

## Prevalence of Occupational Musculoskeletal Injuries Among Occupational Therapy Practitioners

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### Introduction:

Working conditions of OTs and OTAs are strenuous and demand substantial physical effort (BLS, 2004).

### Objectives:

The aims of this study were to investigate:

- Prevalence of OMI among practicing OTs and OTAs in 12 month.
- Factors associated with OMI
- Generated adaptive strategies

### Methods

**Participants:** A total of 500 occupational therapy practitioners (250 OTs, and 250 OTAs) were randomly selected from the Texas Board of Occupational Therapy Examiners' database.

**Instrument:** Survey, adapted from Holder et al. (1999), was a self-administered questionnaire with closed-ended questions.

### Results:

Total of 192 (130 OTs and 62 OTAs) questionnaires were used for analysis.

**Injuries Among Occupational Therapy Practitioners:** 22.9% reported OMI within the 12-month duration. Muscle strain and ligament sprain were most reported injuries. Lower back was the most injured body part. Hospital and rehabilitation center were the most reported environments for OMI.

**Injuries Among OTs:** 23.08% OTs reported OMI. Muscle strain was most reported type of injury, and the low back and shoulder were most injured body parts.

**Injuries Among OTAs:** 22.58% of OTAs experienced OMI. ligament sprain was most common injury. Wrist and hand were main injured body parts. Significant difference found in years of experience between injured and non-injured OTA respondents ( $t=2.829$ ,  $p=0.007$ ). Age ( $\chi^2=8.275$ ,  $p=0.016$ ) and weight ( $\chi^2=8.48$ ,  $p=0.037$ ) associated with injury prevalence in the OTA respondents.

**Activities Causing Injuries:** Lifting and transferring of patients were the most common activities being performed when injured.

**Adaptation:** OTs (93.3%) and OTAs (85.71%) indicated making adaptation including using improved body mechanics and exercising.

### Conclusion:

One-fourth of respondents experienced OMI in a 12-month duration, which were likely to decrease therapist's productivity and patient's quality of care. Patient handling was the leading cause of OMI.

Inexperience, young age, and being overweight were found to be significant factors associated with OMI.

Several recommended interventions.

- Designing prevention and wellness programs to eliminate or reduce OMI.
- Enacting "no-manual-lift" and "maximum workload" legislative policies.
- Promote the advancement of education program and training curriculum to include biomechanics, safety, and OMI prevention courses.
- Incorporation more hands-on training.
- Easy access to training and continuing educational.