

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Introduction - Ergonomics and Repetitive Motion: The Injury That Builds Before You Feel It

Introduction for Leaders:

This week we are talking about ergonomics and repetitive motion injuries. These are not the injuries that happen in a moment. They are the ones that build quietly over weeks, months, and years of doing the same movements in the same positions day after day. By the time most people feel them, the damage is already done and reversing it is significantly harder than preventing it.

Ergonomic injuries are the most common category of workplace injury in manufacturing and production environments. They affect more team members than any other hazard type and account for a significant portion of lost time, restricted duty, and permanent disability. And they are almost entirely preventable with awareness, habit changes, and the willingness to speak up early when something does not feel right.

How to Frame This Week:

- This topic affects every person on the floor regardless of role. Make that clear from the start.
- Monday carries the weekly challenge. Revisit it mid-week and use Friday for the report-back.
- Encourage honesty about symptoms. Many team members have discomfort they have not mentioned because they do not think it is serious or they do not want to be seen as complaining. This week is the time to surface that.

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Monday – How These Injuries Actually Happen

Discussion:

Most injuries we talk about in safety happen in a single moment. A slip, a contact, a fall. Ergonomic injuries are different. They happen through accumulation. Every awkward reach, every lift with a bent back, every hour of the same wrist movement, every shift spent standing on concrete adds a small amount of stress to tendons, muscles, nerves, and joints. Individually, each one is manageable. The body recovers overnight. But when the same stress happens every shift without enough recovery, the tissue starts to break down faster than it can repair itself. That is when the injury begins, usually long before any pain shows up.

The reason this matters is that by the time you feel significant pain, the injury is often well established. The early warning signs are easy to dismiss: a little stiffness in the morning, some numbness at the end of a shift, a hand that feels tired in a way that is hard to describe. Those signals are the body asking for a change. team members who report them early and get support recover quickly. team members who push through them for months often end up with conditions that require surgery or limit what they can do for the rest of their careers.

The main risk factors that drive ergonomic injuries:

Repetition. Doing the same motion hundreds or thousands of times per shift is the primary driver of repetitive motion injury. The motion does not have to be heavy or forceful. Small, repeated movements like gripping, pinching, or twisting accumulate just as effectively as larger ones.

Awkward posture. Working with the body bent, twisted, reaching overhead, or holding a position that is not neutral puts constant strain on the muscles and joints maintaining that position. The longer the posture is held and the more times it is repeated, the higher the injury risk.

Force. Tasks that require significant gripping force, pushing, pulling, or lifting load the tendons and muscles in ways that accelerate the injury process, especially when combined with repetition.

Contact stress. Resting a wrist on the edge of a workbench, pressing a tool handle into the palm, or leaning against a hard surface during a task creates localized pressure on nerves and blood vessels that compounds over time.

Vibration. Tools and equipment that vibrate transfer that vibration into the hands, wrists, and arms with every use. Prolonged vibration exposure damages nerves and circulation and is a significant contributor to hand-arm vibration syndrome.

Weekly Challenge:

This week, pay attention to how your body feels at the end of each shift. Note any stiffness, numbness, tingling, or soreness that you might normally brush off. Also notice one task during each shift that feels the most physically demanding or awkward. On Friday we will talk about what people noticed.

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Tuesday – What Repetitive Motion Injuries Look Like and Feel Like

Discussion:

Today we are going to name the specific conditions that repetitive motion and ergonomic strain produce, because a lot of team members have symptoms they have not connected to their work. Understanding what you are looking for makes it easier to catch early and easier to describe to a medical provider when you do.

Carpal tunnel syndrome is compression of a nerve as it passes through the wrist. It produces numbness, tingling, and pain in the thumb, index, and middle fingers, often worse at night or first thing in the morning. It is strongly associated with tasks involving repeated wrist flexion and extension, sustained gripping, and vibration. In early stages it is very treatable. Left unaddressed it can require surgery and cause permanent nerve damage.

Tendinitis is inflammation of a tendon caused by repeated stress on that tendon faster than it can recover. It shows up as pain and tenderness along the tendon, often worsening with the specific movement that caused it. Common locations in a manufacturing environment include the wrist, elbow, shoulder, and knee. Tennis elbow and golfer's elbow are both forms of tendinitis caused by specific grip and rotation patterns.

Trigger finger is a condition where a tendon in the finger develops a nodule that catches on the tendon sheath during movement, causing the finger to lock or snap. It is caused by prolonged gripping and is common in team members who use hand tools extensively.

Rotator cuff injury involves the tendons and muscles of the shoulder that control rotation and overhead movement. Repeated overhead reaching, lifting above shoulder height, and sustained shoulder elevation are common causes in production and maintenance roles.

Lower back strain and disc injury result from repeated bending, twisting under load, and lifting with poor mechanics. Lower back injury is the single most common ergonomic injury in any physical work environment and one of the leading causes of long-term disability.

A real-world example:

An assembly line team member had been doing the same torque operation for four years, driving a fastener in a slightly elevated and rotated position several hundred times per shift. She had noticed her right shoulder aching at the end of shifts for the better part of a year but figured it was just how the job felt. When the pain started waking her up at night, she finally saw a doctor. She had a partial rotator cuff tear. Physical therapy helped but she was never able to return to the same role. Her supervisor said afterward that he wished she had said something sooner. She said she had not wanted to seem like she was complaining about a job she had done for years.

Team member engagement:

"Does anyone have any of these symptoms right now, even mild ones? Numbness, tingling, morning stiffness in your hands or wrists, shoulder pain at the end of a shift?"

"Is there a task in your regular work that you have quietly learned to dread because of how your body feels during or after it?"

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Wednesday – What We Can Actually Change

Discussion:

Ergonomic injuries are not inevitable. They are the result of specific risk factors, and most of those risk factors can be reduced or eliminated with changes to how work is set up, what tools are used, and how the body is positioned during the task. Some of those changes require engineering or equipment decisions that team members cannot make on their own. But a significant number of them are things individual team members and crews can do right now.

Changes that reduce ergonomic risk at the individual level:

- Keep the work in your power zone. The power zone is roughly between hip height and shoulder height and close to the body. Lifting, carrying, and working within that zone puts the least stress on the back and shoulders. Moving work outside of it, especially overhead or near the floor, increases risk significantly.
- Keep your wrists straight during gripping and tool use. A bent wrist during a gripping task compresses the carpal tunnel and the tendons running through it. If the wrist position required by a tool is forcing a bend, a different tool grip angle or a padded handle may help.
- Vary your tasks and movements where possible. Alternating between tasks that use different muscle groups gives stressed tissue time to recover. Even a brief change in motion or posture mid-shift makes a measurable difference over time.
- Stretch before and during the shift. Short stretching routines targeting the hands, wrists, shoulders, and back take two to three minutes and reduce the rate at which tissue accumulates stress during repetitive work.

Changes that require a conversation with leadership:

- Workstation height adjustments so the task falls in the power zone for the team members doing it.
- Anti-fatigue mats in areas where team members stand on concrete for extended periods.
- Job rotation schedules that distribute repetitive tasks across the crew rather than loading them on one person.

A real-world example:

A packaging crew was developing a pattern of wrist and hand complaints that the safety team traced to a single sealing task that required team members to press down on a heat sealer handle at an awkward angle for most of the shift. Rather than attributing it to the team members, the safety coordinator worked with the equipment vendor to angle the handle differently and added a padded grip. The complaints from that station stopped within two months. The fix cost less than two hundred dollars and took an afternoon to implement. The task had been running the same way for three years.

Team member engagement:

“Is there a task in our area where the setup forces an awkward position, extra grip force, or overhead reaching that could be changed with a relatively simple adjustment?”

“Does our crew do any stretching before or during the shift? If not, would people be open to trying it?”

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Thursday – Saying Something Before It Gets Worse

Discussion:

The biggest barrier to preventing serious ergonomic injury is not awareness. Most team members know when something does not feel right. The barrier is saying something about it early enough to matter. There is a very consistent pattern in ergonomic injury cases: the team member noticed symptoms months before they reported anything, the symptoms gradually got worse, and by the time the injury was formally documented the team member was significantly limited in what they could do.

The reasons people wait are the same ones that come up every time we talk about reporting: not wanting to seem like they are complaining, not thinking it is serious enough, not wanting to be seen as unable to handle their job. All those concerns are understandable. None of them serve the person experiencing the symptoms. The earlier an ergonomic issue gets identified, the more options exist for addressing it. Rest, modified duty, a workstation adjustment, a different tool, a stretch program. Those options narrow significantly once the injury is established.

What early reporting looks like:

You do not need a diagnosis. You do not need to be certain it is work-related. You do not need to be in significant pain. If you have noticed something that has been there for more than a week or two and it happens consistently at work or after work, that is worth mentioning. A conversation with your supervisor or a visit to medical is not a formal injury claim. It is information that allows the people around you to help before the situation becomes more serious.

What saying something early can produce:

- A workstation or task assessment to see if something can be adjusted.
- Modified duty that takes the stress off the affected area while it recovers.
- Early medical attention that treats the condition before it progresses.
- A pattern identified across the crew that leads to a broader fix that helps everyone.

A real-world example:

A material handler noticed tingling in his right hand at the end of shifts starting about two months into a new role. He mentioned it casually to his supervisor after about six weeks, expecting to be told it was normal. Instead, his supervisor sent him to the medical office that afternoon. Early carpal tunnel was identified. He was given a wrist brace, put on light duty for two weeks, and his workstation was assessed and adjusted. He was back to full duty in three weeks with no lasting symptoms. The team member next to him had the same symptoms and said nothing for four more months. By that point she required a steroid injection and eight weeks of restricted duty. Same condition, same starting point. The difference between them was six weeks and one conversation.

Team member engagement:

"Is there anyone on this crew right now who has been dealing with something, soreness, stiffness, numbness, that they have not mentioned yet? This is a good time to say something."

"What would make it easier to bring up a physical symptom early rather than waiting until it is serious?"

Weekly Safety Briefings

Week 37 – Monday, September 7 – Friday, September 11

Ergonomics and Repetitive Motion

Friday – Week Wrap-Up

Discussion:

This week we covered the injury category that affects more team members than any other and gets talked about less than almost any other. We went through how ergonomic injuries build over time and the specific risk factors that drive them. We named the conditions that result from repetitive motion and ergonomic strain so people can recognize what they are dealing with. We talked about the changes that can actually reduce risk, both at the individual level and at the workstation level. And we talked about the most important thing of all: saying something early enough for it to make a difference.

Here is what this week comes down to. Your body keeps score. Every awkward lift, every repeated motion, every shift spent in a position that does not feel quite right adds to a running total. For a long time that total does not produce any visible symptoms. Then one day it does, and by then the total is already high. The goal is not to avoid the work. It is to do the work in a way that keeps the total manageable, and to say something as soon as you notice the signs that it is getting too high.

Weekly Challenge Report-Back:

At the start of the week, each person was asked to pay attention to how their body feels at the end of each shift and to notice the most physically demanding or awkward task in their day. Let's hear what people noticed.

"What task stood out as the most physically demanding or the most awkward this week? What specifically made it hard on your body?"

"Did you notice any symptoms this week that you might have brushed off before? What were they?"

"Is there anything you noticed this week that you want to report or bring to someone's attention before the end of today?"

Closing questions:

"What is one change to how we work, either at the task level or the workstation level, that this team should actually pursue based on this week?"

"What would need to be different about this team's culture for people to feel comfortable saying something about physical symptoms as soon as they notice them?"