

What about Ergonomic Risks and Musculoskeletal Disorders in the Upper Extremity in Mexico?

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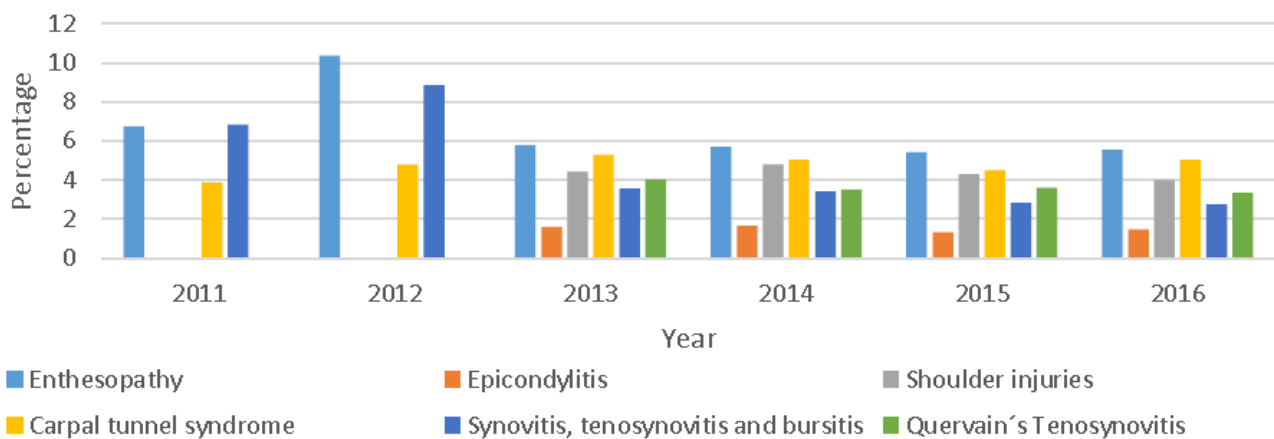
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Short Communication

According to the Public Finance Studies Center, in Mexico (31), only 31.6% of the economically active population is insured in the Mexican Social Security Institute (IMSS), an institution responsible for the medical care of Workers. This population is considered in public statistics on occupational diseases. That is very serious since it means that it is not known what the working and health conditions of almost 70% of Mexican workers are. However, we can say that this amount is only the tip of the iceberg. There are a large number of informal workers for whom no data are available [1].

The outlook for musculoskeletal disorders, caused by the ergonomic risks present in the workplace, is rather bleak, as the trend in recent years has been increasing, according to official records indicate.

Figure 1 show how the prevalence of some disorders due to trauma in the upper limb has been modified. It is clear that in the last five years the registry of these disorders has increased and the classification of these disorders has been improved [2-7].

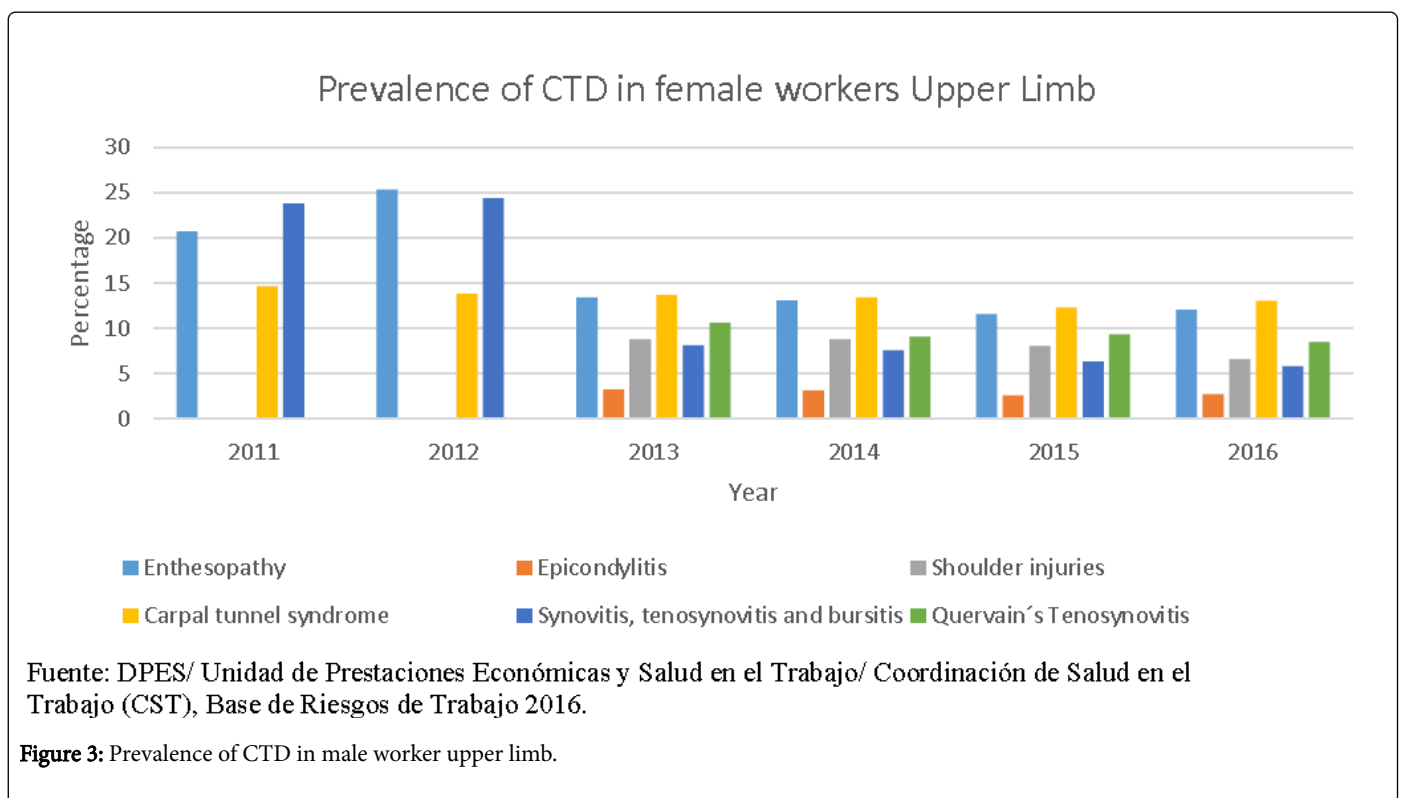
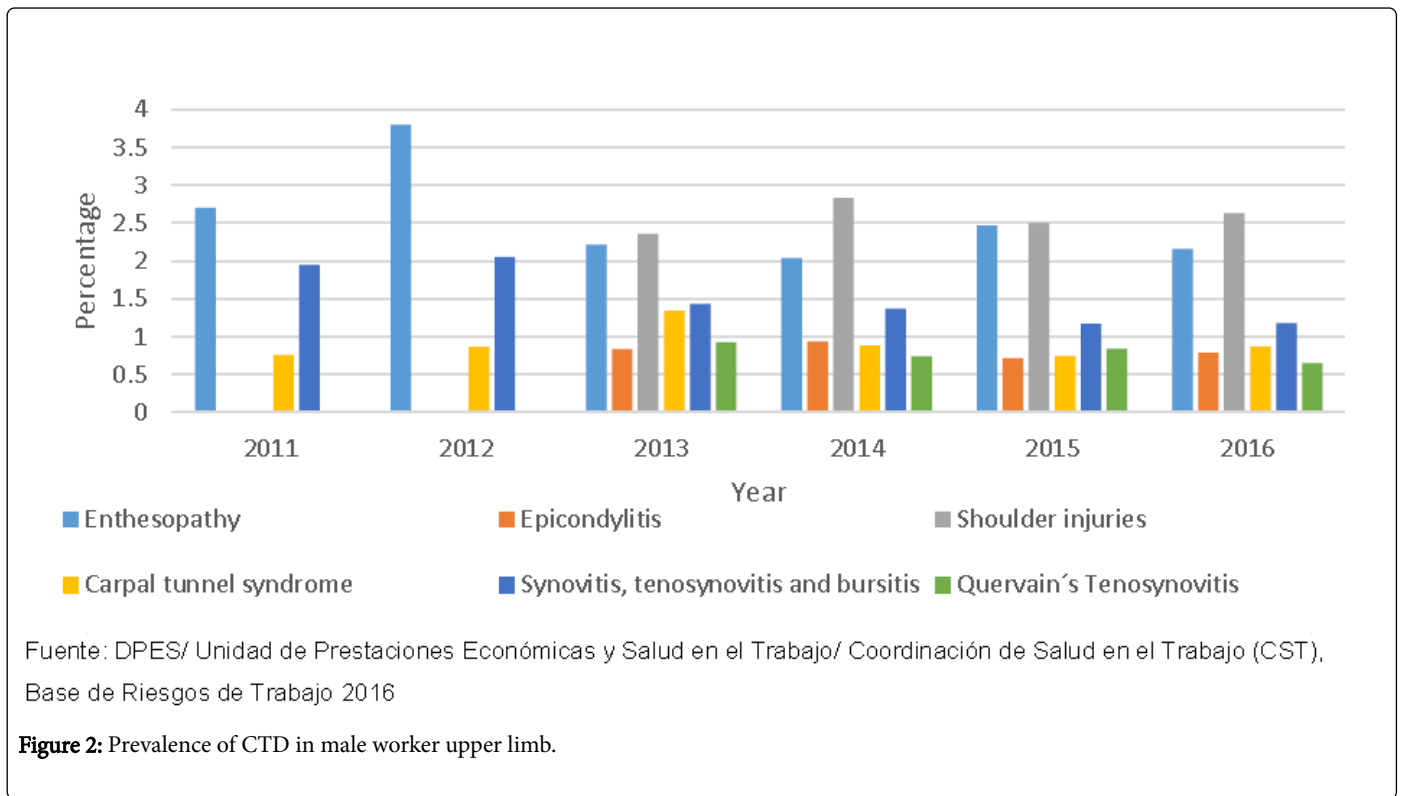


Fuente: DPES/ Unidad de Prestaciones Económicas y Salud en el Trabajo/ Coordinación de Salud en el Trabajo (CST), Base de Riesgos de Trabajo 2016

Figure 1: Prevalence of CTD in worker's upper limb.

Source: DPES/Economic Benefits and Occupational Health Unit/ Health Coordination at Work (CST), Workplace Risk Base 2016. As it is possible to observe in Figures 2 and 3, the distribution of the CTDs considering the gender of the workers is similar to what happens

worldwide; women are the most affected by these problems. Carpal tunnel syndrome and Quervain's disease, the ratio is close to six to one compared to the rest of the pathologies that have a ratio of 2 to 1, approximately [2-7].



On the other hand, the system of registration of occupational hazards that has used in the country, regulated by the current labor legislation, does not allow characterizing the ergonomic risks existing in the workplaces.

The classification that has been used performs a quite general classification of the risks and conditions existing in the workplace, as can be seen in Table 1. This classification makes a division between unsafe acts and physical hazards, considering that both are elements

Insecure Act	Physical hazards
Failure to ensure or prevent	Hazardous Methods, Materials or Procedures
Lack of attention to the support base or its surroundings	Public hazards
Failure or unsafe third party act	Defects of the agents
Adopt dangerous positions or attitudes	Placement hazards
Inappropriate use of hands or other parts of the body	Environmental hazards
Inappropriate behavior at work	Environmental hazards of working outdoors, other than public hazards
Place, mix, combine, etc., in an unsafe way	Clothing and apparel hazards
Do not use personal protective equipment	Improperly Protected
Inappropriate use of equipment	Physical hazard, s.c.e.
Operate or work at unsafe speed	Other classification
Inoperative safety devices	Not specified
Clean, grease, adjust or repair moving equipment, with electric or pressurized load	
Use of unsafe equipment	
Wear unsafe personal clothing accessories	
No unsafe act	
Another classification	
Source: DPES/Economic Benefits and Occupational Health Unit/Health Coordination at Work (CST), Workplace Risk Base 2016	

Table 1: Classification of laborer risk in México.

that affect the generation of diseases and work accidentally. However, it is not possible to differentiate which are those that have an ergonomic origin.

As can be observed, there is no adequate classification of the risks, which does not allow establishing an association with the reported diseases.

At present, work is being carried out in the preparation of an Official Mexican Standard that allows an adequate monitoring of these risks and, therefore, to reduce this risk. This normativity aims to incorporate ergonomic risks that are recognized at international level: over-stress, repetitiveness, and inappropriate postures. Likewise, it has sought that the techniques for detection and evaluation, are those proven in multiple investigations and interventions.

The change in normative will improve the preventive activities in the area, and give certainty to the work of the ergonomist, having a legislative framework that supports the work done in the workplace.

In the same way, it will allow a timely detection of the risks, and facility makes the best process of prevention of the symptoms or diseases that currently exist.

References

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