



Workshop 2:

Promising Prevention Measures / Social and Economic Indicators Concerning the Effects of Work-Related MSDs

Chairs: Prof. Bernd Hartmann (BG Bau), Prof. Eva Münster (DGAUM) and

Dr. Ulrich Glitsch, DGUV

Program: Workshop 2:



Experiences from International MSD Experts:

10:00 – 10:45	<p>A study on the economic costs of work-related MSDs in Switzerland Prof. T. Läubli, ETH Zürich, Switzerland</p>
	<p>Discussion of WP 3</p>
10:45 – 11:45	<p>International ergonomics standards (ISO and CEN) and relevant methods for risk assessment and management in WMSDs area Dr. Karlheinz Schaub IAD, Darmstadt, Germany</p> <p>Notes on some Italian experiences at national or regional level (authorities) regarding prevention plans or campaign for the prevention of WMSDs Prof. Enrico Occhipinti, IRCCS, Milan, Italy</p> <p>Effects of training programs to reduce MSD - quit lifting techniques? Dr. Veerle Hermans, IDEWE, Leuven, Belgium</p> <p>Development and validation of a risk assessment instrument for hand-arm tasks Dr. Birgitte Blatter, TNO Work and Employment, Hoofddorp, The Netherlands</p> <p>Support the precision-workers by appropriate technical means Urs Kaufmann, SUVA, Luzern, Switzerland</p>
11:45 – 12:30	<p>Discussion and Conclusion of WP 4</p>



General Indicators – 2 Groups

1. Indicators to convince partners and actors to start a campaign (number of jobs/people affected, treatment costs/pensions, days of sick leave, gross value etc.)
2. Indicators to evaluate the campaign (pre / post):
Dependent on prevention measure of the campaign

WP 3: Indices and Indicators of MSDs

- Number of jobs affected / risk of MSD
 - Treatment costs: Outpatient and inpatient
 - Proportion of sick leaves
 - Loss of production costs / gross value
 - Number of cases and costs for early retirement
 - Number of **recognized** cases and costs for recognized occupational diseases (OD)
 - **Precise demographic data (age, gender...)**
 - **Awareness of the problem by employees/employers**
 - **“No indices – don’t use them”**
 - **Quality of life issues**
 - **Acceptance of the intervention programs within 5 years**
 - **Work ability index**
- risk of misleading;
but important to
convince sponsors
- +
- not accepted

WP 4: Prevention Strategies of MSDs



Prevention strategies categories (Primary, Secondary, Tertiary)

- Risk assessment (P,S)
- Return-to-work-programs (T)
- Ergonomic product and workplace design (P,S,T)
- Integrated health management (P,S,T)
- Preventive medical screening (P,S,T)
- Work re-organisation (P,S,T)
- Organisational development (P,S,T)
- Participative work design (P)
- Promotion of best practice examples (P,S,T)
- Motivation & awareness prevention measures for individuals and companies (P,S,T)
- Implementation in education of workers/students
- Implementation of ergonomics into standardised product development/working processes
- Training of safety and health experts in the companies
- Physical training programs (P,S,T)
- “No lifting-policy”



Issues for the Campaign

- Implementation in enterprises with well established safety & health services
- Transferability to SME with network
- Focus on multiple factors: MSD risks / demography / Indicators

Survey on MSD prevention priorities Ranking results (response rate: 67%)

Deutsche Gesetzliche
Unfallversicherung



Ranking	Points	Disorders/Diseases
1	115	lumbar spine syndrome
2	87	knee osteoarthritis
3	81	tenosynovitis, synovitis, wrist MSDs
4	73	shoulder pain
5	65	carpal tunnel syndrome (CTS)
6	60	intervertebral disc-based low back complaints
7	59	cervical spine syndrome
8	37	elbow MSDs
9	24	shoulder MSDs
10	11	intervertebral disc-based neck complaints