Musculoskeletal issues—Frequently asked questions

What are hazardous manual tasks?
Hazardous manual tasks require a person to lift, lower, push, pull, carry, move, hold or restrain a person, animal or thing. Hazardous manual tasks involve one or more of the following:
- repetitive or sustained force
- high or sudden force
- repetitive movement
- sustained or awkward posture
- exposure to vibration.

Hazardous manual tasks can contribute to musculoskeletal injuries, which can be permanent and impact on a person's working ability and quality of life, as well as the productivity and economic performance of the company that employs them. Musculoskeletal injuries include:
- muscle strains and sprains
- ligament or tendon rupture
- prolapsed intervertebral discs
- tendonitis of the shoulders and elbows
- carpal tunnel syndrome.

How much can I safely lift?
Neither Part 4.2 of the Work Health and Safety Regulation 2011 or the Hazardous Manual Tasks Code of Practice 2011 specify weight limits for lifting. This is because there are many factors that impact on the risk, not just the weight of the item being handled.

The Hazardous Manual Task Regulation states that a ‘person conducting a business or undertaking’ must manage risks to health and safety relating to a musculoskeletal disorder associated with a hazardous manual task’.

When determining the control measures to implement to manage the risks associated with hazardous manual tasks, all relevant factors that may contribute to a sprain or strain must be considered, including:
- the postures, movements, forces and vibration relating to the task
- the duration and frequency of the task
- workplace environmental conditions that may affect the task or the worker performing the task
- the design of the work area
- the layout of the workplace
- the systems of work used
- the nature, size, weight or number of persons, animals or things involved in carrying out the task.

Is team lifting an adequate control for manual handling?
Team lifting brings its own risks; task redesign or use of mechanical aids is preferred. Problems with team lifting include:
- workers not being matched in size, physical strength or experience
- workers not exerting force simultaneously
- less force being exerted by workers in team lifting situations
- the load not being shared equally
- unexpected increases in the load and/or a change in balance occurring if one team member loses their grip or balance.
What is the best way to lift?
There is no ‘best way’ to lift. Any manual lifting that requires force, awkward or static postures or is repetitive contains some risk of injury.

The question that should be asked is ‘Why are you lifting?’ Task redesign and/or the use of mechanical aids that eliminate the need to lift are always preferred. If loads must be handled manually, there are some guidelines in the *Hazardous Manual Tasks Code of Practice 2011*.

Is training workers in lifting techniques a good control?
Research has demonstrated that teaching lifting techniques is not an effective intervention. The risk isn’t controlled and it relies on worker behaviour.

In the past, training in manual handling techniques has focused on teaching workers the ‘straight back and bent knees’ lifting principles. However, research evidence has demonstrated that:

- A program based on teaching workers to lift relies on human behaviour, which varies in response to a range of workplace factors. Manual task programs need to be comprehensive and focused on design and engineering controls to remove the need for manual handling.
- The ‘straight back’ lifting principles cannot be easily applied to work tasks and are ineffective in reducing injuries.
- Lifting is one small part of manual handling requirements in workplaces. Other related risks in handling, such as pushing, pulling and carrying, are often overlooked.
- Workers must be trained in sufficient depth to allow them to perform their job safely. Training must be focused on:
  - the types of control measures implemented
  - methods of work including procedures (e.g. how and when to use particular aids and assistive devices safely)
  - organisational requirements such as reporting problems or maintenance issues.


How do we know that the worker’s injury didn’t occur on the weekend?
Good risk management practices and good record keeping are the best defence against questionable claims. Risk management systems should include identification, assessment and control of their hazardous manual tasks.

What if a worker has a pre-existing condition?
This issue is significant given the ageing workforce and obesity. The focus should be on risk, not the individual. The question that should be asked is ‘Is there an uncontrolled risk?’ Individual factors such as age and obesity are considered but they are not the first or only factors.

Workplaces have an obligation to ensure the health and safety of all workers. If the employer is concerned about a worker’s ability to do their job, the employer can refer the worker to a health professional for an assessment.

Aren’t we building a nation of softies by getting rid of the hard yakka?
Workplaces with hazardous manual tasks have an obligation to ensure the health and safety of their workers. Workers are no longer expected to perform excessive physical work as technology has improved and workplaces have recognised they need to control the risk of injury.

Is pre-employment screening a good way to stop sprains and strains?
Pre-employment screening should not be relied on as the only control for manual tasks. The focus should always be on reducing manual tasks risks through elimination or engineering changes. Often, it is far more difficult to accurately determine a worker’s capacity than it is to change the way a job is done to reduce the manual task risk.
Pre-employment screening may be appropriate where physically demanding tasks are unavoidable (for example, in the case of fire-fighters or ambulance officers).

Are pre-work stretching and exercises good methods for controlling manual task risks?
Research evidence shows that stretching programs do not prevent injury. The focus should be on controlling the risk by eliminating or modifying the hazardous tasks.

Do back belts work?
No. Abdominal belts are not considered effective personal protective equipment as they have not been shown to offer protection against the risk of back injury. The focus should be on controlling the manual tasks risk.

Further information can be obtained from the WorkSafe Victoria’s Guidance Note: Back belts are not effective in reducing back injuries (www.worksafe.vic.gov.au).

Are gym balls recommended at office workstations?
No. Gym balls are rehabilitation equipment and not office furniture. Gym balls are unstable and increase the risk of a person falling, are not adjustable to ensure appropriate working heights, and do not provide adequate back support for people sitting at their workstation for extended periods.

Further information can be obtained from the WorkSafe Victoria’s Guidance Note: Fitness ball is not suitable as a chair (www.worksafe.vic.gov.au).

Men can lift heavier things than women. Why can’t the boys do the lifting?
On average, women possess about two-thirds the strength of men. Whenever workplaces advise they ‘get the men to do the lifting’ it is a flag that the task may be hazardous as it requires high physical effort. The workplace should assess the task and use other methods of controlling the risk.

Is work conditioning important?
Good workplaces recognise the need for workers to adapt and develop job fitness after holidays, illness or during rehabilitation. If a worker is new to a job, the tasks set during the first few weeks may not be as demanding as those set for an experienced worker. A reduced demand (pace, load, etc.) as the worker conditions themselves to the environment allows the worker time to adapt to the conditions.

People in gyms do weight training. How is this different to lifting weights at work?
Weight training in a gym is performed in a controlled environment and very carefully monitored to ensure maintenance of good posture. Weights are usually increased over a period of time, usually around three times a week, for a short duration. The training usually only targets muscle groups for a specific number of repetitions and sets. This is different than the requirements workers may be exposed to in the workplace.

Do wellness programs reduce manual task risks?
Wellness programs should be encouraged as they can have benefits for workers’ general wellbeing and health. However, they should not be implemented in place of good risk management of manual tasks.

What is ergonomics?
Ergonomics is about the fit between people and the work they do. ‘Good ergonomics’ is achieved when the work a person does is designed to suit their physical and mental abilities. For example, the layout and height of work benches suit the workers using them; gauges and dials on control panels are easily read and understood so that mistakes are not made; and work systems promote effective interaction between the workers, materials and equipment.

Isn’t ergonomics just common sense?
Reliance on workers using their common sense is not an adequate control. One person’s common sense is not necessarily the same as another person’s. Good sense is (usually) acquired through knowledge and experience.
What is participative ergonomics? Participative ergonomics is about workers at all levels of an organisation working together to find solutions to health and safety issues. This involves teaching workers and others—such as engineering and maintenance personnel—basic ergonomics principles, allowing them to draw on their own work experience to suggest solutions to work-related ergonomics problems.

Participative ergonomics enables organisations to identify and assess problems more effectively as well as develop ideas about how to fix them. It also provides management with better information about ergonomics issues in their workplace.

There is an increasing body of research supporting the use of participative ergonomics. The research shows that this approach decreases manual tasks risks and reduces musculoskeletal injuries, workers’ compensation claims and days lost to absence due to sickness.

More information
For more information about manual task risk management visit the Workplace Health and Safety Queensland website: www.worksafe.qld.gov.au, or call the WHS Infoline on 1300 365 915.