Results and case studies from the EU-OSHA project on working with chronic MSDs

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Chronic MSDs can affect people’s ability to work, but...

People do not need to be 100 % fit to work.

Workers with chronic MSDs:
1. Work around their problems
2. Are productive and motivated
3. Can continue to work with the right adjustments

- Need safe and healthy workplaces
- Healthy promoting workplaces
- Early intervention
- Employer commitment and understanding
- Adjustments based on risk assessment
Health and safety regulations require risk assessment and reduction

- Principles of avoiding risk at source and adapting work to workers
- Take account of any workers who are particularly ‘sensitive’
- Workplace requirements for disabled workers
- Employment equality regulations
EU-OSHA Working with Chronic MSDs project

Outputs included:

- Good practice report – with examples of accommodations
- 8 return-to-work case studies
  - Analysed for success factors
- Discussion paper – role of psychosocial risks in return-to-work after an MSD

- [https://osha.europa.eu/sites/default/files/MSDs_Psych_Return_to_work.pdf](https://osha.europa.eu/sites/default/files/MSDs_Psych_Return_to_work.pdf)
Receptionist with osteoarthritis and osteopenia - RTW after fall

Fractures in back, torn ankle ligaments, stretched knee ligament - 6 months off work

- Gradual return to work
- Colleagues supported with some duties
  - e.g. carrying heavy postal deliveries
- Risk assessment - ergonomic changes:
  - better-designed telephone headset
  - new footrest
  - easier to move multi-drawers for storage
  - space to get up and move
- Fast implementation of return-to-work
  - Return to original job with minimal changes

Success factors:
- Appreciative organisational culture - Very supportive line manager, HR and colleagues
- Control – ability to take breaks

“the understanding and support helped me most”
Shop worker with chondromalacia in wrist and knee joints

- **Risk factors**: lifting boxes of books & toys
- **Modifications**:  
  - Stool  
  - Able to change shifts for medical appointments  
  - Access to rest area  
  - Help from colleagues with heavy loads
- **Outcome**: remained fulltime in the job
- **Facilitating factors**  
  - Motivation  
  - Good communication  
  - Flexibility to change shifts

"I really like my job, I have worked for 17 years in the same store, I would not permit a knee problem to keep me away from my job and colleagues"
Migrant hospital cleaner – partial lumbar disc prolapse, low back pain

- Inclusive health policy and RTW policy, cleaning manager organised HP programme / health forums in different languages, team and line managers trained in healthy leadership, ergonomics programme
- Contact during sick leave with trusted line manager
- Involved in devising RTW plan
- Allowed short breaks to exercise and rest – control
- Ergonomic risk assessment → no more climbing ladders, lifting heavy buckets, equipment changes
- Integrated into a team for support from colleagues if needed
- Colleagues informed – very supportive, team leader enquires about her work ability at the end of each day
- Working extra shifts for economic reasons → financial help
University lecturer with osteoporosis

- Risks – static postures, fractures if falls
- Early access to diagnosis
- Self-management
  - Access to rest room
  - Modifications to daily routine
    - Physical exercise –, walking a lot and onsite gym for stretching in privacy
    - Controlling workload, taking regular screen breaks
- Support from colleagues for lifting and carrying

“Osteoporosis will not beat me! Movement and physical exercise is the key for feeling and looking healthy”
Early intervention and accommodations for upper limb problems (research and data entry work)

- Voice-activated software
- Wrist supports to rest hands while working
- When in pain a colleague completes work
- Trials made of tools
- On-going support
- Existing flexi-working, teleworking and sit-stand desks
- Regular DSE assessments and on demand

“I wear my wrist supports at home too – they relieve my pain, ...I appreciate that my organisation is ready to try new solutions for me ... makes me feel safe...”
Job role changes and equipment accommodations for male police officer with multiple chronic MSDs – sciatica, joint, ribs, low back, fingers

Road inspections in car
• static postures – heavy PPE

Accommodations
• Role change to office
• DSE assessment
• Sit-stand desk, ergonomic mouse and keyboard

Facilitators
• Self-management
• Trialing tools
• Understanding manager

“I knew the heavy vest was a source of my problem, I am happy that the new police officers wear lighter vests as part of their PPE.

I am happy with my new workplace, however I miss my old colleagues, changes are good, but I needed time to say a proper goodbye to those I was working for almost 30 years”
Public administrator – sciatica from prolonged sitting

- Desk-based DSE work
- Gradual return-to-work – reduced hours and later start
- Special cushion to relieve pressure under seat bones
- Folding stick-stool
- Voice-dictation software
- Rest room to lie down, stretch
- Trialing solutions
- Existing flexi and teleworking, sit-stand desks, ergonomic seating
- Self-management – e.g. wrist-worn timer to prompt breaks

“Feeling in control of the return-to-work process was crucial for taking away the fear that going back to the office could result in the pain returning”
Some simple measures to continue working

- Ergonomic mouse
- Voice-dictation software
- Wireless headset for answering phone
- Foldable perching stool
- Adjustable height/sit-stand desk
- Swapping physical tasks with colleagues
- Flexible hours & teleworking
- Gradual return to work

❖ Usually a combination of measures is needed

Manual/physical work
- Ergonomic tools
- Rest breaks
- Task rotation, teamwork
- Swapping tasks
- Mentoring role
- Perching stool
- Reduced hours …

Support
Success factors from the cases include:

- **Support**
- **Worker’s capabilities**
- **Good communication and cooperation**
- **Involve** worker, supervisor, health care team
- **Risk assessment** to remove risks at source and make individual accommodations
- **Combination** of measures, trials and enough time

- **Gradual** return to work
- **Existing** staff policies on flexitime, teleworking etc.
- **External support** – multidisciplinary
- Return to work and accommodations **tailored** to the individual
- Considering **psychosocial factors** in the return to work, and as part of MSD prevention
Broader policy issues

- Support for SMES
- Return-to-work – clinical/treatment goal for healthcare professional
- Early health care intervention
- Joined-up policy, interventions and budgets to provide a coordinated approach
- External support for workers and their employer
  - multidisciplinary teams providing tailored support to the individual
- Improved occupational health services and universal access
- Employment and sickness systems to allow a gradual return to work
Avoid static postures

EU-OSHA report conclusions

▪ Active working important for musculoskeletal & cardiovascular health

▪ Static standing worse than static sitting

▪ Avoidance especially important for working with a chronic MSD

▪ Tips in EU-OSHA resources
3 Key Messages

▪ Health and safety measures which **make work easier for all the workforce** can enable an individual with reduced **work capacity** to remain in employment

▪ **Simple measures** to support an individual can often benefit the whole workforce

▪ Aim to design inclusive workplaces for a diverse workforce. This is called **Universal Design**

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Thank you!


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