

CUMULATIVE TRAUMA DISORDERS

Cumulative trauma disorders (CTD) arise in the workplace when a person, as part of his or her daily tasks, must repeat movements of some part of the body, such as back, hands, fingers or arms thousands of times a day. One of the most common and well-publicized serious disorders is carpal tunnel syndrome, a compression of the median nerve that causes pain, tingling or numbness in the hand.

Solving CTD problems requires a comprehensive, systematic approach. The most effective approach is one that recognizes the extent of exposures and mandates the use of several proven methods throughout the organization. The key to controlling CTD exposures is deciding what combination of preventive methods to use. A systematic approach to avoiding CTD injuries accurately identifies ergonomic problems, their underlying causes, and cost-effective remedies.

Developing a good ergonomics program requires systematic review and discussion of jobs, often involving a team of people -- employees, managers, volunteers, engineers and possibly even ergonomists. The following list covers the basic elements of an ergonomics program for cumulative trauma and general strategies for making ergonomic improvements:

- Organization, which includes management responsibility, written policy and plan, an ergonomics team and employee/volunteer involvement.
- Training, which includes principles of ergonomics and cumulative trauma, work methods or improvement in job-specific training, as well as employee/volunteer information on cumulative trauma.
- Communication with the workforce to plan properly, coordinate activities and build momentum for the program.
- Identifying the jobs at risk by reviewing the OSHA log or the claims listings, conducting job evaluations, questionnaires and surveys, as well as analyzing personnel data.
- Making job improvements, both short-range and long-range equipment development, brainstorming and keeping track of results of job evaluations, ideas for improvement, planned changes and overall progress.

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• Medical management, which includes early recognition, systematic evaluation and referral, as well as conservative treatment and follow-up.

• Monitoring progress through review of the cumulative trauma injury and illness trends, the ergonomics log, special studies and management review of overall activities to insure that objectives are being met or the program modified accordingly.