

## **Abstract AMR day 2007**

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### **The impact of musculoskeletal disorders with special attention on RSI**

**Musculoskeletal disorders (MSD) are a major public health problem. Three quarters of the general Dutch population reported musculoskeletal pain during the last 12 months; 44% mentioned low back pain, 45% neck shoulder pain, 23% elbow/wrist/hand pain, 28% hip/knee pain and 15% ankle/foot pain (Picavet et. 2003). MSD lead to substantial direct costs, such as hospital care costs, general practice costs and paramedical costs. MSD account for approximately 30% of all sickness absences. Sickness absence and work disability due to MSD are responsible for large indirect costs.**

**The occurrence of upper extremity complaints has steadily increased for a wide range of occupational groups with also a major impact on the patients' quality of life. Several (physical) risk factors are associated with upper extremity complaints, like extreme postures of the upper extremity, high repetitiveness and high force. Psychosocial factors may interact with physical factors. In the UK., about 4.7 million working days were lost in 2003-2004 because of MSD in the upper extremity (Jones et al. 2005). Epidemiological studies show that the longer the sick leave, the more difficult it is to return to work (Burdorf et al. 1998; Frank et al. 1998; Verbeek 2001).**

**When a patient is sick-listed because of MSD in the upper extremity for more than three months, Dutch guidelines for occupational physicians recommend multidisciplinary treatment. The results from a randomized controlled trial show that multidisciplinary treatment is preferable above regular treatment with respect to reducing complaints, disability and kinesiophobia and increasing physical functioning, on the short and on the long term (Meijer et al. 2006).**