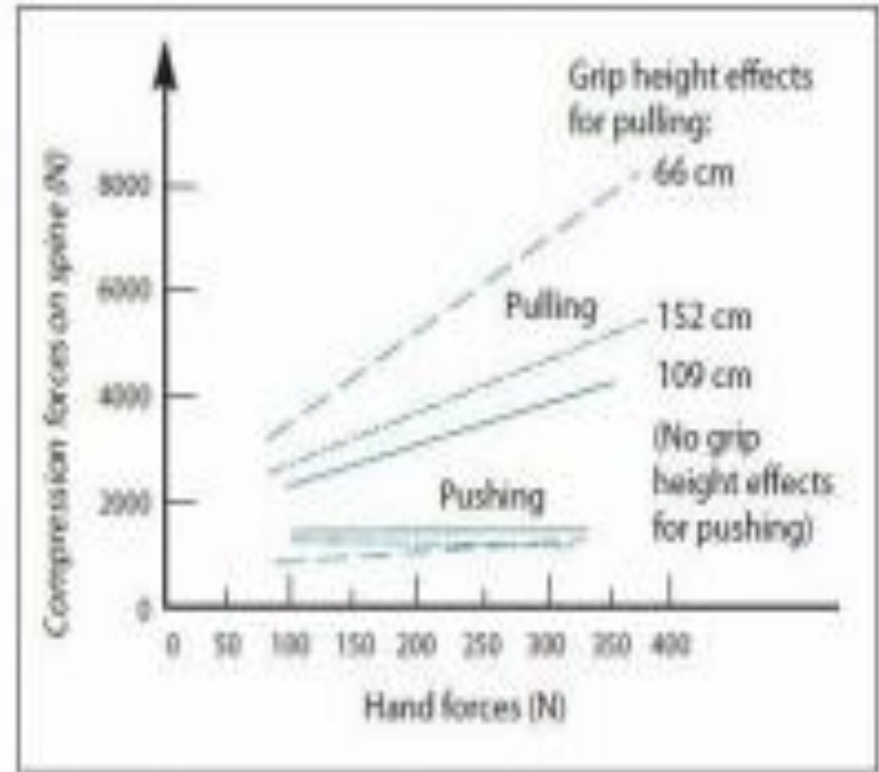
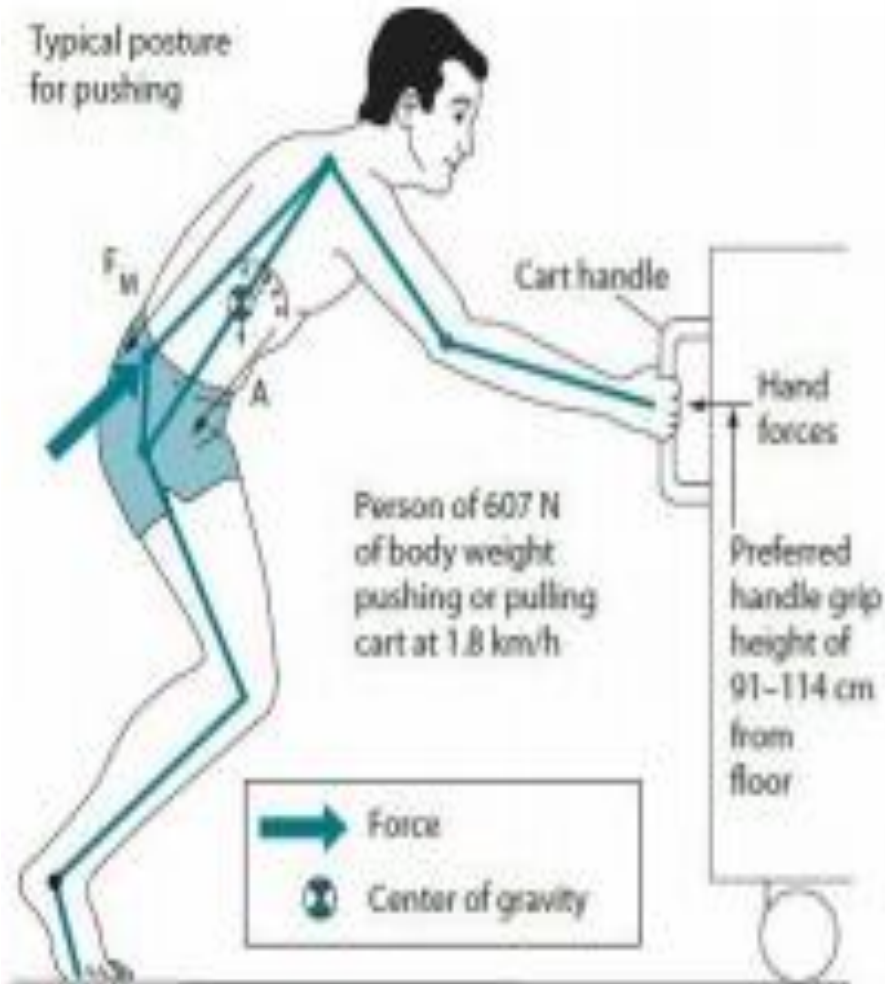
# Suggestions for safe lifting







# Principles of Pushing & Pulling



## ☐ general guidelines to prevent injuries when pushing or pulling heavy loads:

- (1) Make certain that the area ahead of the load is **level**, offers **adequate traction**, and is **clear of obstacles**.
- (2) **Push** the load, rather than pull it.
- (3) Wear **shoes** that provide **good foot traction**.
- (4) When starting to push a load, **brace the rear foot** and **shift the body weight forward**.
- (5) Pushing or pulling is **easier** when the **handles** of the loaded cart are at **about hip height** than when they are at shoulder height or above.











# NIOSH LIFTING EQUATION

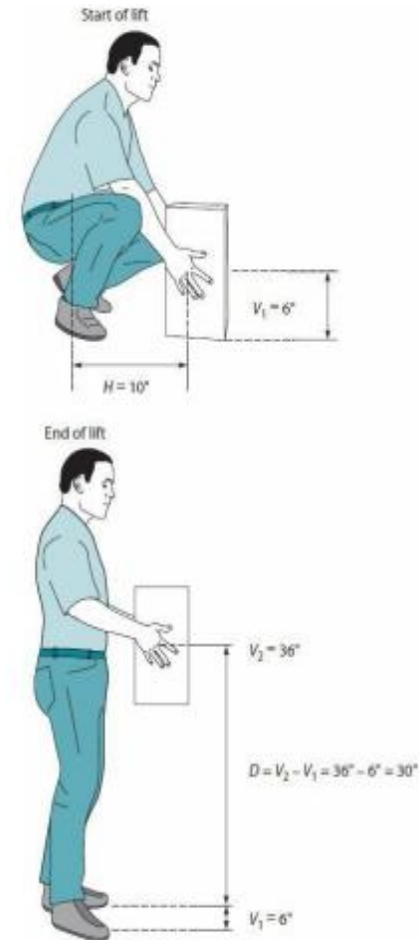
- ❑ The NIOSH lifting equation aims to provide **recommended weight limits (RWLs)** that are protective of at least **75%** of working **women** and **99%** of working **men**
- ❑ **The lifting index** less than 1.0 is considered relatively safe for most workers.
- ❑ The load constant (**23 kg [51 lb]**) is **the highest RWL** that would be possible, under ideal circumstances of **good location, good coupling, and low repetition rate**.



“**modifiers**”, reduce a worker’s ability to lift and therefore would reduce the RWL:

- ❖ The horizontal modifier (**HM**)
- ❖ The vertical modifier (**VM**)
- ❖ The distance modifier (**DM**)
- ❖ An asymmetry modifier (**AM**)
- ❖ The frequency modifier (**FM**)
- ❖ A coupling modifier (**CM**)

$$\text{❖ RWL} = 23 * \text{HM} * \text{VM} * \text{DM} * \text{AM} * \text{FM} * \text{CM}$$

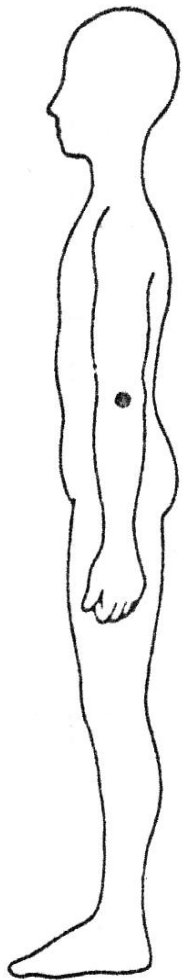


# Low Back Pain (LBP)

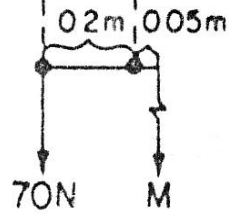
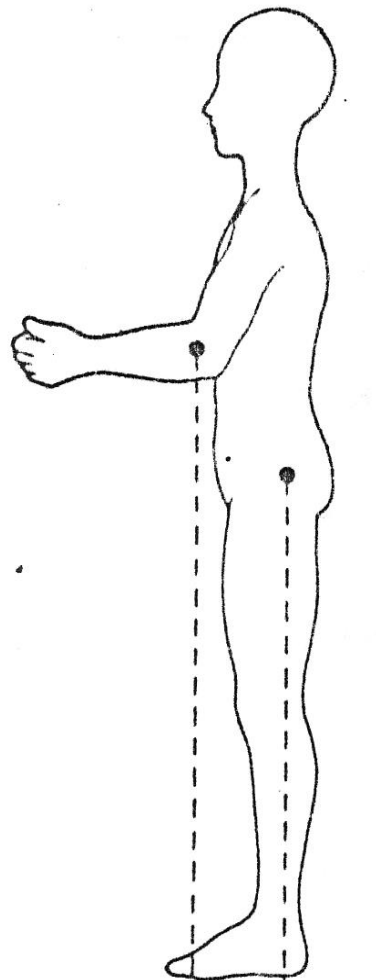
- Definition: A pain that occurs in the lumbar region , buttocks, or proximal posterior thighs
- Low back pain (LBP):
  - Specific LBP: specific cause can be found (disease, injury)
  - Non Specific LBP: specific cause cannot be found(80% of all)

# Low Back Pain (LBP)

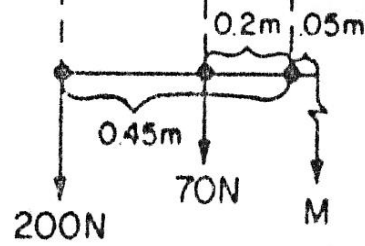
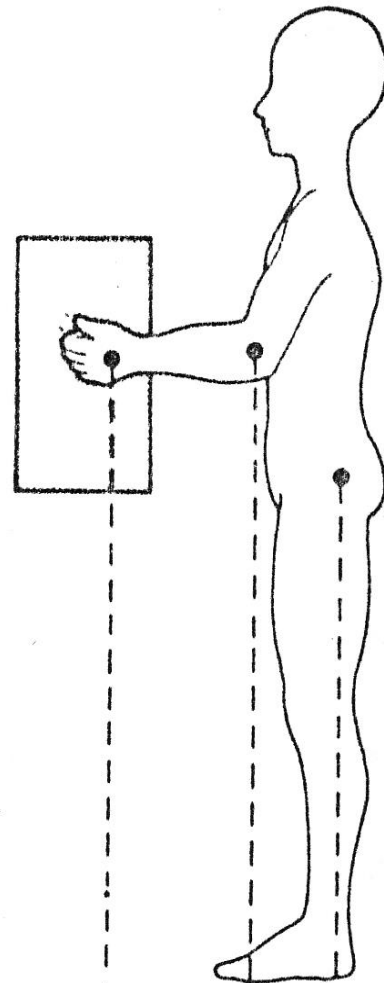
- Epidemiology:
  - Point Prevalence 18%
  - Life Long Prevalence 80% - 90%
- Cost:
  - Direct cost 12 billion \$
  - Indirect cost 50 billion \$



a



b



c

# Biomechanics

# Management of NSLBP

- A careful medical evaluation : for R/O serious spinal or non-spinal pathology
- In the absence of red flags:
  - Over-the-counter drugs (NSAIDs, Muscle relaxant, TCA, Steroid?)
  - Incomplete bed rest for 48 h, (as active as possible)
  - Leisure and work activities should be resumed as soon as possible
  - Spinal manipulation is helpful in acute NSLBP
  - Temporary symptomatic relief from heat and cold

# Laboratory & Imaging

---

- ***X-rays***: no routine evaluation within the first 4 weeks. Unless a red flag and high index of suspicion.
- ***CBC & ESR***: If symptoms >4 weeks
- ***MRI***: persistent or progressive neurological deficits and an exam consistent with a nerve root impingement  
(asymptomatic adults, prevalence of disk herniation 22-40%)

# Prognosis

- Up to 90%: recover within 4 weeks and 96% recover between 4-12 weeks
- 4% of all patients remain disabled after 12 weeks
- Recurrence: 8.9% to 44% (social system, culture, type of work)
- Patients do not recover after 4 weeks: At risk for delayed recovery and prolonged disability

# Occupational Low Back Pain

## RED FLAGS

- **Presentation Age <20 or >55**
- **Non mechanical pain**
- **Constitutional symptoms (fever, weight loss)**
- **Widespread neurology**
- **Structural deformity**
- **Systemic disease**
- **History of cancer**
- **Systemic steroid use**
- **Recent bowel or bladder dysfunction**
- **Saddle anesthesia**
- **Violent trauma**



# ENVIRONMENTAL FACTORS

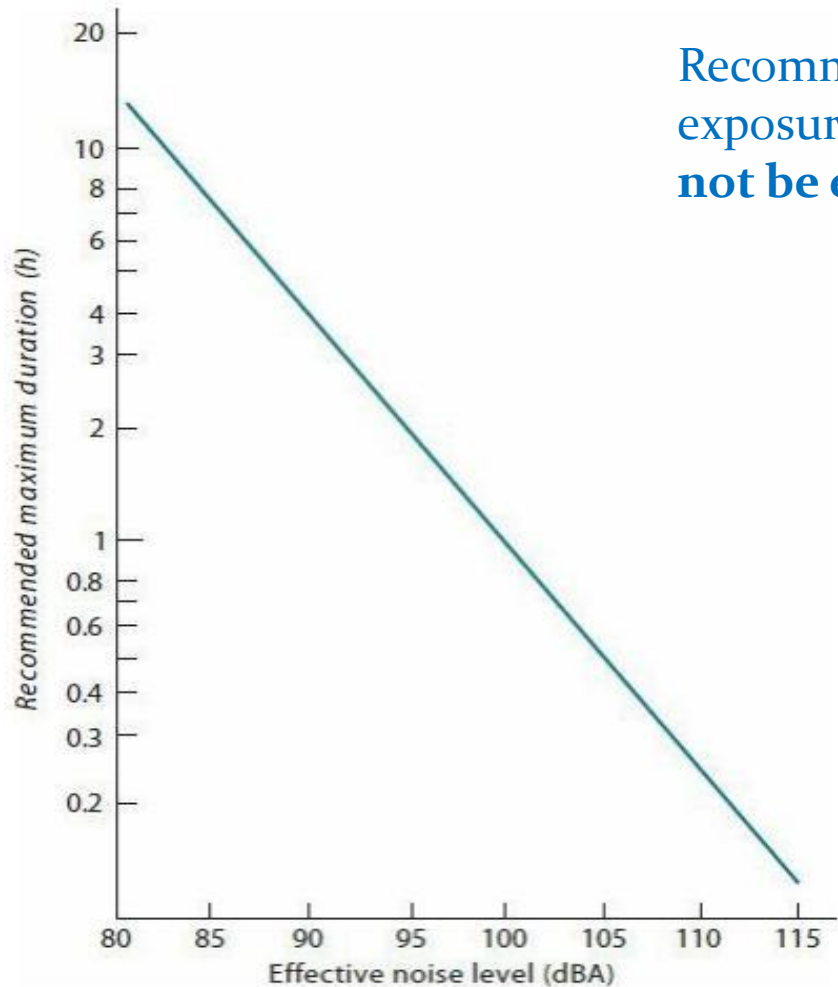


# Physical Hazards:

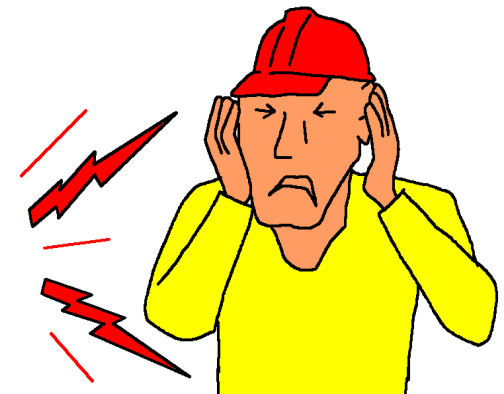
- Noise
- Lighting
- Temperature & Humidity
- Vibration



# Noise



Recommended maximum duration of human exposure to various noise levels. Workers **should not be exposed** to sounds above 115 dBA



# Lighting

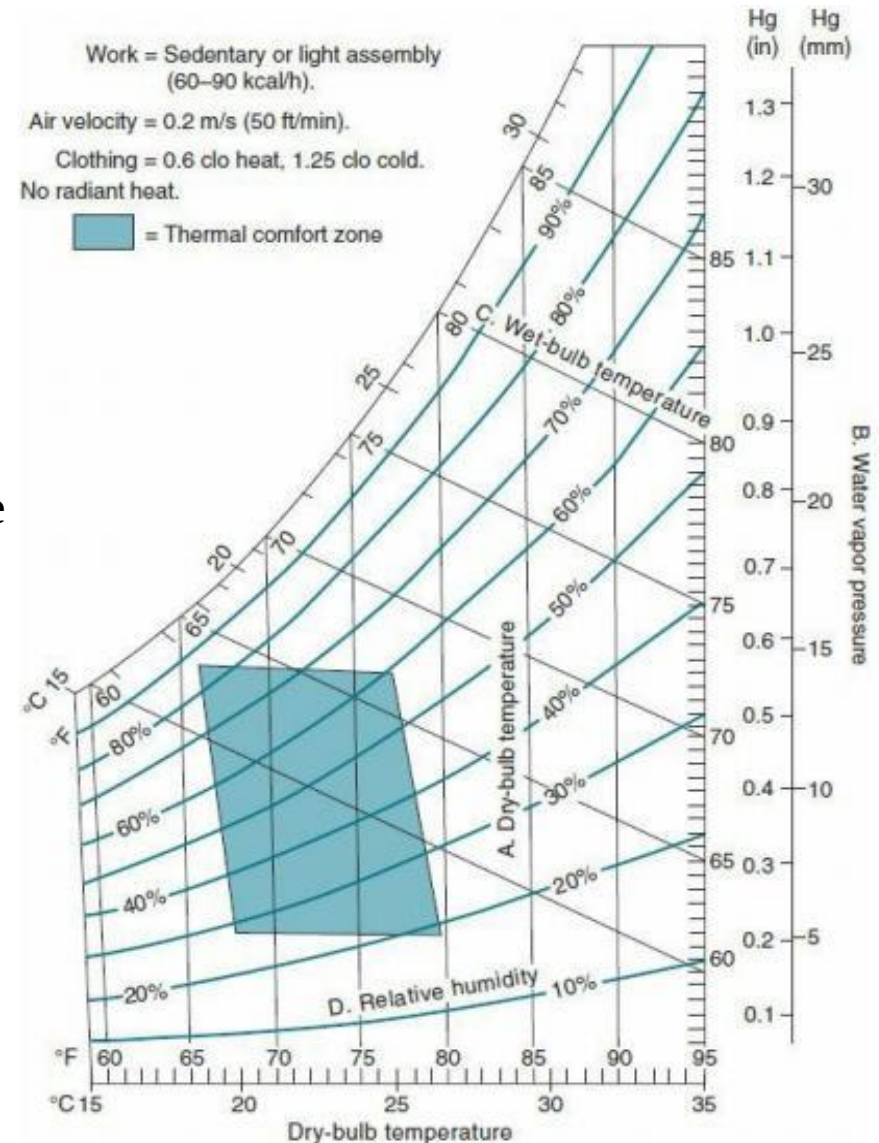


Type of Activity or Area	Range of Illumination <sup>3</sup>	
	Lux	Footcandles
Public areas with dark surroundings	20–50	2–5
Simple orientation for short temporary visits	>50–100	>5–9
Working spaces where visual tasks are only occasionally performed	>100–200	>9–19
Performance of visual tasks of high contrast or large size: reading printed material, typed originals, handwriting in ink, good xerography; rough bench and machine work; ordinary inspection; rough assembly	>200–500	>19–46
Performance of visual tasks of medium contrast or small size: reading pencil handwriting, poorly printed or reproduced material; medium bench and machine work; difficult inspection, medium assembly	>500–1000	>46–93
Performance of visual tasks of low contrast or very small size: reading handwriting in hard pencil on poor-quality paper, very poorly reproduced material; very difficult inspection	>1000–2000	>93–186
Performance of visual tasks of low contrast and very small size over a prolonged period: fine assembly, highly difficult inspection, fine bench and machine work	>2000–5000	>186–464
Performance of very prolonged and exacting visual tasks: the most difficult inspection, extra fine bench and machine work, extra fine assembly	>5000–10,000	>464–929
Performance of very special visual tasks of extremely low contrast and small size: some surgical procedures	>10,000–20,000	>929–1858

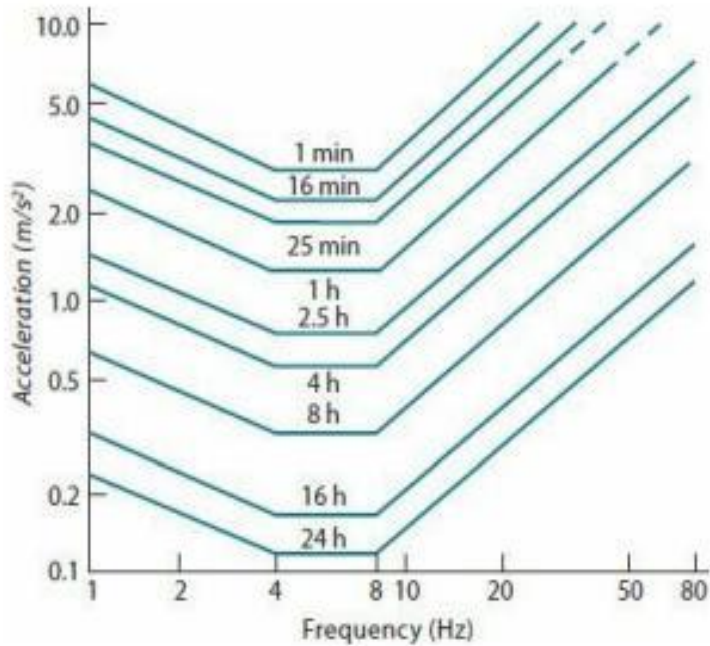
Recommended ranges of illumination for various types of tasks.

# Temperature & Humidity

**The thermal comfort zone :**  
is characterized by the ideal temperature and humidity conditions for work



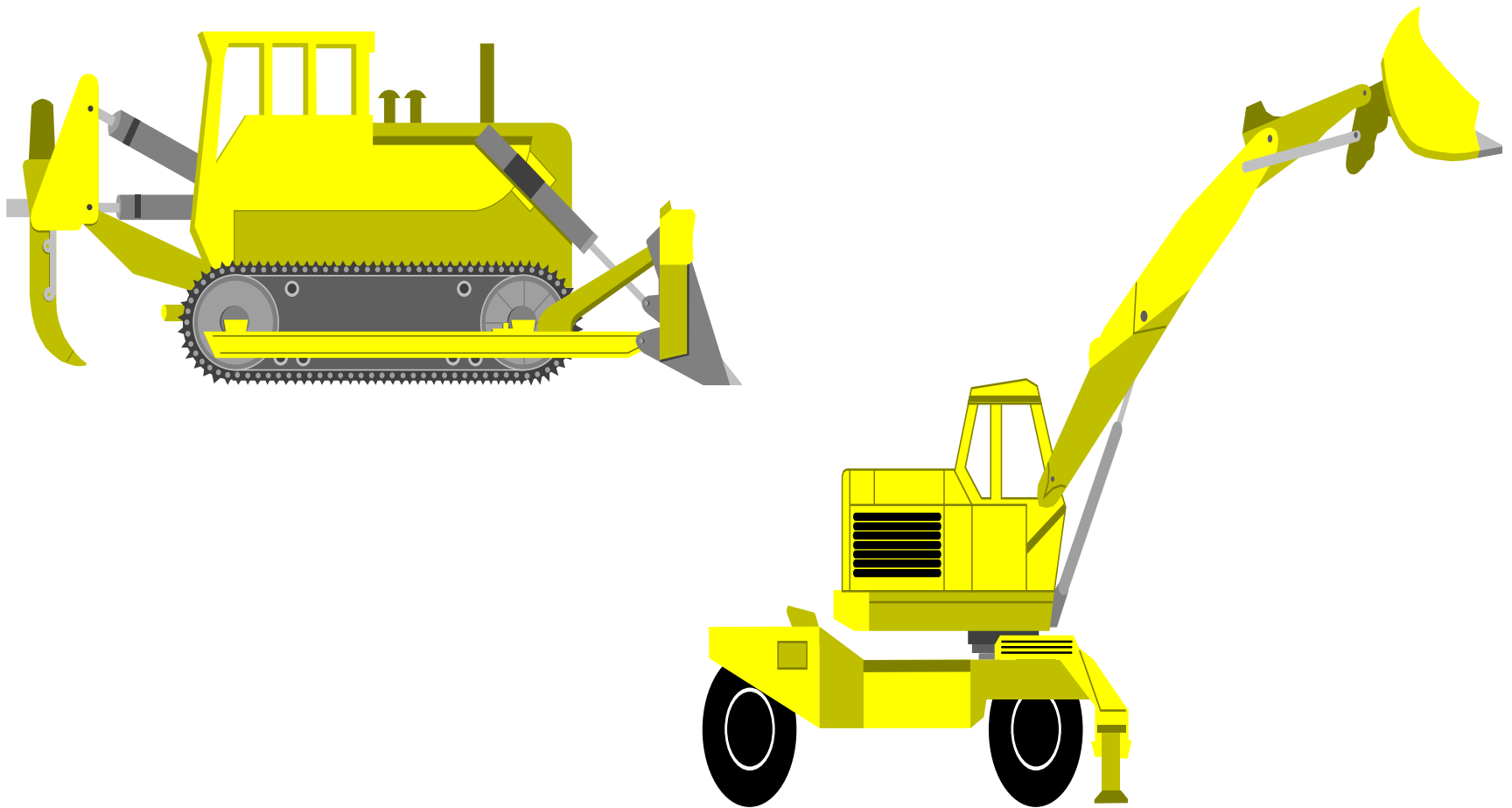
# Vibration



Maximum acceptable whole-body vertical vibration exposure times to various frequencies and accelerations.

The least-acceptable range of frequencies at all accelerations and durations of exposure is from **4 to 8 Hz**

# Whole Body VIBRATION





# Hand Arm Vibration Syndrome HAVS





**Any Questions,  
Thanks**