

Musculoskeletal injuries, symptoms and types of injuries

OHS information for employers and workers

Musculoskeletal injuries, symptoms and types of injuries.

Musculoskeletal injuries, or MSIs, are referred to by a variety of different names. They include repetitive strain injuries (RSIs), repetitive motion injuries, cumulative trauma disorders (CTDs), work-related upper limb disorders (WRULDs), and others. In each case, the name is used to describe injuries of the bones, joints, ligaments, tendons, muscles, and other soft tissues.

Key information

Every worker is unique and is affected differently by the work they perform. Not all workers experience the same pain, nor are they injured in the same way.

The hidden injury, the hidden cost

MSIs don't kill workers, but they can have a devastating impact on their lives and livelihoods. A worker in pain loses the ability to concentrate, causing decreases in quality and productivity at work. A worker with muscle weakness will struggle to perform manual tasks, and may not be able to

perform them at all. A worker with damaged nerves loses accuracy and placement in fine manipulative work, becomes clumsy and inaccurate and may not respond quickly to danger. A worker with restricted movement cannot complete tasks or can only complete them by putting their body in awkward positions, positions that can cause additional problems.

At the end of the work day, all of these problems are taken home by the worker. Pain, weakness, sensory loss due to nerve damage, and limited movements can interfere with family responsibilities and relationships. Workers may not be able to prepare meals, maintain a clean home, perform household maintenance, or enjoy their hobbies. Parents may lose the ability to hold their children. These physical limitations can lead to emotional stress, damaged relationships, and loss of self-worth.

Types of MSIs

Overexertion injuries

Overexertion injuries involve tissues such as muscles, tendons, and ligaments. These tissues become damaged when they are subjected to a single traumatic event that exceeds their strength or range of motion. The result is a sprain, strain, or tear injury. Lifting, pushing, or pulling injuries are often of this type.

Overuse injuries

As the term suggests, overuse injuries occur when tissues are used too much and the body is unable to repair the damage. Repeated small injuries add up over time, taking hours, days, months, or years to appear. Gripping, reaching, bending, and twisting tasks are often associated with workplace overuse injuries. In moderation, these tasks are no more hazardous than identical activities performed at home. What makes them hazardous is the combination of endless repetition, the use of forceful exertions, performed while in an awkward body position, and without rest or enough time for affected body parts to recover. This situation is more typical of work than any recreational activities or hobbies.

Just working hard and growing older?

The true incidence of overuse injuries in the workplace is difficult to determine because limited movement and increasing pain develop slowly. Since no single event is associated with the start of the symptoms, the cause is difficult to identify. The chronic nature of the pain and disability, and its slow onset, lead many people to believe that it is an inevitable result of working hard and growing older. There is a small but growing awareness that this is not necessarily the case and that such disabilities are preventable.

Every worker is unique and is affected differently by the work they perform. Not all workers experience the same pain, nor are they injured in the same way. The causes of pain and discomfort are not always easy to understand or diagnose. For these reasons, workers and employers need to focus on identifying and preventing injuries.

Physical symptoms

The physical signs and symptoms of MSIs experienced by workers may include any, some, or all of the following: sharp pain, dull aches, tingling or numbness due to compressed nerves, burning sensations, swelling, redness, tenderness to the touch, and pain when the affected body part is moved. In many, if not most cases, the exact mechanism of injury and the precise tissues that

have been injured are unknown. This is what makes MSIs, particularly those related to overuse, so difficult to diagnose and treat.

Most workers affected by MSIs go through the following three stages of increasing discomfort and disability. It is very important that workers and employers recognize the signs and symptoms of injury and make changes long before Stage 3 is reached.

Stage 1

- discomfort may persist for weeks or months but is reversible
- most workers experience aching and weakness during work activities, but improve on days away from work
- interference with work tasks is minimal

Stage 2

- discomfort may persist for months
- symptoms begin more quickly and last longer
- physical signs may be present, sleep may be disturbed
- work tasks may be difficult to perform

Stage 3

- discomfort may persist for months or years
- symptoms are present even at rest
- activities of daily living are disrupted and sleep is disturbed
- the worker is unable to perform light duties at work
- the likelihood of recovery is poor

Key information

It is very important that workers and employers recognize the signs and symptoms of injury and make changes long before Stage 3 is reached.

Recovery

Workers who reach Stage 3 of an MSI often require treatment to recover from their injury. If treatment is successful and worker returns to the same job that has not been redesigned through engineering or administrative controls, those workers are at risk of becoming re-injured. *Preventing MSIs through design or redesign of the workplace is the most effective solution.*

References

- Bjelle A, Hagberg M, Michaelsson G. Clinical and ergonomic factors in prolonged shoulder pain among industrial workers. *Scand J Work Environ and Health* 5; 205 - 210, 1979.
- Department of Labor and Industries, State of Washington. Concise Explanatory Statement (RCW 34.05.325.6a) WAC 296-62-051, Ergonomics. May 5, 2000.
- Feldman RG, Goldman R, Keyserling WM. Peripheral nerve entrapment syndromes and ergonomic factors. *Am J Ind Med* 4; 661-681, 1983.
- National Institute for Occupational Safety and Health. Current Intelligence Bulletin No. 38 Vibration Syndrome. DHHS (NIOSH) Pub. No. 83-110, 1983.
- Pheasant S. *Bodyspace: Anthropometry, Ergonomics and the Design of Work*. 2nd ed. Taylor & Francis; London: 1996.
- Putz-Anderson V. *Cumulative Trauma Disorders: A manual for musculoskeletal diseases of the upper limbs*. Taylor & Francis, Pennsylvania, USA; 1992.
- Silverstein BA, Fine LJ, Armstrong TJ. Occupational factors and carpal tunnel syndrome. *Am J Ind Med* 11; 343-358, 1987.
- Stobbe TJ. Occupational Ergonomics and Injury Prevention. *Occupational Medicine: State of the Art Reviews* 11(3); 531-543, 1996.
- Tyson RR, Kaplan GF. Modern concepts of diagnosis and treatment of the thoracic outlet syndrome. *Orthop Clinics of North America* 6; 507-519, 1975.
- Workplace Health and Safety Agency. *Musculoskeletal Injuries Prevention Program - Participant's Manual: Manufacturing*. Workplace Health and Safety Agency, Toronto; 1992.
- Yassi A. Repetitive strain injuries. *The Lancet* 349; 943-947, 1997

Contact Us

OHS Contact Centre

Anywhere in Alberta

- 1-866-415-8690

Edmonton & area

- 780-415-8690

Deaf or hearing impaired:

- 1-800-232-7215 (Alberta)
- 780-427-9999 (Edmonton)

PSI Online Reporting Service

alberta.ca/report-potentially-serious-incidents.aspx

Website

alberta.ca/occupational-health-safety.aspx

For more information

Musculoskeletal injuries, Biomechanical risk factors

ohs-pubstore.labour.alberta.ca/ERG019

Lifting and handling loads, reducing ergonomic hazards

<https://ohs-pubstore.labour.alberta.ca/BCL003>

Back care, how much can I lift?

<https://ohs-pubstore.labour.alberta.ca/ERG013>

Get copies of the *OHS Act*, Regulation and Code

Alberta Queen's Printer

qp.gov.ab.ca

Occupational Health and Safety

alberta.ca/ohs-act-regulation-code.aspx

© 2019 Government of Alberta

This material is for information only. The information provided in this material is solely for the user's information and convenience and, while thought to be accurate and functional, it is provided without warranty of any kind. The Crown, its agents, employees or contractors will not be liable to you for any damages, direct or indirect, arising out of your use of the information contained in this material. If in doubt with respect to any information contained within this material, or for confirmation of legal requirements, please refer to the current edition of the *Occupational Health and Safety Act*, Regulation and Code or other applicable legislation. Further, if there is any inconsistency or conflict between any of the information contained in this material and the applicable legislative requirement, the legislative requirement shall prevail. This material is current to September 2019. The law is constantly changing with new legislation, amendments to existing legislation, and decisions from the courts. It is important that you keep yourself informed of the current law. This material may be used, reproduced, stored or transmitted for non-commercial purposes. The source of this material must be acknowledged when publishing or issuing it to others. This material is not to be used, reproduced, stored or transmitted for commercial purposes without written permission from the Government of Alberta.