

Working with chronic musculoskeletal disorders

Good practice advice

Executive Summary

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EXECUTIVE SUMMARY

Introduction

In Europe there are an estimated 120 million chronic musculoskeletal disorder (MSD) sufferers or one in four of the population ⁽¹⁾. While MSDs have negative impacts on quality of life, they also have economic consequences, which may be as high as 2 % of gross domestic product in the EU ⁽²⁾. As the working population ages and official retirement ages rise, more workers are likely to have a chronic condition, which increases the need for employers to retain workers and for health, social and employment services to support that process. Work needs to be made sustainable across the course of working life.

Importantly, workers do not need to be fully fit to work, and with the right support many people with chronic conditions can continue working. This report provides practical advice on issues related to working with chronic MSDs and what can be done to support individuals who have developed a chronic MSD to allow them to continue to work. It includes practical advice and examples of workplace adjustments, and the conclusions include some pointers for policy-makers. A second report linked to this one, containing eight case examples of individuals working with chronic MSDs, an analysis of the cases, three articles and an information sheet, provides further information ⁽³⁾ ⁽⁴⁾ ⁽⁵⁾ ⁽⁶⁾ ⁽⁷⁾.

What are chronic MSDs?

These are chronic problems that affect the muscles, bones, joints and soft tissues. This includes disorders without a precise cause such as chronic back pain or chronic upper limb disorders, as well as rheumatic diseases and degenerative conditions such as osteoarthritis or osteoporosis. Conditions caused or aggravated by work are known as work-related MSDs. In the medical field, conditions are more commonly referred to as rheumatic and musculoskeletal diseases (RMDs). For the purposes of this report, chronic MSDs are those that last more than 12 weeks.

The impact of chronic MSDs on individuals

Chronic MSDs can have different levels of impact on the individual, ranging from mild discomfort to unbearable pain. Although the pain is not always severe, it is often persistent, nagging and wearing. The severity may vary, often unpredictably. The pain can make repetitive movements difficult. The conditions often cause stiffness, and sufferers can take a while to get moving. Sleep can be disturbed, which can make it more difficult to ignore the pain. People can become tired and even fatigued, particularly those with an inflammatory disease or those whose sleep is disturbed. Being stressed, anxious or depressed because of the pain or for other reasons also makes it harder to ignore the pain. People with a chronic condition often worry about the future, in relation to whether their limitations will increase or they will lose their job. Some conditions are characterised by flare-ups, so sufferers will have good and bad days.

If an employer is believed to be unsympathetic, presenteeism may occur, whereby a worker continues to work as best they can in unsatisfactory conditions, afraid of losing their job; however, they become increasingly less productive, and the situation increases their stress levels and worsens their condition.

⁽¹⁾ EULAR (European League Against Rheumatism), *Position paper. Horizon 2020 Framework Programme: EULAR's position and recommendations*, 2011. Available at:

https://www.eular.org/myUploadData/files/EU_Horizon_2020_EULAR_position_paper.pdf

⁽²⁾ Bevan, S., 'Economic impact of musculoskeletal disorders (MSDs) on work in Europe', *Best Practice & Research Clinical Rheumatology*, 2015, Vol. 29, No 3, pp. 356-373.

⁽³⁾ EU-OSHA (European Agency for Safety and Health at Work), *Analysis of case studies on working with chronic musculoskeletal disorders*, 2020. Available at: <https://osha.europa.eu/en/publications/analysis-case-studies-working-chronic-musculoskeletal-disorders/view>

⁽⁴⁾ [https://oshwiki.eu/wiki/Working_with_rheumatic_and_musculoskeletal_diseases_\(RMDs\)](https://oshwiki.eu/wiki/Working_with_rheumatic_and_musculoskeletal_diseases_(RMDs))

⁽⁵⁾ https://oshwiki.eu/wiki/Managing_low_back_conditions_and_low_back_pain

⁽⁶⁾ https://oshwiki.eu/wiki/Early_intervention_for_musculoskeletal_disorders_among_the_working_population

⁽⁷⁾ EU-OSHA (European Agency for Safety and Health at Work), *Working with chronic musculoskeletal disorders (MSDs)*, information sheet. Available at: <https://osha.europa.eu/en/publications/working-chronic-rheumatic-and-musculoskeletal-diseases/view>

Gender

Women, especially in low-grade jobs, may be at risk of double discrimination because of their gender and because of their condition, and they may be considered more dispensable. Men are more likely to be employed in heavy physical work than women, in which it can be assumed that changes to allow them to continue working are not possible. However, often ergonomic changes to make work easier or swapping tasks with colleagues are possible ⁽⁸⁾. In contrast, men in skilled manual work may have more opportunities to move to a mentoring role than women in low-grade unskilled jobs, such as cleaners.

MSDs and people's ability to work

For individuals affected by chronic MSDs it is important to realise that, with the right adjustments, they can usually still work, and often only simple and cheap measures are needed, such as a different computer mouse or an adjustment to their working hours or how they carry out their tasks. Those with chronic MSDs learn to work around their problems and manage their pain, for example by avoiding repetitive movements, prolonged sitting without a break or standing for too long. There are a number of advantages of trying to continue to work, including financial security and a sense of purpose. In general, being in good-quality employment helps protect mental and physical health. It is important that the worker has a positive attitude; however, according to those with chronic conditions, the factor limiting their ability to work is too often a lack of understanding and support at the workplace rather than the condition itself.

For the employer, these workers are often productive, motivated and try to avoid missing work, and there is a cost to their business if they lose valuable expertise and knowledge from the workforce.

Employers' responsibilities

Safety and health regulations require employers to prevent risks, based on risk assessments ⁽⁹⁾. The priority is to eliminate risks at source, take collective measures to make work safer and healthier for all workers and adapt work to suit workers. This is important, as measures to make work easier for all workers could enable someone with a chronic health condition to continue working. Particularly sensitive groups, such as workers with chronic conditions, must be protected against hazards that specifically affect them. Regulations setting minimum safety and health standards for workplaces include requirements related to making workplaces accessible for workers with a disability ⁽¹⁰⁾.

Equality legislation requires employers to make reasonable provisions to accommodate ⁽¹¹⁾ employees with disabilities. Such adjustments could include providing equipment, adapting hours of work, changing tasks or providing training. Some countries in EU have more detailed requirements and specific programmes in place, for example regarding return to work following sick leave.

Designing inclusive workplaces

Making workplaces more inclusive for all workers, for example when buying equipment, planning tasks or altering buildings, is the preferred solution, as it reduces the need to make adjustments for individuals. Universal design is the design of buildings, products or environments to make them accessible to all people, to the greatest extent possible, regardless of age, size, disability or other factors. Examples include a ramp at an entrance or automatically opening doors that everyone uses but that are essential for a wheelchair user. Adjustable seating and work surface heights are another good example. Often specific adjustments, such as ergonomic equipment or flexible working hours, to support an individual with a chronic condition would make work easier and safer for the whole workforce.

⁽⁸⁾ EU-OSHA (European Agency for Safety and Health at Work), *The ageing workforce: Implications for occupational safety and health. A research review*, 2016. Available at: <https://osha.europa.eu/en/publications/ageing-workforce-implications-occupational-safety-and-health-research-review/view>

⁽⁹⁾ <https://osha.europa.eu/en/legislation/directives/the-osh-framework-directive/1>

⁽¹⁰⁾ <https://osha.europa.eu/en/legislation/directives/2>

⁽¹¹⁾ <https://ec.europa.eu/social/main.jsp?catId=1473>

Principles for managing chronic MSDs at work

The process for successfully managing chronic MSDs at work is built on some key elements.

- good safety and health and **preventing MSD risks** for all workers, based on risk assessment, recognising that some workers may be more **susceptible** to such risks;
- **early intervention** to address problems and encouraging early reporting of problems;
- promoting **good musculoskeletal health** in the workplace.

To these should be added:

- avoiding the need for individual accommodations by making the workplace environment and equipment as **inclusive** as possible (universal design);
- effective **return-to-work planning**;
- **coordination** between safety and health and health and human resources/equal opportunities policies;
- a culture of worker **consultation** and good communication;
- **training** for managers and workers.

For the individual the workplace needs to provide:

- **Understanding:** a comprehensive approach to understanding an individual's needs through open conversations.
- **Awareness:** being aware of the risks and the problems in the workplace for workers with some musculoskeletal problem.
- **Support:** helping people with a chronic condition to manage their own health proactively.

Prevention. It is fundamental to ensure that risks are assessed and reduced for the whole workforce to ensure that the workplace is safe and designed to promote musculoskeletal health. This includes avoiding tasks involving awkward postures, prolonged static postures, sedentary behaviour, repetitive movements and manual lifting and handling. Workstations should be ergonomically designed and laid out, and ergonomic tools and adjustable ergonomic equipment, for example seating, provided. It is also important to take action to reduce stress at work. Work-related stress has the potential to aggravate symptoms in those with chronic MSDs, and if necessary additional measures should be taken for anyone who may already have a musculoskeletal condition and so may be more susceptible to stress.

Avoiding static postures and sedentary work should be part of the prevention approach. Prolonged sitting has been associated with a number of adverse health outcomes and, for those with chronic MSDs, may make their symptoms worse ⁽¹²⁾. Static work postures should be avoided in general for all workers, and this includes avoiding prolonged standing ⁽¹³⁾ and designing movement opportunities into the work process, for example enabling workers to take short breaks to walk and stretch, when needed. If this is implemented for all workers, a special approach for an individual with a chronic MSD becomes unnecessary.

Early identification and early intervention allow support to be given quickly. The earlier a problem is addressed, the easier it is to deal with. This applies to both non-work-related conditions and those caused or aggravated by work. However, workers are often reluctant to disclose their conditions and declare their health status ⁽¹⁴⁾. Workers need to feel that they can trust their employer or manager, know that they will be listened to and supported and that the issues they raise will be acted upon. They need to be encouraged and enabled to disclose health problems as soon as they arise and there needs to be a culture of open conversation. It is important that workers are also encouraged to seek medical

⁽¹²⁾ https://oshwiki.eu/wiki/Musculoskeletal_disorders_and_prolonged_static_sitting

⁽¹³⁾ https://oshwiki.eu/wiki/Musculoskeletal_disorders_and_prolonged_static_standing

⁽¹⁴⁾ EU-OSHA (European Union Agency for Safety and Health at Work), *Work-related musculoskeletal disorders: Prevention report*, 2008. Available at: <https://osha.europa.eu/en/publications/report-work-related-musculoskeletal-disorders-prevention-report/view>

advice as soon as possible. EU-OSHA has published a guide that includes advice for workers and managers on speaking about a health problem ⁽¹⁵⁾.

Effective rehabilitation and return-to-work planning are needed to support a worker who is absent because of a chronic condition to get back to work. Return to work has been researched previously by EU-OSHA in relation to ageing and following cancer treatment ⁽¹⁶⁾ ⁽¹⁷⁾. Workplace actions include having an up-to-date return-to-work policy, managers staying in contact with workers, identifying other specialists and implementing and evaluating workplace adjustments. Plans for returning to or remaining in work should be tailored to each individual and based on assessment.

Providing support and workplace accommodations. Good prevention and designing workplaces to be inclusive will reduce the need for individual adjustments and accommodations for individuals with chronic conditions. When they are needed, a simple conversation with the worker may be sufficient to identify their needs, although it is important to seek expert advice when necessary. This conversation should cover their symptoms and how they vary, what tasks they find challenging, what support they need, etc. Carrying out a safety and health risk assessment for the individual will help to determine suitable measures.

A joined-up approach between the individual, the line manager, health providers and the employer is needed, with the common goal of helping the individual to stay at work and work within their abilities. Medical advice, if shared with permission, should help the employer to understand what support the worker needs, what tasks are appropriate and what should be avoided. Expert advice should be sought where necessary, for example from occupational health specialists, ergonomists, physiotherapists, occupational therapists and architects. Disability associations and patient support groups may provide information and other help, including training, for the workplace. Some Member States have support programmes and financial support schemes in place.

Workplace accommodations should be planned by focusing on an individual's work ability (an individual's capabilities, not their disabilities). Adjustments can include changing tasks, equipment and the workplace, changing working patterns and providing support. Often a combination of several measures is needed. Sufficient time should be allowed, for example because the individual may need to try out different measures to find what works best in practice. It is important to review measures and make any additional changes if the worker's condition changes in the future. If the solution is not obvious, expert support can help the process go more smoothly and reduce the need for trial and error.

Managers and workers need to be aware of musculoskeletal health at work. They need training to enable a better understanding of the impact of chronic MSDs and ways of supporting colleagues to remain in work.

Promoting musculoskeletal health at work can include encouraging back care and physical activity and taking action to tackle prolonged sedentary work ⁽¹⁸⁾.

Advice on specific adjustments, practices and health

Adjustments to enable individuals to continue working can include changes in job tasks, equipment and the workplace and changes in working patterns.

Working patterns and teleworking. Support may include changing working hours and taking a more flexible approach to start and finish times, working reduced hours or choosing to work different days. Teleworking may also be relevant, allowing the individual to reduce commuting time. However, it is essential that individuals working away from the workplace have equipment of the same standard as that used in their main work environment and are provided with advice on using it.

⁽¹⁵⁾ EU-OSHA (European Union Agency for Safety and Health at Work), *Conversation starters for workplace discussions about musculoskeletal disorders: An EU-OSHA resource for workplaces*, 2019. Available at:

<https://osha.europa.eu/en/publications/conversation-starters-workplace-discussions-about-musculoskeletal-disorders/view>

⁽¹⁶⁾ EU-OSHA (European Union Agency for Safety and Health at Work), *Advice for employers on return to work for workers with cancer*, 2018. Available at: <https://osha.europa.eu/en/publications/advice-employers-return-work-workers-cancer/view>

⁽¹⁷⁾ EU-OSHA (European Union Agency for Safety and Health at Work), *Research review on rehabilitation and return to work*, 2016. Available at: <https://osha.europa.eu/en/publications/research-review-rehabilitation-and-return-work/view>

⁽¹⁸⁾ https://oshwiki.eu/wiki/Promoting_moving_and_exercise_at_work_to_avoid_prolonged_standing_and_sitting

Tools and equipment can also be provided, including trollies to move loads, adapted computer keyboards and mice, voice recognition systems and sit/stand desks.

Task rotation, whereby an individual can switch between tasks, can bring benefits to an organisation by promoting flexibility, skills and employee retention.

Driving with MSDs may mean driving with pain, joint stiffness or fatigue. Taking regular breaks, adjusting the seat to provide correct support, taking care when entering and exiting the vehicle and never lifting loads immediately after stopping (stretch first) is important for all drivers, but especially so for those with a chronic MSD. There are other helpful tools for drivers, including keyless entry systems, power-assisted steering, hand control and pedal modifications, and wearing driving gloves to improve grip.

There are legal requirements in relation to workplace accessibility for individuals with **severe mobility problems** and who require crutches or wheelchairs. As already mentioned, universal design principles should be applied when buildings are designed, or whenever changes are planned, to ensure that buildings and workplaces are fully accessible in the first place. Again, there may simple solutions to help an individual to stay at work, for example allocating a parking space near the entrance or moving their office to the ground floor.

Simple measures to allow individuals to continue working¹⁹

Equipment and devices that have allowed individuals to continue working include:

- an ergonomic mouse
- speech recognition software
- a wireless headset for answering the phone
- a foldable perching stool for site visits
- a special cushion to relieve pressure when sitting
- an adjustable height desk/sit-stand desk

Adjustments to work tasks and working patterns that have allowed individuals to continue working include:

- a gradual return to work and reduced hours
- flexible working to accommodate medical appointments
- teleworking on 'bad days'
- later start time to avoid standing on the metro
- the opportunity to take more frequent breaks to move and stretch
- the opportunity to lie down in the rest room if fatigued
- swapping physical tasks with colleague

Conclusions for the workplace

The guidance and examples identified in this report and the linked report on case examples⁽²⁰⁾ suggest that a variety of factors is involved in successfully managing individuals with chronic MSDs. These include the following:

- Maintain good safety and health standards and good ergonomics, whereby work is made easier, safer and healthier for the whole workforce, and promoting health and well-being. Plan workplaces to make them more inclusive, with additional accommodations for individuals if and when necessary.
- Employers have a positive attitude and supportive policies in which they value their workers

⁽¹⁹⁾ EU-OSHA (European Agency for Safety and Health at Work), *Analysis of case studies on working with chronic musculoskeletal disorders*, 2020. Available at: <https://osha.europa.eu/en/publications/analysis-case-studies-working-chronic-musculoskeletal-disorders/view>

⁽²⁰⁾ EU-OSHA (European Agency for Safety and Health at Work), *Analysis of case studies on working with chronic musculoskeletal disorders*, 2020. Available at: <https://osha.europa.eu/en/publications/analysis-case-studies-working-chronic-musculoskeletal-disorders/view>

- and their skills, seeing them as an asset, not a problem.
- Workers do not need to be 100 % fit to work and the focus should be on workers' capabilities, not disabilities.
- Intervene early once health problems arise, with the focus on keeping workers in work rather than getting them back to work once they have left employment.
- Maintain good communication between the worker and the organisation, whereby the employee feels able to raise problems and discuss their needs, including involving their trade union or safety representative, if there is one, regarding measures and arrangements.
- Develop knowledge among human resources personnel, supervisors and managers of the worker's health condition and knowledge and sufficient skills in the workplace to support continued working or return to work.
- In individual cases, use a range of measures such as:
 - adjusting working hours such as a temporary or permanent reduction in hours, time off for medical appointments, varying start or finish times, flexitime (applied to the whole workforce);
 - teleworking;
 - providing simple equipment, e.g. to make sitting more comfortable, reduce standing or make computer work more comfortable and avoid static postures;
 - facilitating breaks to move and stretch and take rest breaks;
 - providing more individual control over how tasks are done, or rotating more physically tiring or repetitive tasks;
 - providing a parking space near the entrance;
 - allowing a gradual return to work where there has been sick leave.
- And
 - allow enough time for the process, testing measures in practice to find out what works best and reviewing arrangements.
- Put teleworking and flexible working hours policies in place for the whole workforce.
- Integrate measures to facilitate return to work and support workers with health problems into broader company policies — because some accommodations to support an individual may benefit all employees, and improved workplace ergonomics for all the workforce may reduce the duration of sickness absence and facilitate continued working or return to work.

Policy pointers for external services and policy-makers

Based on this report and other research by EU-OSHA on return to work and working with chronic diseases ⁽²¹⁾, the following broader policy pointers are suggested:

1. Focus on making work sustainable across the course of working life, with improved support for small businesses to prevent occupational risks and promote health and well-being at work.
2. Direct policy towards achieving inclusive workplaces through universal design, including through the provision of support to workplaces.
3. Intervene early once health problems arise, with more focus on staying in work rather than returning to the workforce once out of employment.
4. Encourage clinicians and employers to focus on workers' capabilities, not their disabilities.
5. Make return to work the goal for all involved, including as a clinical outcome or treatment goal for health practitioners. Encourage health practitioners and offer training in this respect.
6. Tailor plans for returning to or remaining in work to each individual and base them on assessment.
7. Provide access to external support, in particular for small businesses, in the form of suitable services and programmes for the employer and the individual on the return-to-work process,

⁽²¹⁾ See 'OSH management in the context of an ageing workforce' (<https://osha.europa.eu/en/themes/osh-management-context-ageing-workforce>). See also EU-OSHA (European Agency for Safety and Health at Work), *Rehabilitation and return-to-work after cancer – Instruments and practices*, 2018. Available at: <https://osha.europa.eu/en/publications/rehabilitation-and-return-work-after-cancer-instruments-and-practices/view>

- individual return-to-work plans and workplace adjustments
8. Provide multidisciplinary support programmes covering public health, social services and employment services, and provide coordinated support, including financial and technical support, to companies and their employees seeking to return to work.
 9. Improve access to occupational health services for both employers and employees to allow early detection and prevention. This is particularly important for small businesses and 'atypical workers'.
 10. Avoid silo working through joined-up policy, interventions and budgets.
 11. More generally, put greater public health focus on non-life-threatening chronic diseases including MSDs as well as on prevention and early intervention measures. Develop and support early intervention healthcare programmes for MSDs.
 12. Assess and address any gender biases, e.g. in access to services or barriers to continued working in the workplace.

Overall conclusion

With the right employer attitudes and workplace adjustments, combined with support from public health systems and social and employment services, many workers with chronic conditions can continue working. Even in the absence of external support, there are many simple measures that can be taken to support a worker with a chronic MSD to continue working, and good communication between worker and employer are key to getting the solutions right.

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