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## 1. INTRODUCTION

Currently, one of the main concerns of the ergonomics professional is to evaluate the risk of development of Work-Related Diseases, in order to evaluate a certain work situation and to act previously, prioritizing immediate solutions to be adopted. The main objective of this study is to present the results of the practical application of a protocol for investigation of musculoskeletal complaints potentially related to Ergonomics.

## 2. MATERIALS AND METHODS

A prospective case study with a critical example was carried out involving a worker who had a musculoskeletal complaint in the right upper limb. The study was developed using a Protocol of Research, Treatment and Prevention elaborated by the Ministry of Health in the year 2000, which was adapted for practical application and increased the accomplishment of the Ergonomic Analysis of Work, delineated by Guerin et.al. (2001).

For a better understanding of the methodology, it was described in phases:

Phase 1: Record of all reported cases of complaints of musculoskeletal origin by workers and referral for specialized medical evaluation.

Phase 2: After medical evaluation, appropriate treatment is provided to presented by the worker for recovery of health, if necessary, the worker will remain restricted from his work activities until the full restoration of his functions.

Phase 3: Ergonomic Work Analysis: Simultaneously, the professional of Ergonomics analyzes the musculoskeletal complaint, verifying the activities related to his function and aspects of his work, seeking to identify the origin of the problem (cause) and its possible relation with the work, giving subsidies to the physician. The analysis of the activities was performed through direct observation at the workplace of the worker who presented the musculoskeletal complaint, in order to identify differences between prescribed and actual work at the workplace, as well as to identify occupational risk factors. Interviews with the worker in question and paradigms were also used in order to collect information about the situation perceived by them in their work position. Observations were made in order to verify the conditions of the work position from the perspective of the anthropometric measurements, following what is indicated by Guérin; et. al. (2001) and Grandjean (1998).

## 3. RESULTS

Diagnosis of ulnar nerve neuropathy, myofascial pain syndrome, and sensitive carpal tunnel syndrome were hypothesized. There are frequent recurrences of symptoms, even though they are adapted at work, without reports of stress at home. The worker is using analgesic medication and since returning to work, has been accompanied by the doctor of the company's work. Inspection and palpation: no edema, atrophies, bone deformities or asymmetry in the right upper limb.

Ergonomic risk identification and classification instruments: Based on the use of the Strain Index system (Moore Garg, 1997), to identify and classify ergonomic risk for repetitive upper extremity activities, the task is classified as: low risk. According to the Sue Rodger method (1998), the result is: low risk for neck, upper limbs, trunk and legs.

Ergonomic Diagnosis: Analogously analyzing the ergonomic risks found in the tasks studied with the occupational risk factors dictated by the INSS Technical Standard (606/1998) for the development of work-related diseases, we have the following considerations: - The work station analyzed contemplates the anthropometric standard of the worker.

It is concluded that work should be considered as a risk factor in the set of factors associated with the multifactorial etiology of neuropathies. However, due to the identification of the ergonomic risk factors present in the activities performed by the worker, before presenting a complaint in the right wrist, it is evident the adoption of ergonomic risk control measures, with no danger of developing musculoskeletal lesion. Epidemiological surveys, aiming at identifying other cases, through the active search in the company, also do not confirm the specificity of the complaint presented by the worker and the work activities.

## 4. CONCLUSION

The work should be considered as a risk factor, in the set of factors associated with the multifactorial etiology Work-Related Diseases, especially lesions of the extremities of the upper limbs. The elaboration of a technical report that appreciates the occupational history and health of the worker, must bring important information about the workers. Thus, the epidemiological data as well as the investigation of symptoms from diseases and the Ergonomic Analysis of the activities performed by the worker contributes to the understanding and discussion of the workers' musculoskeletal complaints.

## 6. REFERENCES

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