Ergonomics in dentistry

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Abstract: The incidence of work-related musculoskeletal disorders in dentists is growing day by day. Ergonomics is much more important than avoiding work related musculoskeletal disorders. The effective submission of ergonomics declares high efficiency, escaping of disease and damages, ineffective submission on the other hand, can lead to work related musculoskeletal disorders (MSDs). The present article discuss various risk factors of musculoskeletal disorders and prevention of MSDs amongst dentists by applying ergonomics.

Keywords: Ergonomics, Dentistry, Musculoskeletal disorder (MSDs)

Introduction

The dental profession requires skillful dental preparations with great precision and control. Ergonomics means work & nomies means laws, Ergonomics in dentistry means preventing musculoskeletal problems by enabling the dentist to adopt a more natural and comfortable posture, achieving, achieving patient–friendly treatment, improving treatment efficiency and achieving treatment accuracy. A good posture provides the dentists more working energy, reduces stress level, increased comfort, lack of pain and muscular tension and a lower risk for therapeutic errors. Research had shown that most common injuries occur in wrists, elbows, shoulders, neck and back & spine. Literature suggests that the prevalence of skeletal or muscular pain in dentists, dental hygienists and dental students ranges from 93% to 64%. The most prevalent regions for pain in dentists have been shown to be the back (36.3%-60.1%) and neck (19.5%-80%). Complex conditions like Carpel tunnel syndrome, sciatica, tenosynovitis, and tension neck syndrome are now often associated with dental workers & dentists. The most common are musculoskeletal disorders, which can even lead to irreversible injuries. This article review about various musculoskeletal disorders and its management.

Goals of ergonomics include:

- Prevention of work related musculoskeletal disorders and conditions which might lead to it
- Increasing safety and productivity
- Enhanced performance by eliminating unnecessary effort
- Improving the standard of care to the patient

Musculoskeletal disorders

The World Health Organization defines an MSD as “a disorder of the muscles, tendons, peripheral nerves or vascular system not directly resulting from an acute or instantaneous event (e.g., slips or falls). These disorders are considered to be work-related when the work environment and the performance of work contribute significantly, but are only one of a number of factors contributing to the causation of a multifactorial disease.” Chowanadisai had studied occupational health problems of dentists in southern Thailand in 1997 and found that musculoskeletal (MS) pain was the most common problem. Musculoskeletal disorders (MSDs) are injuries and disorders of the musculoskeletal system. Documented studies in the literature across the world have shown a high prevalence of MSDs among the dentists.

Prevalence of MSD

The prevalence of MSD among dental practitioners is not well documented in India. The survey was conducted in dental colleges and private clinics in major cities of Andhra Pradesh, where total 135 subjects with inclusion criteria about the trouble the dentists faced during the last 12 months that prevented them from regular work, the dentists opinion regarding effect of physical activity on MSD, which shows that the prevalence of general musculoskeletal pain ranges between 64% and 93%. The most prevalent regions for pain in dentists have been shown to be the back (36.3%-60.1%) and neck (19.8%-85%), while the hand and wrist regions were the most prevalent regions for dental hygienists (60%-69.5%), certain factors help the participants to relieve their pain which includes correct posture (46.9%), pause for few minutes (32.7%), muscle relaxing exercise (24.5%), analgesics (10.2%), and complete rest for a day (4.1%), etc. Similar to this study, a study in Glasgow also found that improving or correcting posture can definitely help to relieve the pain.

MSDs classification:

1. Nerve Entrapment Disorders: carpal tunnel syndrome, ulnar neuropathy.
4. Tendonitis of the Elbow, Forearm and Wrist: DeQuervain’s disease, tendonitis, tenosynovitis, epicondylitis.

Risk factors for MSDs:

Based on various studies made, the following are the variety of risk factors for musculoskeletal disorders (MSDs) that are encountered in dental practice.
<table>
<thead>
<tr>
<th><strong>Risk Factors for MSDs</strong></th>
<th><strong>Dental Procedures</strong></th>
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<tbody>
<tr>
<td>Repetitive motions</td>
<td>Scaling, polishing</td>
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<tr>
<td>Awkward postures</td>
<td>Handling of objects with the back bent/twisted than straight</td>
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<tr>
<td>Static posture</td>
<td>Static neck, back &amp; shoulders</td>
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<tr>
<td>Forceful exertion</td>
<td>Tooth extraction</td>
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<td>Duration</td>
<td>Grasping small instruments for prolonged periods</td>
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<tr>
<td>Contact stresses</td>
<td>Repeated contact with hard or sharp objects</td>
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<tr>
<td>Vibration</td>
<td>Prolonged use of vibrating hand tools</td>
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</tbody>
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Other risk factors for MSDs are:
- Poorly designed equipment workstation e.g. narrow working space
- Improper work habits
- Genetics
- Medical conditions
- Poor fitness level
- Physical/mental stress
- Lack of rest/recovery
- Poor nutrition
- Poor lighting
- Environmental & psychosocial factors

**MSDs Prevention Strategies**
“Prevention is better than cure”. Prevention of any problem protects time, money, & discomfort. The disease predominant among dentists is Musculoskeletal disorders (MSDs) and the solution to the problem is ergonomics.

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**Selection of Tools/Equipment**

Tool instrument design should be such that it reduces forceful exertion and maintains hand wrist in neutral posture.

While using hand instruments look for:
1. Hollow or resin handles.
2. Round, Knurled or compressible handles.
3. Carbon steel construction (for instruments with sharp edges).

While using automated instruments look for:
1. Light weight, balanced models (cordless preferred).
2. Sufficient power.
4. Angled vs. straight shank.
5. Pliable, light weight hoses.
6. Easy activation.
7. Swivel mechanisms.
Work Station\textsuperscript{21,22,23}

Use Magnification: Magnification enables operators to maintain a greater working distance and position patients at the proper height, with the shoulders relaxed and the forearms approximately parallel with the floor. Operating telescopes or loupes are available with flip-up or through-the-lens designs. Working in postures with greater than 20 degrees of neck flexion have been associated with increased neck pain. The declination angle of the scopes should allow you to maintain less than 20 degrees of neck flexion

Work Practices\textsuperscript{3}

Patient positioning

Supine positioning of the patient in the chair is usually the most effective way to help to maintain neutral posture. The patient must lie comfortably without feeling pressure from the back.

Operator position

The clinician’s access to the oral cavity should be truly unimpeded. The operator should be able to move freely the legs beneath the patient’s head & headrest to avoid twisting or forward bending of the torso. 7 to 12:30 o’ clock position is preferred for the right handed operator, & 12:30 to 5 o’ clock for the left handed operator.

Conclusion

although the reasons for occupation related musculoskeletal disorders are frequent among dentists, the main causative factor is inappropirate posture. The booming implementation of ergonomics provides improved work competence. Ergonomics in dentistry starts with maintaining the body in a neutral position as much as possible. The dentist must optimize working surroundings to help to eradicate uncomfortable postures, physical wear and tear, and tiredness. By combining ergonomic exaggeration with postural amplification, positioning techniques, working practices, chair side stretching, the multifactorial problem of work– related pain in dentistry can most efficiently be addressed. Thus, successful appliance of ergonomics not only helps the dentists to get better their health, it also increases fulfillment as well as superiority of work.

References:

(19) Pargali N, JOKAR N. Prevalence of musculoskeletal pain among dentists in Shiraz, Southern Iran.