

The Ergonomic Assessment Tool for Arthritis (EATA)

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Part 1 of 2: Therapist Assessment Guide & Forms Instructions to Occupational Therapists

The ergonomic consultation is part of a broader package of services intended to prevent work loss among people with inflammatory arthritis (the Making It Work Program). Thus, it is not intended to address every issue associated with the workplace, but rather to focus on ergonomic issues such as work postures and work demands. The Ergonomic Assessment Tool for Arthritis (EATA) consists of a client self assessment and an interview to gather relevant information, identify ergonomic-related issues, and recommend solutions to resolve the issues. See Part 2 for the client self-assessment forms. This package, Part 1, contains the therapist forms.

Screening to Identify Self-Report Forms for the Client

Prior to the consultation visit a brief screening session is required. Ask the client the 5 screening questions in the Screening Questionnaire at the beginning of the Client Self-Report Form. For each question in which the patient answers “yes,” provide them the relevant self-report section. All clients complete the Work Diary and Work Organization Form, but the rest of the Self-Report Form is “customized” by providing only the applicable sections from among **Seated Work; Standing Work; Gripping, Grasping and Hand-Tools; Lifting or Carrying** and **Pushing or Pulling**. These pages are not numbered to avoid confusion about ‘missing pages’ when the packet is customized for the client.

Confirm the consultation appointment. Provide the client with a one-use camera and instruct them, if possible, to have a co-worker take pictures showing the client in typical postures. Emphasize that they should take pictures of all their major tasks, especially those that include equipment, hand-tools, or postures and tasks that increase their arthritis symptoms or give them problems.

Consultation Visit

1. Collect the self-report assessment forms completed by the client and the pictures, and use them as a basis for your interview.
2. Begin by using the **Work Diary** as a basis to discuss the client’s typical work day, to ensure you understand the basic job description, tasks, and demands. Complete the **Work Task Summary**.
3. Refer to each of the Self-Report forms completed by the client throughout the interview.
4. Proceed with the questions on the Therapist Assessment forms for Work Organization, Seated Work, Computer Work, Standing Work, Gripping and Grasping, Hand-tool Work, and Lifting, Pushing and Pulling. You do not need to ask the questions exactly as listed. Use them as a guide to conduct your interview and ensure that all topics are assessed. Mark “not applicable” as appropriate; do not leave sections blank. Note that questions are consistently phrased so that a “no” response may indicate a potential problem. Use these as opportunities to specify problems and discuss solutions.
5. Summarize the problems or issues identified on the **Solutions Form**. With the client, set priorities for addressing issues. Document a corresponding solution or recommendation.
6. Provide a copy of the Solutions Form to the client, and retain a copy with the completed assessment forms.

Work Task Summary

Client Name or ID: _____

Using the work diary completed by the client, summarize the main tasks performed at work, both on a regular and on an irregular or infrequent basis.

- List equipment, tools or materials used.
- Estimate how long the client performs each task on a typical day.
- Identify any discomfort or difficulty they have experienced with these tasks.
- Do not consider solutions at this stage – focus on understanding the client’s work.

Task Description	Duration (Intermittent/ Continuous)	Equipment, tools or materials used	Any discomfort or difficulty?	
			NO	YES, describe
<i>Example: Filing charts on vertical shelving units</i>	<i>2hr (Cont.)</i>	<i>Small cart</i>		<i>Repetitive grasping and reaching causes pain</i>

Work Task Summary

(continued)

1. Are mechanical aids and equipment used in this job (eg. dolly, pallet jack)? **YES / NO**

a) If yes, what is available? _____

b) Are they satisfactory? _____

2. Are assistive devices used (eg. pen grip, jar opener)? **YES / NO**

a) If yes, what is available? _____

b) Are they satisfactory? _____

3. Are splints used (eg. wrist splint)? **YES / NO**

a) If yes, what is available? _____

b) Are they satisfactory? _____

4. If/When pain or discomfort arises at work, what do you do to make it better?

Any other jobs or tasks that increase your arthritis symptoms?: _____

Work Organization

NOTE: **n/a** means that the question does not pertain or is not part of the client's job.

Question:	yes	no	n/a	Comments:
1. Can you perform at your own pace?				
2. Do you have influence over how the job is performed?				
3. Are there opportunities for rotation of tasks that have different posture and load requirements?				
4. Can you switch between tasks when necessary, if tired or sore?				
5. Are adequate rest breaks provided?				
6. Do you have any control or can you plan for disruptions in production?				
7. Do you have control or flexibility regarding time pressures, deadlines or quotas?				
8. Is training provided on how to adjust the workstation?				
9. Have you received training in:				
• proper postures?				
• work methods that avoid strain to the body?				
• when and how to adjust your workstations?				
• how to seek assistance?				
10. Is repetition avoided by:				
• self-pacing?				
• adjusting the job to the skill of the worker?				
11. Do you have a company Occupational Health and Safety Advisor available for assistance with work modifications or training?				

Seated Work

If seated work is not applicable, check the box and skip to next section.

Question:	yes	no	n/a	Comments:
1. Does the chair:				
<ul style="list-style-type: none"> • adjust easily (eg. hydraulic controls)? 				
<ul style="list-style-type: none"> • have a padded seat with a rounded front? 				
<ul style="list-style-type: none"> • have a backrest that is adjustable in tilt? 				
<ul style="list-style-type: none"> • have armrests at the right height? 				
<ul style="list-style-type: none"> • provide lumbar support? 				
<ul style="list-style-type: none"> • have castors? 				
2. Are feet supported on the floor or a footrest?				
3. Does the workspace have sufficient space for movement of your legs?				
4. Does the height of the work surface allow your arms and shoulders to be relaxed with elbows at your sides?				
5. Can the work surface be tilted or angled, if needed to reduce neck bending?				
6. Are you able to vary your posture?				
7. Are hands and arms free from sharp edges on work surfaces?				
8. Can all necessary items be seen without bending or twisting the neck?				
9. If foot pedals are used, are they adjustable in distance?				

Computer Work

If computer work is not applicable, check the box and skip to next section.

Question:	yes	no	n/a	Comments:
1. Does the height of the work surface for the keyboard and mouse allow your arms to hang relaxed with elbows near the body, at right angles, and wrists fairly straight?				
2. Is the mouse at the same height as the keyboard?				
3. Can you mouse with different postures when you want to?				
4. Is there a document holder, if needed?				
5. Is a wrist- or palm-rest used?				
6. Are glare and reflections avoided?				
7. Does the monitor have brightness and contrast controls?				
8. Is the text on the monitor at eye height to prevent bending the neck?				
9. Is the monitor close enough to prevent leaning forward?				
10. Is there sufficient space for knees and feet?				
11. Can the workstation be used for either right or left-handed activity, if needed?				

Standing Work

If standing work is not applicable, check the box and skip to next section.

Question:	yes	no	n/a	Comments:
1. Does the height of the work surface allow arms to hang relaxed, with elbows close to the body and at right angles?				
2. Can the work surface be tilted or angled to reduce neck bending, if needed?				
3. Is the workstation designed to minimize:				
• bending or twisting of the wrist?				
• reaching above the shoulder?				
• reaching below the knee?				
• holding one position for long periods?				
• reaching forward with the arms?				
4. Are armrests provided, if needed?				
5. Are the hands and arms free from sharp edges on work surfaces?				
6. Is a footrest provided to lift one foot at a time?				
7. Are chairs or stools available for a seated break, and suited to the task?				
8. Can all necessary items be seen without bending the neck?				
9. Are cushioned floor mats provided when standing for long periods?				
10. If kneeling or squatting is required, is it for brief periods?				
11. If stair or ladder climbing is required, is it for brief periods?				
12. If walking is required, is it for short distances?				
13. Is the floor flat and surface free of obstacles?				
14. Is proper footwear worn?				

Working with Hands and Arms, Gripping and Grasping

If not applicable, check the box and skip to next section.

Question:	yes	no	n/a	Comments:
1. Are the following, if present, minimized so as not to cause you pain:				
<ul style="list-style-type: none"> • bending or twisting of the wrist? 				
<ul style="list-style-type: none"> • prolonged gripping? 				
<ul style="list-style-type: none"> • clothes-wringing motion with the hands? 				
<ul style="list-style-type: none"> • finger pinch grasp? 				
<ul style="list-style-type: none"> • quick or sudden forceful movements? 				
<ul style="list-style-type: none"> • reaching the arms forward or upward? 				
<ul style="list-style-type: none"> • raised elbows? 				
2. During gripping/grasping tasks:				
<ul style="list-style-type: none"> • can you apply the necessary force without pain? 				
<ul style="list-style-type: none"> • can two hands be used? 				
3. Are materials:				
<ul style="list-style-type: none"> • the appropriate size to grasp? 				
<ul style="list-style-type: none"> • covered in non-slip coating? 				
<ul style="list-style-type: none"> • free from sharp edges and corners? 				
4. Are jigs, fixtures and vices used, if necessary?				
5. Do gloves fit properly?				
6. Are your hands warm?				
7. If pain is present during gripping, grasping or manipulating, describe circumstances causing the pain.				

Hand-tool Work

If hand-tool use is not applicable, check the box and skip to next section.

Question:	yes	no	n/a	Comments:
1. Are tools selected to limit or minimize:				
• exposure to excessive vibration?				
• finger pinch grasp?				
• problems associated with trigger finger?				
2. Are shock or rapid build-up forces avoided?				
3. Are tools powered where necessary and feasible (versus manual)?				
4. Is tool weight evenly balanced and distributed?				
5. Are heavy tools suspended or counter-balanced in ways to facilitate use?				
6. Can you see what needs to be seen when using the tool?				
7. Are tools equipped with handles of textured, non-conductive material?				
8. Is the tool handle designed to avoid digging into the palm of the hand?				
9. Can the tool be used by either hand?				
10. Is there a preventive maintenance program in place to keep tools operating as intended?				

Lifting, Pushing and Pulling

(this includes lifting objects, people or animals and pushing/pulling dollies or carts)

If lifting, pushing and pulling are not applicable, check the box and move on to the Solutions Form.

Question:	yes	no	n/a	Comments:
1. Is the lift, push or pull task:				
• performed without pain?				
• performed infrequently?				
• done for short or intermittent periods?				
• performed over short distances?				
• free from pressure of time, or at a pace controlled by a machine?				
2. Are objects to be lifted stable? (i.e., not fragile, unstable or moving like liquids).				
3. Do you think the weights lifted, pushed or pulled are acceptable?				
4. Is the object kept close to the body?				
5. Are objects able to be held without slipping?				
6. Are there good handholds on objects?				
7. Can the back be fairly straight while lifting, pushing or pulling?				
8. Is there enough space to stand straight (e.g., enough headroom, not too cramped)?				
9. Is there enough room to manoeuvre the object and move the feet?				

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Question:	yes	no	n/a	Comments:
10. Are wheels on carts/dollies: • of sufficient size to minimize force?				
• self-lubricating or well-maintained?				
11. Are walking surfaces: • flat and wide enough (no stairs or ramps)?				
• stable?				
• clean and dry (non-slip)?				
12. Is help available for heavy or awkward tasks?				
13. Does the lifting and material handling avoid: • movements below knuckle height and above shoulder height?				
• holding the same position for long periods?				
• sudden movements during handling?				
• twisting at the waist?				
• extended reaching?				
14. Are you free from pain or discomfort after lifting, pushing, or pulling, either immediately or later in the day? If not, describe.				

Solutions Form Summary of Recommendations

Client Name: _____ Date: _____ Occupational Therapist: _____

Job Title and Place of Work: _____

Your job review included the following areas (checked here):

<input type="checkbox"/>	Work Organization	<input type="checkbox"/>	Standing Work
<input type="checkbox"/>	Seated Work	<input type="checkbox"/>	Working with Hands, Arms, Gripping and Grasping
<input type="checkbox"/>	Computer Work	<input type="checkbox"/>	Hand tool Work
<input type="checkbox"/>		<input type="checkbox"/>	Lifting, Pushing or Pulling

Priority	Issue Discussed	Suggestions for Improvement	Tools or Resources Required

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