

The Obesity Epidemic and Its Relation to the Prevalence of Musculoskeletal Disorders in Occupations that Service the Obese Individual

Tal Amasay*

Department of Sport and Exercise Sciences, Barry University, 11300 NE 2nd AVE, Miami Shores, USA

Nowadays, a new question arises concerning the role of the obese patient/customer on the prevalence of musculoskeletal disorders in various occupations, such as dental hygienist, nursing and hair dresser. This question looks at obesity not from the point of view of the obese individual's risk of developing health and musculoskeletal disorders, but from the point of view of the worker and the risk of injury to which the worker may be susceptible as a result of providing a service to an obese individual. This new point of view reflects the concern regarding the increased prevalence of obesity and their impact on professions that interact with obese customers on a regular basis. The rationale behind this question is an attempt to identify work patterns and attitudes of specific professions that may interact with obese individuals while the workers manipulate their own body to position themselves to effectively provide a given service to the obese individual. The answer to this question would then provide insight regarding the worker's susceptibility to musculoskeletal disorders and psychological stress during their work day.

The National Institute for Occupational Safety and Health (NIOSH) defines musculoskeletal disorders (MSDs) as injuries or disorders of the muscles, nerves, tendons, joints, cartilage, and spinal discs, as a result of body movement/posture (awkward or constrained), overexertion, or repetitive motion. The Bureau of Labor Statistics reported in 2011 that MSDs accounted for almost 30% of all workplace injuries and illnesses requiring days away from work. The body area with the highest injury rate was the back, with nearly 50% of the MSDs cases and required a median of 7 days off work. MSDs of the shoulder required the longest absence from work, a median of 21 days, but accounted for only 15% of the MSDs cases. The obese individual's body girth may constrain the worker's ability to supply a service to the obese customer within safe boundaries of joints range of motion and static body posture [1].

Data from the CDC shows that in the last 20 years there has been a large increase in obesity in the United States. Since the mid-seventies, the prevalence of obesity has increased sharply for both adults and

children. Among adults aged 20–74 years, the prevalence of obesity increased from 15% in the late seventies to more than 32% in 2007–2008 [2]. Data from NHANES surveys (1976–1980 and 2007–2008) show that the prevalence of obesity for children and teens has increased from 5.0% to 17% [3].

In addition, the Congressional Research Service reported that life expectancy rose dramatically in the United States over the past century. The increase in life expectancy from the mid 20th century has been attributable to improvements in the control and prevention of numerous infectious and parasitic diseases, especially among infants and children, and chronic diseases of adulthood. The most recent available data (2003) show that life expectancy in the United States in 2003 was 77.5 years, an increase from 49.2 years in 1900–1902 [4].

These trends introduce the current and future increase in the obese population. This population may introduce various difficulties and constraints to professions that give service to the obese individuals as a result of inappropriate equipment to accommodate the patients' needs and inappropriate technique used by the professional to treat or service the obese. The main question is: "What is the next step we need to take?"

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*Corresponding author: Tal Amasay, Assistant Professor, Department of Sport and Exercise Sciences, Barry University, 11300 NE 2nd AVE, Miami Shores, FL 33161, USA, Tel: +305-899-3490; E-mail: TAmasay@mail.barry.edu

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