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Chapter 1 : Vascular Problems In Musculoskeletal Disorders Of The Limbs

That a close relationship exists between the specialties of peripheral vascular diseases and of orthopedic and general surgery has frequently been brought sharply into focus for both of us during many years of clinical experience in our respective fields of endeavor. Frequently, trauma to.

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Chapter 2 : Musculoskeletal Disorders of the Upper Limb | Clinical Gate

Second, the subject matter should acquaint him with the necessary steps for early recognition of vascular complications of musculoskeletal disorders produced by trauma, with their differential diagnosis, and with their management.

These health problems range from discomfort, minor aches and pains, to more serious medical conditions which can lead to permanent disability. Every year millions of European workers are affected by MSDs. The most well-known MSDs are low back pain and work-related upper limb disorders. The first is mainly associated with manual handling while the main risk factors for the latter are associated with task repetition and awkward work postures. Nowadays lower limb work-related MSDs are also been recognized as disorders that may be associated with occupational activity. Definition Work-related MSDs associated with repetitive and strenuous working conditions continue to represent one of the biggest occupational problems in companies. Despite the variety of efforts to control them, including engineering design changes, organizational modifications and working methods training programs, work-related musculoskeletal disorders account for a huge amount of human suffering and to companies and to healthcare systems [1]. The term work-related MSDs refers to health problems affecting the muscles, tendons, ligaments, cartilage, the vascular system, nerves or other soft tissues and joints of the musculoskeletal system. They are caused or aggravated primarily by work itself and they can affect the upper limb extremities, the neck and shoulders, the lower back area, and the lower limbs. These disorders are widespread in all activity sectors, but [Agriculture agriculture]] and construction are the two most affected sectors. Therefore, MSDs are a central concern in Europe, given the increasingly large number of workers involved. This means that about million workers reported suffering from work-related MSDs in Europe. Within the EU, backache seems to be the most prevalent work-related health problem, closely followed by neck and upper limb problems. Similar findings arise from the Labour Force Survey It is important to note that the survey only addresses the most serious problem experienced. Respondents may also suffer from other problems seen as of lesser importance so these figures should not be regarded as indicative of the total experiencing such problems at all. According to earlier statistics, bone, joint or muscle problems that mainly affect the back occur more often than upper limb and lower limb disorders [4]. Problems affecting the lower limbs are more severe and workers with problems of the hips, legs or feet more often experience longstanding sick leave figure 1. When looking into the list of recognized diseases more specifically, the diseases that are most prominently registered are Carpal tunnel syndrome and Diseases due to overstraining of the muscular and tendonous insertions [4]. The economic consequences are twofold: MSDs is a major cause of sick leave. Most persons with low back pain recover quickly and without residual functional loss, irrespective of treatment. Recovery after 12 weeks is slow and uncertain. Although the majority of the persons with low back pain will have recovered after several weeks, recurrence frequently occurs. Only "Accidents" have a higher ranking than MSDs [6]. It is long recognized that work may adversely affect health. Almost three centuries ago in the Italian physician Bernardino Ramazzini, father of occupational medicine acknowledged the relationship between work and certain disorders of the musculoskeletal system due to the performance of sudden and irregular movements and the adoption of awkward postures. Due to this fact some disorders assumed names related with the professions where they mainly occurred. One important conclusion drawn from the study was that European workers remain as exposed to physical hazards as they did 20 years ago the First EWCS was carried out in Notice that the data in Figure 3 refers to those who said they experienced these hazards at least a quarter of their working time. It can be concluded that the known risk factors for MSDs are not declining in the work places. Although not shown in the figure, data from the most recent EWCS shows a remarkably similar pattern with the proportions reporting exposure to the various hazards virtually unchanged. Recent findings suggest that the impact on the prevalence of MSDs is not related to the industry sector but to the actual content of the job. When controlling for the actual content of the job, no significant differences emerge among industries [9]. Women have been reported as having a higher incidence

of MSDs [10]. However, there is no evidence that gender per se is a significant factor for the development of MSDs. The analysis of MSDs records shows that most disorders can be explained based on job characteristics. Men jobs appear to generate mainly exposure to physical risk factors, while typical women tasks involve a combination of physical factors e. For instance, regarding lower limbs the type of job can explain some gender differences in the type and frequency of disorders: Other possible causes for the higher incidence of MSDs among women are: Aging can lead to an increase of MSDs prevalence, due to a reduction in body resistance. Therefore, MSDs can become more prevalent worldwide as the population ages throughout the world. All racial groups are affected. This works best, for example, by only working for a limited time per day at production speed, increasing as appropriate. Introducing newcomers at a slower pace enables them to develop good work practices before having to concentrate on working fast, and helps them to assimilate training more effectively. Work-related MSDs risk factors The strong correlation between the incidence of MSDs and working conditions is well known, particularly considering the physical risk factors associated with jobs e. Work intensification, stress and other psychosocial factors also seem to be factors that increasingly contribute to the onset of those disorders. The causes of work-related MSDs are multifactorial and there are numerous work-related risk factors for the various types of MSDs. Several risk factors including physical and mechanical factors, organisational and psychosocial factors, and individual and personal factors may contribute to the genesis of MSDs. Workers are generally exposed to several factors at the same time and the interaction of these effects are often unknown [12] [13]. Work-related MSDs refer to injuries developed over time that are caused by a combination of risk factors that act simultaneously on a joint or body region, in a synergistic effect. Until now the biological pathogenesis associated with the development of the majority of the work-related MSDs is unknown. Several models have been proposed to explain the biological mechanisms. Usually three sets of factors are considered [1]: Most of the factors can occur both at work and in leisure time activities. Thus, it is important to include all the relevant activities performed both at work and outside work when of a specific employee developing MSDs in a particular working environment. As referred before, risk factors act simultaneously on a worker joint or body region in a synergistic effect. To manage the risk factors it is advisable and important to take into account this interaction rather than focus on a single risk factor. Because of high individual variability it is impossible to estimate the probability of developing work-related MSDs at individual level. MSD affect less often the lower limbs. It is important to recognise however that not all MSDs are caused by work, although work may provoke symptoms and the problem may prevent a person from working, or make it more difficult. For example, a recent study found that age, gender and BMI made a bigger proportional contribution to developing carpal tunnel syndrom CTS than work-related factors [14]. Work-related upper limb musculoskeletal disorders Work-related Upper Limb Disorders WRULDs can affect any region of the neck, shoulders, arms, forearms, wrists and hand. Some of WRULDs, such as tendonitis, carpal tunnel syndrome, osteoarthritis, vibration white finger and thoracic outlet syndrome have well-defined signs and symptoms, while others are less well-defined, involving only pain, discomfort, numbness and tingling. Also very useful information about MSDs prevention can be found in the two following reports [16] and [17]. In addition to MSDs, other terms are sometimes used referring to similar symptoms and health problems. In addition there is significant variability of individual response to the risk factors exposure. Low back work-related musculoskeletal disorders Low back work-related MSDs include spinal disc problems, muscle and soft tissue injuries. These disorders are mainly associated with physical work, manual handling and vehicle driving activities , where lifting, twisting, bending, static postures , and whole body vibration are present. Work-related Lower Limb Musculoskeletal disorders Until now little attention has been given to the epidemiology of work-related lower limb MSDs. However, lower limb MSDs is a problem in many workplaces and they tend to be related with conditions in other areas of the body. Lower Limb Disorders affect the hips, knees and legs and usually happen because of overuse. Acute injury caused by a violent impact or extreme force is less common. Workers working over a long period in a standing or kneeling position are most at risk. The most common risk factors at work are: Lower limb work-related MSDs

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that have been reported in occupational populations are: However, although these may occur in specific occupational groups for example Piriformis Syndrome and Trochanteritis have been reported amongst dental personnel; and hamstring strains amongst athletes the extent to which these have been generally shown to be caused by work is unclear and there are many non-work related factors that can contribute, possibly making the major contribution. Non-specific work related musculoskeletal disorders The non-specific work related MSD are musculoskeletal disorders that have less well-defined symptoms, i. The symptoms involve pain which becomes worse with activity , discomfort, numbness and tingling without evidence of any discrete pathological condition. Synthesis of work related MSD location Table 2 synthesizes the most relevant MSDs described above and groups them by body part and anatomical structure affected. Most relevant MSD by body part and affected anatomical structure Source: Back to work report, A report based on the fifth European Working Conditions Survey, Multifactorial genesis of work-related Musculoskeletal disorders MSDs , Retrieved 20 May from: Scand J Work Environ Health. European Good Practice Awards, Prevention of work-related MSDs in practice, Scoping work to help inform advice and research planning, RR Research Report, Work-related musculoskeletal disorders in the EU - Facts and figures, Available at:

Chapter 3 : Lower Limb Peripheral Vascular Disease | Musculoskeletal Key

Section 1: Vascular Beds in the Limbs.- 1. Circulation to the Skin.- 2. Circulation to Voluntary Muscle.- 3. Circulation to Bone.- 4. Circulation to Joints and Associated Structures.- Section 2: Study of the Circulation in the Limbs by Clinical and Laboratory Means.- 5. Clinical and Laboratory Tests.

Chapter 4 : Introduction to musculoskeletal disorders: OSHwiki

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Chapter 5 : What are lower limb disorders? - HSE

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Chapter 6 : MSD - FAQs - Lower limb disorders

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