

European Agency for Safety and Health at Work

EUROPEAN RISK OBSERVATORY REPORT

EN

ISSN 1830-5946

Annex to Report:
Work-related musculoskeletal disorders –
Facts and figures

National Report: Belgium

TE – RO-09-009-EN



European Agency
for Safety and Health
at Work

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This document is an annex to the Agency's Report "Work-related musculoskeletal disorders – Facts and figures" - Belgium

You can find the full report –in English only- on the Agency's website:

<http://osha.europa.eu/en/publications/TERO09009ENview>

More information on the European Union is available on the Internet (<http://europa.eu>).

Cataloguing data can be found on the cover of this publication.

Luxembourg: Office for Official Publications of the European Communities, 2010

ISBN -13: 978-92-9191-261-2

DOI: 10.2802/10952

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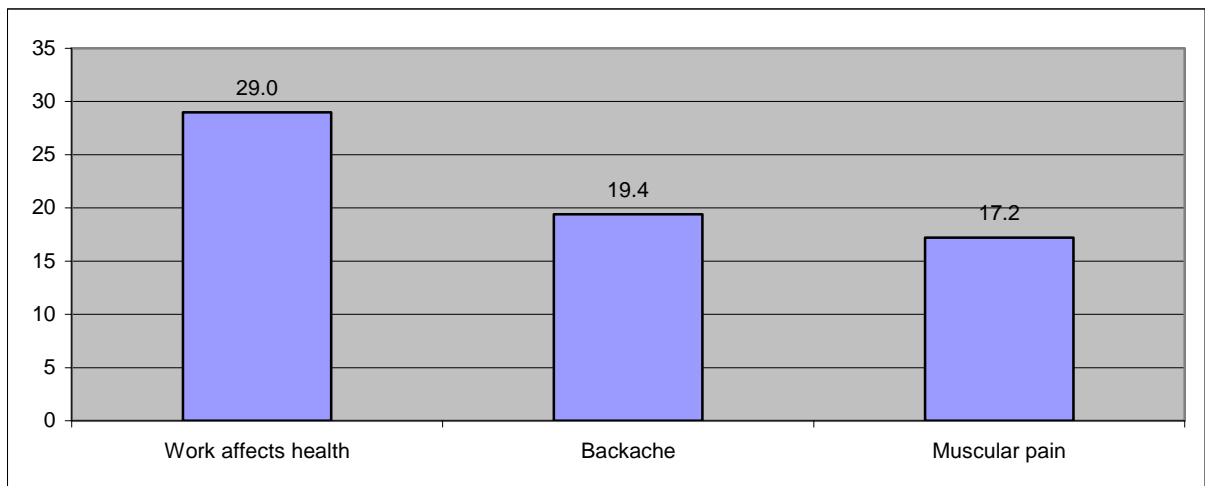
Summary

Reported MSDs in the Belgian workplace

According to the Belgian data from the Fourth European Survey on Working Conditions (ESWC), 29% of Belgian workers consider that work affects their health (35.4% EU27 average). Almost one fifth of them (19.4%) report suffering from backache while 17.2% complain of muscular pain.

Musculoskeletal disorders are more or less equally reported among men and women. Belgian workers in electricity, gas and water, construction and transport and communication report the highest shares of MSDs. Blue-collar and agricultural workers are most susceptible to muscular pains.

Figure 1: MSDs in Belgium, 2005



European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs: closed and open systems

In Belgium, in order to obtain benefit payments following an occupational disease, an application has to be submitted to the Occupational Diseases Fund who will then examine whether or not the condition can be recognised as an occupational disease. This can only happen if the disease appears on a list of occupational diseases (**closed system**) or if the person concerned can demonstrate a causal link between the condition and the occupational activity (**open system**).

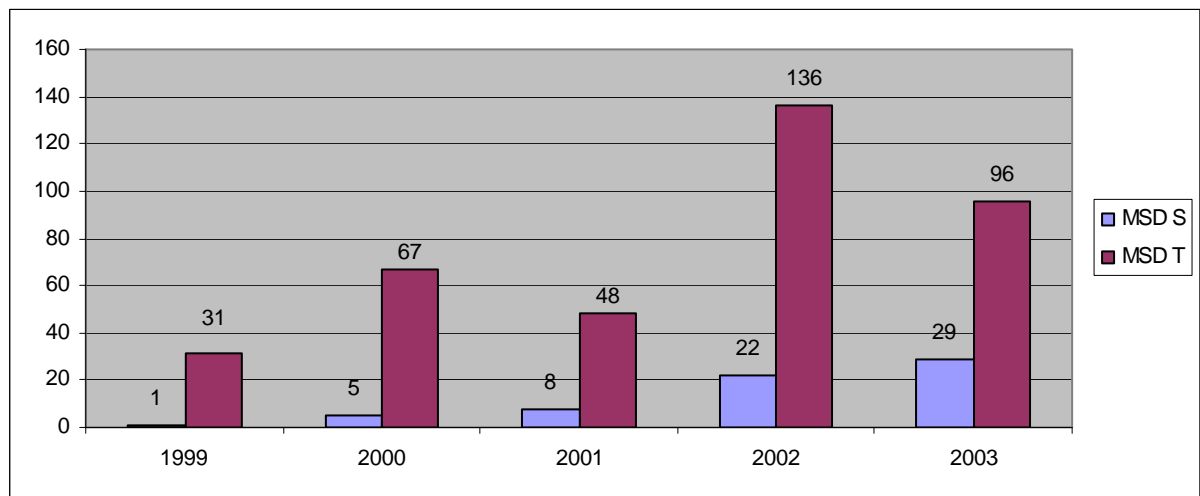
Occupational diseases relating to MSDs, for which the largest number of compensation applications in the **closed system** were submitted in 2001, are bone, joint and angioneurotic diseases caused by mechanical vibrations (**MSDs S**): 2,129 cases or 40% of the total via the list. They are mainly back injuries that occur in the transport and construction sector.

There are far fewer applications via the closed system for **MSDs T** (tendinitis and other “Repetitive Strain injuries” (RSI’s)). This is due to the fact that tendon conditions are only recognised by the closed system for performing artists and not for other professions.

MSDs applications via the **open system** have increased over the last few years. In 2001, 87% of compensation applications under the open system -without list- concerned conditions of the locomotor apparatus (back complaints, skeleton conditions, vibration arthrosis and other musculoskeletal disorders (MSDs)) and the muscles (tendinitis and other “Repetitive Strain injuries” (RSI’s)).

The majority of them are however rejected. Tendinitis is the disease most recognised, which is not surprising, as in the closed system this disease can only be submitted by performing artists. Nevertheless, the number of accepted cases for both **MSDs S** and **MSDs T** submitted via the open system has increased since 1999.

Figure 2: Number of recognised MSDs cases in the open system (general), 1999-2003



Occupational Diseases Fund

Source description

Statistical sources

Title	European Survey on Working Conditions
Acronym	ESWC
Institution	European Foundation for the Improvement of Working and Living Conditions (Dublin)
Country	EU
Periodicity	Every 4 years: 1991-1996-2000-2005
Type	Employee Survey
URL	http://www.eurofound.eu.int/working/surveys/index.htm
Demographic group	Employees, self-employed without personnel and self-employed with less than 10 employees.
Objectives	Monitoring of trends in working conditions for employees and the self-employed throughout the European Union. This Survey provides an opportunity to monitor working conditions in the EU and to analyze specific themes in depth, such as: sector differences, working conditions and gender, age, or employment contracts, work organization, working hours, etc.
Description	Face-to face interviews in all EU countries, with approx. 1,000 people in each country are selected (random walk), structured questionnaire.
Content	This survey describes a broad range of questions in the field of working conditions.
Questions	Q.33. Does your work affect your health, or not? (yes, no); Q.33a. How does it affect your health? ; Q33a_d Backache (mentioned, not mentioned); Q33a_g Muscular pains -in shoulders, neck and/or upper/lower limbs (mentioned, not mentioned).

Title	Statistieken Beroepsziekten (Occupational diseases statistics)
Acronym	FBZ-FMP
Institution	Fonds voor beroepsziekten
Country	Belgium
Periodicity	Every year: 2000 - 2003
Type	Statistics (absolute figures).
URL	http://fmp-fbz.fgov.be/
Demographic group	All workers except self-employees.

Title	Statistieken Beroepsziekten (Occupational diseases statistics)
Objectives	Refund damage caused by occupational diseases and prevention of these diseases.
Description	Reporting occupational diseases by the physician.
Content	Statistics of prevalence of occupational diseases.

Analytical sources

“Organisational and psychosocial factors and the development of musculoskeletal disorders of the upper limbs: Final report”, 2004

- 1) UCL: Unité d’hygiène et physiologie du travail, Professeur Malchaire and Nathalie Cock ;
- 2) ULB: Laboratoire de psychologie industrielle et commerciale, Professeur Karnas and Caroline Pirotte;
- 3) KUL: Departement Sociologie, afdeling arbeid en organisaties, Professeur Bundervoet and Jan Dombrecht;

The research objectives are:

- To quantify the interindividual differences in musculoskeletal constraints which contribute to the development of the MSDs.
- To analyse and quantify the relationship between these interindividual differences in musculoskeletal constraints and the general constraints imposed by the work situation (stress, attitude...).
- To analyse and quantify the relationship between these constraints, the organisational aspects of the work environment and the personal characteristics of the subject, taking into account the functional capacities themselves, function of the individual characteristics of the subject (age, sex...).

Results:

In summary, three general tendencies can be detected: The number of aggravated, new and permanent high wrist and neck complaints is in general smaller with workplaces:

- That have a frequent rotation between different types of tasks,
- That allow their employees to insert enough individual breaks, and
- Were the employees are less stressed.

http://www.belspo.be/belspo/home/publ/rappPS_nl.stm

“Follow-up study into the etiologic and prognostic determinants of work-related back pain”, 1999-2003

- 1) Occupational Health Service IDEWE, Department Research and Development: coordinator-promotor: Moens G, Johannik K.;

- 2) Department of Occupational, Environmental and Insurance Medicine, Catholic University of Leuven (promotor): Masschelein R, Van Nieuwenhuysse A;
- 3) Department of Occupational Health and Health Education, University of Liège (promotor): Mairiaux Ph, Somville PR, Pirenne D;
- 4) Faculty of Psychology and Educational Sciences, Ghent University: Crombez G, Persijn E;
- 5) Department of Physical Medicine, University Hospital Gasthuisberg, Catholic University of Leuven: Lysens R;
- 6) Department of Psychology, Catholic University of Leuven: Van den Bergh O;

The research objectives are:

Because the Belgian situation of occupational medical surveillance offered a logistic opportunity to initiate a follow-up study, a prospective study has been set up in several health care institutions and industrial enterprises. In addition to the recording of the incidence of back pain (and of its consequences such as sick leave, chronic back pain), also physical and psychosocial exposure factors have been recorded.

Results:

At any rate, the physical work load again turns out to be an important determinant of low back pain and lowering this load as much as possible seems imperative. However, the interplay with important psychosocial and psychological factors remains to be analysed and thus could modulate and straighten recommendations for prevention in the future.

http://www.belspo.be/belspo/home/publ/rappPS_nl.stm

“Impact of organizational changes and resulting job stress on somatization, biology and absenteeism”, 1999-2003

- 1) Katholieke Universiteit Leuven: Johnny R. J., Tamara Mascagni, Sarah Mangelschots;
- 2) Université Libre de Bruxelles: France Kittel, Isabelle Godin ;

The research objectives are:

The project was focused on the four following goals: namely;

- 1) To estimate the psychosocial health risks linked to objective and subjective working conditions in various companies in Belgium;
- 2) To create a preliminary data bank of the prevalence of somatization and/somatoform disorders in a population at work, relative to stressful working conditions;
- 3) To establish which particular psychosocial factors or dimensions are harmful for the individuals' mental health, taking into account interpersonal variability and various mediating variables; and
- 4) To study the "stress-health" issue in a dynamic and global perspective (in a prospective design).

Conclusion:

It can be concluded from the present study that work instability has an impact on work stressors and health outcomes. Moreover, because of its longitudinal design, it has been demonstrated unequivocally that work stressors lead to a broad range of psychosomatic conditions ranging from functional dyspepsia and irritable bowel syndrome, over somatisation and somatoform disorder, to depression and anxiety. These psychosomatic conditions are related themselves to medical consultation, drug consumption, negative self-rated health, and absenteeism. All these outcomes are negative for the individual en the firm and the society at large, and therefore call for accompanying measures for organizations that have to go through a reorganization, and for the individual workers within those organizations.

http://www.belspo.be/belspo/home/publ/rappPS_nl.stm

“Work related neck and upper limb symptoms (RSI): high risk occupations and risk factors in the Belgian working population”, 1999,

- 1) TNO Arbeid: dr. Brigitte M. Blatters, dr. Paulien M. Bongers (The Netherlands);
- 2) HIVA, Katholieke Universiteit Leuven: dr. Hans de Witte (Belgium).

The study is conducted within the framework of the SAFE programme of the European Committee. The aim of the project is to get better insight in the prevalence of work related neck and upper limb disorders (RSI), in the key causes and risk factors, as well as in successful policies at small and medium-sized enterprises in Belgium.

Population and methods:

This study population of this cross-sectional study consisted of 1120 Belgian employees who were questioned in November and December 1998 by means of the Questionnaire on Work, Health and Repetitive Movements, and the 116 employers of personnel managers of these employees, who were interrogated by telephone interview.

Conclusion:

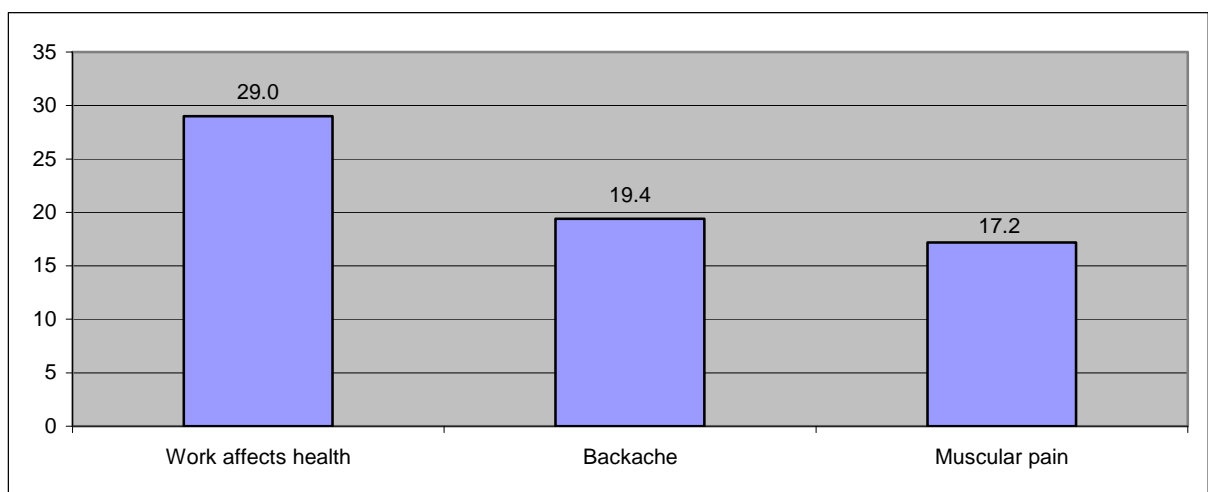
Women have a higher risk of work related neck and upper limb symptoms than men, even when other risk factors are taken into account. Tailors, bricklayers and other construction workers report high frequencies of physical and psychosocial risk factors of neck or upper limb symptoms. Tailors, bricklayers and secretaries and typists also report the highest occupation-specific prevalence figures. From the occupational risk factors for neck or upper limb symptoms in general, bending of the neck is a consistent risk factor and ‘working in a prolonged flexed’ is a more or less consistent risk factor across studies. High quantitative job demands and low social support are psychosocial risk factors that are consistently associated with symptoms, even when other physical risk factors are taken into account.

1. General prevalence

Almost one fifth of Belgians report MSDs in 2005

According to the Belgian data from the ESWC, almost one third (29%) of Belgian workers consider that their work affects their health (35.4% EU27 average). Almost one fifth of them (19.4%) report suffering from backache, while 17.2% complain of muscular pain. While the prevalence of backache seems to have decreased slightly compared to 2000, muscular pain appears to have increased, even though comparison of this particular MSDs is complicated as in 2005 the question has been reformulated into a combined index of pain in shoulders, neck and/or upper/lower limbs.

Figure 3: Percentage share of workers reporting health problems, backache and muscular pain, 2005



European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs

In Belgium, in order to obtain benefit payments following an occupational disease, an application has to be submitted to the Occupational Diseases Fund who will then examine whether or not the condition can be recognised as an occupational disease. This can only happen if the disease appears on a list of occupational diseases (**closed system**) or if the person concerned can demonstrate a causal link between the condition and the occupational activity (**open system**). The person concerned then has to provide proof of exposure to the risk cited, proof of the disease and proof of the casual link between the exposure and the condition. Together they are referred to as the “mixed system”.

- The **closed system** includes:

MSDs S (skeleton):

- Bone and joint conditions of the upper limbs caused by mechanical vibrations (code 160511).
- Conditions of the lumbar region of the spine, with premature degenerative abnormalities caused by mechanical vibrations transmitted to the body via the seat (code 160512).

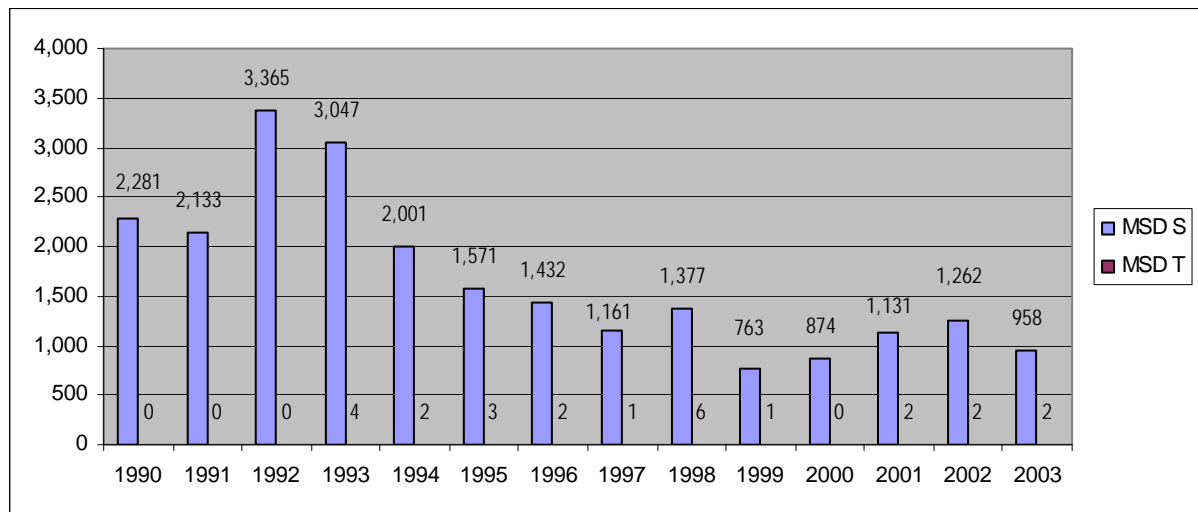
MSDs T (tendinitis):

- Conditions of the tissue of the tendon sheaths and muscle and tendon sites caused by excessive strain on tendons (performing artists only) (code 160621).

Occupational diseases relating to MSDs, for which the largest number of compensation applications were submitted in 2001, are bone, joint and angioneurotic diseases caused by mechanical vibrations (**MSDs S**): 2,129 or 40% of the total via the list. They are mainly back injuries that occur in the transport and construction sector.

There are far fewer applications via the closed system for **MSDs T** (tendinitis and other “Repetitive Strain injuries” (RSI’s)). This is due to the fact that tendon conditions are only recognised by the closed system for performing artists and thus not for other professions.

Figure 4: Number of recognised MSDs cases in the closed system (general), 1990-2003



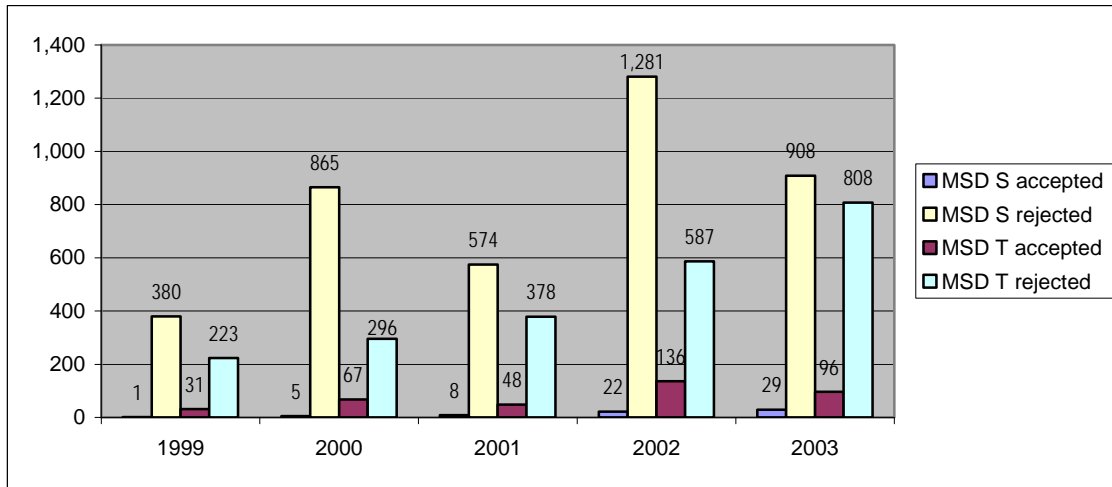
Occupational Diseases Fund

- **Open system:**

MSDs applications via the open system have increased over the last few years. In 2001, 87% of compensation applications under the open system -without list- concerned conditions of the locomotor apparatus (back complaints, skeleton conditions, vibration arthrosis and other musculoskeletal disorders (MSDs)) and the muscles (tendinitis and other “Repetitive Strain injuries” (RSI’s)).

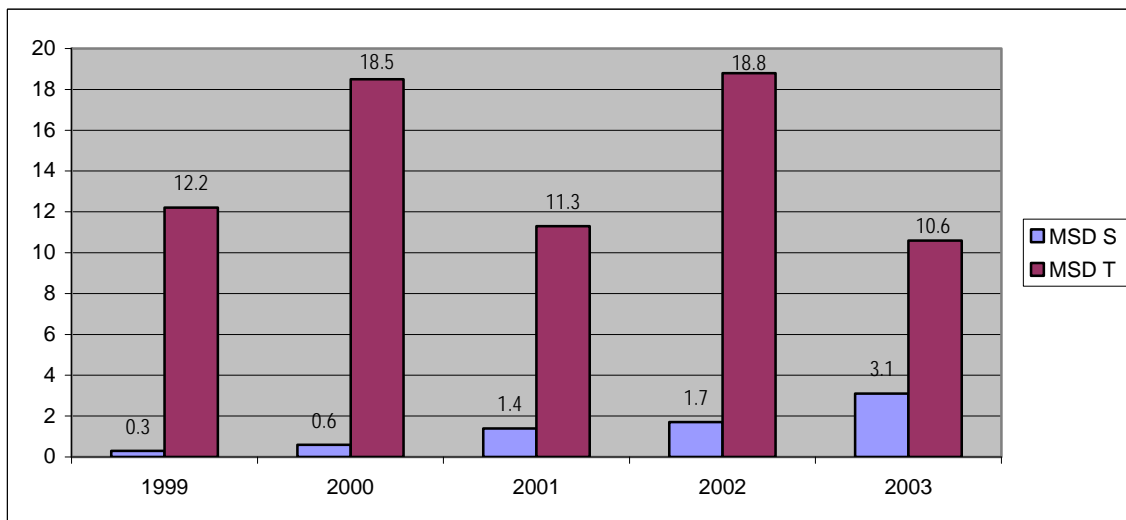
However, the majority of them are rejected. Tendinitis is the one that is accepted the most, which is not surprising, as in the closed system this disease can only be submitted by performing artists. Nevertheless, the number of accepted cases for both **MSDs S** and **MSDs T** submitted via the open system has generally increased since 1999.

Figure 5: Number of accepted and rejected MSDs cases in the open system (general), 1999-2003



Occupational Diseases Fund

Figure 6: Open system: percentage of acceptance, 1999-2003



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2. By age

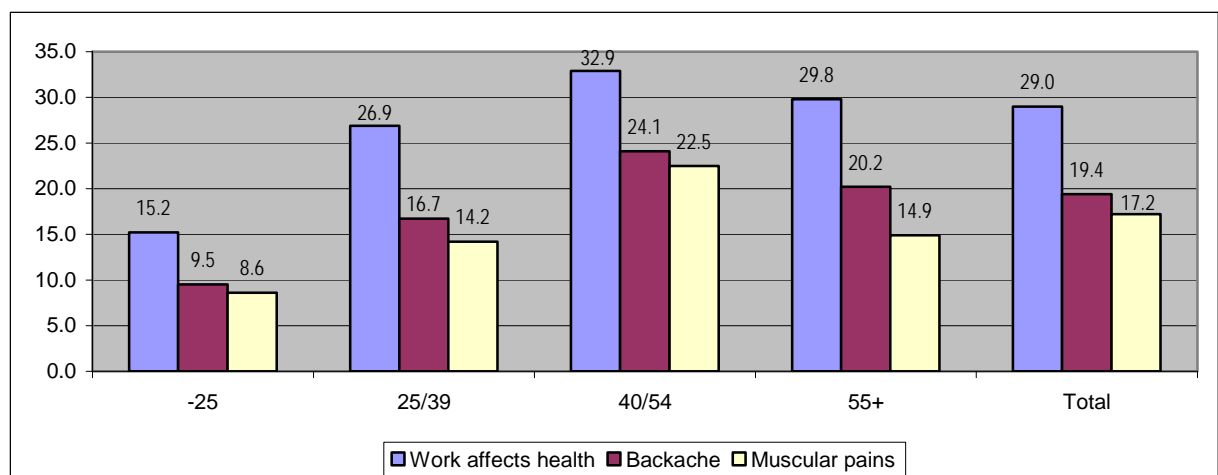
Highest prevalence of MSDs among 40-54 age group

ESWC data for Belgium show that the highest share of people who believe that work affects their health is found in the 40-54 age group: 32.9%. The proportion increases with age precisely until the 40-54 age group, only to fall slightly among those aged 55 and over: 29.8%.

A similar pattern can be found both for backache and muscular pain. Starting with backache, and as shown in the graph below, the highest prevalence in Belgium corresponds to those in the 40-54 age group, where almost one fourth of respondents (24.1%) complain of backache. As mentioned before, this share increases with age, except for those aged 55 and over, who report a slightly lower share than that of their precedent group: 20.2%.

Regarding muscular pain, again prevalence seems to increase with age up until the 40-54 age group, which reports a 22.5% share of people who suffer from work related muscular pains. The prevalence among workers aged 55 and over is 14.9%.

Figure 7: Percentage share of workers reporting health problems, backache and muscular pains, by age, 2005



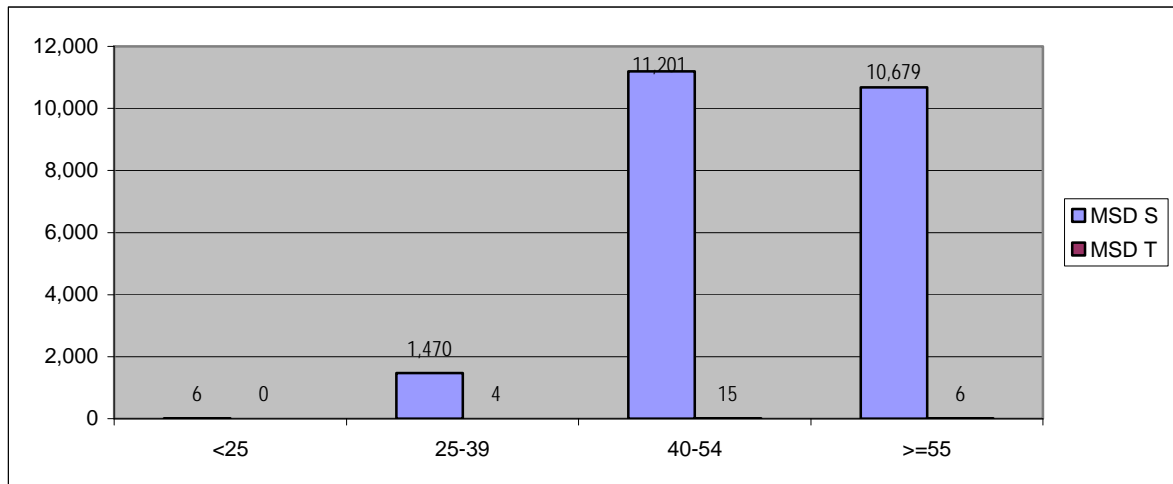
European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs

- **Closed system:**

The number of accepted cases for MSDs -both MSDs S and MSDs T- in the closed system is highest in the age category 40-54 (47.9% of all accepted cases), followed by the category 55 and over (45.7%). 6.2% of the accepted cases correspond to the age-category 25-39, while the remaining 0.2% comes from those aged under 25.

Figure 8: Total recognised MSDs cases in the closed system, by age, 1990-2003

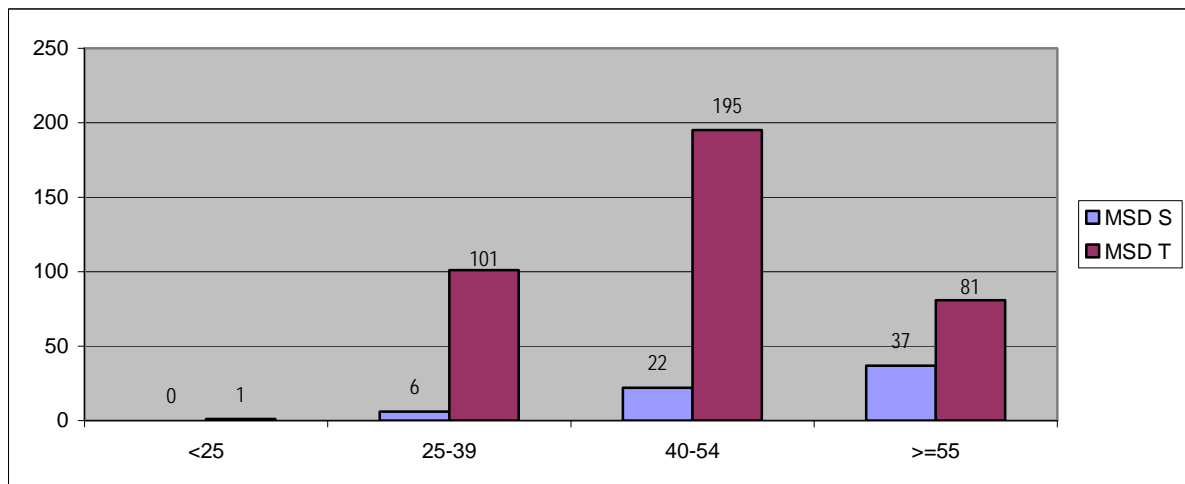


Occupational Diseases Fund

▪ **Open system:**

Also the number of cases accepted for MSDs is highest in the age-category 40-54: 49.0% of the total, while accepted cases in the age-categories 55 and over and 25-39 are almost similar: 26.6% and 24.1% of the total, respectively.

Figure 9: Total recognised MSDs cases in the open system, by age, 1999-2003



Occupational Diseases Fund

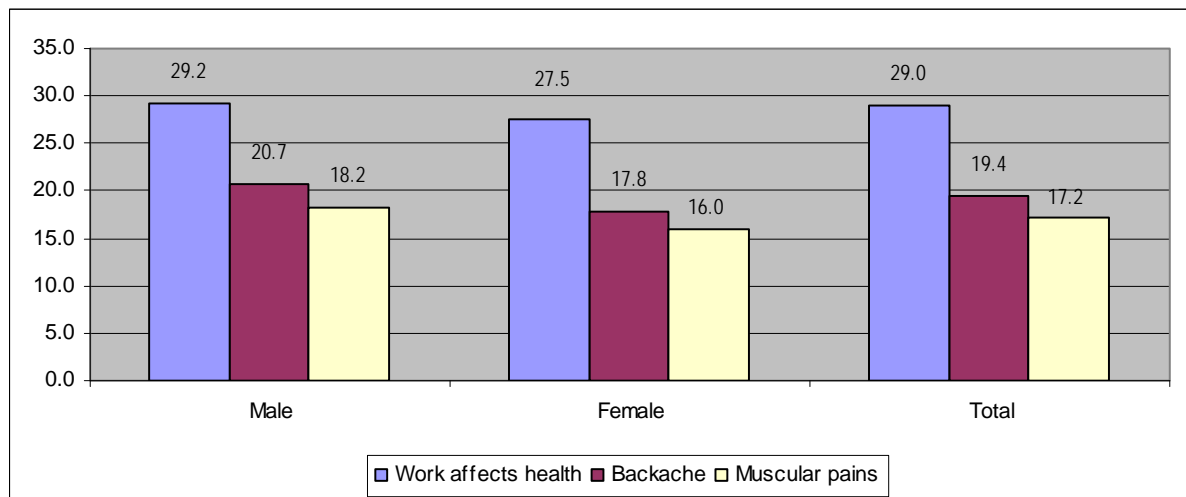
3. By gender

More or less equally common for both men and women to report MSDs

According to the Belgian data from the ESWC, 29% of respondents consider that their work affects their health. The share is slightly higher among male workers (29.2%) than their female counterparts (27.5%).

This is the case too for both backache and muscular pain. As far as backache is concerned, there is a slightly higher prevalence among men than women: 20.7% and 17.8%, respectively. Concerning muscular pain, men report an 18.2% share as opposed to 16% among women.

Figure 10: Percentage share of workers reporting health problems, backache and muscular pains, by gender, 2005



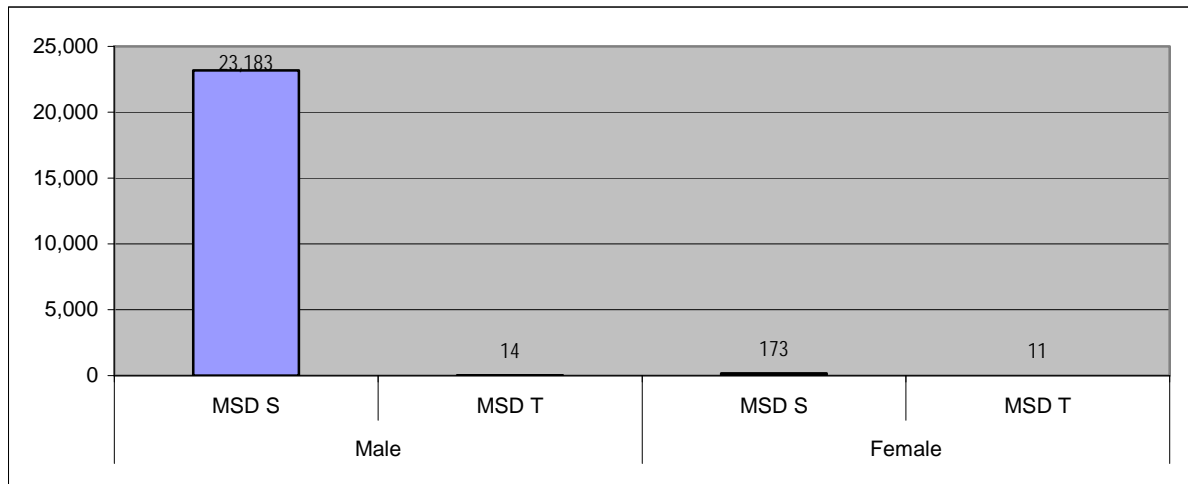
European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs

- **Closed system:**

Almost all accepted cases of MSDs S in the closed system correspond to male workers. They are mainly back injuries occurring in the transport and construction sector, which are typically male jobs. The difference is smaller for MSDs T, as this concerns performing arts, a profession done by both men and women.

Figure 11: Closed system: total recognised MSDs cases by gender, 1990-2003



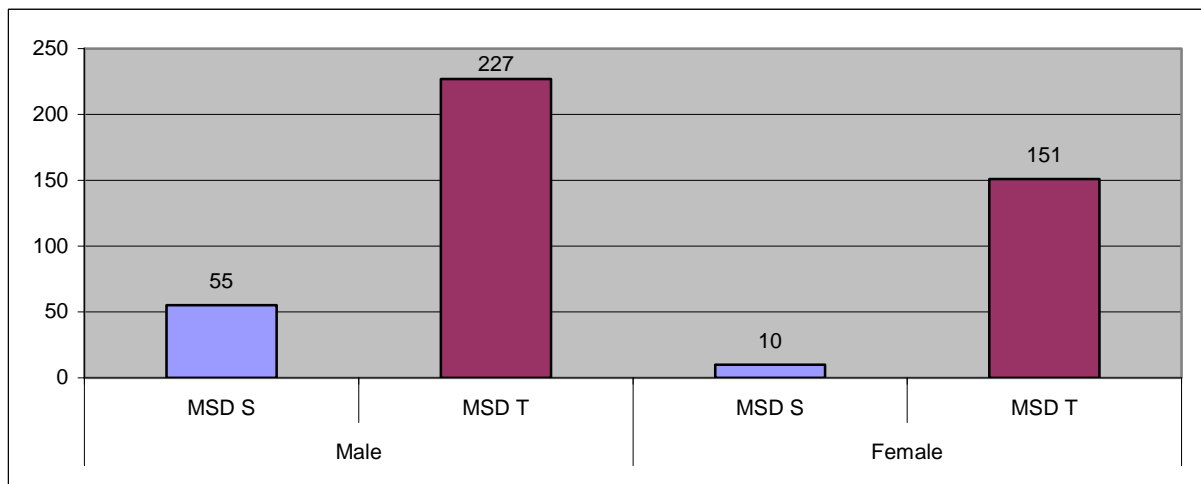
Occupational Diseases Fund

▪ **Open system:**

In case of MSDs S, the number of accepted cases in the open system is much higher for male workers than female workers. They are mainly back injuries occurring in the transport and construction sector, which are typically male sectors.

As far as MSDs T are concerned, the difference between genders is smaller as these injuries occur in both male and female occupations.

Figure 12: Open system: total recognised MSDs cases, 1999-2003



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4. By sector

Sector groups (sections in NACE Rev 1.1) used in figures:

- A: Agriculture, hunting, forestry;
- B: Fishing;
- C: Mining;
- D: Manufacturing;
- E: Electricity, gas and water;
- F: Construction;
- G: Whole sale and retail, repairs;
- H: Hotels and restaurants;
- I: Transport and communication;
- J: Financial intermediation;
- K: Real estate, business activity;
- L: Public administration and defence;
- M: Education;
- N: Health and social work;
- O: Other community, social and personal service activities;
- P: Activities of households;
- Q: Extra-territorial organizations and bodies.

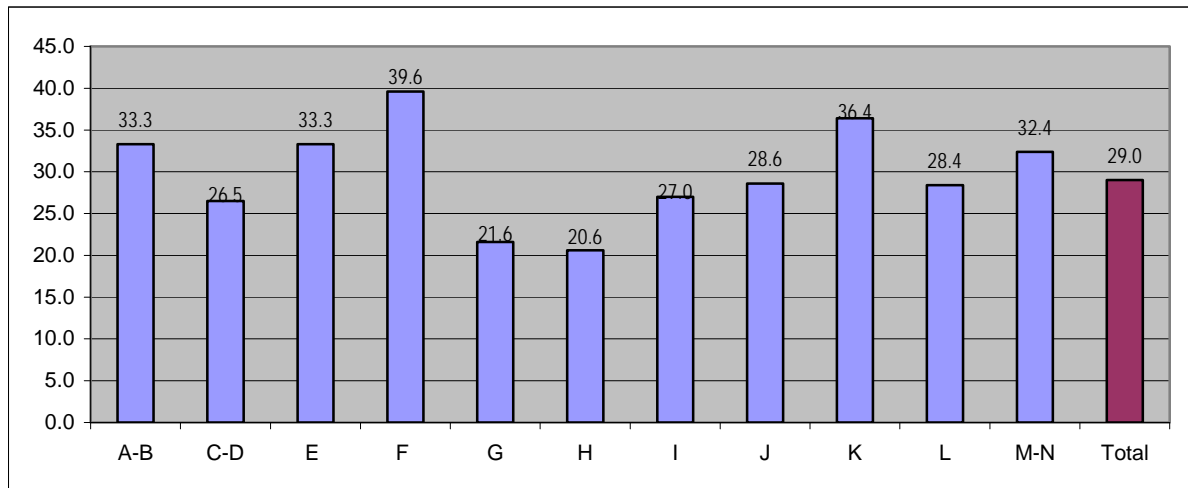
“Construction”, “Electricity, gas and water” and “Real estate, business activity” sectors at risk

As pointed out above, about 29% of Belgian workers consider that their work affects their health. “Construction” (39.6%), “Real estate, business activity” (36.4%) and “Electricity, gas and water” (33.3%) and “Agriculture, hunting and forestry” (33.3%) have the highest proportion of such workers.

Focusing on backache, the highest shares are reported in “Electricity, gas and water” (33.3%), “Construction” (27.1%), “Real estate, business activity” (24.7%) and “Transport and communication” (24.7%).

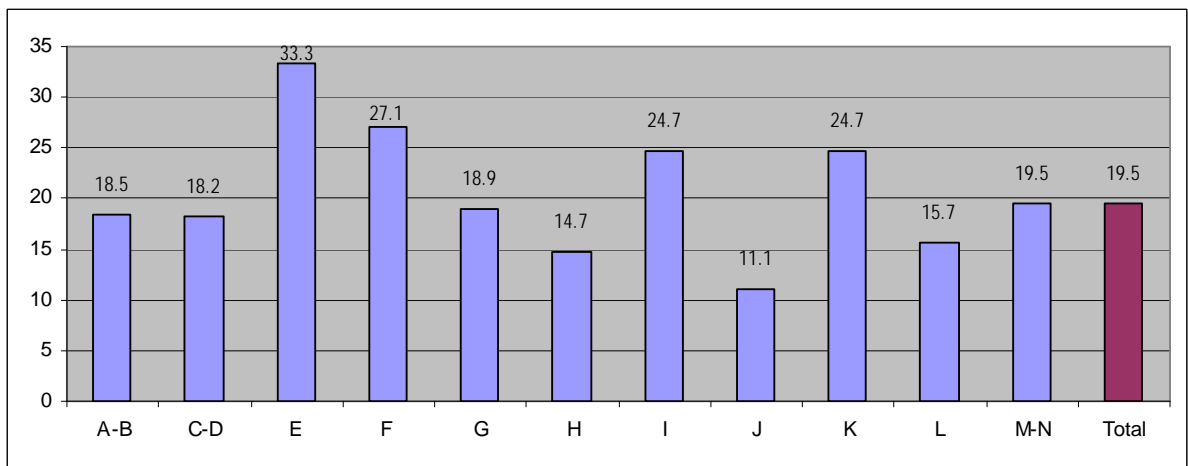
Workers from these sectors report too the highest prevalence of muscular pain: “Electricity, gas and water” (33.3%), “Construction” (33.3%), “Transport and communication” (27%), “Agriculture, hunting and forestry” (22.2%) and “Real estate, business activity” (22.1%).

Figure 13: Percentage share of workers reporting health problems (by sector), 2005



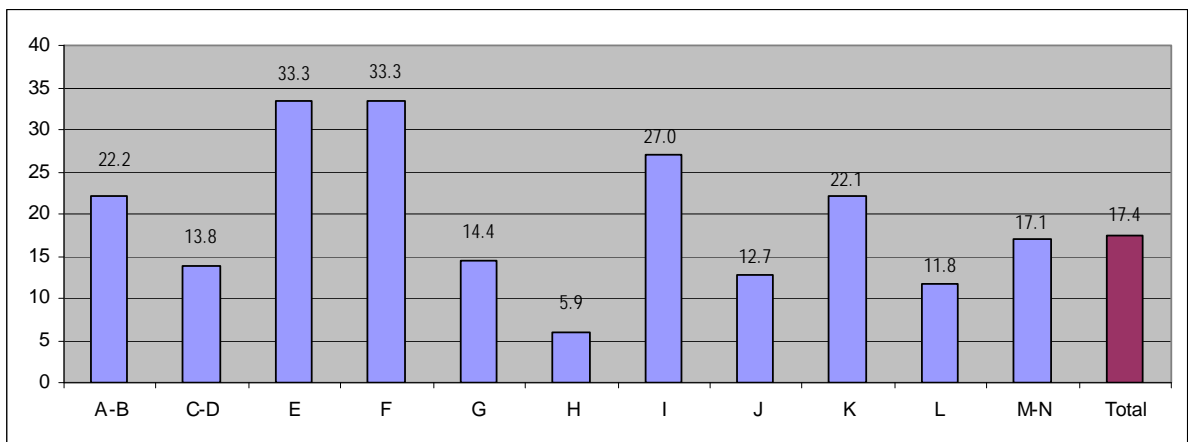
European Survey on Working Conditions, 2005

Figure 14: Percentage share of workers reporting backache (by sector), 2005



European Survey on Working Conditions, 2005

Figure 15: Percentage share of workers reporting muscular pain (by sector), 2005



European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs

- The **closed system** includes:

MSDs S (skeleton):

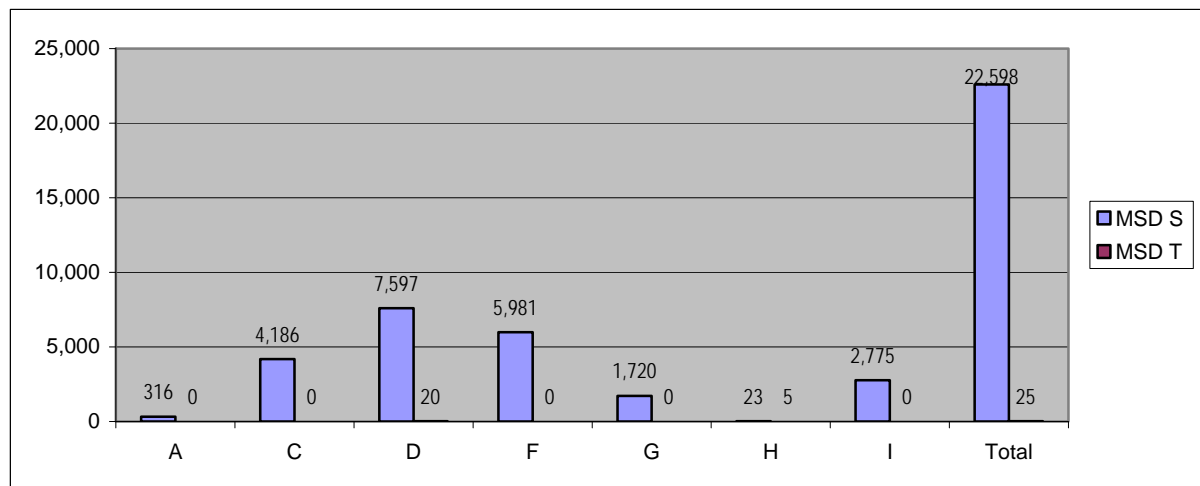
- Bone and joint conditions of the upper limbs caused by mechanical vibrations (code 160511).
- Conditions of the lumbar region of the spine, with premature degenerative abnormalities caused by mechanical vibrations transmitted to the body via the seat (code 160512).

MSDs T (tendinitis):

- Conditions of the tissue of the tendon sheaths and muscle and tendon sites caused by excessive strain on tendons (performing artists only) (code 160621).

The highest proportion of recognised cases MSDs S are found in “Manufacturing” (D), “Construction” (F) and “Mining” (C). These are followed by “Transport and communication” (I) and “Wholesale and retail trade”.

Figure 16: Number of recognised cases MSDs (S and T) in the closed system (by sector), 1990-2003 (only those sectors with accepted cases)



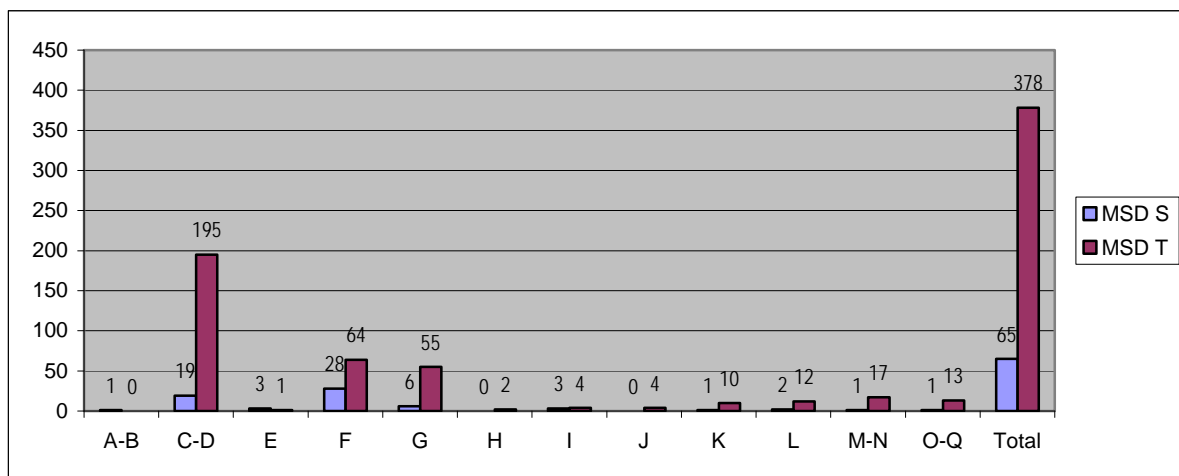
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- **Open system:**

For MSDs S, the largest number of diseases are accepted for employees from the “Construction” (F) sector, followed by “Mining and Manufacturing” (C-D).

For MSDs T, the most accepted are for employees from the “Mining and Manufacturing” sector (C-D), followed by “Construction” (F) and “Wholesale and retail, repairs” (G). These three sectors concentrate 83.1% of all accepted MSDs T cases in the open system.

Figure 17: Number of recognised cases MSDs (S and T) in the open system (by sector), 1999-2003



Occupational Diseases Fund

5. By occupation

ISCO Groups of occupation used in tables and figures:

- ISCO 1: Legislators, senior officials and managers;
- ISCO 2: Professionals;
- ISCO 3: Technicians and associate professionals;
- ISCO 4: Clerks;
- ISCO 5: Service workers and shop and market sales workers;
- ISCO 6: Skilled agricultural and fishery workers;
- ISCO 7: Craft and related trades workers;
- ISCO 8: Plant and machine operators and assemblers;
- ISCO 9: Elementary occupations;
- ISCO 10: Armed forces.

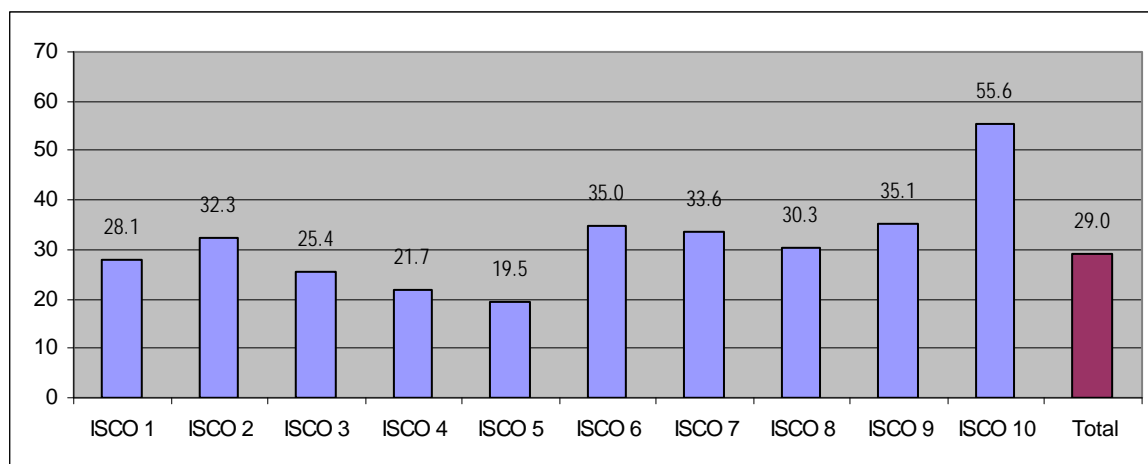
Blue-collar and agricultural workers most susceptible to MSDs

As shown in the graphs below the highest share of respondents claiming that work affects their health is found among agricultural and blue-collar workers. The big share found among armed forces workers (55.6%) needs to be interpreted with caution due to the small sample size.

Similar patterns are found both for backache and muscular pain. Regarding backache, the highest prevalence is found among workers in elementary occupations (29.8%), plant and machine operators and assemblers (26.3%), craft and related trades workers (26.2%) and skilled agricultural and fishery workers (20%).

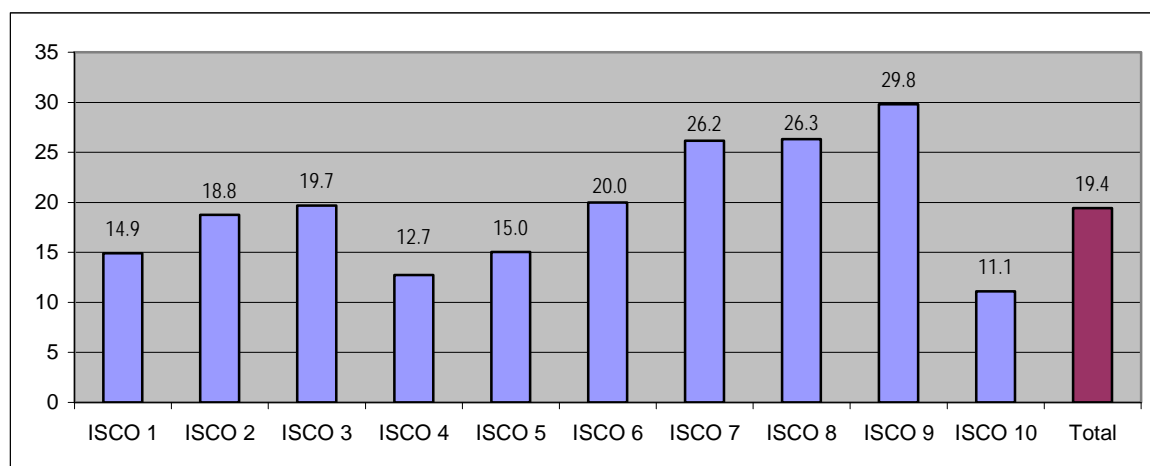
As far as muscular pain is concerned, the very same occupations report the highest shares: workers in elementary occupations (25.5%), skilled agricultural and fishery workers (25%), craft and related trades workers (24.3%) and plant and machine operators and assemblers (23.7%).

Figure 18: Percentage share of workers reporting health problems (by occupation), 2005



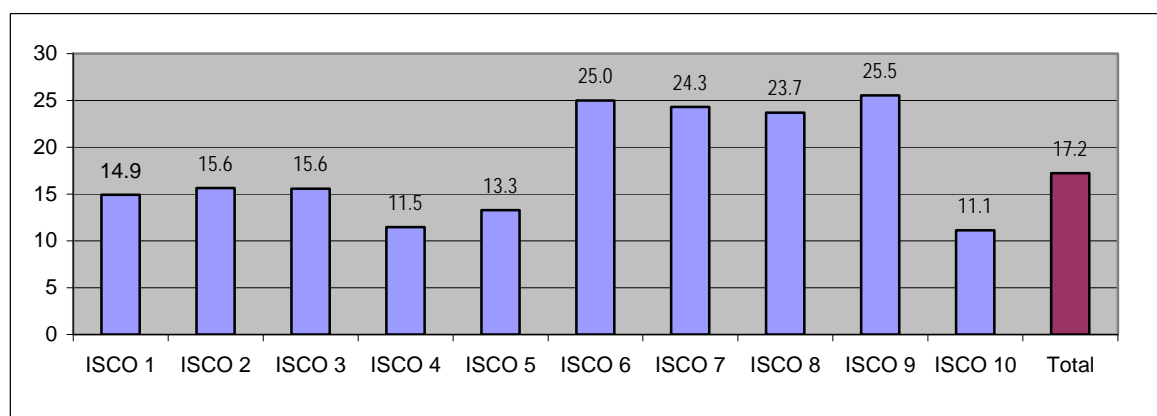
European Survey on Working Conditions, 2005

Figure 19: Percentage share of workers reporting backache, by occupation, 2005



European Survey on Working Conditions, 2005

Figure 20: Percentage share of workers reporting muscular pain, by occupation, 2005



European Survey on Working Conditions, 2005

Recognised cases of occupational MSDs

- **The closed system includes:**

MSDs S (skeleton):

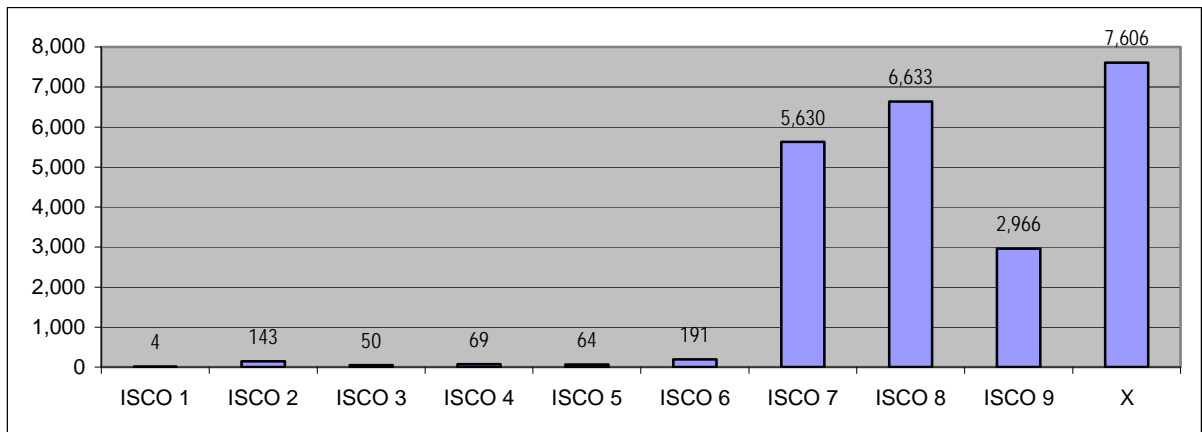
- Bone and joint conditions of the upper limbs caused by mechanical vibrations (code 160511).
- Conditions of the lumbar region of the spine, with premature degenerative abnormalities caused by mechanical vibrations transmitted to the body via the seat (code 160512).

MSDs T (tendinitis):

- Conditions of the tissue of the tendon sheaths and muscle and tendon sites caused by excessive strain on tendons (performing artists only) (code 160621).

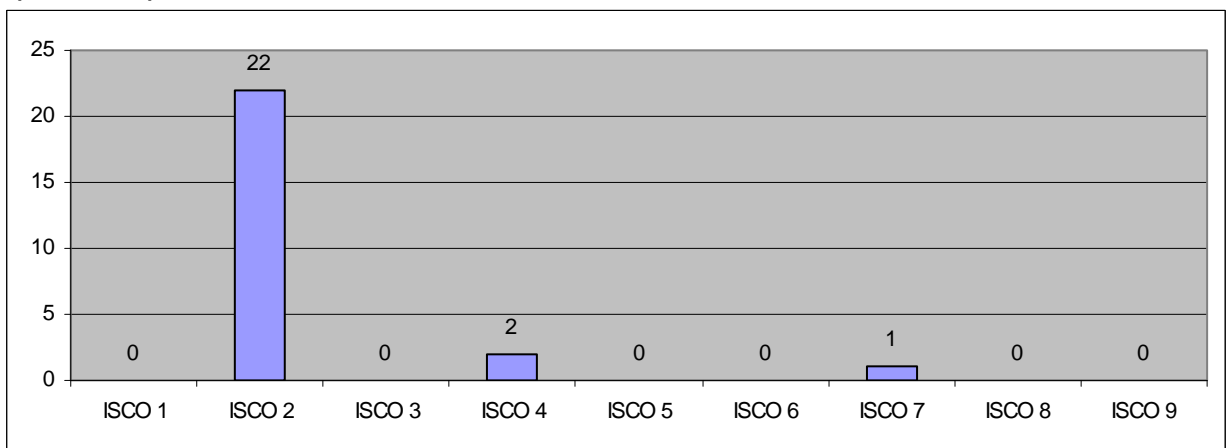
Blue-collar workers are the most affected by occupational MSDs S. More specifically, the most affected category is that of plant and machine operators.

Figure 21: Number of accepted cases in the closed system (by occupation), MDS S (skeleton), Total 1990-2003



Occupational Diseases Fund

Figure 22: Number of accepted cases in the closed system (by occupation), MSDs T (Tendinitis), Total 1990-2003

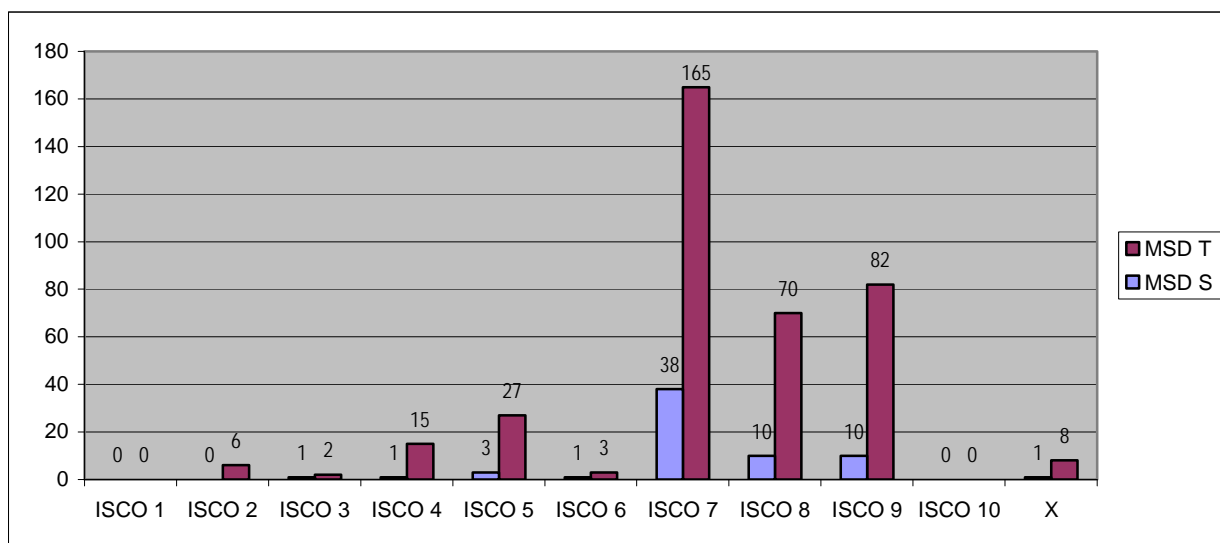


Occupational Diseases Fund

- **Open system:**

Also in the open system the highest number of accepted cases of MSDs S and MSDs T correspond to blue-collar workers.

Figure 23: Number of accepted cases MSDs in the open system (by occupation), 1999-2003

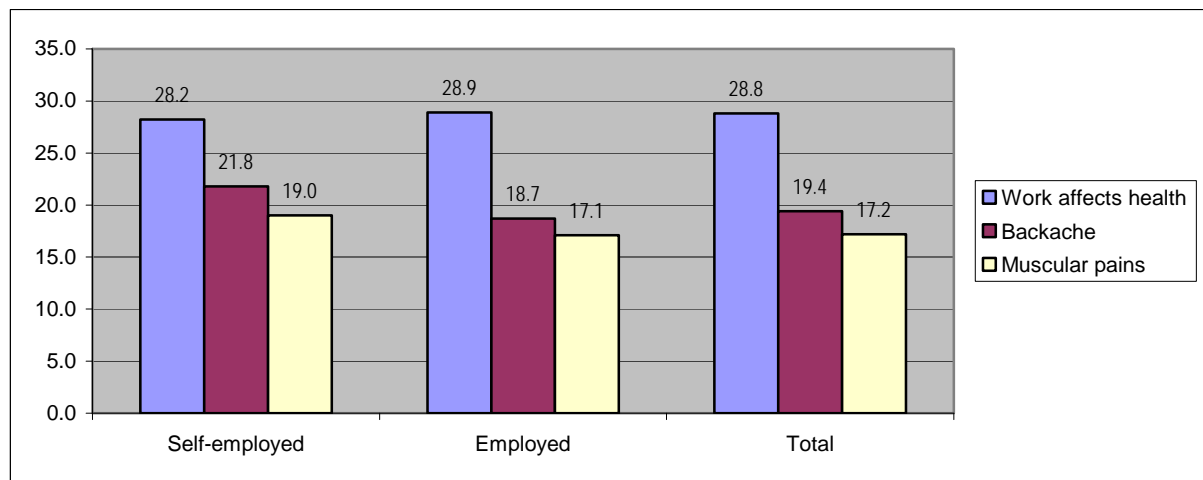


Occupational Diseases Fund

6. By employment status

As it has been shown above, the ESWC shows that roughly 29% of Belgian workers believe that work affects their health. This share is pretty similar for self-employed and employed workers: 28.2% and 28.9%, respectively. However, when analysing MSDs, a slightly higher prevalence is observed among self-employed workers. For instance, concerning backache, the self-employed report a higher share (21.8%) than employed workers (18.7%) while muscular pain too is more frequent among self-employed (19%) than employed workers (17.1%).

Figure 24: Percentage share of workers reporting health problems, backache and muscular pains, by employment status, 2005



European Survey on Working Conditions, 2005