Aged care job dictionary

**Enrolled Nurse**

**How to use this job dictionary**

This **generic resource** contains an analysis of **regular tasks** for a **priority role** in the **aged care sector.** It is designed to be useful for a range of purposes such as:

* informing about the tasks, duration, demands of the role
* highlighting the risk and location of a musculoskeletal injury
* demonstrate good practice to prevent injury
* a preventative tool for use with pre-employment assessments

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ReturnToWorkSA

SafeWork SA

United Voice

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To the best of our knowledge, the procedures described in this document reflect currently accepted practice, but cannot be considered absolute and universal recommendations. All recommendations must be considered in the light of the specific example and new information that has become available since the time of writing. The authors disclaim responsibility and assume no liability for any adverse effects resulting directly or indirectly from the suggested procedures, from any undetected errors, or from the reader’s misunderstanding of the text.

**Task pages**

* Wound dressings
* Assist post fall
* Pushing wound trolley

**Note**

The *Registered Nurse* job dictionary contains additional nursing tasks such as dressings, medication distribution under supervision and direction of RN, crushing medication, medication distribution, documentation and material handling. Resident transfers and personal care are outlined within the *Care Worker - Residential* job dictionary.

**Additional information**

* Risk of musculoskeletal injury
* Lift / push/ pull physical demands categories
* Frequency of task – table
* Reducing the risk of injury and re-injury – hierarchy of controls and suggestions
* Glossary of terms and abbreviations
* Relevant legislation

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| --- | --- | --- | --- | --- | --- |
| SWP_logo | | **Role** | | **Enrolled Nurse** (EN) | |
| **Task** | | **Wound dressings** | |
| * ENs work under the supervision of a registered nurse to provide residents with basic nursing care, including wound dressings. * Wound care involves changing wound dressings and using a wound trolley. * This task may be performed in sitting, standing or squatting. Simple dressings may take up to 15 minutes, while more complicated ones may take up to an hour to complete. The number of dressings required varies from less than 5 to up to 10. * The resident may be positioned either in bed or in a chair for the dressings. * Two nurses work together to reposition and stabilise the resident prior to the dressing unless the resident can assist. One EN attends only if the resident does not need any physical assistance to position. | | | | | |
| P1040661 | **Repetitive and sustained postures include:**  Forward lean to reach wounds on legs when residents are in sitting.  Sustained forward reach to attend to dressings. | | P2050080 | | love 050 |
| IMG0060 | Prolonged squatting to attend to legs.  Repetitive fine pincer grip to prepare for and carry out the dressing. | | P1050751 | | P1050745 |

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| **Critical physical demands** | | | | | | |
| **Physical Demand** | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion,reach forward and sideways to 90 -120 degrees, upper and low back forward bend 20 to 40 degrees. | | **Lift capacity** | Nil | | **Push / Pull force** | to 10 kg to reposition resident in bed for dressing | | **Shift duration /**  **Roster** | 7.00am to 3.30pm. 2.30pm to 10.00pm 9.00 pm to 7.00 am. Over 7 days a week.  Permanent part time shorter shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Ergonomic setup varies | | **Task rotation** | Wound care and treatments aredone in intervals throughout the shift, the longest wound dressing may take up to 1 hour, others up to 15 minutes. | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** |  |  | ✓ |  | Wound care with resident in chair |
| **Standing** |  |  | ✓ |  | Wound care with resident in bed / chair |
| **Walking** |  |  | ✓ |  | Within treatment areas |
| **Climbing** | ✓ |  |  |  |  |
| **Stooping** |  |  | ✓ |  | Wound care, treatments |
| **Bending** |  |  | ✓ |  | Wound care / treatment with resident in bed / chair |
| **Kneeling** |  |  | ✓ |  | Wound care / treatment resident in chair/ low bed |
| **Squatting** |  |  | ✓ |  | Wound care / treatment resident in chair/ low bed |
| **Crawling** | ✓ |  |  |  |  |
| **Gripping** |  |  | ✓ |  | Fine hand pincer grip wound care and dressings |
| **Forward Reach** |  |  | ✓ |  | To 90 to 120 degrees |
| **Overhead Reach** |  | ✓ |  |  |  | **Risk of developing a MSI** |
| **Lift** |  |  | ✓ |  | Wound care packs | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** |  | ✓ |  |  | Weight negligible |
| **Push / Pull** |  | ✓ |  |  | Assist resident position in bed/ trolley |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | |
| **Repetitive action / sustained posture** | | | | | |
| **Neck:**  **Shoulders:**  **Hips and Knees:**  **Thoracic and Lumbar spine:** | Neck flexion, looking down to view wound and for treatments.  Forward and sideways reach to 120 degrees.  Repetitive bend to 45 to 90 degrees, and low squat.  Bending forward to view wound and apply treatment.  Can be reduced with adoption of lunge / use of tri-stool or saddle seat can help avoid spinal bend. | | | | |
|  | [Buy Tri Stool online](http://www.ergofurniture.com.au/tri-stool.html) [Winbex Saddle Seat](http://www.ergofurniture.com.au/images/P/winbex-with-gaslift-cover.jpg) domes | | | | |
| **Lift/Push/Pull demands-Light** | | | | | |

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| Description: cid:image001.jpg@01CB1834.70361670 | | **Role** | | **Enrolled Nurse** (EN) | |
| **Task** | | **Assist post fall** | |
| * RN or EN will be the first person to call when there is an incident of a resident fall. * The nurse will take observations and assist with manual transfer by lifter, ambulance or verbally instruct resident to get up from the floor. * The nurse may deal with multiple risks: working in an awkward environment (e.g. resident has fallen behind a bed or in bathroom); the resident may exhibit aggressive behaviours; the resident may be unconscious * The EN will kneel down on the floor to assess and discuss with the resident and make sure that they are safe and check for any injuries. If there is any suspicion of a fracture or injury the resident is made comfortable on the floor and treated for shock and the ambulance is called. * With no sign of injury, the EN may direct the resident physically to sit up and go on to all fours and get two chairs to assist to get them up. * Or, if the resident is unable to roll on to all fours and follow verbal direction to sit, then a lifter, and a full body sling is used along with two other staff. If necessary, move the resident away from a confined area on a slide sheet or a sheet depending on the floor surface; this needs 2 or 3 people. | | | | | |
| P1020237 | **P1010958** | | **P1010953** | | **P1010956** |
| Assisting a resident who has fallen to the floor, is unable to respond to verbal direction and has been assessed as safe to get up in a lifter. | There is always 2 staff, at times 3. The bed is moved and obstacles are moved out of the way. | | EN and care staff work together to position the sling under the resident by rolling them. | | Once the sling is secured the lifter is moved in and the resident raised and transferred either into a wheelchair, or, if room permits onto the bed. |
| If a resident can follow verbal instructions they are verbally assisted from the floor, onto all fours and either back onto bed or into a chair by at least 2 staff. | **P1010896** **P1010898** | |  | | This can only be done if the resident can roll onto all 4s and then verbally assisted from half kneel to semi, squat to sit, necessitating cognitive awareness and a stable level of strength. |

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| **Critical physical demands** | | | | | | |
| **Physical Demand** | **N** | **O** | **F** | **C** | **Description** | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion**,** Reach forward and sideways to 60 degrees, hips and knees full flexion and forwards and sideways lunge. | | **Lift capacity** | To 10kg | | **Push / Pull force** | To 10 -12kg(lifter ) | | **Shift duration / Roster** | Enrolled nurses can work from 7am in the morning through to overnight shifts. Shifts are generally 8 hours. | | **Environmental factors** | Small space as resident often falls in awkward area. Furniture is moved and resident may need to be transferred to open area. | | **Task rotation** | Nil, frequently changing task | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed shoes | |
| **Sitting** | ✓ |  |  |  |  |
| **Standing** |  | ✓ |  |  | Assist to manoeuvre lifter |
| **Walking** |  | ✓ |  |  | To and within resident room or area |
| **Climbing** | ✓ |  |  |  |  |
| **Stooping** |  |  | ✓ |  | Assist to place sling on |
| **Bending** |  |  | ✓ |  | Move resident to open area. Assist to place sling on |
| **Kneeling** |  |  | ✓ |  | Move resident to open area. Assist to place sling on |
| **Squatting** |  |  | ✓ |  | Assist to place sling on |
| **Crawling** |  | ✓ |  |  | Assist to place sling on |
| **Gripping** |  | ✓ |  |  | Assist to place sling on |
| **Forward Reach** |  |  | ✓ |  | Assist to place sling on |
| **Overhead Reach** |  | ✓ |  |  |  | **Risk of developing a MSI** |
| **Lift** |  | ✓ |  |  | Reposition limb, to 10 kg | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) |
| **Carry** | ✓ |  |  |  |  |
| **Push / Pull** |  |  | ✓ |  | Lifter, move bed, furniture, to 12- 15 kg |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | |
| **Repetitive action / sustained posture** | | | | | |

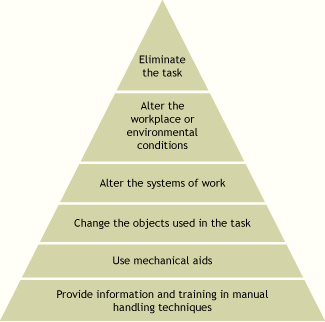
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| **Description: cid:image001.jpg@01CB1834.70361670** | | | | | | | | | **Role** | | | **Enrolled Nurse** (EN) | |
|  | | | | | | | | | **Task** | | | **Pushing wound trolley** | |
| * Generally the dressing trolley is small and maneuvers well. Some have very small wheels making them difficult to push. The push pull force of a dressing trolley over vinyl is generally less than 2kg, and over carpet less than 5kg. * The EN is advised to adopt a neutral palm grip, holding onto the sides of the trolley to push, and to turn the trolley by a forward lunge whilst placing both hands onto one corner of the trolley. * Below are examples of different wound trolleys. Those with wider drawers may have increased push force than those with narrow drawers and a more square shape. However, this all depends on the floor surface over which they are pushed, and the wheels. | | | | | | | | | | | | | |
| jd 019 P1040667 | | | | P1040657 | | | | P1040659 | | love 041 | | | love 042 |
| This dressing trolley may be pushed over a variety of floor surfaces; e.g. from the drug room which has a lino surface out into the nurses’ station onto carpet. | | | | A dressing trolley is used and items required are retrieved from low trolleys or low drawers. | | | | P1090908 | | On average the push/pull force across the vinyl floor is 1kg rolling resistance force. The push/pull force across the carpet is 3kg. | | |  |
| **Critical physical demands** | | | | | | | | | | | | | |
| **Physical Demand** | | **N** | **O** | | **F** | **C** | **Description** | | | | |  |  | | --- | --- | | **Critical range of motion** | Neck flexion**,** Reach forward and sideways to 60 degrees, upper and low back forward bend 20 to 40 degrees. | | **Lift capacity** | nil | | **Push / Pull force** | To 5 kg over carpet and with small wheels | | **Shift duration /**  **Roster** | 7.00am to 3.30pm - 2.30pm to 10.00pm - 9.00pm to 7.00 am. Over 7 days a week.  Permanent part-time shorter shifts may be available according to the facility, over a 7 day roster. | | **Environmental factors** | Ergonomic setup varies | | **Task rotation** | Wound care and treatments aredone in intervals throughout the shift, and the longest wound dressing may take up to 1 hour, others up to 15 minutes. | | **Breaks** | 15 minute tea break, 30 minute meal break | | **PPE** | Closed-in shoes. | | | |
| **Sitting** | |  |  | | ✓ |  | Wound care with resident in chair | | | |
| **Standing** | |  |  | | ✓ |  | Wound care with resident in bed / chair | | | |
| **Walking** | |  |  | | ✓ |  | Within treatment areas | | | |
| **Climbing** | | ✓ |  | |  |  |  | | | |
| **Stooping** | |  |  | | ✓ |  | Wound care, treatments | | | |
| **Bending** | |  |  | | ✓ |  | Wound care / treatment with resident in bed / chair | | | |
| **Kneeling** | |  |  | | ✓ |  | Wound care / treatment resident in chair/ low bed | | | |
| **Squatting** | |  |  | | ✓ |  | Wound care / treatment resident in chair/ low bed | | | |
| **Crawling** | | ✓ |  | |  |  |  | | | |
| **Gripping** | |  |  | | ✓ |  | Fine hand pincer grip wound care and dressings | | | |
| **Forward Reach** | |  |  | | ✓ |  | To 90 to 120 degrees | | | |
| **Overhead Reach** | |  | ✓ | |  |  |  | | | | **Risk of developing a MSI** | | |
| **Lift** | |  |  | | ✓ |  | Wound care packs | | | | [_wsb_308x215_Body+Chart](http://www.apta.org/AM/Template.cfm?Section=PT_and_Y%60our_Body&Template=/APTAAPPS/PTandYourBody/ptandyourbody.cfm) | | |
| **Carry** | |  | ✓ | |  |  | Weight negligible | | | |
| **Push / Pull** | |  | ✓ | |  |  | Assist resident position in bed/ trolley | | | |
| N = Never, O = Occasional (1–33%), F = Frequent (34–66%), C = Constant (67–100%) | | | | | | | | | | |
| **Repetitive action / sustained posture** | | | | | | | | | | |
| **Neck:**  **Shoulders:**  **Wrists:**  **Thoracic:**  **Lower back:** | Neck flexion, to prepare wound trolley and do dressings  Forward and sideways reach to 90 degrees and internal rotation dominant arm  Extension to push trolley  Sustained forward bend**,** can be minimised by keeping elbows aimed into the body and lunging to manoeuvre trolley, and keeping elbows aimed into waist  Sustained forward bend to do dressings, can be minimised with adoption of recommended postures | | | | | | | | | |
| **Lift/Push/Pull demands-Very light** | | | | | | | | | | |

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| **Description: cid:image001.jpg@01CB1834.70361670** | | **Job Dictionary**  **Definitions** |
| **Risk of developing a Musculoskeletal Injury (MSI)** | | |
| **Risk of Musculoskeletal Injury**  **Red** = **High** (e.g. repetitive movement, sustained awkward positioning, high force / very heavy lift)  **Yellow** = **Medium** (e.g. repetitive movement, high force/heavy lift, awkward position)  **Green**= **Low** (e.g. repetitive movement, awkward position e.g. bending)  _wsb_308x215_Body+Chart | | |
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| **‘Lift/push/ pull physical demands’** | | |
| **Very Light Work** | Lifting and carrying < 5kg. Variable posture sitting, standing and walking. Pushing up to 2kg Force and pulling up to 2kg Force occasionally at waist level. | |
| **Light Work** | Lifting and carrying up to 10kg maximum. Frequent lifting and / or carrying of objects weighing up to 5kg. Pushing up to 5kg Force and pulling up to 5kg Force occasionally at waist level. | |
| **Medium Work** | Lifting and carrying up to 22kg maximum. Frequent lifting and / or carrying of objects weighing up to 10kg. Pushing up to 12kg Force and pulling up to 12kg Force occasionally at waist level. | |
| **Heavy Work** | Lifting up to 45kg maximum. Frequent lifting and / or carrying of objects weighing up to 22kg. Pushing up to 24kg Force and pulling up to 24kg Force occasionally at waist level. | |
| **Very Heavy Work** | Lifting above 45kg maximum. Frequent lifting and / or carrying of objects weighing above 22kg. Pushing up to 35kg Force and pulling up to 35kg Force occasionally at waist level. | |

Adapted from Physical Work Demands, from the U.S. Department of Labor Dictionary of Occupational Titles, Fourth Edition, Supplement, Appendix D, pp 101-102, 1986 with conversion to metric system.

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| **Frequency of Task** | | | | |
|  | **Non-material handling** | **Non-material handling** | **Material handling** |
| **Never (N)** | 0% of 8hr/day | No reps/day | No reps/day |
| **Occasionally (O)** | 6-33% of 8hr/day  20 mins/hr | 0–100 reps/day  1/3 of full day | 3–32 reps/day  1 lift every 20 mins |
| **Frequently (F)** | 34-66% of 8hr/day  20-40 mins/hr | 101–800 reps/day  1/3 - 2/3 of full day | 33–200 reps/day  1 lift every 2 mins |
| **Constantly (C)** | 67-100% of 8hr/day  41-60 mins/hr | >800 reps/day  2/3 to a full day | >200 reps/day  1 lift every 15 sec |
| **Repetitive action/sustained posture**   * Repetitive means the movement or force is performed more than twice a minute * Sustained means the posture of force is held for more than 30 seconds at a time   Reference: Hazardous Manual tasks Code of Practice 2011 | | | |

**Reducing the risk of injury and re-injury[[1]](#footnote-1)**



<http://www.ectarc.com.au/cybertots/toolbox12_11/shared/resources/html/res_manualhand.htm>

The Hierarchy of Control is a list of control measures, in order of priority, which can be used to eliminate or minimise exposure to the hazard. Adopting appropriate and safe handling techniques and avoiding sustained and repetitive postures and actions is encouraged to prevent cumulative and reoccurring musculo skeletal injuries. Using appropriate and safe manual techniques is a lower order in the hierarchy of controls and where possible and practical, should be replaced with higher order solutions such as use of mechanical aids.

Consider using equipment that reduces physical handling, and encourages client participation. This could result in needing fewer workers to do the task and will lessen the likelihood of worker injury.

Some equipment can eliminate the need for assistance by allowing a resident/client to be totally independent.

Equipment is available for non-people handling tasks that reduced the need to undertake repetitive and sustained actions. E.g. trolley movers and pill crushers

Here are examples of equipment solutions currently in use across South Australia in hospitals, in the community and residential care facilities. For more information about specific equipment items please contact the Independent Living Centre on (08) 82665263 or undertake a product search on <http://ilcaustralia.org.au/search_category_paths>.

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| **Equipment** | **Use** |  |
| Getting people off the floor  Manger Camel  Hoverjack  Raizer | Lifts a person from the floor up into a sitting position. (Air assisted device)  Lifts a person from the floor with patient supine. (Air assisted device)  Raises a person from the floor up into a sitting position | Mangar Camel Floor Lift  http://www.statinahealthcare.com.au/wp-content/uploads/2014/07/HoverJack-use1-800px.jpg |
| Repositioning in bed  Air assisted Transfer mats. Reusable or single patient use (SPU)  HT Roller  Turning sheet  Beds with turning functions or transfer systems that attach to beds  E.g. Linet Turning bed. Vendlet turning system | Placed under bottom sheet. Used to reposition heavy clients/residents in bed  Turns a client in bed using a Hovertech® dual speed air supply  Used with hoist or ceiling lifter to turn a heavier patient in bed  Mechanical Turning functions | http://www.vendlet.com/admin/public/getimage.ashx?image=/Files/Images/Vendlet/Produkter/VENDLET/VENDLET-V5.jpg&crop=0&Width=1200  http://www.linet.com/-/media/Media-Catalogue/photos/beds/latera-acute/pluses/acute_00117.ashx?bc=White&as=1&h=450&w=800&hash=7DB3486B7734EA98C16DA5E758C9238239ACEDD8    http://www.statinahealthcare.com.au/wp-content/uploads/2014/07/ht-roller-use-800px.jpg |
| Bed to ‘stretch chair’ transfer (a chair that can be moved into a horizontal position)  Air assisted transfer mat  Desirable chair features: electric chair height, back rest and foot rest | Used when lifter sling transfer is too difficult (i.e. bariatric resident), places resident at increased risk of skin injury or pain or if using a lifter sling is contraindicated | [CH-3100A](http://www.highgatehealthcare.com.au/highgate/wp-content/uploads/2015/03/CH-3100A.jpg) |
| Ceiling mounted lifters/gantry lifters | Reduces pushing and pulling forces to move the resident and requires less space to safely move a resident  Can be used with gait harnesses | [Image result for gait harness with ceiling lifter](http://www.google.com.au/url?url=http://www.opemed.net/gait-training-equipment/&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwi3hfSFyLfLAhUjhqYKHdyIDggQwW4IFjAA&usg=AFQjCNGTd34AUp0DZfUcoYuQLJ8Z56N08Q)Handi-Move Freedom Bridge Gantry Hoist |
| Leg/limb lifters | Slings to hold legs during nursing tasks  Devices to assist a resident to lift their own legs into bed  Devices to attach to the bed to lift heavier legs | sallysling_leglifter2[Image result for leg lifter](http://www.google.com.au/url?url=http://www.arthritissupplies.com/leg-lifter.html&rct=j&frm=1&q=&esrc=s&sa=U&ved=0ahUKEwjDs6jQ0bfLAhUBUKYKHekoCfUQwW4IJjAE&usg=AFQjCNESZT9LYM-kHS45dK2IuHN7cRhDzQ) |
| Motorising Trolleys | Many trolleys, medication cartes, Bain maries can be retrofitted with a motorised unit to prevent sustained and heavy pushing | [http://www.phantompower.com.au/images/trollee.jpg](http://www.phantompower.com.au/products/trollee.html?id=76) |
| Detachable Mechanical moving devices | ‘Turtle’- used to move occupied Comfort chairs or bins  Wheelchair drive kits | [http://www.phantompower.com.au/images/TURTLE.jpg](http://www.phantompower.com.au/products/the-turtle.html?id=78)[Bin Mover](http://www.phantompower.com.au/products/bin-mover/84-products/108-bin-mover.html) |
| Lifting wheelchairs into boots | Boot sliding devices to reduce lifting demands |  |
| Mechanical pill crushers | Alleviates repetitive pill grinding actions by shoulders, forearms and hands | http://www.phantompower.com.au/images/process.jpg |

**Glossary of terms and abbreviations**

Abduction: Movement of a body part away from the median plane (of the body, in the case of the limbs; of the hand or foot, in the case of digits).

Adduction: Movement of a body part toward the median plane (of the body, in the case of the limbs; of the hand or foot, in the case of digits).

Bending: To force into a different or particular, especially curved, shape, as by pressure.

Biceps: A muscle with two origins or heads. Commonly used to refer to the biceps brachii muscle.

CPR: Cardio Pulmonary resuscitation

DDA: Dangerous Drugs (drugs of dependence)

Deltoid: Large muscle of the shoulder that abducts and otherwise moves the upper arm about the shoulder joint against external loads.

Distal: Situated away from the centre of the body, or from the point of origin; specifically applied to the extremity or distant part of a limb or organ.

Dorsiflexion: Turning upward of the foot or toes or of the hand or fingers.

Dynamic: The science of motion in response to forces.

Ergonomics: A branch of ecology concerned with human factors in the design and operations of machines and the physical environment.

Extension: The act of bringing the distal portion of a joint in continuity (though only parallel) with the long axis of the proximal portion.

Flexion: The act of flexing or bending, e.g. bending of a joint so as to approximate that parts it connects.

Force: That which tends to produce motion in a body.

Frontal plane: In front; relating to the anterior part of a body.

Gross gripping: Grasping, seizing, holding with a large finger span.

Isometric: In physiology, denoting the condition when the ends of a contracting muscle are held fixed so that the contraction produces increased tension at a constant overall length.

Job: A set of tasks designed to be performed by one individual in return for a wage or salary.

Kyphosis: A deformity of the spine characterised by extensive flexion.

Lordosis: An abnormal extension deformity; anteroposterior curvature of the spine, generally lumbar with the convexity looking anteriorly.

Lumbar: Relating to the loins, or the part of the back and sides between the ribs and the pelvis.

Lumbosacral joint: Joint between fifth lumbar vertebra and sacrum.

Medial: Relating to the middle or centre; nearer to the median or midsagittal plane.

Occupation: A set of jobs with similar sets of tasks.

Plantar flexion: Bending about the ankle joint in the direction of the sole of the foot.

Prehensile: Adapted for taking hold of or grasping.

Pronation of the forearm: Rotation of the forearm in such a way that the palm of the hand faces backward when the arm is in the anatomical position, or downward when the arm is extended at a right angle to the body.

Proximal: Nearest the trunk or the point of origin, said of part of a limb.

Pulmonary: Pertaining to the lung.

Range of motion: The range of translation and rotation of a joint for each of it degrees of freedom.

Rotation: Turning or movement of a body round its axis.

Stiffness: Rigid or firm in substance; not flexible, pliant or easily bent.

Strain: To make an effort to the limit of one’s strength; or, the change in shape that a body undergoes when acted upon by an external force.

Stress: The force or pressure applied or exerted between portion of a body or bodies, generally expressed in pounds per square inch.

Supination: Supination of the forearm: Rotation of the forearm in such a way that the palm of the hand faces forward when the arm is in the anatomical position, or upward when the arm is extended at a right angle to the body.

Torsion: Twisting or rotation of a part upon its long axis.

Transverse: Crosswise; lying across the long axis of the body.

Work: That which is accomplished when a force acts against resistance to produce motion.

**Relevant legislation**

**Work Health and Safety Act 2012 (SA)**

The key principles of the *Work Health and Safety Act 2012* (SA) are consistent with long established and familiar occupational health and safety standards.

The Act:

* establishes health and safety duties, including the primary duty to protect any person from exposure to hazards and risks that arise from work
* provides for worker representation, consultation and participation including through Health and Safety Representatives and Health and Safety Committees
* enables compliance and enforcement through SafeWork SA, the regulator
* provides for the creation of regulations and approved codes of practice.

**Work Health and Safety Regulations 2012**

* Identify the control measures that must be applied to specific work activities and hazards, for example machine guarding and noise exposure.
* Are specific in legal requirements on certain issues.
* Normally related to a particular hazard or activity, e.g. manual tasks.
* May be administrative, e.g. injury reporting
* In the case of manual handling prescribe process that must be followed to achieve a minimum standard of occupational health and safety in the workplace.

**Return to Work Act 2014 (SA)**

The *Return to Work Act 2014* establishes the Return to Work Scheme, which commenced on 1 July 2015. The scheme provides South Australian workers and their employers with a personalised service to achieve the best possible recovery and return to work outcomes in the event of a work injury. Mobile case management has been implemented in regional and metropolitan South Australia to provide face-to-face services, to assist early intervention and targeted return to work services. Workers who are seriously injured may receive income support to retirement age and lifetime care and support. There is also limited access to common law for seriously injured workers. Workers who are less seriously injured may receive time-banded income support which ceases at two years from the date of incapacity. Lump sum payments for economic and non-economic loss are available.

**References**

*National Code of Practice for the Prevention of Occupational Overuse Syndrome* [NOHSC:2013(1994)] (Archived) <http://www.safework.sa.gov.au/show_page.jsp?id=5892#.VsVvgE9f21s>

*Return to Work Act 2014* (SA)

*Return to Work Regulations 2015* (SA)

*Work Health and Safety Act 2012* (SA) <https://www.legislation.sa.gov.au/LZ/C/A/WORK%20HEALTH%20AND%20SAFETY%20ACT%202012.aspx>

*Work Health and Safety Regulations 2012* (SA) *Code of Practice: Hazardous Manual Tasks* <https://www.legislation.sa.gov.au/LZ/C/R/Work%20Health%20and%20Safety%20Regulations%202012.aspx>

1. This section as provided by Hal (Helen) Robertson, SA Health [↑](#footnote-ref-1)