

UCSF Health

Red Flags at the Desk - Ergonomics

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Introduction – Physical Therapists

Wellness @ Work



Dustin Tom, PT, DPT, OCS

Goal:

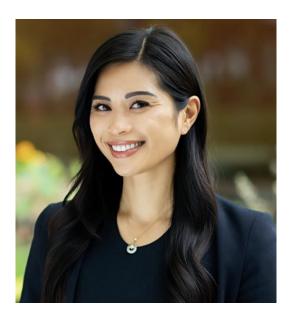
Address external & internal risk factors to reduce injuries in the workplace and promote better work environment

Who:

Team of Board Certified Orthopedic Physical therapists with an interest in injury prevention

What we Do:

- Observe body mechanics and ergonomics in the workplace and create lecture series to address body mechanics and risk factors.
- 2. Propose operational solutions and wellness solutions including exercise, rest and recovery, and movement mechanics.



Maureen Soliman, PT, DPT, OCS



Learning Objectives

- Identify importance of Ergonomics related to the office desk environment
- Identify the **benefits** of addressing ergonomics for occupational productivity
- Describe how to assess for ergonomic risks
- Implement solutions and education to decrease pain and improve function



Ergonomics

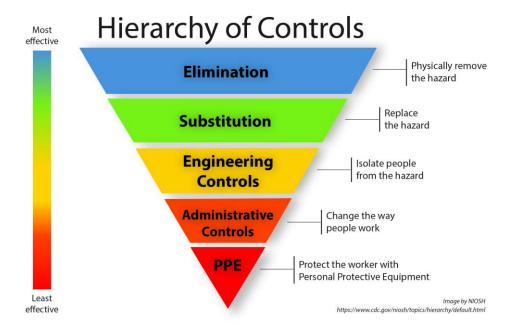
What is it?

- Ergonomics aka Human factors is the applied science concerned with understanding the interaction between humans and elements of a system.
- "Fitting the work to the worker"₁: finding the best match for the worker to allow them to actively and safely participate within the workday.

Ergonomics Types:

- Physical: Repetition, Vibration, Force, Posture
- Organizational: Sociotechnical system, Work Design (static or dynamic), Policies, Organizational arrangements (clutter, set up)
- Cognitive: memory (cognitive aids), sensory (lights/sound), motor response, perception

Improving Ergonomics

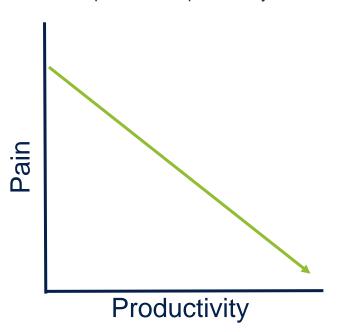




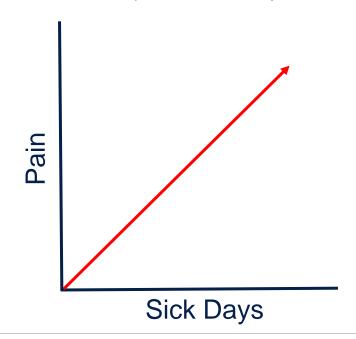
Benefits of Implementing Ergonomics

Increase Morale and Employee Engagement

Less pain = better productivity



Less pain = Less sick days



Office and Desk Ergonomics

Physical Stress

- Myofascia: Low load prolonged positions
- Posture: Poor movement repetitively
- Force
- Visual: Blurry vision, sore eyes, itching, too much light/glare, flickering bulb
 - Computer Vision Syndrome: Difficult to focus and develop dry eye





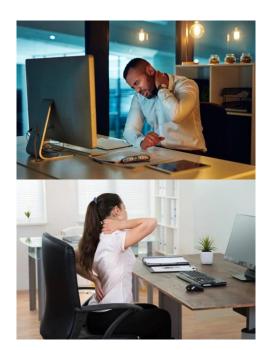


Office and Desk Ergonomics

Physical Stress

Common Incidence Report:

- 62% Cervical Spine
- Other MSD
 - Low Back
 - Shoulder
 - Elbow/Wrist
 - Others





Office and Desk Ergonomics

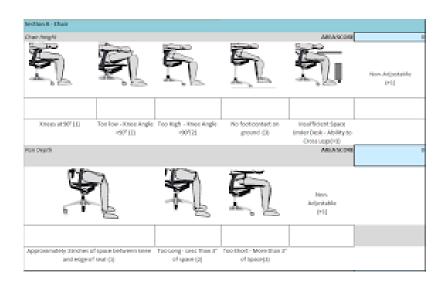
Psychosocial Stress 2,3

- Relationship with Employees or Job
- Issues/complaints
- Physiological response to stress
- Organizational: Duration of a tasks
- Environmental:
 - Gender difference: Women perform better in warmer conditions



Rapid Office Strain Assessment (ROSA) Ergonomic Assessment Tool 5

- Quantifies level of changes based on risk with work task
 - Range 1-10: Higher score = higher risk for MSD
- A provider must **observe** the postures from the user's workstation and review components of the ROSA scoresheet.
- 4 Sections: Office Chair, Monitor, Telephone, and Keyboard/Mouse
 - Picture Based Assessment





Ergonomic Assessment Tool - Chair Positioning

Office Chair Positioning

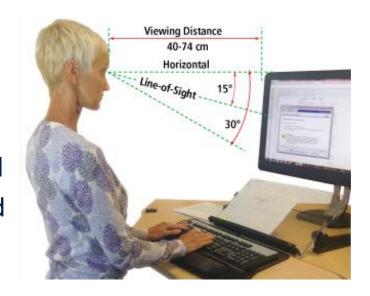
- Seat Pan Height
- Seat Pan Depth
- Back Support
- Arm Supports
 - Height
 - Width
 - Depth
 - Pivot





Ergonomic Assessment Tool – Head and Neck Position

- Monitor: distance
 - 2 40-75cm away/one arm distance
 - Property Height: just below eye level in seated position but no > 30 degrees eye level
 - Position: directly in front versus turned





Ergonomic Assessment Tool – Upper Extremity Positioning

- Arms maintain next to trunk
- Mouse: neutral wrists, match size of mouse to worker's hand size
- Keyboard: elbows at 90 degrees, no hard pressures at palmar wrist



Mouse and Keyboard

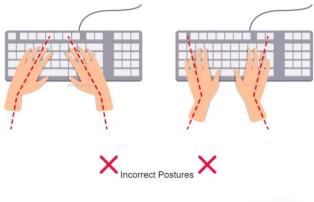
Ergonomic Assessment Tool – Upper Extremity Positioning

RIGHT!













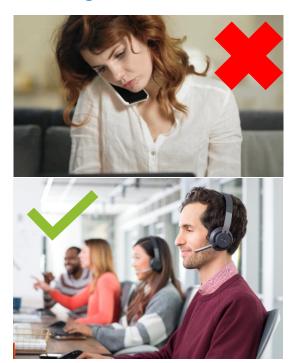




Ergonomic Assessment Tool – Upper Extremity Positioning

Telephone

- Within 300mm of subject
- Use of headset versus between shoulder/neck





Ergonomic Assessment Tool 5

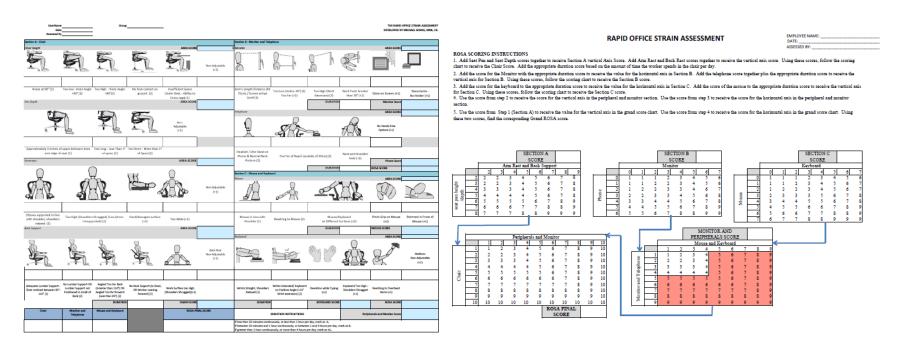
Other Workstation Scores:

 Reaching overhead, Majority UE movement, excessive height of work surface, back support

Duration of Use Score

- (+1): >1 hour continuous or 4 hours/day => Bad
- (-1): < 30 min continuous work = > Good

Ergonomic Assessment Tool 5





Other Clinical Observations

Physical Stress:

- Visual Glares, Flickering Lights

Organizational:

- Clutter

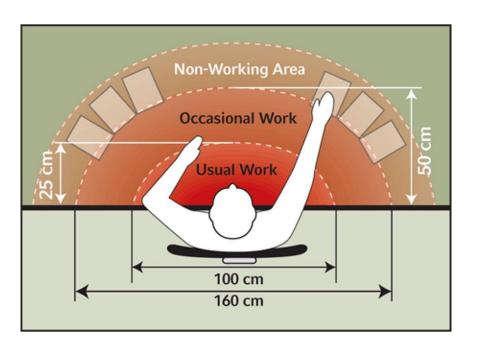






Organizational Ergonomics

Organized Arrangement of the Desk: Reducing the Clutter

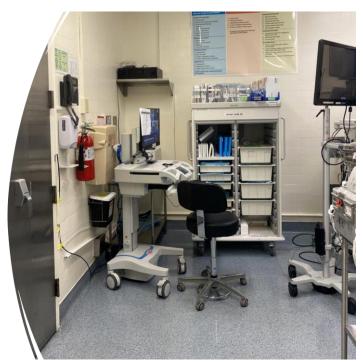






Physical Ergonomics: Workstations

Different desks across various fields



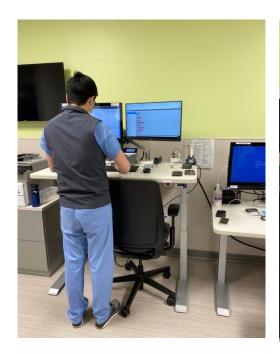


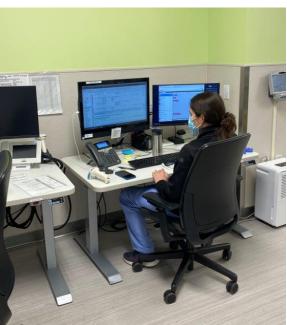




Physical Ergonomics: Workstations

Different desks across various fields









Physical Ergonomics: Workstations

Different desks across various fields







Setting up the desk

Sitting Posture

Step 1: Chair Height

Raise seat height so that knees are slightly lower than hips and feet touching floor Step 2: Backrest

Adjust lumbar back support as needed

Step 3: Trunk Position

Maintain a relaxed upright neck and chest.

Step 4: Raise monitor so that eye level is at the upper 2/3 of the screen

Step 5: Keyboard Tray/Desk Height: Adjust until elbows are bent at 90 degrees Step 6: Chair Placement:
Move chair forward to
maintain 90 degrees
elbow flexion



Setting up the desk

Standing Posture

Step 1: Desk or Keyboard
Tray

Adjust height so that elbows are bent no greater than 90 deg for keyboard

Step 2: Body Position

Feet should touch floor but allowed to allowed to switch feet in staggered stance

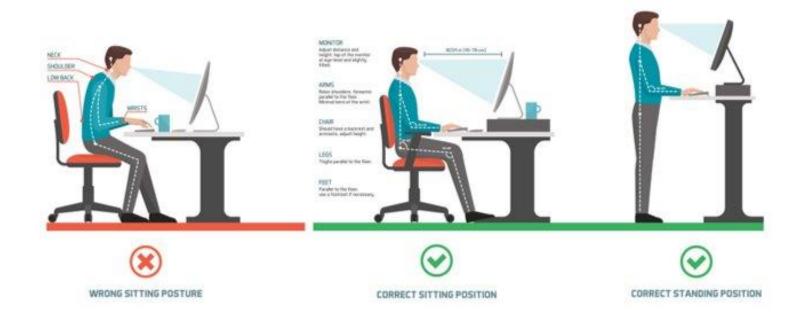
Step 3: Raise monitor so eye level is upper 2/3 of screen

<u>Step 4:</u> Maintain a relaxec upright neck and chest.



The "Perfect" Posture

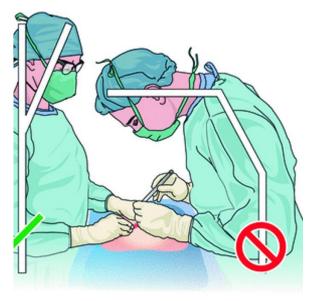
Is there one?





Correlation to Surgical Ergonomics











Microbreaks

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Movement "Snacks"

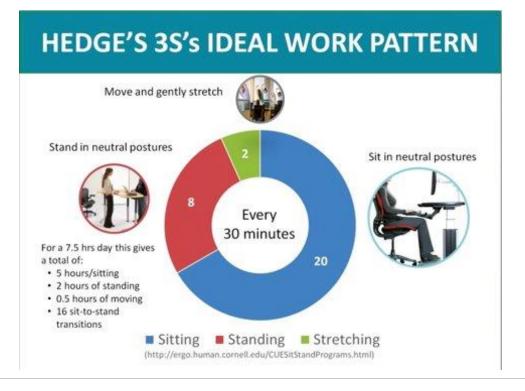
- 1. Break up repetitive tasks or static prolonged postures by taking microbreaks (30 seconds-2 minutes) at least every 20-30 minutes or maximum 1 hour.
- 2. Perform light stretching or simple exercise during longer breaks.
- 3. Let your eyes relax when working on the computer or performing an activity for long periods of time, implement the 20/20/20 rule
 - Every 20 minutes look at something 20 feet away for 20 seconds
- 4. Utilizing external devices to offload joints



Microbreaks

Movement "Snacks"







Microbreaks - Demonstration

Movement "Snacks"

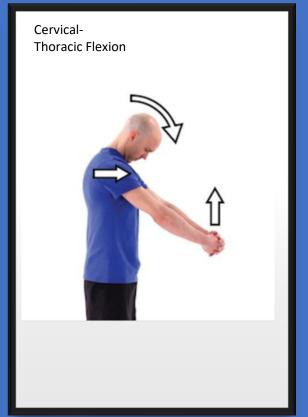


Seated	Standing
 Neck stretches Seated thoracic extension Seated thoracic rotation Seated Hamstring stretch Seated Figure 4 stretch Wrist Stretches 	 Table "L" stretch Table Plank with rotations Triangle Pose with chair Triangle Pose Overhead Squat Quadricep Stretch Hip Flexor Stretch

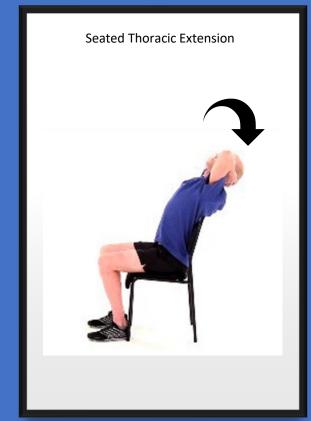


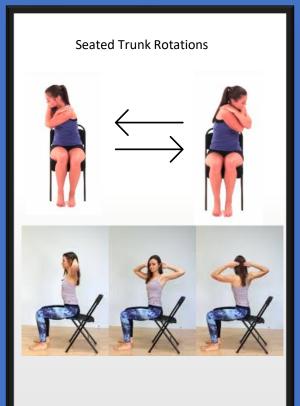






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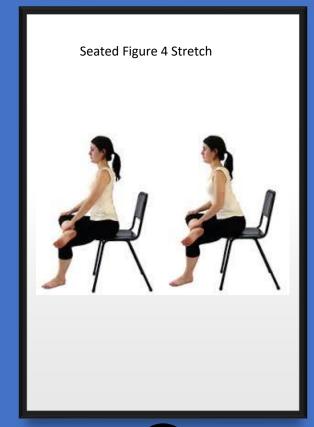


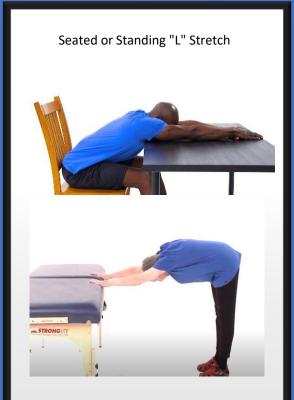


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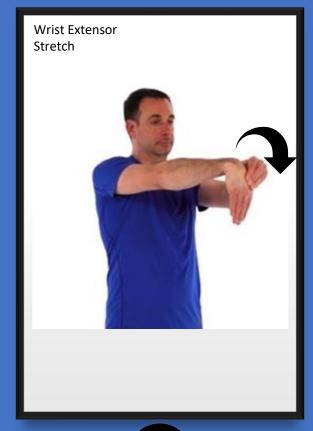


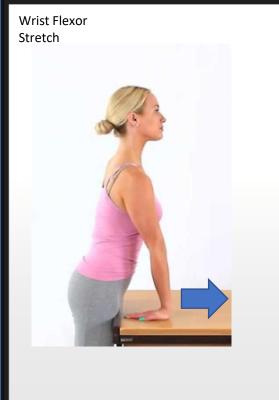


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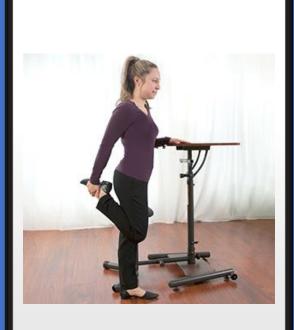


Microbreak Exercise: hold 5-10 seconds

Overhead Squat



Quadricep Stretch





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Additional Microbreak Resources

- 1. <u>myUSF Microbreak</u>
- 2. myUSF Ergonomic Stretches
- 3. <u>Posturite Infographic Explores Benefits of Taking</u> <u>Microbreaks</u>
- 4. Mayo Clinic OR-Stretch Instructional Video
- 5. Mayo Clinic OR-Stretch Between Surgery Stretches Video
- 6. NSC 2-Minute Ergo Stretch Video



References

- 1. Ergonomics and Employee Engagement, Christy. International Journal of Mechanical Engineering and Technology (IJMET) Volume 10, Issue 2, February 2019, pp. 105–109, Article ID: IJMET_10_02_013
- 2. Lima, T. M., & Coelho, D. A. (2018). Ergonomic and psychosocial factors and musculoskeletal complaints in public sector administration A joint monitoring approach with analysis of association. International Journal of Industrial Ergonomics, 66, 85–94. https://doi.org/10.1016/j.ergon.2018.02.006
- 3. Kalakoski, V., Selinheimo, S., Valtonen, T., Turunen, J., Käpykangas, S., Ylisassi, H., ... Paajanen, T. (2020). Effects of a cognitive ergonomics workplace intervention (CogErg) on cognitive strain and well-being: A cluster-randomized controlled trial. A study protocol. BMC Psychology, 8(1), 1–16. https://doi.org/10.1186/s40359-019-0349-1
- 4.Ergonomics and musculoskeletal disorders among health care professionals: Prevention is better than cure, Mansoor et al., J Pak Med Assoc. 2022 Jun;72(6):1243-1245.\doi: 10.47391/JPMA.22-76.
- 5. Sonne M, Villalta DL, Andrews DM. Development and evaluation of an office ergonomic risk checklist: ROSA–Rapid office strain assessment. Appl ergonomics. 2012 Jan 1;43(1):98-108.
- 6. Prevalence of Work-Related Musculoskeletal Disorders Among Surgeons and Interventionalists: A Systematic Review and Metaanalysis. Epstein et. al., JAMA Surg. 2018 Feb 21;153(2):e174947. doi: 10.1001/jamasurg.2017.4947. Epub 2018 Feb 21.
- 7. Prevalance of Musculoskeletal Disoreders Among Surgeons Performing Minimally Invasive Surgery. Allblas et al., *Annals of Surgery* 266(6):p 905-920, December 2017. | DOI: 10.1097/SLA.00000000002223
- 8.. Save our Surgeons (SOS) an explorative comparison of surgeons' muscular and cardiovascular demands, posture, perceived workload and discomfort during robotic vs. laparoscopic surgery. Krämer et al.; Arch Gynecol Obstet; 2023 Mar;307(3):849-862. doi: 10.1007/s00404-022-06841-5. Epub 2022 Nov 19.



References

- 9. Aaron KA, Vaughan J, Gupta R, Ali NE, Beth AH, Moore JM, Ma Y, Ahmad I, Jackler RK, Vaisbuch Y. The risk of ergonomic injury across surgical specialties. PLoS One. 2021 Feb 9;16(2):e0244868. doi: 10.1371/journal.pone.0244868. PMID: 33561117; PMCID: PMC7872272.
- 10. De Carvalho D, Greene R, Swab M, Godwin M. Does objectively measured prolonged standing for desk work result in lower ratings of perceived low back pain than sitting? A systematic review and meta-analysis. Work. 2020;67(2):431-440. doi: 10.3233/WOR-203292. PMID: 33074206.
- 11. Van Vledder, N. & Louw, Q., 2015, 'The effect of a workstation chair and computer screen height adjustment on neck and upper back musculoskeletal pain and sitting comfort in office workers', South African Journal of Physiotherapy 71(1), Art. #279, 10 pages. http://dx.doi.org/10.4102/ sajp.v71i1.279
- 12. Lee S, DE Barros FC, DE Castro CSM, DE Oliveira Sato T. Effect of an ergonomic intervention involving workstation adjustments on musculoskeletal pain in office workers-a randomized controlled clinical trial. Ind Health. 2021 Mar 24;59(2):78-85. doi: 10.2486/indhealth.2020-0188. Epub 2020 Nov 28. PMID: 33250456; PMCID: PMC8010160.
- 13. Lee et al.; Ind Health. 2021 Mar; 59(2): 78–85. Published online 2020 Nov 28. doi: 10.2486/indhealth.2020-0188
- 14. Agarwal S, Steinmaus C, Harris-Adamson C. Sit-stand workstations and impact on low back discomfort: a systematic review and meta-analysis. Ergonomics. 2018 Apr;61(4):538-552. doi: 10.1080/00140139.2017.1402960. Epub 2017 Dec 4. PMID: 29115188.
- 15. Shuchi Agarwal, Craig Steinmaus & Carisa Harris-Adamson (2018) Sit-stand workstations and impact on low back discomfort: a systematic review and meta-analysis, Ergonomics, 61:4, 538-552, DOI: 10.1080/00140139.2017.1402960
- 16. https://www.cdc.gov/niosh/topics/hierarchy/default.html



