Lifting and Your Back Preventing Back Injury



Back Injury

• Low back pain is the most common work-related medical problem in the United States and the second most common reason for doctor visits among U.S. citizens, according to the National Center for Health Statistics. It affects more than 20 million Americans and is the leading cause of disability among people ages 19 - 45. It hits the bottom line fairly hard, too: low back is the No. 1 leading cause of missed work days, costing Americans \$60 billion per year in treatments and American businesses about \$15 billion annually. It's estimated that at least 80 percent of all Americans will experience some form of low back pain at some point in their lives.

Statistics

Company Injuries

			Other
Year	Back/Lifting	Back/Non-Lifting	Strain/Sprain
1997	8	0	7
1998	10	0	6
1999	4	2	9
2000	0	1	3
2001	5	1	5

Subcontractor Injuries

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	Other					
Year	Back/Lifting	Back/Non-Lifting				
	Strain/Sprain					
1997	1	0	1			
1998	0	0	2			
1999	1	0	1			
2000	1	0	1			
2001	1	1	1			

Statistics

Lost & Restricted Time due to Back and Strain/Sprain injuries.

Company

Subcontractors

Year	Lost Days	Restricted Days	Lost Days 1	Restricted Days
1997	228	0	30	3
1998	13	65	0	2
1999	14	74	0	2
2000	0	42	0	8
2001	38	62	0	4

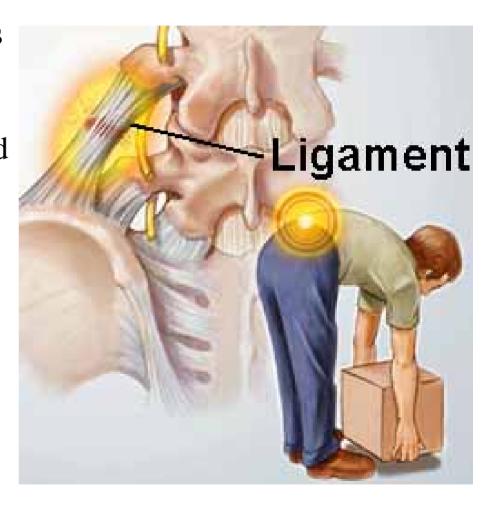
Back Injuries

- Last year, about 500,000 back and neck surgeries were performed in the United States. Since there are many non-surgical treatments for low back pain some experts believe that many of these operations were unnecessary.
- For a comparison there are about 600,000 Cardiac Artery Bypass procedures performed in the United States each year. Other "open heart" surgeries include 80,000 valve surgeries, and 2,300 heart transplants annually for a total of 682,300.
- Approximately 200,000 appendectomies are performed annually in the US.

Back Injuries

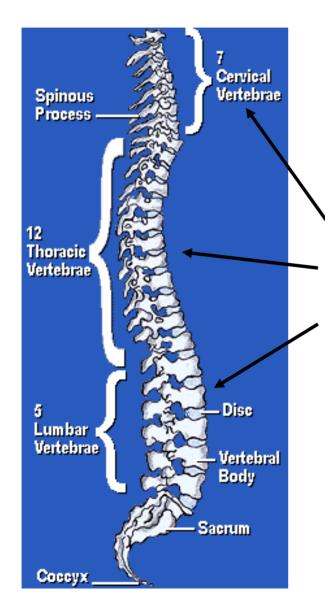
• Interestingly, while many Americans know the role cholesterol, diet and exercise plays in preventing heart attack, few Americans know how to prevent spine problems, or a "back attack." While everyone understands that chest pain is a signal from the body that something is wrong, random bouts of back pain are largely ignored until the problem becomes more serious, and a disc is herniated.

The spine includes vertebrae (bones), discs (cartilaginous pads or shock absorbers), the spinal cord and nerve roots (neurological wiring system), and blood vessels (nourishment). Ligaments link bones together, and tendons connect muscles to bones and discs. The ligaments, muscles, and tendons work together to handle the external forces the spine encounters during movement, such as bending forward and lifting.



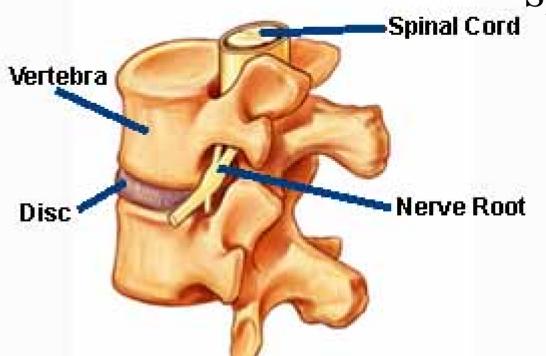
Back Injuries

- Some back injuries involve the "soft tissue" that is the muscle, ligament type injury.
- A more serious injury occurs when the discs of the spine are involved.

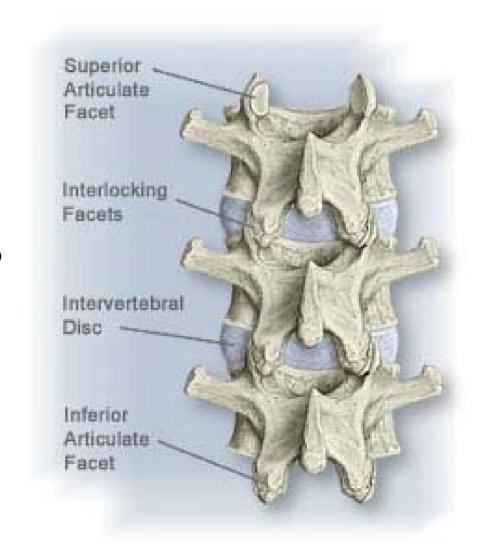


- This is a normal spine.
- The normal anatomy of the spine is usually described by dividing up the spine into 3 major sections:
- The **cervical**,
 - The **thoracic**, and
 - The **lumbar** spine. (Below the lumbar spine is a bone called the **sacrum**, which is part of the pelvis). Each section is made up of individual bones called **vertebrae**. There are 7 cervical vertebrae, 12 thoracic vertebrae, and 5 lumbar vertebrae.

- The spine is composed of:
- Vertebra
- Discs
- Spinal Cord and Nerves

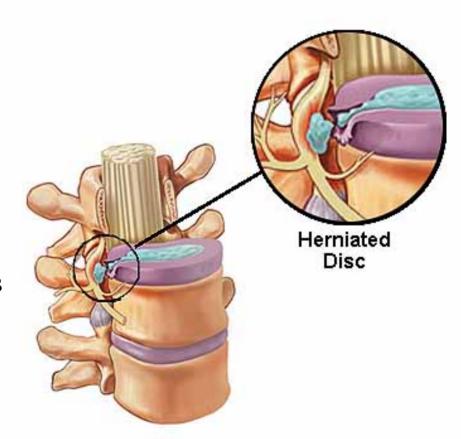


- The vertebrae are separated by intervertebral discs which act as cushions between the bones.
- Each disc is made up of two parts. The hard, tough outer layer called the **annulus** surrounds a mushy, moist center termed the **nucleus**.



Disc Problems

- In between each of the five lumbar vertebrae (bones) is a disc, a tough fibrous shock-absorbing pad.
 Endplates line the ends of each vertebra and help hold individual discs in place.
- Excess spinal pressure can cause these discs to be compressed until they rupture.
- Disc herniation occurs when the annulus breaks open or cracks, allowing the nucleus to escape. This is called a Herniated Disc.



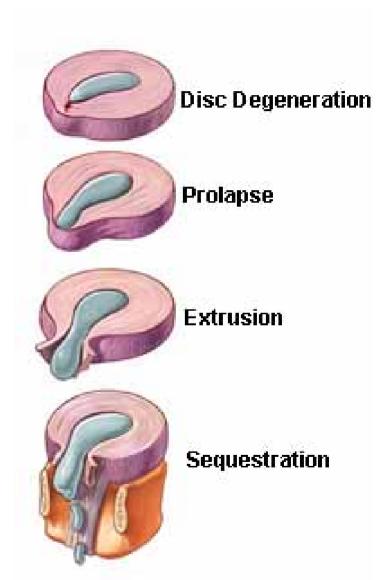
Disc Herniation Factors

- Many factors increase the risk for disc herniation:
- (1) Lifestyle choices such as tobacco use, lack of regular exercise, and inadequate nutrition substantially contribute to poor disc health.
- (2) As the body ages, natural biochemical changes cause discs to gradually dry out affecting disc strength and resiliency.
- (3) Poor posture combined with the habitual use of incorrect body mechanics stresses the lumbar spine and affects its normal ability to carry the bulk of the body's weight.

Disc Degeneration

- ★ <u>Disc Degeneration</u>: chemical changes associated with aging causes discs to weaken, but without a herniation.
- * Prolapse: the form or position of the disc changes with some slight impingement into the spinal canal.

 Also called a bulge or protrusion.
- * Extrusion: the gel-like nucleus pulposus breaks through the tire-like wall (annulus fibrosus) but remains within the disc.
- * Sequestration or Sequestered Disc: the nucleus pulposus breaks through the annulus fibrosus and lies outside the disc in the spinal canal (HNP).



Disc Problems

- Combine these factors with the affects from daily wear and tear, injury, incorrect lifting, or twisting and it is easy to understand why a disc may herniate. For example, lifting something incorrectly can cause disc pressure to rise to several hundred pounds per square inch!
- A herniation may develop suddenly or gradually over weeks or months.

RULES FOR LIFTING

- Never Bend, Lift, and Twist at the same time!
- Use mechanical aids or assistance when possible.
- Bend your knees and use your legs to lift!



• Plan the Lift.

Before attempting to lift or move something heavy, it is important to step back and analyze what needs to be accomplished. Think about how heavy the object is, how far it has to be moved, where it is going to end up? What is the shape of the object? Is it cumbersome, will it be easily manipulated? Is it a two-person job? Is there anything in the way that needs to be moved prior to lifting? Stand directly in front of the load, with feet about shoulder width apart. One foot should be in front of the other for balance. (See Figure 1)



Figure 1

Correct Positioning.

Get Help if Needed. If the load is too heavy, **DON'T TRY TO** LIFT IT ALONE. Find someone who can help carry it, or if possible, break the load into two smaller, more manageable loads. Bend the knees and tighten the stomach muscles. Using both hands, grasp the object firmly and pull it as close as possible to your body. (See Figure 2 and 3)



Figure 2

• Lift With the Legs -- NOT THE BACK.

Since leg muscles are stronger than back muscles, lift with the legs, until they are straightened. Avoid jerky movements. Keep the natural curve in the spine; don't bend at the waist. To turn, move the feet around by pivoting on the toes, not by twisting at the stomach. (See Figure 4)



Figure 3

When it is time to set the load down, it is very important that it is done correctly. Reverse the procedures for lifting to minimize the strain on the back. If the load is going to set on the floor, bend the knees and position the load in front of you. If the load is to go at table height, set it down and keep in contact with the load until it is secure on the table.



Figure 4

• There is one final important rule: "THINK BEFORE YOU **LIFT**". It is better for workers to use their own common sense than to teach them specific lifting, pushing, pulling, walking, climbing or jumping procedures. This is not to imply that unsafe behaviors should not be pointed out to others and corrected. For example, "common sense" may tell certain people to jump down from heights of several feet. Certainly, when people exhibit this type of behavior or when they attempt to carry two hundred pounds, the errors of their behavior should be brought to their attention. Remember, in lifting, you are the major cause of your injuries; therefore, you have the major responsibility for preventing them.