

# Financial Disclosure

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I do not have any affiliation (financial or otherwise) with a commercial organization that may have a direct or indirect connection to the content of my presentation(s).



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# Re-Attaching The Focus on Body Mechanics and Ergonomics

...Taking Care  
of Your Darn Self!!



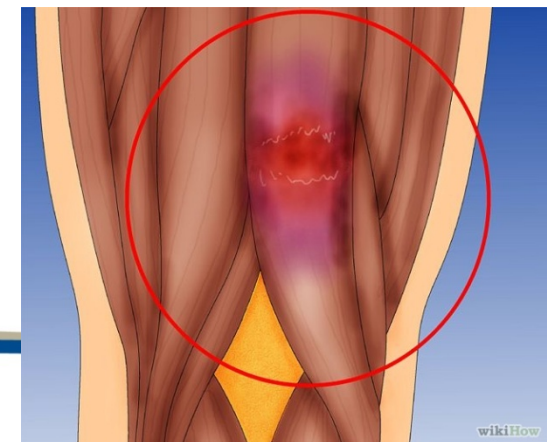
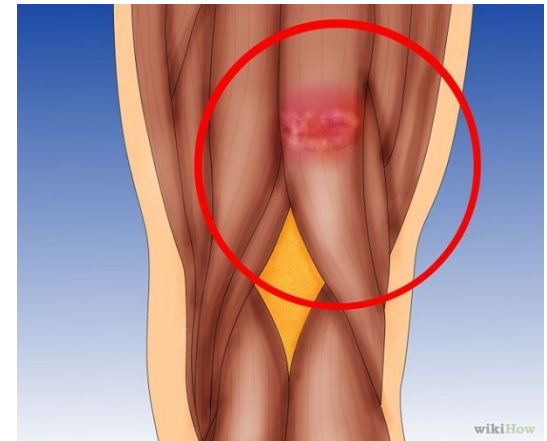
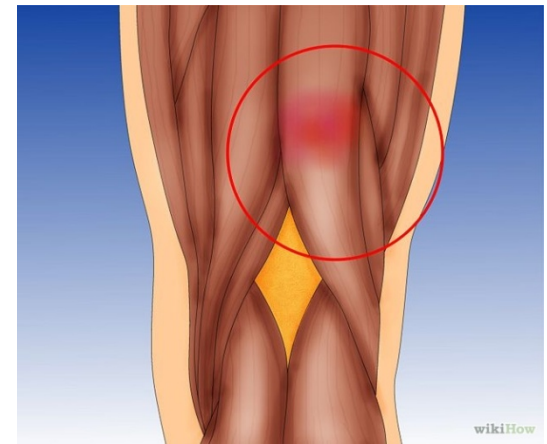
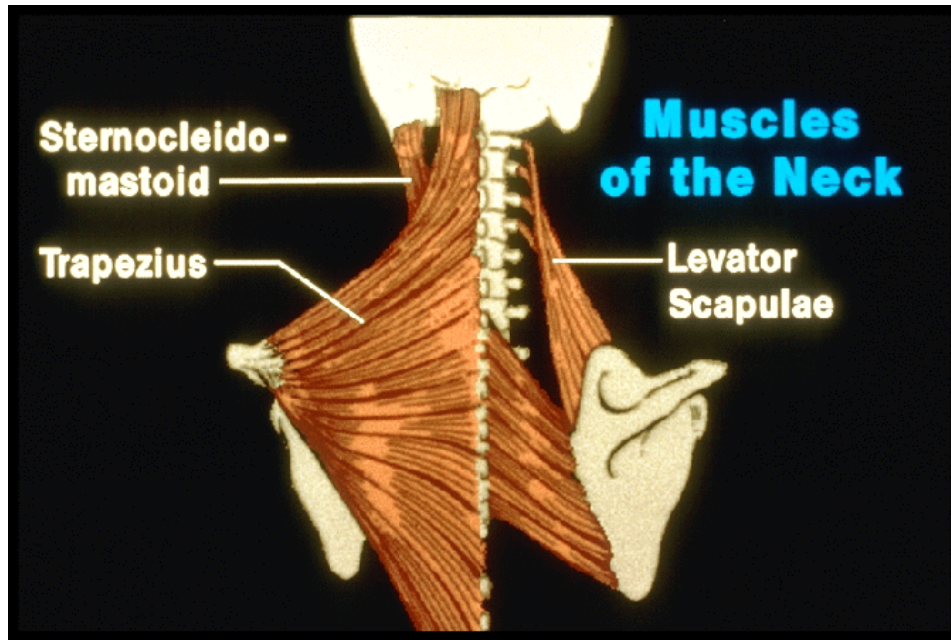
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Occupational & Environmental Health & Safety – HSC Unit

# Musculoskeletal Injury

- **Definition:** Injury or disorder of the muscles, tendons, ligaments, joints, nerves, blood vessels or related soft tissue
- **Can be a sprain, strain, inflammation**
- **Referred to as an RSI**



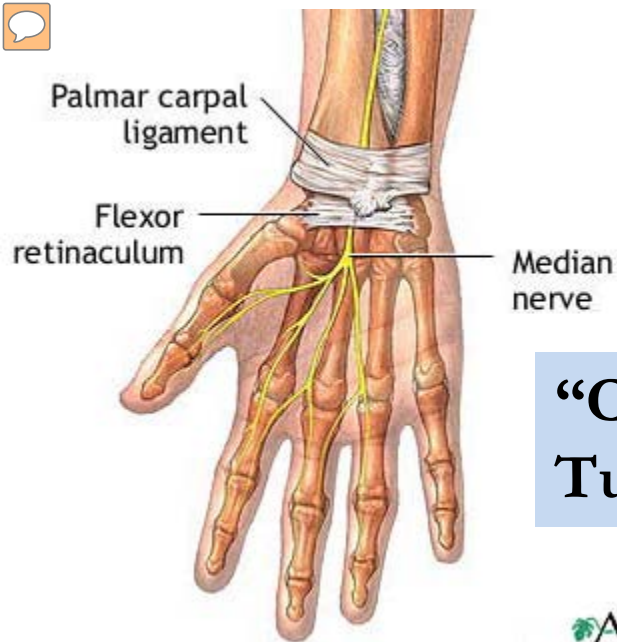
# Muscle Injury



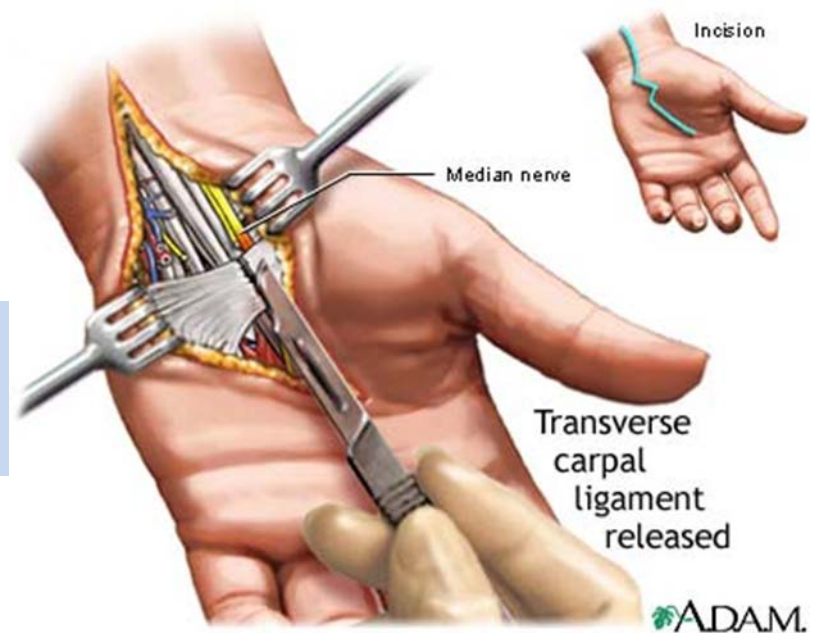
- Muscles run in segments
  - Some from shoulder blade to base of skull
  - These muscles may become easily over loaded



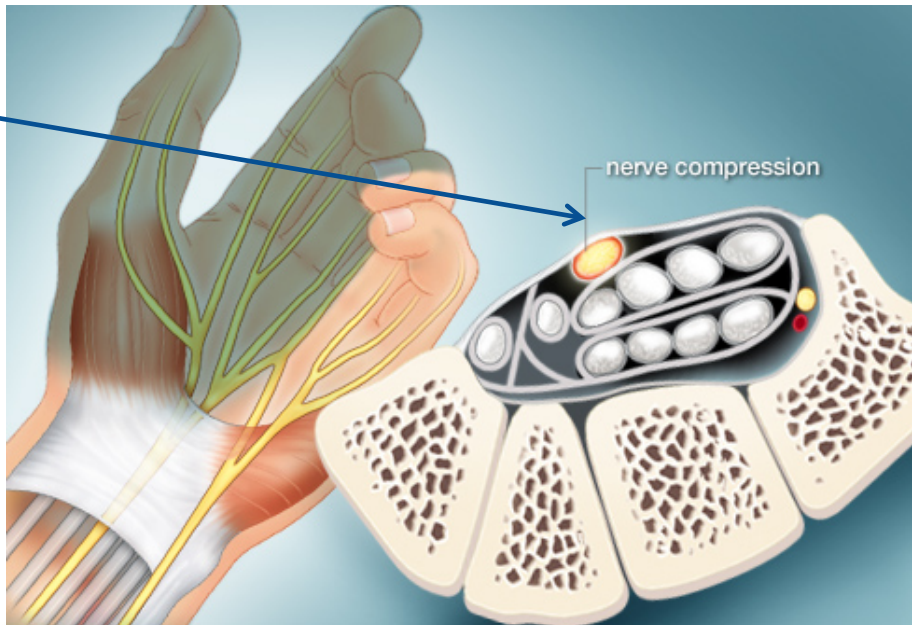


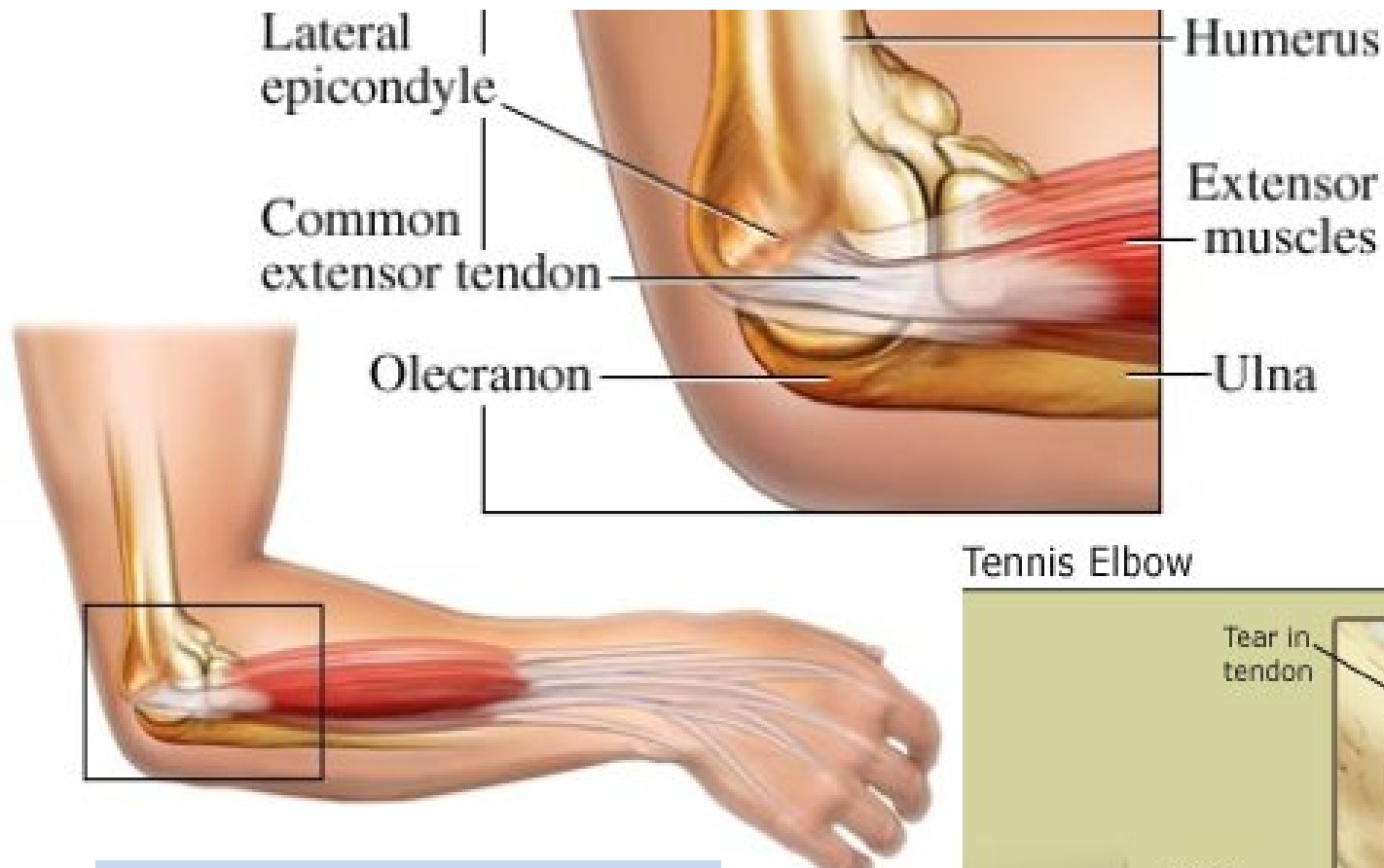


## “CTS” Carpal Tunnel Syndrome



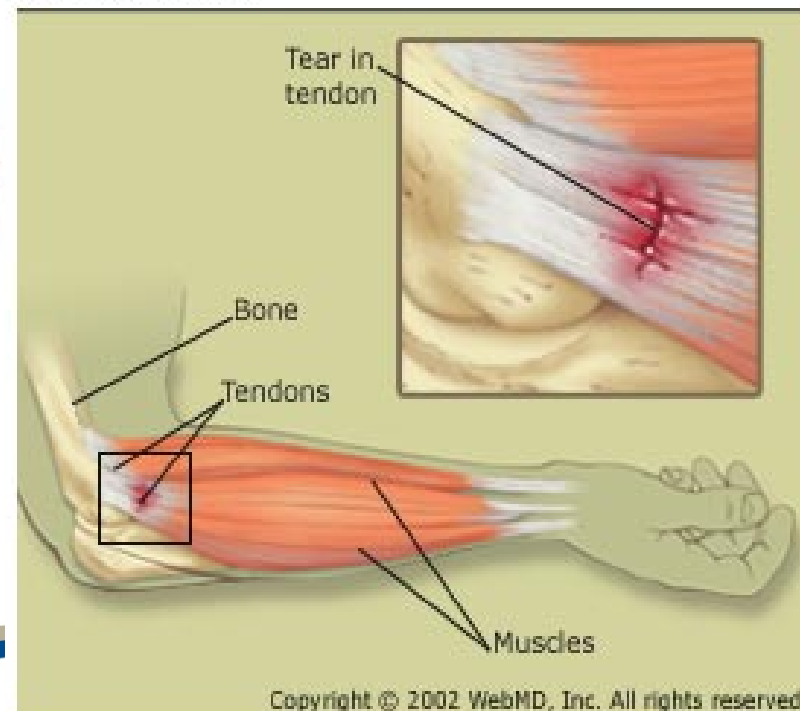
Median Nerve  
Squeezed in  
Carpal Tunnel





## “Tennis Elbow” Lateral Epicondylitis

### Tennis Elbow



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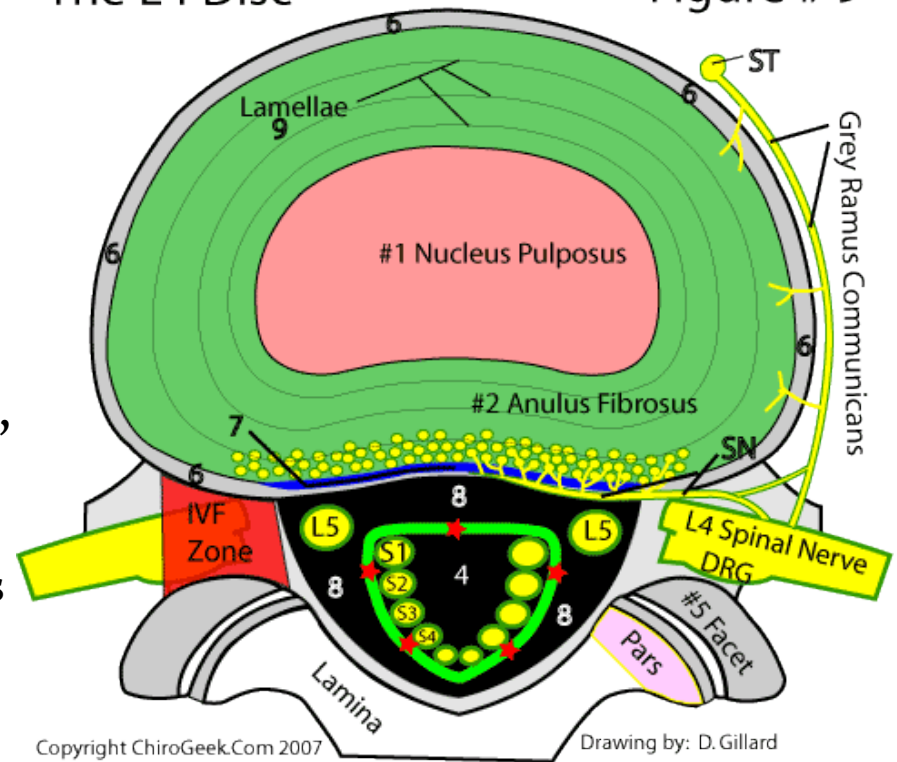


# Vertebral Disc

- The inter-vertebral discs lie between the vertebral bodies, separated from them by a thin cartilaginous endplate and consisting of two main regions, the nucleus pulposus and an outer, firm, collagenous annulus fibrosus
- The role of the inter-vertebral discs is mechanical. They are the joints of the spine, enabling it to bend and twist in all directions.

## The L4 Disc

Figure # 9





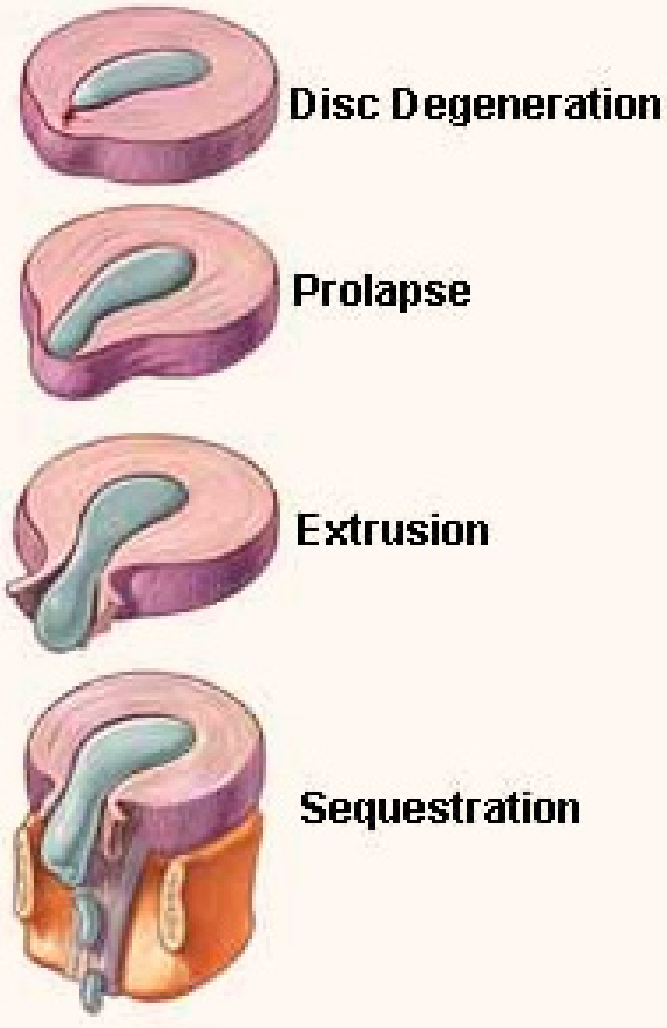
# Stages of a Disc Injury

**1) Disc Degeneration:** chemical changes associated with aging causes discs to weaken, but without a herniation.

**2) Prolapse:** the form or position of the disc changes with some slight impingement into the spinal canal. Also called a bulge or protrusion.

**3) Extrusion:** the gel-like nucleus pulposus breaks through the tire-like wall (annulus fibrosus) but remains within the disc.

**4) Sequestration or Sequestered Disc:** the nucleus pulposus breaks through the annulus fibrosus and lies outside the disc in the spinal canal





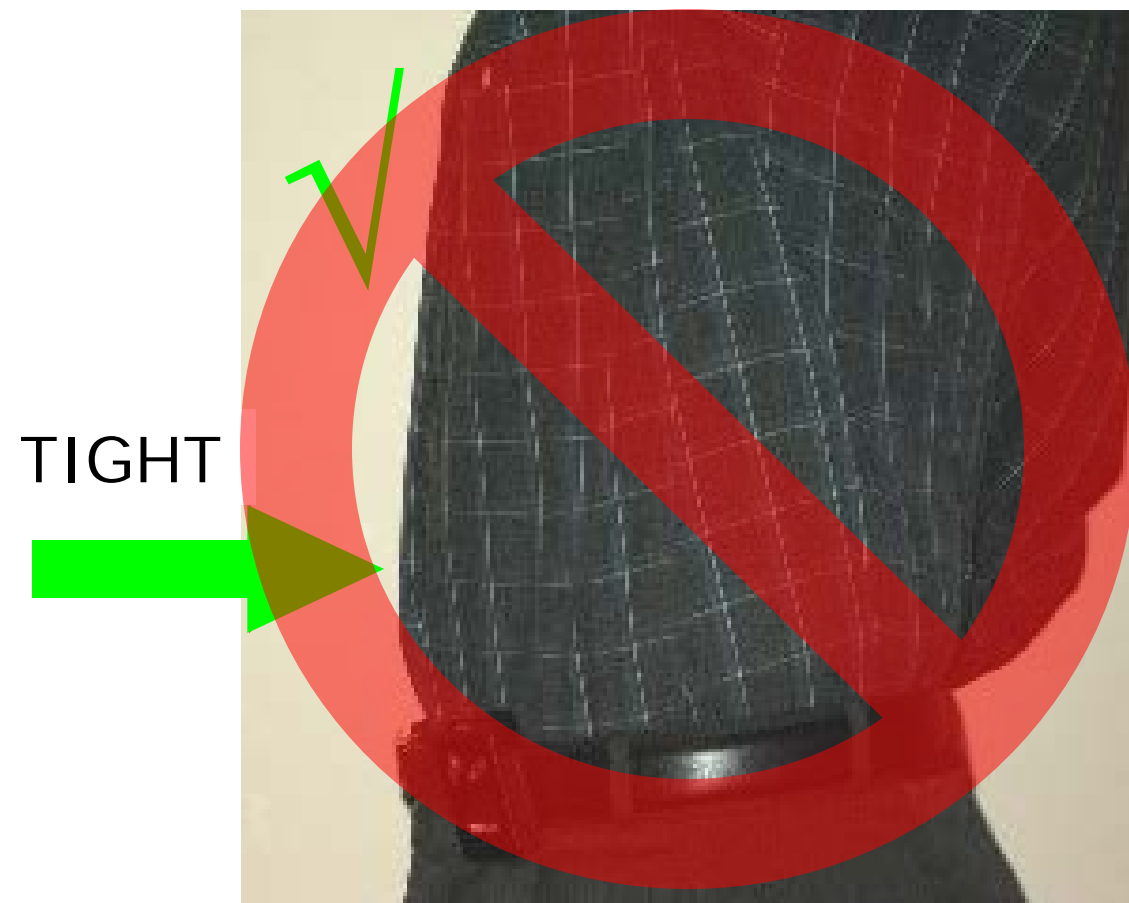
Dynamic**Disc**Designs

Realistic Spinal Disc Models





# Active Abdominals



- **Helps support your back**
  - Makes you stronger!
- **Bring stomach IN slightly & contract like you are coughing**
  - Remember to breathe!
- **Contract BEFORE moving and HOLD until finished**



# Body Mechanics and Ergonomic Positioning



**PEEKABOO!!**





# Identifying Risk Factors

- Awkward Posture  
( is any deviation from the ideal working posture)
  - Reaching behind
  - Twisting
  - Working overhead
  - Kneeling
  - Forward or backward bending
  - Squatting
- Repetition
- Direct Contact
- Forceful Movement
- Gripping



- Static Loading or Sustained Exertions
- Contact Stress
- Poorly Fitted Gloves



# Identifying Risk Factors

**Work Related Musculoskeletal Pain Among Ophthalmologists:  
A systematic review of the literature and the development of an  
educational module for residents**



- Self-reported work related musculoskeletal pain occurred in 50-80% of ophthalmologists across all studies.
- Up to 8% of those required surgery
- 9% had to stop operating due to chronic pain
- Repetitive tasks
- Force of movement
- Awkward postures
- Were all identified as high risk factors associated with musculoskeletal pain specific to ophthalmologists.
- ***There exists no formal training component on ergonomics for ophthalmology in the current resident curriculum. Educating resident ophthalmologists about long term work-related musculoskeletal injury prevention is essential***







# NEUTRALIZE POSTURES

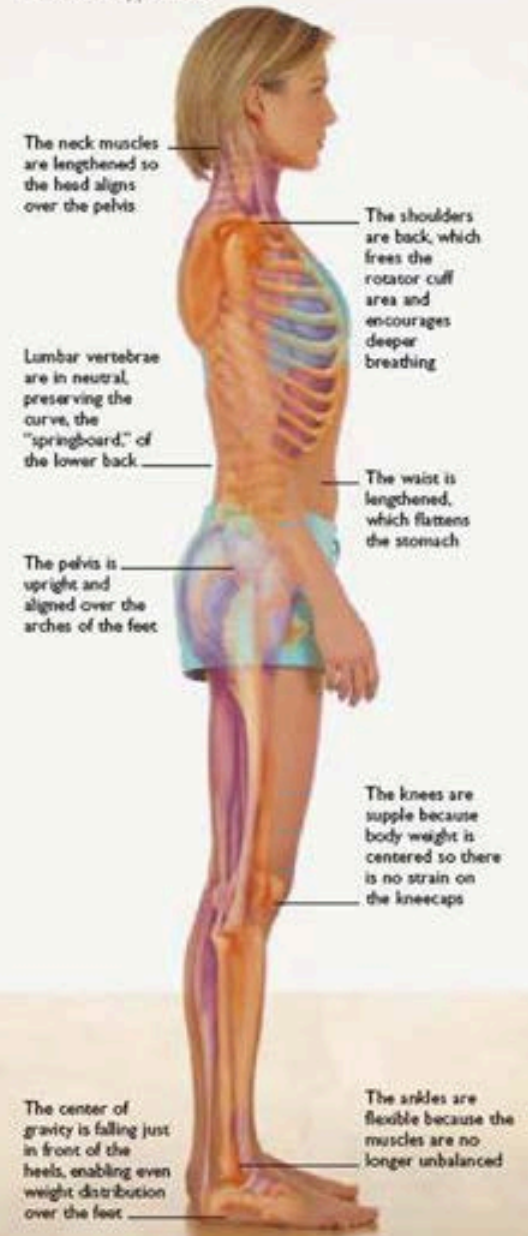
## TYPICAL BAD POSTURE

Tight muscles pull the skeleton out of alignment, creating awkward and ungainly posture. Muscle aches and pains are common for this person.



## IDEAL POSTURE

The head aligns over the pelvis, the shoulders are back, and the muscles are balanced, giving a sleek, streamlined appearance.



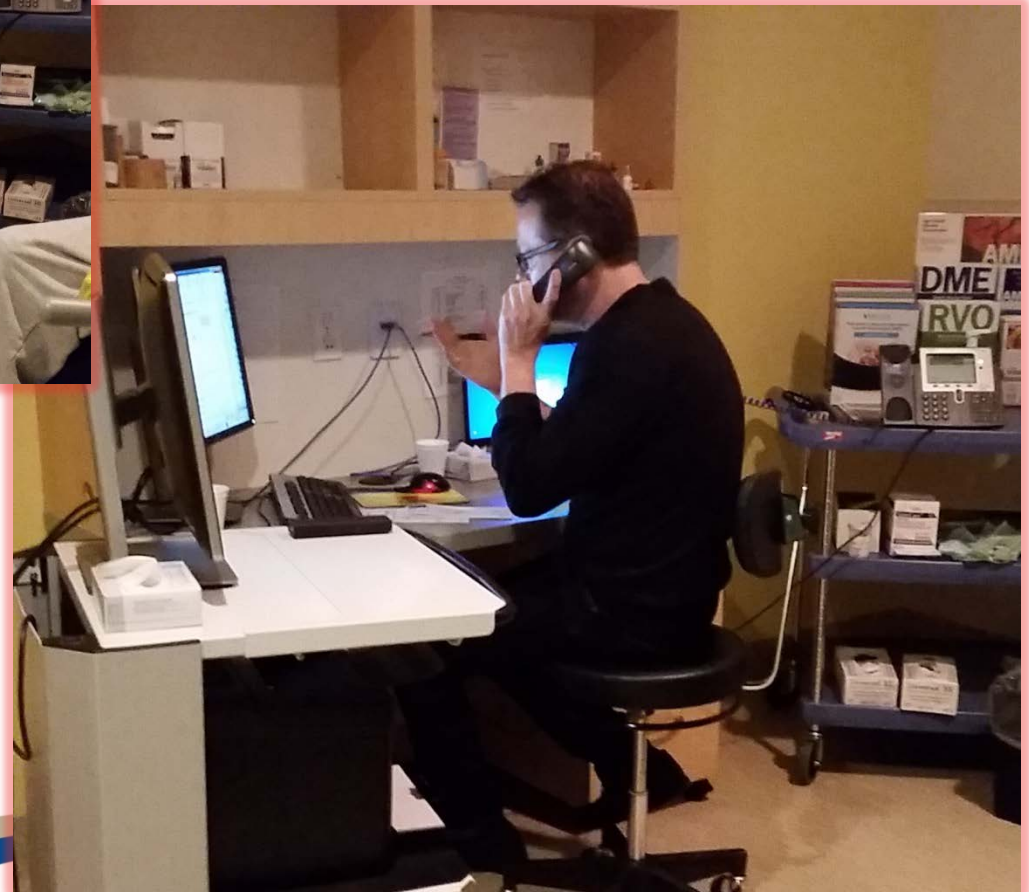




# NEUTRALIZE POSTURES



- Cervical Spine
- Thoracic Spine



# ERGONOMIC INTERVENTION

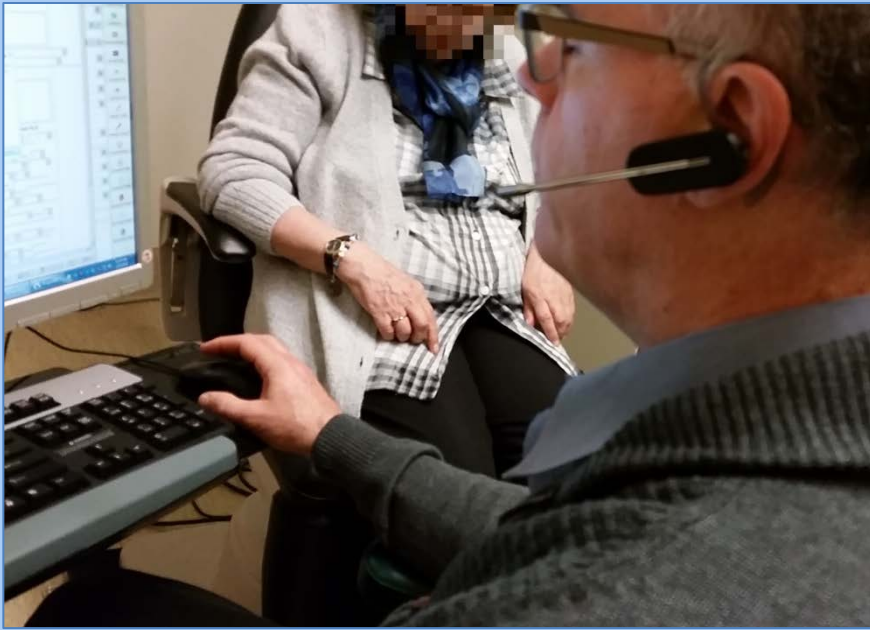


**BUT...**





# ERGONOMICS INTERVENTION



- Use of a headset to dictate, or receive phone calls
- Height adjustment of equipment should take you into consideration...not just your patient

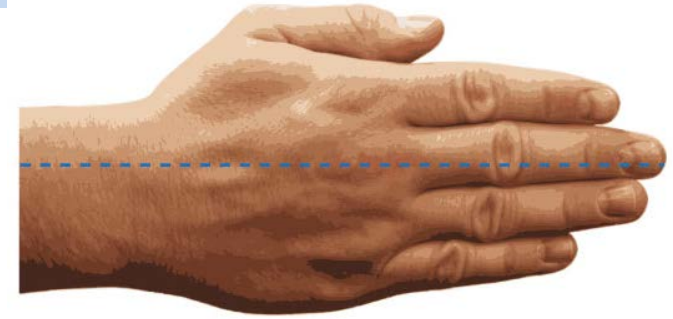


# Neutralize Postures

The following position is neutral and should be encouraged:

## • *Wrists*

- Flexion – 0°
- Extension – 0°
- Ulnar Deviation – 0°
- Radial Deviation – 0°
- Pronation/Supination - 0° (for sustained work)

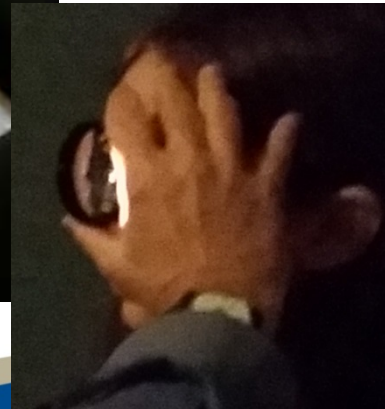
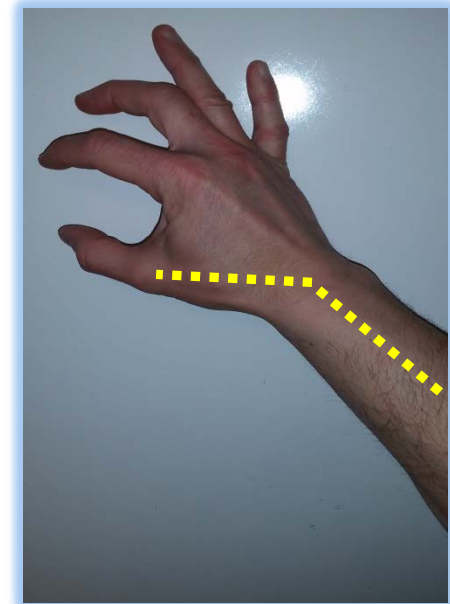
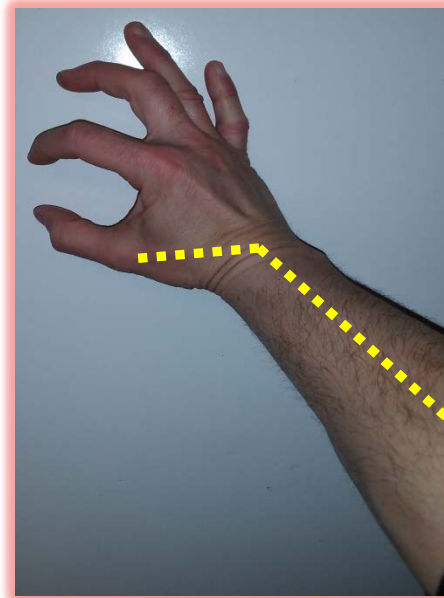
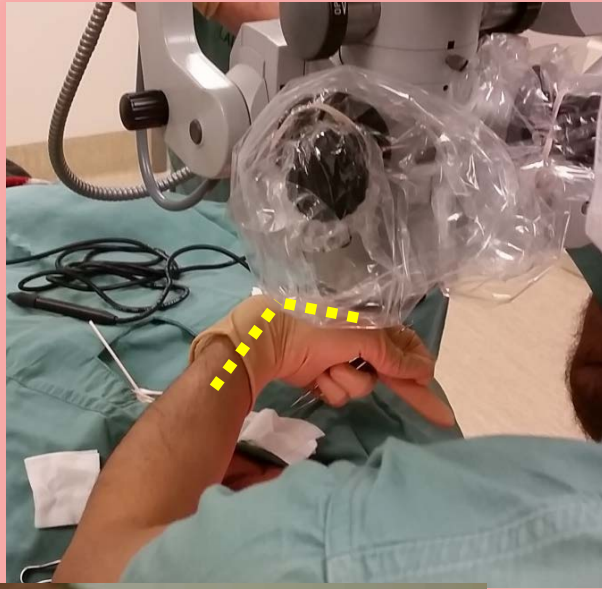


Neutral





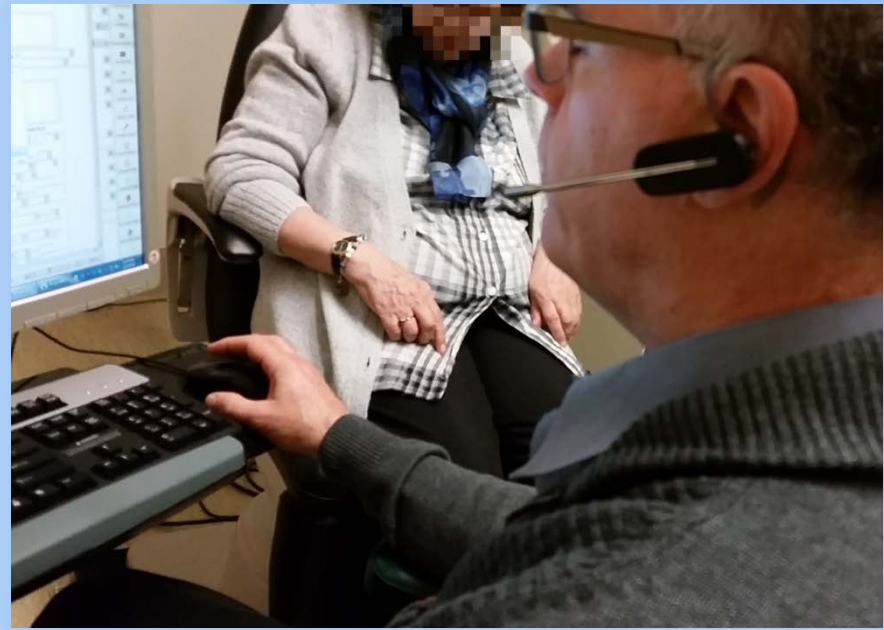
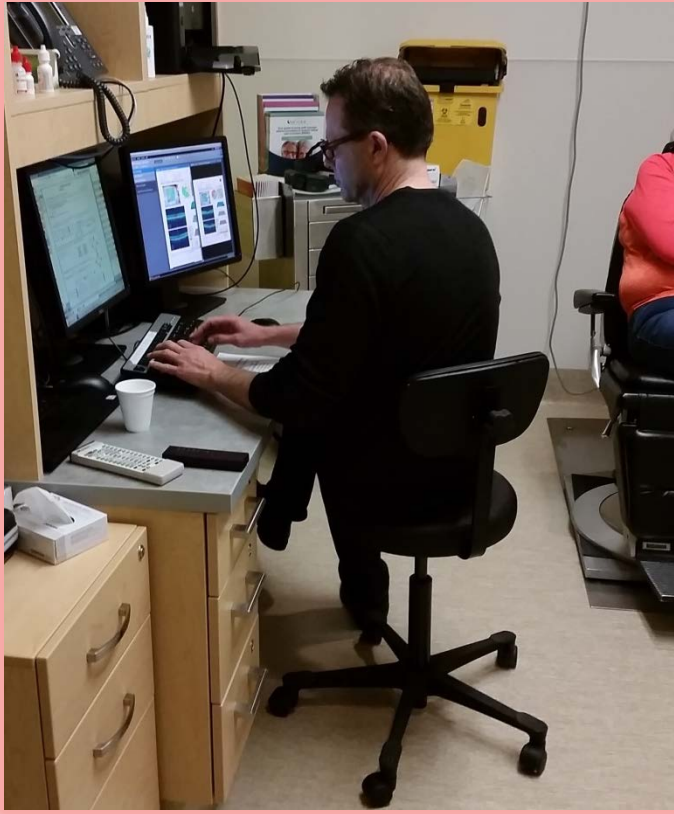
# Neutralize Postures – Neutral Wrist



- Although not always realistic, when possible, reduce radial deviation by increasing a bend with the elbow or repositioning your body



# COMPUTER WORKSTATION



- The challenge in communicating with patient while on the computer



# STANDING WORK STATION HEIGHTS



- When purchasing a “multi-user” wall mounted computer workstation, ensure that it is height adjustable and that everyone involved understands how to operate it.
- Assume a “power position” to put the load into your legs...although it may seem like you are carrying one





# BODY POSITION CHANGES



- Draw one leg out to the side, as this can alleviate tension in the low back and allow you to lean slightly while maintaining a relatively neutral spine.

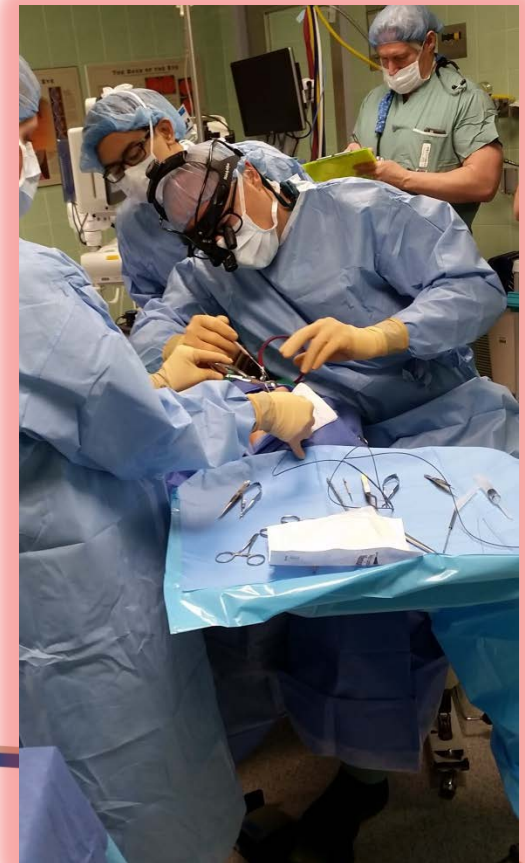






# STATIC LOADING

...which position is best??



# TAKE A “LOAD” OFF



- Merely supporting your feet when sitting is an ideal way to reduce ground-reaction force and associated stress on the lower limbs and back.
- Anti-Fatigue Mats, Foot Stools, Bars





# TEST YOUR KNOWLEDGE...



- What is a MSK?
- Name a RISK FACTOR associated with your profession?
- Name an ergonomic item that may reduce the potential for an MSK injury that can be used in your profession?
- What position change (when seated) will alleviate tension in the low back and allow you to lean slightly while maintaining a relatively neutral spine?



# SOME EXTRAS





# FOOT WEAR MATTERS



- The shoes you wear on you feet can “defeat” the wear on your back



# FOOT WEAR

- When working with patients, consider the activities and “planes of movement” you go through in a given shift
- Are the shoes you currently use providing the support necessary to do your job safely?
- The use of a comfortable casual shoe with proper arch and heel support that laces up and is specifically designed to support the foot for many directions of movement is ideal.
- The use of “Anti-Fatigue” insoles can reduce musculoskeletal fatigue.



# Fit for Work ...yes I S.A.I.D it!

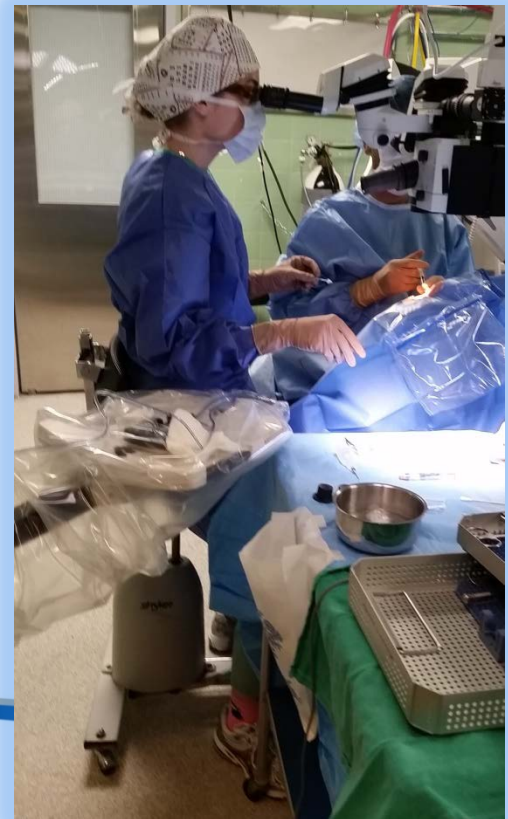
Healthcare workers have jobs demanding various levels of physicality, it is imperative to regularly engage in physical movement in order to perform our jobs safely.



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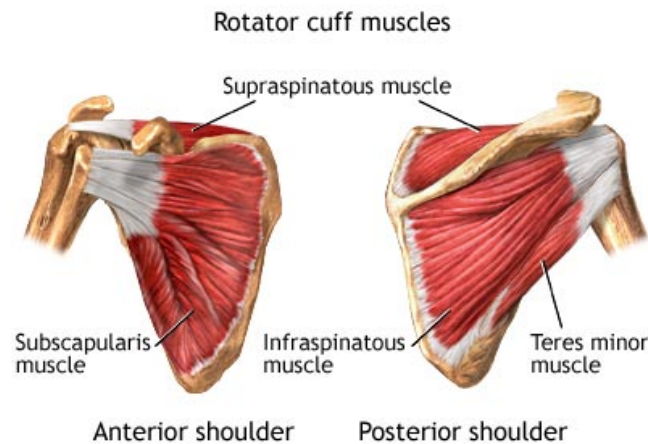


OR



# MOVING/STRETCHING/CONDITIONING AT WORK-REST-PLAY

- Make it functional and do-able
- Stretch muscles in the opposite direction than work demanded of them
- Focus on muscle groups stressed performing work



ADAM.





