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MUSCULOSKELETAL SYMPTOMS IN HEALTHCARE WORKERS PERFORMING ULTRASOUND SCANS

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Background

The prevalence of work-related musculoskeletal disorders (WRMD) in healthcare workers (HCW) performing ultrasound scans (USS) is high (up to 90%). The influence and impact of specific risk factors on symptom severity and outcomes not well known.

Aim

To investigate potential risk factors, and their association with musculoskeletal symptoms (MS) among HCW performing USS, which could inform risk reduction strategies and support symptomatic staff.

Method

A cross-sectional questionnaire-based study of HCW performing USS in a NHS Trust. An online questionnaire was disseminated to capture demographics, information about work, USS performance and MS. Two clinical outcome measures were included: Short-form Orebro (ShortOrebro) and Quick Disabilities of the Arm, Hand, and Shoulder (QuickDASH).

Result

36 out of 40 (90%) respondent HCW reported current or previous MS. Working ≥30hours/week was associated with an increase in upper limb MS from QuickDASH scores: mean difference 16.5(p=0.28). Performing more USS per week was associated with increased “high risk” ShortOrebro scores (X2= 8.3 p= 0.016). Breaks >30minutes lowered risk of poorer outcomes compared to having breaks <30minutes (ShortOrebro mean difference= 12.9, p=0.011). Psychosocial variables had weak positive correlations with MS (QuickDASH), specifically scores of depression (R2= 0.115 p=0.043), expectations of recovery (R2= 0.173 p=0.012), return to work (R2= 0.135 p=0.027).

Conclusion

WRMD remains highly prevalent in HCW performing USS. Scanning volume may be associated with MS severity and impact. Longer break periods and improving psychosocial factors could influence MS among these workers.