

TASK CHANGES FOR A PODIATRIST WITH NECK PROBLEMS

Sector: Public sector/health sector

Job: Podiatrist

Size: Large organisation

Country: United Kingdom

Health problem: Stiff neck, neck pain from disc herniation, vertebral pressure on the nerve

Context/background

The worker works for a national health service that completes regular risk assessments for all workers in relation to safety and health. The risk assessments include assessment of display screen equipment (DSE) work and assessment of patient handling and manoeuvring using wheelchairs. The worker is currently employed part-time, working two full days a week (7.5 hours each day).

There is a flexitime agreement covering all staff, which allows staff to vary their start and finish times within certain core hours, and there is also a policy entitling staff to request reduced working hours.

Demographic and health information

The worker is a woman in her early 40s who has worked for the same organisation for 16 years. During the past 8 years, she has been working with a stiff neck due to pain from her neck vertebrae. The vertebrae are irritating a nerve, and this causes tingling, pain and muscle spasms in the neck, arms and hands. While these symptoms are intermittent, they can flare up unpredictably and without a recognised trigger.

Work, job and tasks

The main work tasks involve managing and handling patients. As a podiatrist, when the worker is treating patients she has to frequently bend and adopt awkward postures to reach their feet. When treatment has been concluded, the worker has to manoeuvre the patients, which can include carrying, handling and using a wheelchair. The worker also has to handle and position her own equipment when working. After treatment is concluded, the worker has to complete some computer tasks in an office environment; this takes approximately 2 hours per day. This work involves both typing and writing.

Process for retention at work

The worker is currently employed part-time, 2 days per week; this decision was her choice and is not related to her musculoskeletal disorder (MSD). After the worker received her diagnosis, she communicated it to colleagues. She receives a lot of advice from colleagues, who frequently ask her about her overall health. While working with physiotherapists, she has been shown how to carry out her work tasks by adopting neutral postures. At the moment, however, this advice cannot be fully implemented, as she is still having to bend to treat patient's lower limbs. A new, targeted plan is being prepared for implementation, at the request of her line manager and a physiotherapist, to evaluate options to enable her to continue working in comfort.

Support given and by whom

The worker's line manager maintains contact with the worker, asks about her MSD and shows a willingness to help.

As she works in a health service, workplace colleagues and friends are available to give her advice. As they are physiotherapists and physicians, she has received advice on how to perform her work tasks and minimise the negative impacts on her MSD. Colleagues also help her to manoeuvre the heavier wheelchairs that are less easily transported. This shows support from colleagues and a willingness to help.

Workplace changes

Tools and equipment

Several equipment trials were ongoing at the time of the interview for this case study. These trials were mainly for office work and included a new adjustable chair and a computer with a modified keyboard. Workplace

The workplace has not yet been modified, but there is a plan for future modifications that will enable the worker to adopt better postures and remove the need to bend to reach patients' feet.

Tasks

The worker has been advised not to carry heavy items or manoeuvre wheelchairs. Her colleagues are able to offer her support to do this. Her office tasks have been modified through the use of new equipment. Support is ongoing, and further changes are also being examined, including to the work tasks and postures of the worker during treatment. Research is being carried out to find new modifications to working practice that will reduce the poor postures that currently have to be adopted.

Work travel

The worker commutes by bus for 15 minutes and then walks to her workplace, which takes a further 10 minutes. During her working day, she spends approximately 45 minutes walking around as part of her normal routine. Her job does not involve travelling to anywhere apart from her workplace.

Working time

The worker currently works 2 days per week (7.5 hours per day). Her choice to work part-time is a result of family obligations.

Health and safety risks identified

The worker has several work tasks that may have an impact on her existing MSD. The highest postural stress is found when she is carrying out treatments on patients' feet and has to bend to reach their feet. This is where the majority of the issues have been identified, because bending her neck while treating a patient's feet can cause major discomfort.

Using a standard DSE assessment, further adjustments have been made to the office tasks that she needs to carry out, including by providing the worker with a new adjustable chair, keyboard and mouse.

Ease or difficulty of implementing the advice

The worker has had good access to advice from her colleagues. Ensuring that the worker had access to an adjustable chair and different computer input devices was easy to implement. There needs to be further consideration of how the workplace can be changed with regard to her main job as a podiatrist. This may include raising patients' feet to reduce the need to adopt a poor neck posture. Discussions with an ergonomist would help with this.

Transferability

The use of new equipment for office tasks is easily transferable, including the trialling of a new keyboard and mouse. The use of a new chair that complies with the DSE regulations has also been beneficial and can be transferred.

The culture that the worker works in is an open culture, where she was able to share her diagnosis with her line manager and colleagues. This has enabled her to receive formal and informal advice, as well as physical help with manoeuvring patients.

Lessons learned

The lessons learned from this case include the importance of:

- having and continuing to have contact with the line manager and support from colleagues regarding MSD symptoms;
- having an open and understanding workplace culture that enables work task changes;
- trialling new devices and ways of working.

Costs and benefits

The direct benefit is that the organisation has kept an expert worker. The worker has chosen to work part-time, but this is because of family circumstances, not her MSD. Beyond the benefits of a salary, she wants to keep her job, as she really likes it, and she is optimistic about the future modifications.

Summary of changes

In this case, the changes included the introduction of a new keyboard and mouse, a new chair that is compliant with the DSE regulations and a reduced need to manoeuvre patients. In addition, further workplace changes are planned, although they have not yet been implemented.

- **References and resources**

WebMD, 'What is a herniated cervical disk?', <https://www.webmd.com/pain-management/what-is-a-herniated-cervical-disk#1>