



**Ergonomic Assessment for Mr. XXXX**

**November 7, 2004**

**XYZ Corporation**

**12345 6<sup>th</sup> Street**

**Denver, CO 80123**

**Summary:** An ergonomic assessment was requested for Mr. XXXX, an employee of XYZ. Mr. XXXX is presently under physician care for a suspected ulnar nerve impingement and possible trigger finger, both in the right hand. Mr. XXXX reports numbness, tingling, pain, feeling of swelling and burning in the pinky/ring finger and the distal parts of his right hand. Mr. XXXX's present job classification is as an Information Specialist, but has been off the job since 08/16/00. Mr. XXXX began this job on 01/25/00. Previously, he was employed for 15 years as a bus driver.

**Observations:** Mr. XXXX is a tall man with a proportional body frame. He reports symptoms and signs consistent with ulnar nerve impingement and is presently under physician care for a work-related musculoskeletal disorder. We reviewed his case history, symptoms and job functions with him, his supervisor and the Safety Officer. Mr. XXXX was extremely cooperative and willing to initiate the recommended changes upon his return to work.

Mr. XXXX normally sits at a corner workstation that is adjustable in height through a range of seated and standing positions. The chair that he has is in good working conditions and has all of the standard adjustment features. The chair is sized to sufficiently support Mr. XXXX's height and body frame requirements and has more than sufficient ergonomic design. The computer is Windows NT 4.0-based and has a 17-inch monitor. Mr. XXXX has been provided with a Microsoft Natural Elite keyboard and a telephone headset.

Mr. XXXX's duties as an Information Specialist include answering customer queries that are processed into the center. He would normally be expected to answer customer questions by using online and hardcopy resources. Mr. XXXX receives, in addition to his normally scheduled lunch break, two 15-minute uninterrupted breaks. Although electronically monitored, employees

in this work group are able to move about freely to take micro-breaks. Keyboarding does not appear to approach any levels of risk either due to high keying frequency or sustained moderate frequencies. In fact, touch-typing is not an essential attribute of this job and keying speed does not appear to be a factor.

**Recommendations:** Based on observation and discussion with Mr. XXXX, a number of changes were recommended. First, as Mr. XXXX wears progressive-lensed glasses (bifocal), the monitor was repositioned approximately 5 inches lower than normal so he did not have to tilt his head back to view the screen through the bottom of his lenses. This was done by removing the CPU from underneath the monitor and lowering the workstation by 1 inch. The monitor was moved 8 inches closer to Mr. XXXX as to better facilitate his viewing and to move the keyboard closer to him.

Second, As Mr. XXXX uses a Microsoft Natural Elite keyboard, but is not a proficient touch-typist; it was recommended that he use a standard 104/105 QWERTY keyboard to avoid excessive head movement. Although Mr. XXXX's body frame and broad shoulders might favor a split-keyboard, he experiences discomfort because of visioning and key position issues. He concurred with this recommendation as he has this type of keyboard at home and it does not present him with any discomfort.

Third, it was observed that Mr. XXXX rests his elbows on the workstation surface because the keyboard was far enough away to allow this. This may present a problem, especially since his elbows are in constant contact with a hard surface. This may aggravate or cause pressure on the ulnar nerve. As the keyboard was brought closer, Mr. XXXX assumed a more neutral forearm and keyboarding posture with his elbows off of the table surface and his forearms roughly parallel to the floor. It was recommended that he use a soft polymer gel wrist rest for both the keyboard and the mouse in order to minimize contact pressures on his arm resulting from contact with the workstation surface.

Fourth, because of localization of symptoms in the right hand and arm and as Mr. XXXX is right-hand dominant, recommendation was made to perform mousing and telephone tasks with the non-dominant left hand. This would minimize the stresses that the right hand/arm are

subjected to. Because Mr. XXXX s present workstation is configured with a right-hand dedicated Logitech Mouseman mouse, it was recommended that he use a low profile, ambidextrous mouse. Mr. XXXX concurred and understands how to reconfigure his computer input device driver to switch mouse button function to a left-handed configuration.

Fifth, because of Mr. XXXX s previously reported back injury, it was recommended that he use some type of support for his lumbar region. As the present chair may not provide enough lumbar support for Mr. XXXX, a foam-rubber lumbar support or a rolled-towel were suggested to enhance the seat back s lumbar support.

Finally, because Mr. XXXX may need physical therapy, it is recommended that the physical therapist and attending physician review this report and that the physical therapist actually visit Mr. XXXX s worksite upon initiation of therapy so as to fully understand the work environment and tasks. This is recommended so as to facilitate the proper therapeutic modalities and efficiently return Mr. XXXX to work.

**Conclusion:** Mr. XXXX was very open to all suggestions for modification of his workstation to accommodate his needs. An immediate order was placed for the gel keyboard wrist rest, gel mouse wrist rest, ambidextrous mouse and standard keyboard with Essential Safety Products. Mr. XXXX agreed to try a rolled towel first for lumbar support as he can adjust the diameter and tightness of the roll. All other attributes of the workstation appear to be sufficient to meet Mr. XXXX s needs. If there are any questions on this report, please contact me at the number below.

James M. Stewart, M.S., M.P.H., CPE, CIE  
ESP/OfficeSafe™  
939 East 62nd Avenue  
Denver, CO 80216  
303-286-7135  
jstewart@espsafety.net

cc: physical therapist  
supervisor  
safety officer