



Incidence of Work Related Musculoskeletal Disorders in Medical Dosimetry

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Introduction

Musculoskeletal Disorders (MSDs) are injuries or pain within the human system, including the joints, ligaments, muscles, nerves, tendons, and structures that support limbs, neck and back. MSDs can arise from a sudden exertion, or they will arise from making an equivalent motions repeatedly repetitive strain, or from repeated exposure to force, vibration, or awkward posture. Injuries and pain within the system caused by acute traumatic events sort of a car accident or fall isn't considered musculoskeletal disorders. MSDs can affect many various parts of the body including upper and lower back, neck, shoulders and extremities. Samples of MSDs include carpal tunnel syndrome, epicondylitis, tendinitis, back pain, tension neck syndrome, and hand-arm vibration syndrome. MSDs are caused by biomechanical load which is that the force that has got to be applied to try to tasks, the duration of the force applied, and therefore the frequency with which tasks are performed. Activities involving heavy loads may result in acute injury, but most occupation-related MSDs are from motions that are repetitive, or from maintaining a static position. Even activities that don't require tons of force may result in muscle damage if the activity is repeated often enough at short intervals.

MSD risk factors involve doing tasks with heavy force, repetition, or maintaining a non-natural posture. Particular concern is that the combination of heavy load with repetition. Although poor posture is

usually blamed for lower back pain, a scientific review of the literature did not find a uniform connection. There is a growing consensus that psychosocial factors are another explanation for some MSDs. Some theories for this causal relationship found by many researchers include increased muscle tension, increased blood and fluid pressure, reduction of growth functions, pain sensitivity reduction, pupil dilation, body remaining at heightened state of sensitivity. Although there's no consensus at this point, a number of the workplace stressors found to be related to MSDs within the workplace include high job demands, low social support, and overall job strain. Researchers have consistently identified causal relationships between job dissatisfaction and MSDs. for instance, improving job satisfaction can reduce 17% of work-related back disorders and improving program can reduce 37% of work-related wrist disorders.

several years, even natural postures like standing can cause MSDs like low back pain. Postures which are less natural, like twisting of or tension within the upper body, are typically contributors to the event of MSDs thanks to the unnatural biomechanical load of those postures. There's evidence that posture contributes to MSDs of the neck, shoulder, and back. Repeated motion is another risk factor for MSDs of occupational origin because workers can perform equivalent movements repeatedly over long periods of your time, which may decline the joints and muscles involved within the motion in question. Workers doing repetitive motions at a high pace of labor with little recovery time and workers with little to no control over the timing of motions also are susceptible to MSDs thanks to the motion of their work.

Force needed to perform actions on the work also can be related to higher MSD risk in workers, because movements which require more force can fatigue muscles quicker which may cause injury and/or pain. Additionally, exposure to vibration and extreme hot or cold temperatures can affect a worker's ability to gauge force and strength, which may cause development of MSDs. Vibration exposure is additionally related to hand-arm vibration syndrome, which has symptoms of lack of blood circulation to the fingers, nervous disorder, tingling, and/or numbness. Recent epidemiological studies identify gender as a big risk think about occurrence of MSDs among workers in gender-related occupations.

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