

Work-related Musculoskeletal Disorders (WRMSDs) Statistics in Great Britain 2017

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Summary



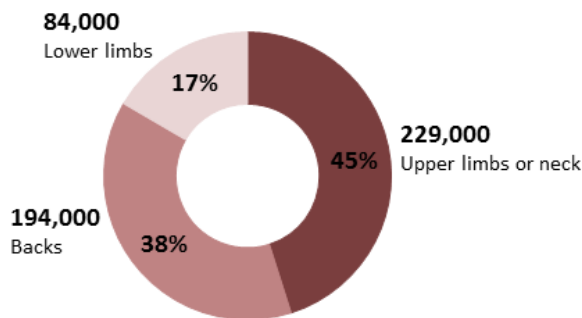
507,000

Workers suffering from work-related musculoskeletal disorders (new or long-standing) in 2016/17

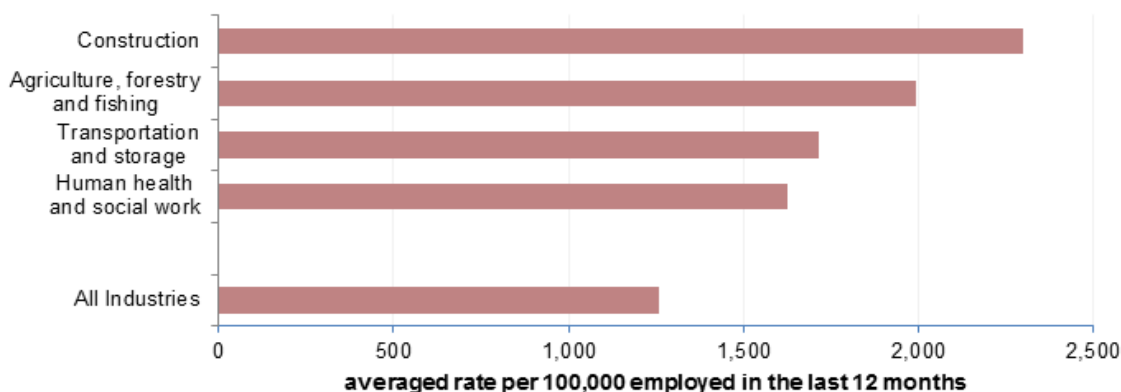
8.9 million

Working days lost due to work-related musculoskeletal disorders in 2016/17

Musculoskeletal disorders by affected area, 2016/17

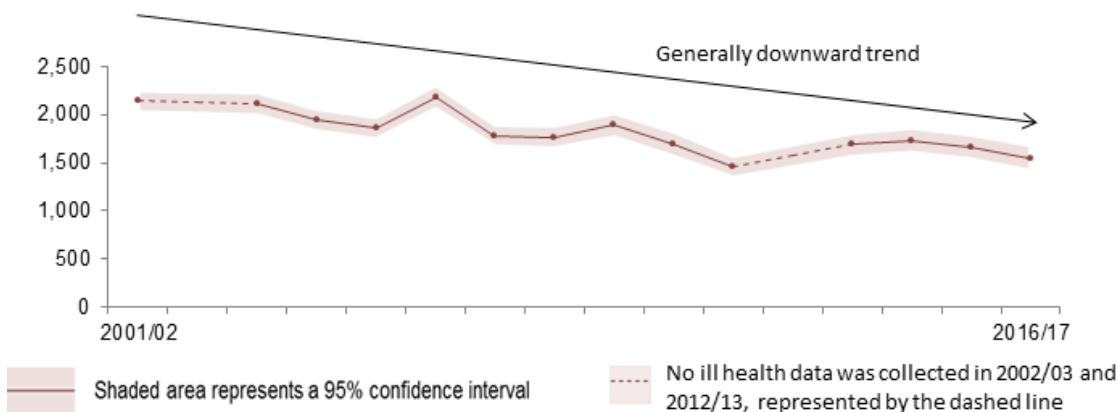


Industries with higher than average rates of musculoskeletal disorders, averaged 2014/15-2016/17



* Rate based on fewer than 30 sample cases

Musculoskeletal disorders per 100,000 workers: new and long-standing



Shaded area represents a 95% confidence interval. No ill health data was collected in 2002/03 and 2012/13, represented by the dashed line.

Source: **Labour Force Survey** (estimates of self-reported musculoskeletal disorders caused or made worse by work)

All work-related musculoskeletal disorders

Work-related musculoskeletal disorders (WRMSDs) can be sub divided into the more specific and recognised body regions of the back, upper limbs and lower limb disorders. These sub categories when combined, form the overall grouping values presented in this document for the general classification of MSD illness type.

Musculoskeletal disorders can affect muscles, joints and tendons in all parts of the body. Most WRMSDs develop over time. They can be episodic or chronic in duration and can also result from injury sustained in a work-related accident. Additionally they can progress from mild to severe disorders. These disorders are seldom life threatening but they impair the quality of life of a large proportion of the adult population.

Work-related disorders can develop in an occupational setting due to the physical tasks with which individuals carry out their normal work activities. WRMSDs are associated with work patterns that include:

- Fixed or constrained body positions
- Continual repetition of movements
- Force concentrated on small parts of the body such as the hand or wrist
- A pace of work that does not allow sufficient recovery between movements

Additionally workplace psychosocial factors such as organisational culture, the health and safety climate and human factors may create the conditions for WRMSDs to occur. Generally, none of these factors acts separately to cause WRMSDs. They more commonly occur as a result of a combination and interaction among them.

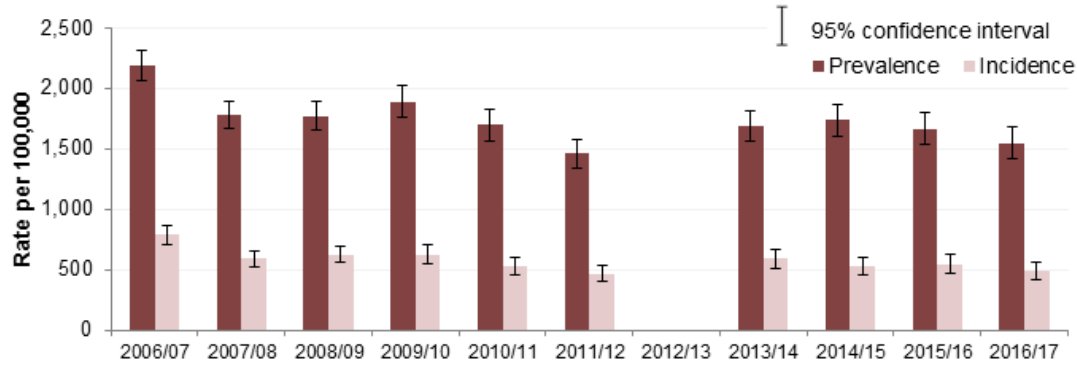
However to date WRMSDs in Great Britain remains an ill health related condition that places significant burdens on employers and employees accounting for 39% of all work-related ill-health. The rest of this document looks in more detail at the statistics related to WRMSDs to get a clearer understanding of the problem within the working environment in Great Britain.

This document cites two main sources for WRMSD statistics. The first is the Labour Force Survey (LFS), an annual survey of 37,000 households in Great Britain. The second is analysis from a survey of occupationally trained General Practitioners across Great Britain called, “The health and occupation network of general practitioners” (THOR-GP).

The latest estimates from the Labour Force Survey show that in Great Britain:

- The total number of WRMSDs cases (prevalence) in 2016/17 was 507,000 out of a total of 1,299,000 for all work-related illnesses, 39% of the total and a rate of 1,550 cases per 100,000 workers. The rate is not statistically significantly different from the previous year.
- The rate of total self-reported work-related musculoskeletal disorders showed a generally downward trend.
- The number of new cases of WRMSDs (incidence) in 2016/17 was 159,000, an incidence rate of 480 cases per 100,000 workers. This rate is not statistically significantly different from the previous year.
- An estimated 8.9 million working days were lost due to WRMSDs in 2016/17, an average of 17.6 days lost for each case. This is not statistically significantly different from the previous year. Work-related musculoskeletal disorders account for 35% of all working days lost due to work-related ill health. Working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend up to around 2010/11; since then the rate has remained broadly flat.

Figure 1. Estimated prevalence and incidence rates of self-reported WRMSDs in Great Britain, for people working in the last 12 months, 2006/07-2016/17

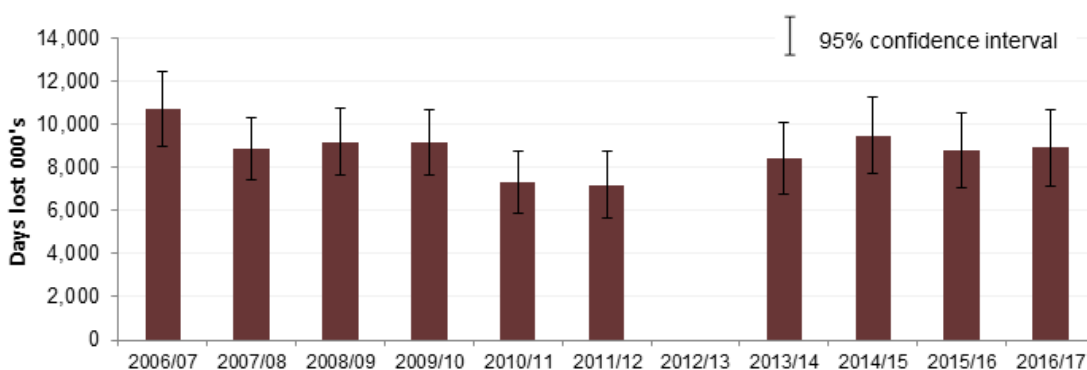


Source: Labour Force Survey (LFS)
 Note: No ill health data collected 12/13

Working days lost

An estimated 8.9 million working days were lost due to WRMSDs, an average of 17.6 days lost for each case. WRMSDs represent 35% of all days lost due to work-related ill health in Great Britain in 2016/17. Within the total number of 8.9 million days lost due to WRMSDs, Work Related Upper Limb Disorders (WRULDs) account for around 44% of days lost, with back disorders around 36% and Work Related Lower Limb disorders (WRLLDs) 20%.

Figure 2. Estimated days lost (full-day equivalent) due to self-reported WRMSDs in Great Britain, for people working in the last 12 months, 2006/07-2016/17



Source: Labour Force Survey (LFS)
 Note: No ill health data collected 12/13

WRMSDs by industry and occupation

The industries with the highest rates of WRMSDs averaged over the 3 year period 2014/15-2016/17 are Agriculture, forestry and fishing, Construction, Transportation and storage and Human health and social work activities. Compared with the average rate for all industry these industries have statistically significantly higher rates of WRMSDs.

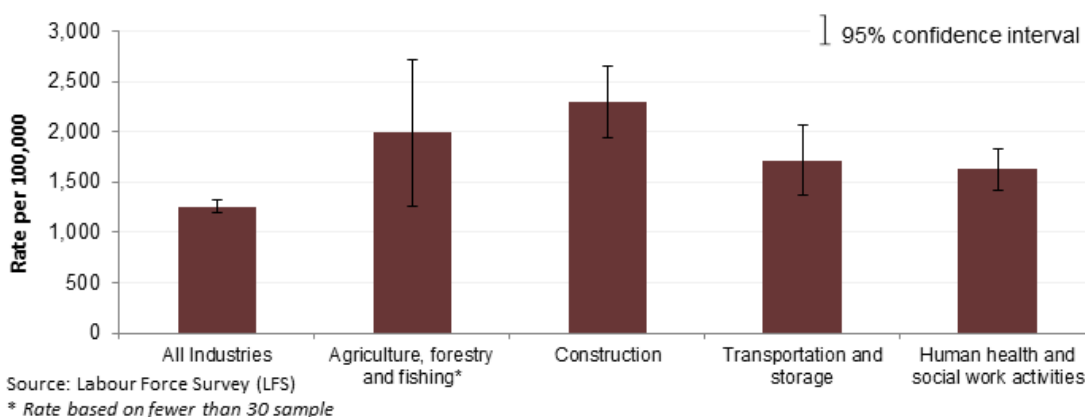
Looking more closely at these industry areas, the following sectors are those with the highest rates of WRMSDs. (Figure 3)

Within the agricultural industry it has been consistently shown that WRMSDs are the most common of all occupational non-fatal injuries and illnesses for farm workers, especially those who are involved in labour-intensive practices (McCurdy et al., 2003, Meyers et al., 1997, Villarejo, 1998 and Villarejo and Baron, 1999). Whilst, agriculture in Great Britain is highly mechanised and not as labour intensive as other countries agricultural workers are still at risk from WRMSDs. These include: lifting and carrying heavy loads (over 50 lb); sustained or repeated full body bending (stoop); and very highly repetitive hand work (clipping, cutting).

Historically workers in the postal industry have reported higher rates of WRMSDs due to lifting and carrying mail sacks. Industrial automation of tasks has reduced the scope over the years, however, a recent report in the USA by the National Institute for Occupational Safety and Health (NIOSH) has suggested that investigators have identified excessive heavy lifting and several ergonomic hazards - design features that tax or endanger the human body excessively - associated with the Postal Services automated mail-processing equipment. The agency warns that these hazards put employees at potential risk for crippling low back problems as well as musculoskeletal disorders of the upper body; other NIOSH studies have found that machine-paced postal workers reported a higher incidence of fatigue, blurred vision, and neck, arm, or hand complaints.

In the UK, the main postal workers union, the Communication Workers Union (CWU) suggested that postal workers representing 0.7% of the UK workforce reported 10% of WRMSDs (Hooper 2015)

Figure 3. Estimated prevalence rates of self-reported WRMSDs in Great Britain, for people working in the last 12 months, by selected industries, averaged 2014/15-2016/17



Within the category of Human health and social work activities, there is a higher risk of WRMSDs. Most attention has been directed towards nursing— in terms of mitigation of risks associated with WRMSDs. However, the health care sector employs a large range of occupations, including paramedics, care assistants, theatre support staff, maintenance, food services, and cleaning staff (Hignett, Fray, et al., 2007) all of which require further attention to reduce risks associated with

WRMSDs (Oakman et al.,2014). The main physical risk in terms of WRMSDs has focussed on patient handling.

The construction industry has a long history of higher rates of WRMSDs due to the physical nature of working in that industry. Plasterers, bricklayers and joiners are the trades frequently cited within construction at high risk (EU –OSHA, 2015).

Tasks carried out within construction trades require the use of hand tools and power tools, entailing the use of multiple body regions, constant movement in awkward positions, and repetitive, forceful, use of the back and upper and lower extremities.

The particular tasks undertaken by construction workers largely depend on the trades they are employed in and the particular construction site they are on. Tasks can vary throughout the day, but can also be repetitive.

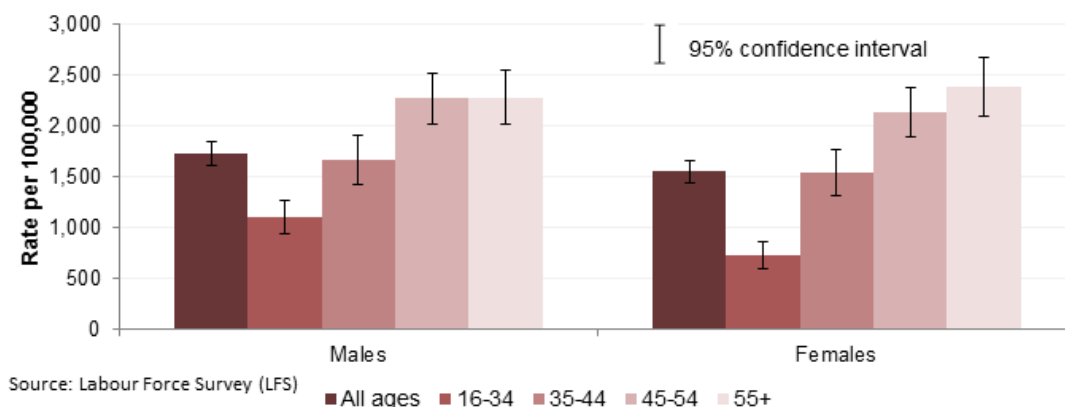
WRMSDs by age and gender

The prevalence rate of WRMSDs for males was statistically significantly higher than that for females with 1,730 and 1,560 cases per 100,000 workers respectively, averaged over the period 2014/15-2016/17.

The prevalence rate for males aged 16-34 had a statistically significantly lower rate of WRMSDs compared to the rate for all males with 1,100 cases per 100,000 workers. In the 35-44 year age group the rate was 1,670 cases per 100,000 workers, in line with the average for all males. Men aged 45-54 and 55+ had statistically significantly higher rates than in the younger age groups and for males as a whole, with 2,270 cases and 2,280 cases per 100,000 workers respectively.

A similar pattern is observed in female workers. Females aged 16-34 years had a statistically significantly lower rate of 740 cases per 100,000 workers compared to the rate for females as a whole. Females aged 35-44 years had a rate of 1,550 cases per 100,000 workers, similar to the average for all females. In the 45-54 and 55+ age groups, rates were statistically significantly higher than in the younger age groups and for females as a whole, with 2,140 and 2,380 cases per 100,000 workers respectively.

Figure 4. Estimated prevalence rates of self-reported WRMSDs in Great Britain, by age and gender, for people working in the last 12 months, averaged 2014/15-2016/17



In Great Britain, as in many developed nations, the populations, including worker populations, are ageing. This has generated increased research into the control of age related workplace risks, particularly those associated with occupational ill health.

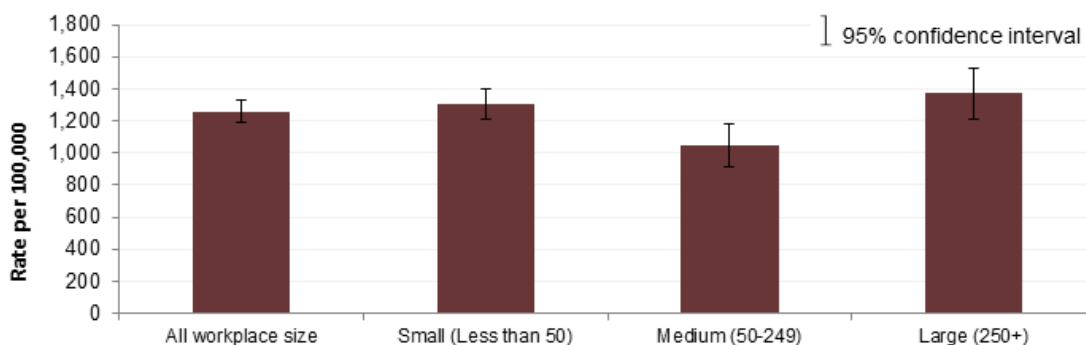
Age is not the most important determinant of health, nor does ageing inevitably bring illness and disease. Negative beliefs about ageing, including that older age is a risk factor for injury at work, have however, tended to preclude older workers from workplaces (HSE, 2010).

The studies on functional capability indicate age-related changes in functional capabilities of adults and it is generally agreed that as we age we are not able to perform to the same level as when we were young (Savinainen et al., 2004; Atwood, 2005; Kowalsi-Trakofler et al., 2005; Kenny et al., 2008; Welch et al., 2008). In terms of WRMSDs, there are three main musculoskeletal changes reported in the literature; a reduction in joint mobility, decrease in muscular strength and the slowing of reaction and movement times.

WRMSDs by workplace size

Analysis by workplace size relates to the number of people at the individual's workplace, which is not necessarily the same as the number of people working for the company. Prevalence rates averaged over the latest three-year period 2014/15-2016/17, showed medium-sized workplaces (50-249 workers) had a statistically significantly lower rate than the average across all workplace sizes.

Figure 5. Estimated prevalence rates of self-reported WRMSDs in Great Britain, for small, medium and large workplaces, for people working in the last 12 months, averaged 2014/15-2016/17

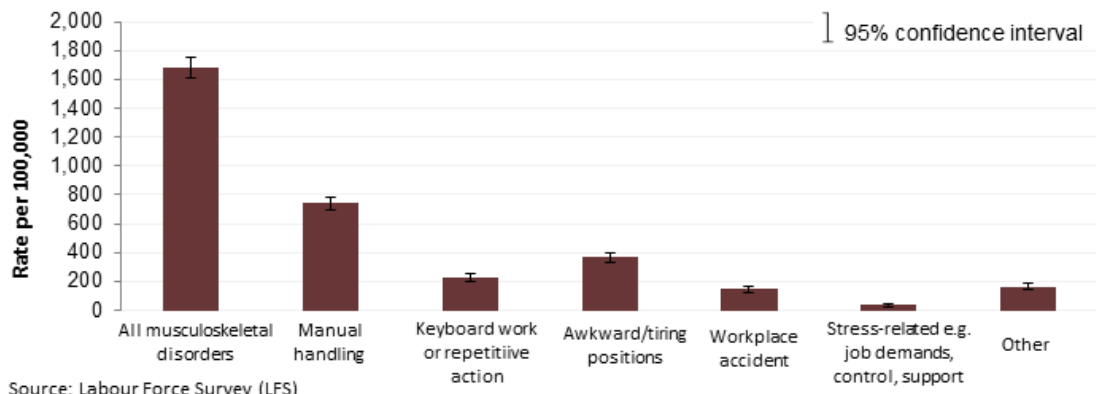


Source: Labour Force Survey (LFS)

Causes of WRMSDs

Examining the Labour Force Survey in greater detail (latest analysis a three-year average over the period 2009/10- 2011/12) illustrates that manual handling, lifting and carrying and keyboard work were some of the prime causative factors in the development of work-related musculoskeletal disorders particularly the development of back pain. Additionally repetitive movement such as keyboard work or being in awkward or tiring positions were other highlighted factors in WRMSD development. Furthermore, work may exacerbate a musculoskeletal disorder which was originally caused in non-occupational settings such as physical sport and home and social life.

Figure 6. Estimated prevalence rates of self-reported WRMSDs in Great Britain, by how caused or made worse by work, for people working in the last 12 months, averaged 2009/10-2011/12



General Practitioners Scheme and WRMSDs.

The THOR-GP scheme sponsored by the Health and Safety Executive from 2005 until 2015 is a survey where a sample of General Practitioners across Great Britain record work-related ill-health from their patients in their local surgeries. The advantage of this survey has been to have a greater understanding of the conditions with which people present symptoms and how the condition might have occurred.

Patients presenting with WRMSDs to their GP’s suggest the majority suffer with back pain or disorders with the hand, wrist or arm. This may be due to repetitive movement and most likely reflects what is suggested in the Labour Force Survey.

Figure 7. Number of cases of WRMSDs by anatomical site reported to THOR-GP, three-year aggregate total 2013 to 2015 in Great Britain

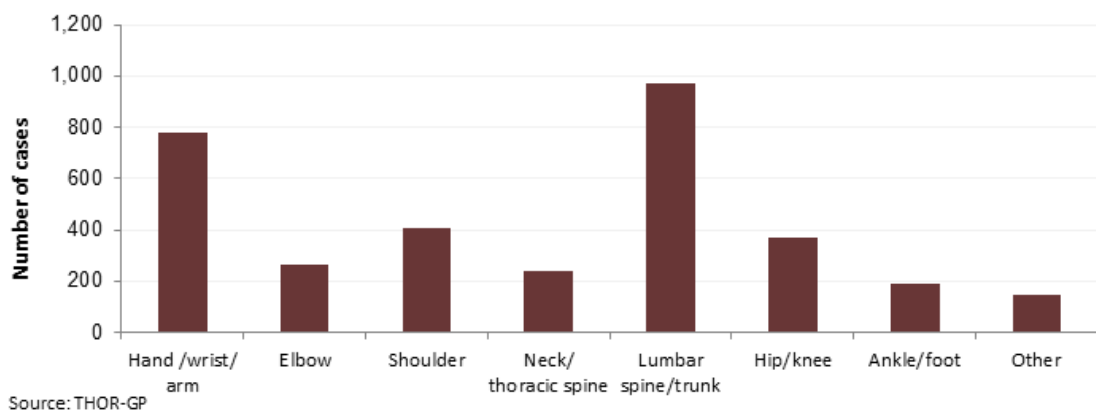
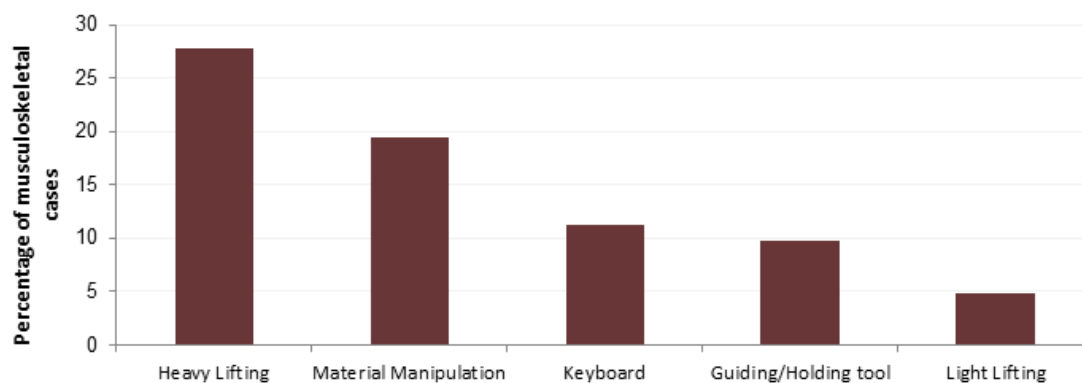
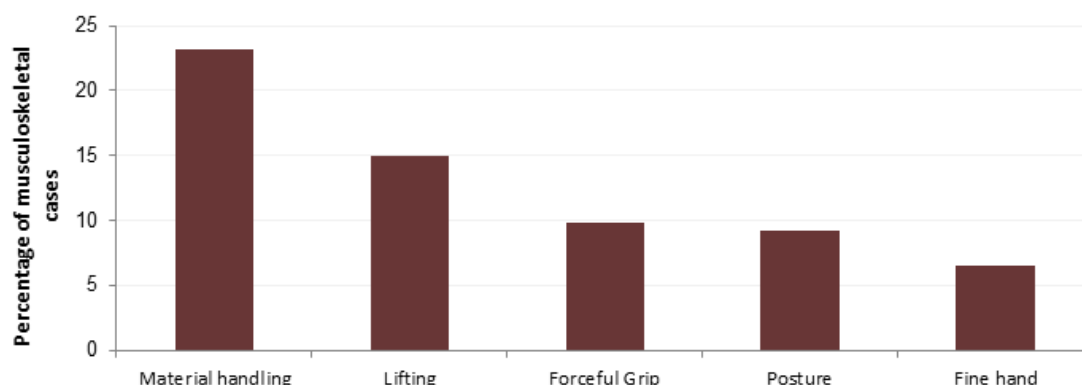


Figure 8. Percentage of WRMSDs reported to THOR-GP according to main attributed task, three-year aggregate total 2013 to 2015 in Great Britain



Source: THOR-GP

Figure 9. Percentage of WRMSDs reported to THOR-GP according to main attributed movement, three-year aggregate total 2013 to 2015 in Great Britain



Source: THOR-GP

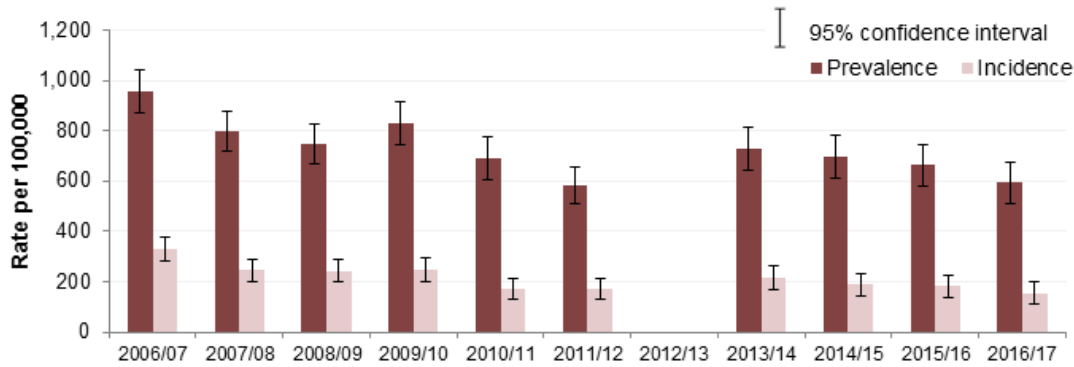
WRMSDs Back Disorders

Work-related low back pain is a major ill health condition in Great Britain. Typical low back pain has a recurrent course with fluctuating symptoms. The majority of back pain patients will have experienced a previous episode and acute attacks often occur as exacerbations of chronic low back pain. Low back pain is also a socioeconomic problem associated with work absenteeism, disablement and high healthcare costs (Van Tulder, 2006)

WRMSDs affecting the back are a common work-related complaint reported through the Labour Force Survey. The latest results show:

- The rate of self-reported work-related musculoskeletal disorders mainly affecting the back showed a generally downward trend. In 2016/17 the prevalence rate was 590 cases per 100,000 workers. This equates to 194,000 total cases in 2016/17.
- In 2016/17 the working days lost due to work-related back disorders was 3.2 million days with an average number of days lost per case of 16.5 days.

Figure 10. Estimated prevalence and incidence rates of self-reported WRMSDs, mainly affecting the back in Great Britain, for people working in the last 12 months, 2006/07-2016/17

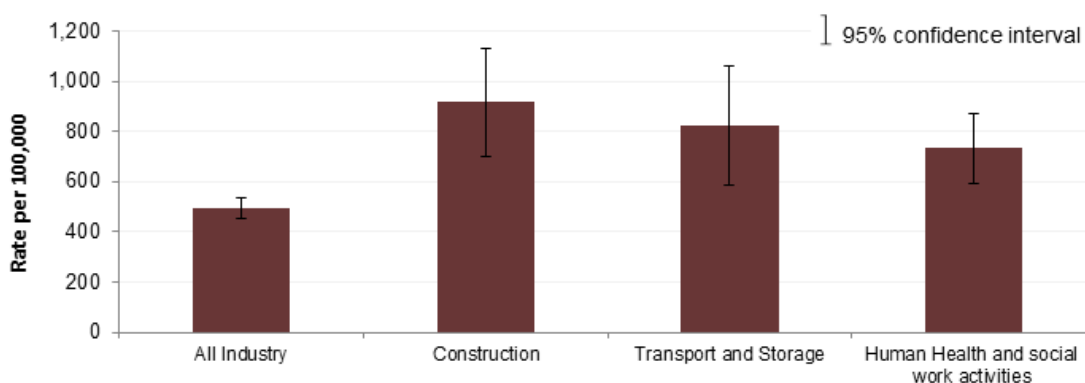


Source: Labour Force Survey (LFS)
 Note: No ill health data collected 12/13

Back disorders by industry and occupation

The prevalence rates for back disorders are statistically significantly higher in the Construction, Transportation and storage and Human health and social work activities compared with the average across all industries. The Transportation and storage industries have an average rate of 820 cases per 100,000 workers, with 920 cases in the Construction industry, 730 cases in Human health and social work activities and 490 cases averaged across all industries, in the three year period 2014/15-2016/17.

Figure 11. Estimated prevalence rates of self-reported WRMSDs mainly affecting the back in Great Britain, for people working in the last 12 months, by selected industry averaged 2014/15-2016/17

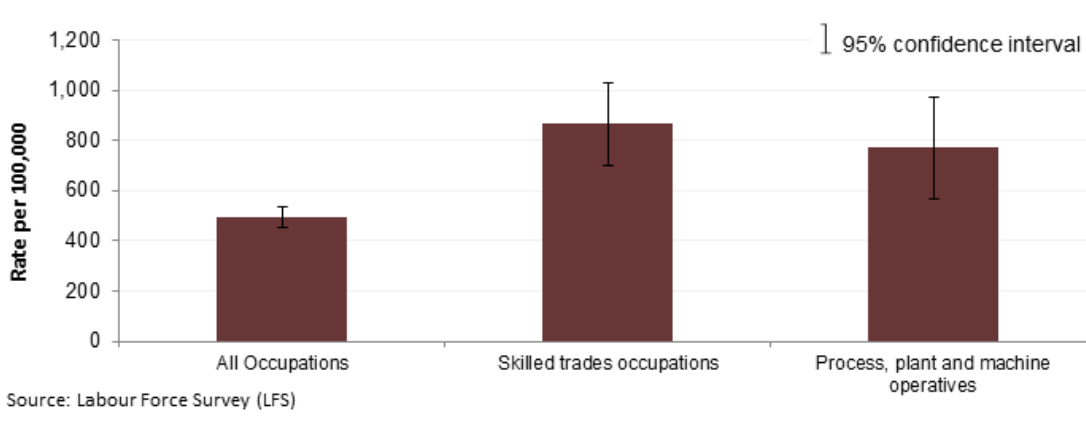


Source: Labour Force Survey (LFS)

The occupations that have high prevalence rates of back disorders are reflective of the industry areas mentioned above. Skilled trade occupations and Process plant and machine operatives have statistically significantly higher average prevalence rates: 870 cases and 770 per 100,000 workers

respectively, compared with an all industry average of 490 cases per 100,000 workers in 2014/15 – 2016/17.

Figure 12. Estimated prevalence rates of self-reported WRMSDs, mainly affecting the back in Great Britain, for people working in the last 12 months, by selected occupation, averaged 2014/15-2016/17



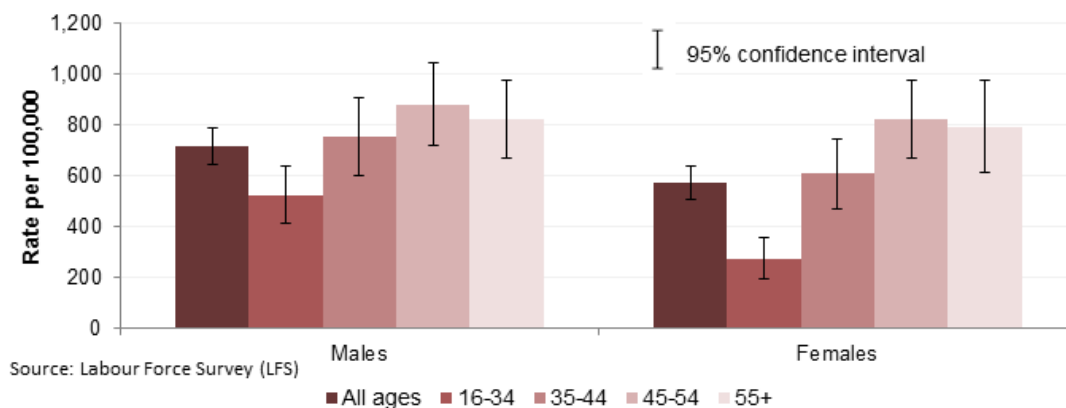
Back disorders by age and gender

The prevalence rate for males with WRMSDs mainly affecting the back was 720 cases per 100,000 workers averaged over the period 2014/15-2016/17. This was statistically significantly higher than the female rate of 580 cases per 100,000 workers during the same period.

Men in the 16-34 year age group had a statistically significantly lower rate of back disorders with 530 cases per 100,000 workers compared to the rate for all males. Prevalence rates for males in the age categories 35-44, 45-54 and 55+ were in line with the average for all males.

Analysis of female workers showed 16-34 year olds had a statistically significantly lower rate of back disorders compared to females as a whole, with 270 cases per 100,000 workers. The rate in the 35-44 year age group was similar to the average rate across all ages, while the 45-54 and 55+ age categories had statistically significantly higher rates with 820 and 790 cases per 100,000 workers respectively.

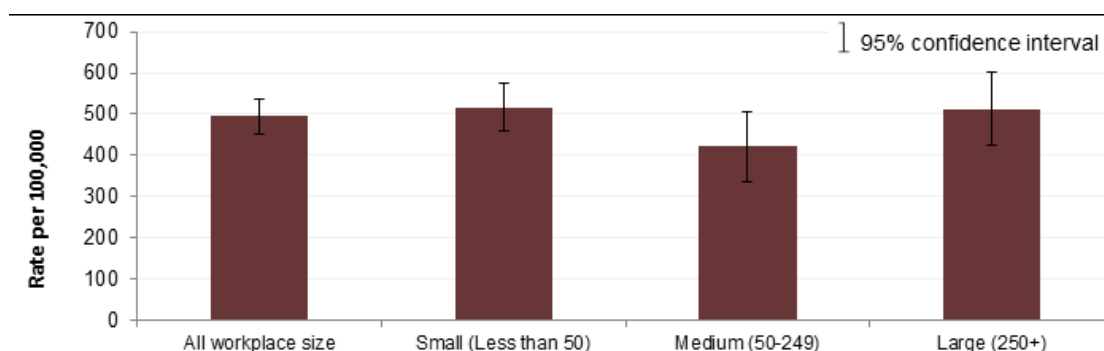
Figure 13. Estimated prevalence rates of self-reported WRMSDs, mainly affecting the back in Great Britain, by age and gender, for people working in the last 12 months, averaged 2014/15-2016/17



Back disorders by workplace size

Average prevalence rates of back disorders for workers in small, medium, and large workplaces over the three-year period 2014/15-2016/17 are similar to the average across all workplace sizes. There were 520, 420, and 510 cases per 100,000 workers respectively compared to 490 cases per 100,000 workers in all workplaces.

Figure 14. Estimated prevalence rates of self-reported WRMSDs, mainly affecting the back in Great Britain, for small, medium and large workplaces, for people working in the last 12 months, averaged 2014/15-2016/17

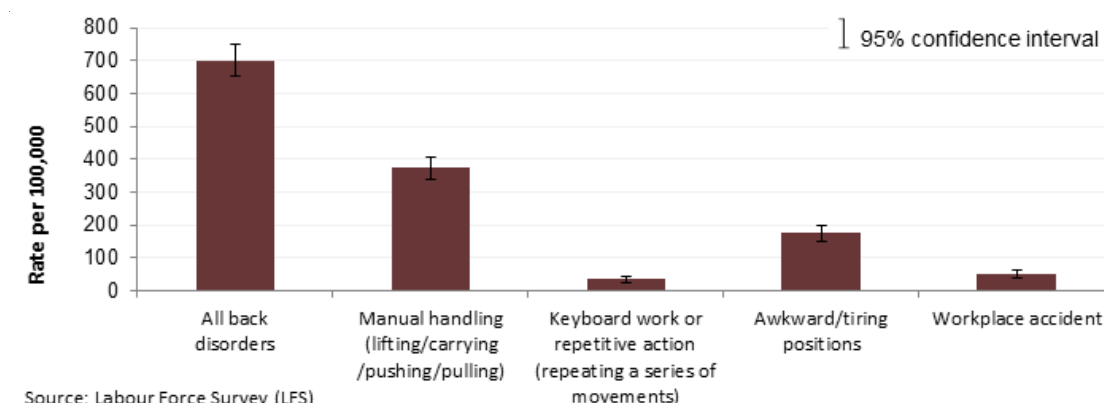


Source: Labour Force Survey (LFS)

Causes of back disorders

The prevalence of back disorders of 212,000 cases averaged between 2009/10-2011/12 demonstrated that 113,000 cases (53%) were classified as occurring from manual handling, lifting and carrying activities 11,000 cases (5%) occurred through keyboard or repetitive movement activities 53,000 (25%) from awkward or tiring positions and 15,000 (7%) from workplace accidents.

Figure 15. Estimated prevalence rates of self-reported WRMSDs mainly affecting the back in Great Britain, by how caused or made worse by work, for people working in the last 12 months, averaged 2009/10-2011/12

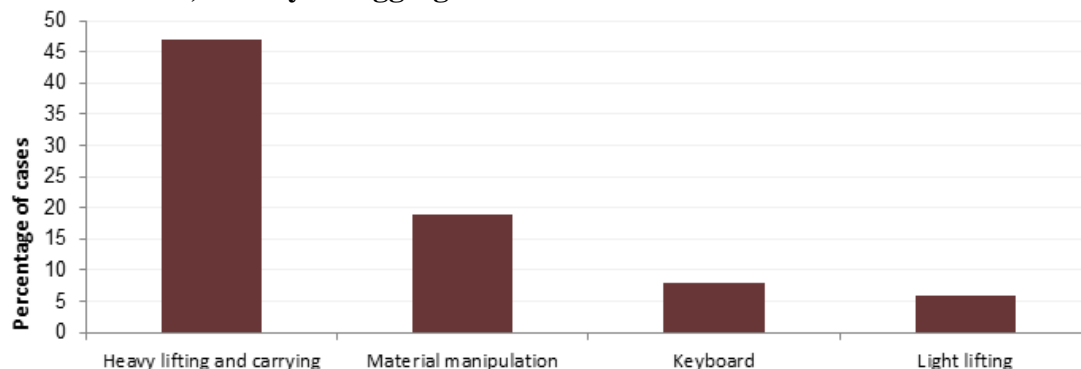


Source: Labour Force Survey (LFS)

General Practitioners (THOR-GP)

The general practitioners scheme which collects work related data from patients presenting within GP clinics provides some useful information on what the GP and patient considered was the main cause of back pain. Examining the case data from 2013-2015 it demonstrates that lifting and carrying remains the primary driver for low back pain at work. This has also traditionally been the case for many years across all industries. Material manipulation which also involves moving, pushing shoving and lifting is also an important cause presented.

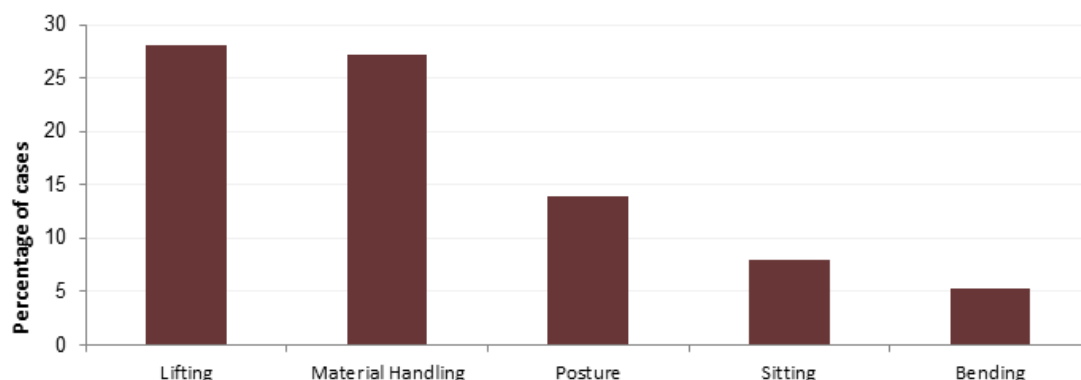
Figure 16. Percentage of spine or back disorders reported to THOR-GP, according to attributed task, three-year aggregate total 2013 to 2015 in Great Britain



Source: THOR-GP

General practitioners assess what the main movement at work is likely to be the cause of back disorders. Heavy lifting and moving materials at work are generally responsible for the majority of back disorders presenting at GP surgeries.

Figure 17. Percentage of spine of back disorders reported to THOR-GP, according to attributed movement, three-year aggregate total 2013 to 2015 in Great Britain



Source: THOR-GP

Work Related Upper Limb Disorders (WRULDs)

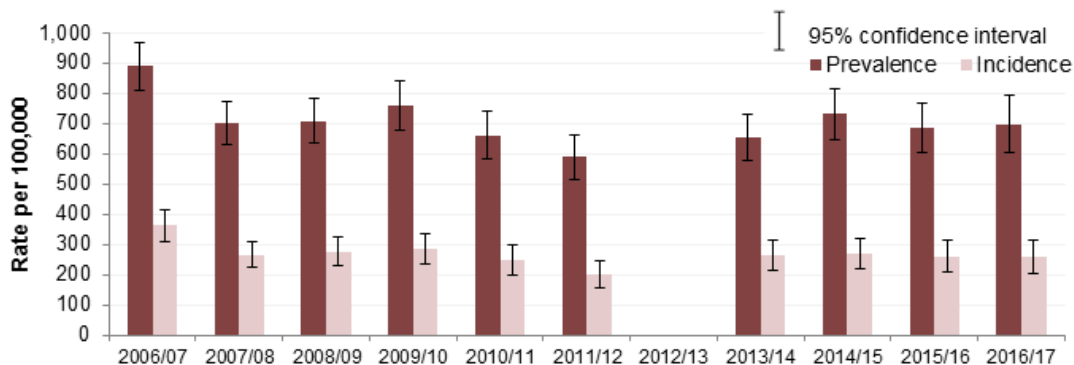
Upper limb disorders include a large number of different WRMSDs in the hand, wrist, shoulder and neck. Typical examples include repetitive strain trauma, hand-wrist tendon syndromes, carpal tunnel syndrome or epicondylitis.

Hand- wrist tendon syndrome, for example, can occur in a work setting where there are repetitive movement of the hand and wrist, forceful movement or extensive flexion of the hand and wrist.

Examples of occupations in which this could occur include the work in the food and drink industry involving repetitive food packing (Riihimaki, 1995).

The prevalence of WRULDs in 2016/17 was 229,000 total cases (case rate of 700 per 100,000 workers). This was not statistically significantly different from the previous year. The rate of self-reported work-related musculoskeletal disorders mainly affecting the upper limbs or neck has remained broadly flat.

Figure 18. Estimated prevalence and incidence rates of self-reported WRULDs, in Great Britain, for people working in the last 12 months in, 2006/07-2016/17



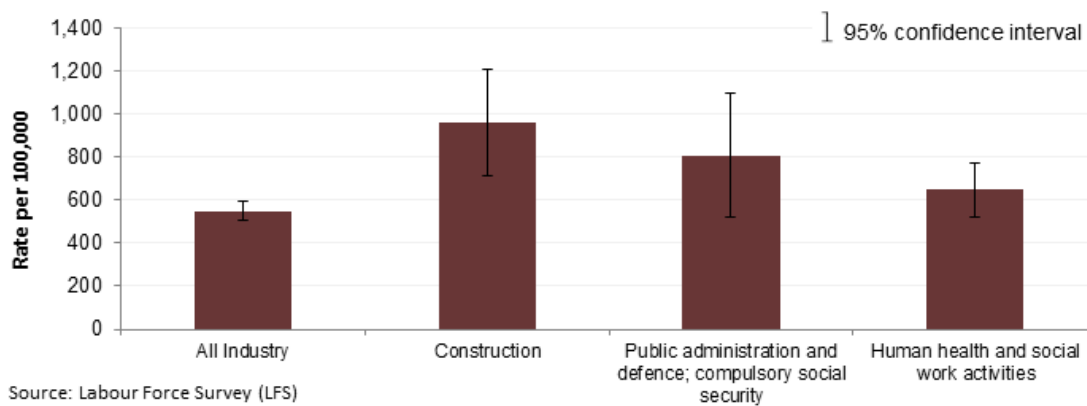
Source: Labour Force Survey (LFS)

Note: No ill health data collected 12/13

In 2016/17 there were 3.9 million working days lost due to WRULDs in Great Britain. This equated to 17.2 days per case which was not statistically significantly different from the previous year which had 14.1 days lost per case for WRULDs

WRULDs by industry and occupation

Figure 19. Estimated prevalence rates of self-reported WRULDs in Great Britain, for people working in the last 12 months, by selected industry, averaged 2014/15-2016/17



One industry group had higher rates of upper limb disorders than the average prevalence across all industries with a case rate of 550 per 100,000 workers.

Construction, had statistically significantly higher rate of 960 per 100,000 cases the broad category of Public administration and defence and Human health and social work activities had rates of 810 and 650 cases respectively but were not statistically significantly higher than the all industry rate.

Figure 20. Estimated prevalence rates of self-reported WRULDs, for people working in the last 12 months, by selected occupation in Great Britain, averaged 2014/15-2016/17



Skilled trade occupations had a statistically significantly higher rate of upper limb disorders than the rate of all occupations (550 cases) with 1,090 cases per 100,000 workers. Associate professional and Process plant and machine operatives had rates in line with the average across all occupations.

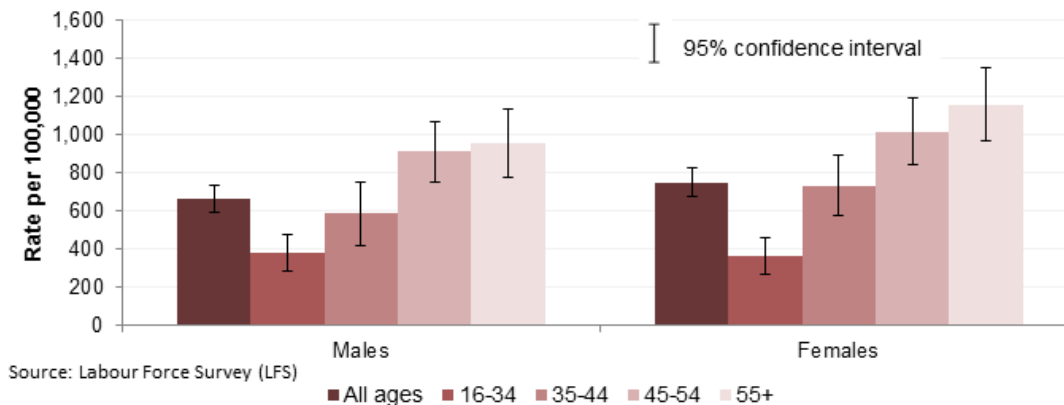
WRULDs by age and gender

In 2014/15-2016/17, the average prevalence rates for upper limb disorders per 100,000 workers for both males and females were of a similar order.

Men aged 16-34 years had a statistically significantly lower rate of upper limb disorders compared to the rate for males as a whole, with 380 cases per 100,000 workers. Males aged 35-44 years had a rate consistent with the average for all ages with 590 cases per 100,000 workers. In the 44-54 and the 55+ year age groups, the rates were statistically significantly higher than rate for males as a whole, with 910 cases and 960 cases per 100,000 workers respectively.

Similarly, females aged 16-34 years had a statistically significantly lower rate compared to all females with 370 cases per 100,000 workers. The 35-44 year age group had a similar rate to the average for all ages with 740 cases per 100,000 workers and females aged 45-54 and 55+ had statistically significantly higher rates than the all females rate at 1,020 and 1,160 cases per 100,000 workers respectively.

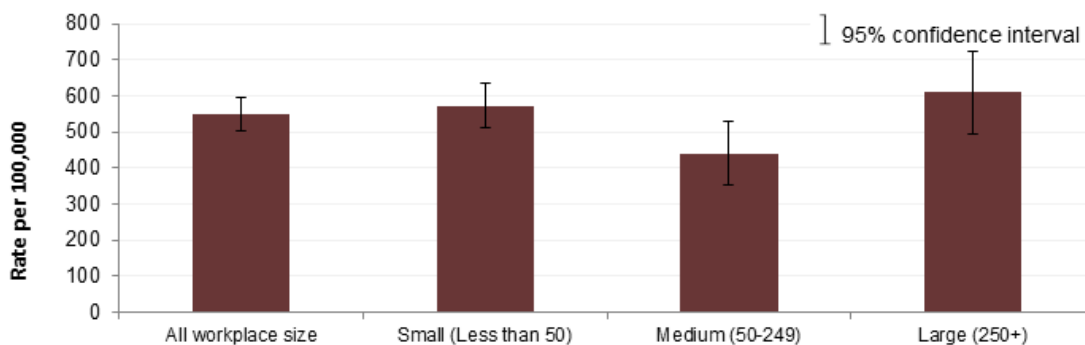
Figure 21. Estimated prevalence rates of self-reported WRULDs by age and gender in Great Britain, for people working in the last 12 months, averaged 2014/15-2016/17



WRULDs by workplace size

Medium-size workplaces had a statistically significantly lower rate of upper limb disorders compared with the average rate across all workplaces (2014/15-2016/17). The average rate across all workplaces was 550 prevalence cases per 100,000 workers whereas medium workplace sizes had 440 cases per 100,000, small workplaces had a rate of 570 cases and large workplaces had a rate of 610 cases.

Figure 22. Estimated prevalence rates of self-reported WRULDs in Great Britain for small, medium and large workplaces, for people working in the last 12 months, averaged 2014/15-2016/17

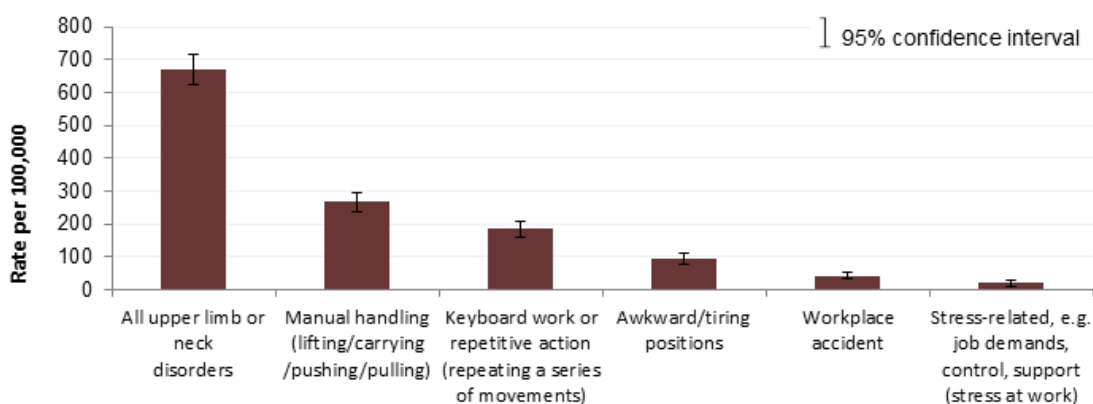


Source: Labour Force Survey (LFS)

Causes of Upper Limb Disorders

Of the total prevalence of WRULDs averaged across this time period 2009/10-2011/12, 203,000 cases manual handling, lifting and carrying accounted for 81,000 cases (40%), keyboard or repetitive action accounted for 56,000 cases (28%), awkward or tiring positions 29,000 cases (14%) and workplace accidents 13,000 cases (7%).

Figure 23. Estimated prevalence rates of self-reported WRULDs in Great Britain, by how caused or made worse by work, for people working in the last 12 months, averaged 2009/10-2011/12

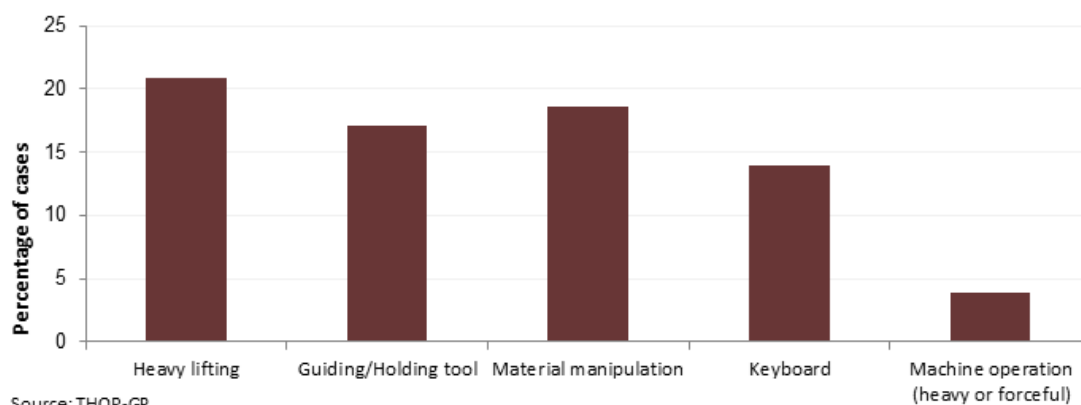


Source: Labour Force Survey (LFS)

General Practitioners (THOR-GP)

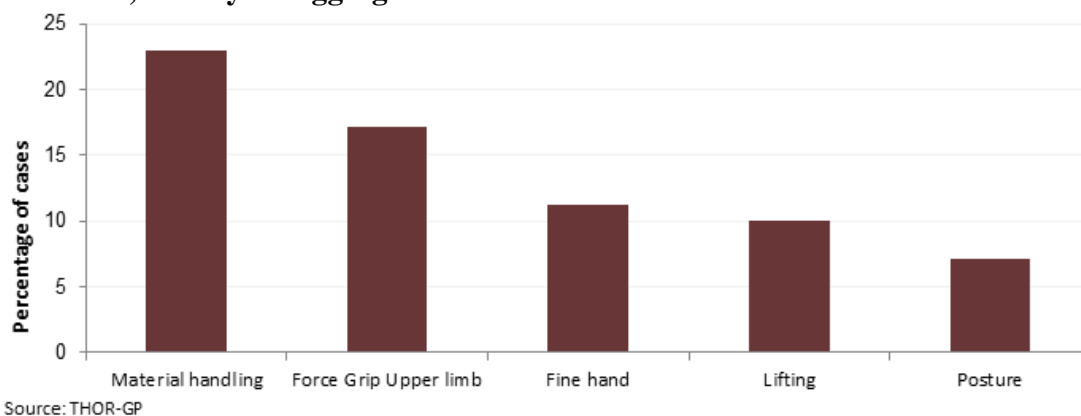
The general practitioners scheme which collects work related data from patients presenting within GP clinics provides some useful information on what the GP and patient considered was the main cause of upper limb disorders pain. Examining the case data from 2013-2015 it demonstrates that heavy lifting, holding tools for periods of time, excessive keyboard work and pulling shoving carrying materials were the main causes for WRULDS cited by GP's and their patients in this period.

Figure 24. Percentage of WRULDs reported to THOR-GP, according to attributed task, three-year aggregate total 2013 to 2015 in Great Britain



Work-related upper limb disorders presenting at GP surgeries are attributed to a combination of heavy lifting, moving materials, holding tools, machinery operations and keyboard activity.

Figure 25. Percentage of WRULDs, reported to THOR-GP, according to attributed movement, three-year aggregate total 2013 to 2015 in Great Britain



Work Related Lower Limb Disorders (WRLLDs)

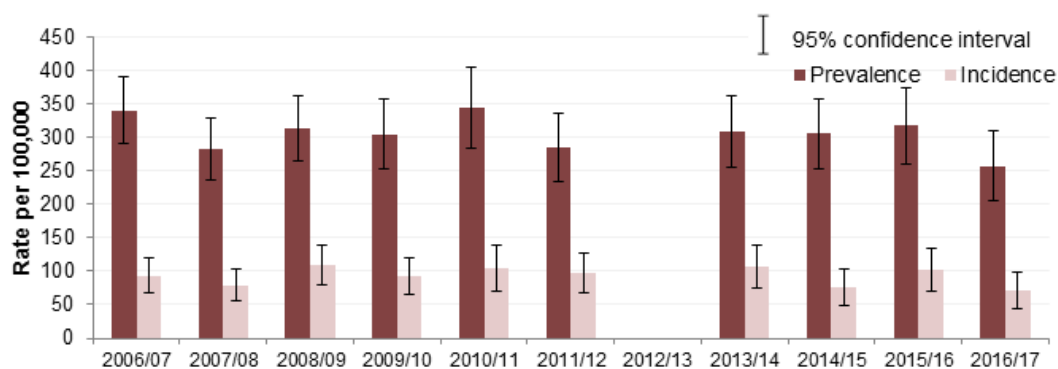
WRLLDs are distinct from WRMSDs affecting the back, the neck and the upper limbs, in that they can often give rise to greater degrees of immobility and thereby can degrade quality of life substantially (Bruchal, 1995; Lohmander et al., 2004). Like disorders of the upper limb and axial skeleton (neck and trunk), WRLLDs involve the muscles, tendons or nerves, ligaments and other tissues, and they are generally manifested by inflammation, pain, discomfort or tingling.

Historically WRLLDs are not as well documented in the occupational health literature as back and upper limb disorders. Reports of WRLLD symptoms tend not to be independent of reports of symptoms in other areas of the body (Gamperiene and Stigum, 1999; da Silva et al., 2006). D,Souza et al. (2005) opined from their review of the literature surrounding general worker populations that the low prevalence of WRLLDs reported in the studies, could be due to other factors because true prevalence is not totally captured. For instance, workers who had withdrawn from the workplace or transferred to other jobs due to chronic injuries are likely to have been excluded from surveyed data, as has previously been suggested by Walker-Bone and Palmer (2002). WRLLDs are often categorised as acute or overuse injuries. Acute can include meniscal tears of the knee or ankle and metacarpal fractures of the ankle and foot. Overuse injuries for example include in the hip and thigh, osteoarthritis and hamstrings strains, in the knee, osteoarthritis, patellofemoral pain syndrome, shin splints and in the foot and ankle, Achilles tendonitis, plantar fasciitis or ankle sprain amongst others.

According to many cross sectional studies workers in occupations with heavy physical demands have a higher prevalence of knee osteoarthritis than those in lower demanding work. Examples include carpet and floor layers whose job requires frequent kneeling had an increased prevalence of patellar osteophytosis (Riihimaki, 1995).

The prevalence rate of WRLLDs was 260 cases per 100,000 people employed and equated to a total case number of 84,000. The rate of self-reported work-related musculoskeletal disorders mainly affecting the lower limbs has remained broadly flat.

Figure 26. Estimated prevalence and incidence rates of self-reported WRLLDs in Great Britain, for people working in the last 12 months, 2006/07-2016/17



Source: Labour Force Survey (LFS)

Note: No ill health data collected 12/13

The number of working days lost in 2016/17 was 1.8 million days lost at a rate of 21.1 days lost per case.

Conclusions

WRMSDs, while not life threatening, can impair the life quality and mobility of large numbers of the working population. The Labour Force Survey statistics over the last 10 years demonstrate that a significant number of WRMSDs are attributed to working practices across many diverse industries and occupations. In 2016/17, WRMSDs accounted for 39% of the prevalence of all work-related ill-health in Great Britain. WRMSDs working days lost (which place burdens on employers) account for 35% of all working days lost due to work-related illness in 2016/17 in Great Britain. The industries and occupations that have demonstrated the highest rates of musculoskeletal disorders have also remained similar; with industries with active physical work such as the construction industry or skilled trade occupations those with high rates.

For further information on WRMSDs

<http://www.hse.gov.uk/statistics/>

The detailed data included in this report can be found in tables located at

www.hse.gov.uk/statistics/tables .

Glossary of Acronyms

WRMSDs Work related musculoskeletal disorders

WRULDs Work related upper limb disorders

WRLDs Work related lower limb disorders

LFS – Labour Force Survey

IIDB Industrial Injuries Disablement Benefit scheme

THOR – The health and occupational reporting network

THOR –GP The health and occupational reporting network – General Practitioners

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THOR The Health and Occupation Research Network (2015) University of Manchester (<http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/>)

THOR–GP The health and occupational reporting network – General Practitioners (<http://www.population-health.manchester.ac.uk/epidemiology/COEH/research/thor/>)

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