



OPTOMETRISTS
ASSOCIATION AUSTRALIA

PRACTICE NOTE

Working comfortably in the consultation room: Guidance for employee, locum and sessional optometrists

Physical comfort in the consultation room is essential for your work satisfaction and for your ability to work as a clinical optometrist – both now and in the future. This practice note provides guidance for optometrists who have limited control over their working environment (e.g. employees, locums, optometrists who provide domiciliary services and optometrists who conduct sessional work at external and mobile clinics) to help them improve their physical comfort while working with patients.

WHY IS IT IMPORTANT TO LOOK AFTER YOUR OWN COMFORT?

Work-related discomfort is reported by many optometrists. It can manifest as pain, discomfort, ache, difficulty with movement, numbness, and is commonly experienced by optometrists in their neck, shoulders, back and arms and as headaches.

Some optometrists only experience discomfort when performing specific clinical procedures. Others find that their discomfort extends to outside the consultation room and affects their ability to perform every day activities.

It can be easy to dismiss discomfort when it is in its early stages and say “I have to soldier on” or “I can push through the pain”. However, discomfort that is left unchecked can lead to more serious physical injury. It can also detract from your work enjoyment and make it difficult to concentrate while working, which can have an impact on the quality of care you are able to provide.

Therefore, working comfortably is essential for your work satisfaction and for your ability to work as a clinical optometrist – both now and in the future.

ASSESS AND MODIFY YOUR WORK ENVIRONMENT – BEFORE YOU WORK IN IT

Before you start work in a consultation room ask yourself:

- Can I work comfortably in this room?
- Can I work efficiently in this room?

It is likely that the optometrist who has previously worked in the consultation room was a different size to you, practiced with a different style or preferred to use different equipment and accessories throughout their working day. What was comfortable and efficient for them may not be so for you.

Therefore, arrange the consultation room for your comfort and efficiency - even if you are only working in the room for one day. You can always move things back to their original position when you finish work at the end of the day.

Here are some starting points to help you assess and modify your work environment. You may find that after you have started working in the consultation room that you need to revisit this list and make further modifications.

- **Can you place frequently used objects within easy reach?**

This includes trial lenses and trial frame, fundus lenses, tissues, diagnostic drugs and other hand held equipment. Conversely, if there are objects which you don't routinely use, can you move them so that they don't clutter your work space? If you are using a computer, is it set up so that you can operate the mouse without extending your arm?

- **Can you adjust the height of the equipment?**

This includes the patient chair height and equipment tables. If, for example, the patient chair height is low and you will be seeing children, is there a supplementary (booster) seat within the practice that you can place on the chair for children to sit on?

- **Have you adjusted your own chair? Do you require a different chair or stool?**

If you can't adjust your chair/stool so that it is a comfortable working height for you, is there an alternative chair in the practice which will do a better job?

- **Do you require an arm/elbow support when using funduscopy and gonioscopy lenses, performing epilation or foreign body removal?**

If there isn't already something suitable which you can use in the room (e.g. a lens clip to support the funduscopy lens, or a purpose-made arm support), can you improvise with a cardboard box, tissue box or lens case to support your arm?

- **Can you sit comfortably without twisting when talking with your patient?**

Desktop computers are common in many consultation rooms but are often placed on a desk facing away from the patient. If possible, change the orientation of the monitor, keyboard and mouse on the desk to minimise twisting your body and neck when talking with your patient. But don't forget to move it back to a straight-ahead position if you are sitting for longer periods writing reports and referrals or doing other data entry tasks (see figure 1).

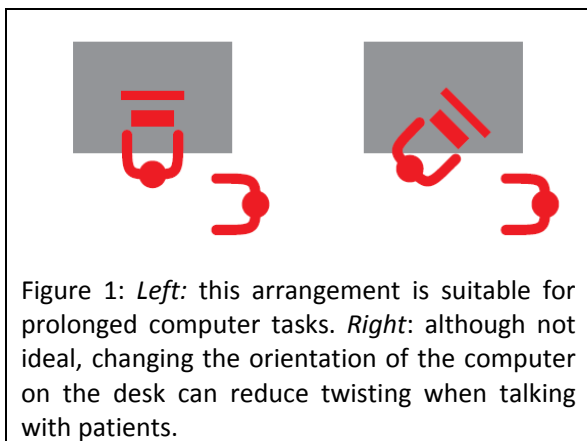


Figure 1: *Left*: this arrangement is suitable for prolonged computer tasks. *Right*: although not ideal, changing the orientation of the computer on the desk can reduce twisting when talking with patients.

- **Are computer input devices (e.g. touch screens, mouse, keyboard) high enough so that you don't need to stoop to reach them?**

If you stand during the consultation and the input devices are located on a conventional desktop, then you may find that you need to twist or stoop to use them. Can you raise their height so that you can use them comfortably while standing e.g. by placing

them on a box or some other elevated platform? (see figure 2)

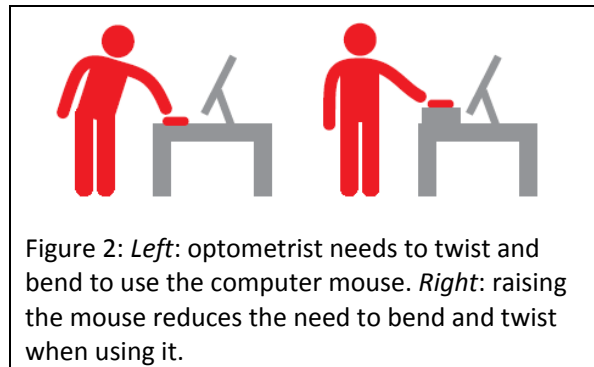


Figure 2: *Left*: optometrist needs to twist and bend to use the computer mouse. *Right*: raising the mouse reduces the need to bend and twist when using it.

- **Do you need to use a touch screen e.g. to drive an electronic phoropter?**

Can you adjust the screen tilt so that your wrist is in a neutral posture (i.e. so that your wrist is not flexed backwards)? (See figure 3)

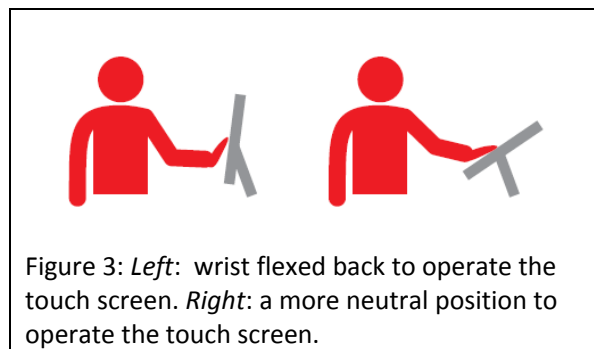


Figure 3: *Left*: wrist flexed back to operate the touch screen. *Right*: a more neutral position to operate the touch screen.

MAKING PERSONAL ADJUSTMENTS TO IMPROVE COMFORT

Although you may be able to modify the work environment, some clinical tasks have inherent risks. For example if they require:

- Sustained postures e.g. holding funduscopy and gonioscopy lenses with a steady hand, using a manual phoropter where your arm is extended to turn the dials, performing free-space activities such as holding occluders and prism bars in front of the patient's eye.
- Awkward postures e.g. direct and binocular indirect ophthalmoscopy where you need to bend and twist your own body to examine the patient's eye.

Whenever possible, try to minimise:

- twisting/bending your body
- twisting or extending (flexing backwards) your neck

- abducting your arms (holding your arms out to the side of your body)
- holding your arms forwards unsupported for sustained periods and rotating
- twisting or extending your wrists.

Some of the ways other optometrists have made personal adjustments to improve their comfort include:

- Working bilaterally when using a manual phoropter so that your arm doesn't need to stretch across the patient when refracting the contralateral eye. (see figure 4)

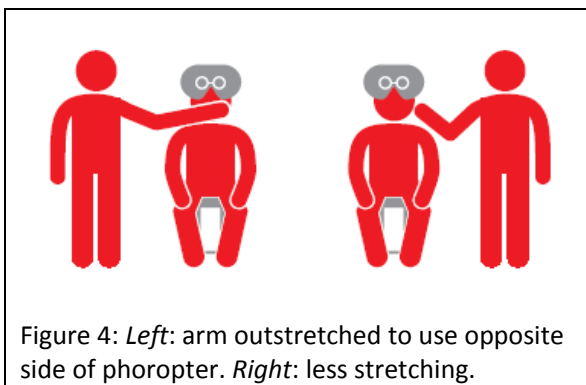


Figure 4: *Left*: arm outstretched to use opposite side of phoropter. *Right*: less stretching.

- Facing the patient directly rather than sitting or standing sideways in a “modesty pose”. This will reduce the need to twist your torso and neck or abduct your arms (see figure 5)

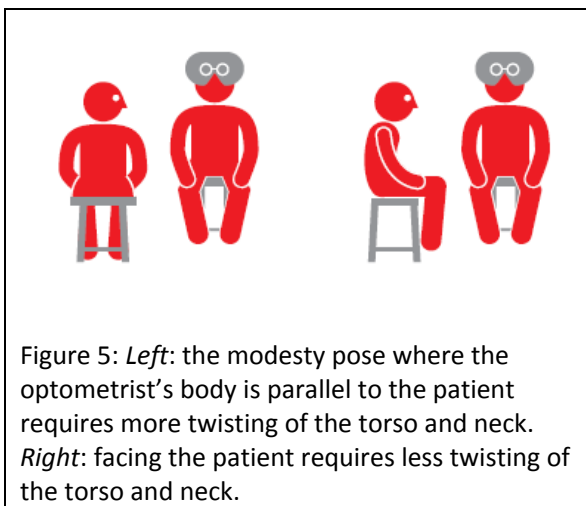


Figure 5: *Left*: the modesty pose where the optometrist's body is parallel to the patient requires more twisting of the torso and neck. *Right*: facing the patient requires less twisting of the torso and neck.

- Incorporating postural variety throughout the day by alternating between sitting and standing.
- Taking the time to adjust the patient height so that you don't need to raise your arms too high (if you are small or if you are performing a seated examination) or stoop (if you are tall).

- Standing/sitting closer to the patient when using handheld equipment such as tonometers and autorefractors so that you don't need to bend forward as much.
- Reclining the patient chair backwards to enable an easier view of the superior fundus when performing ophthalmoscopy.
- Asking the patient to hold occluders and other free-space objects in front of their own eyes so that you don't need to extend your own arms for long and sustained periods of time.
- Similarly, using a trial frame instead of holding trial lenses with your hand.
- Wearing extended focus spectacles in the consultation room rather than general purpose progressive lenses, as this allows a more neutral head posture when looking at the instrument dials and using the computer.
- Using dictation devices and predictive software on the computer to minimise typing.

Do stretches and exercises help?

Some optometrists find that stretches and exercises between patients or before/after work help improve their comfort. However, these should not be used as a substitute for making modifications as suggested above.

Alternative strategies which can be effective include varying your tasks throughout the day, structuring rest breaks and leaving the practice to go for a walk during break-times.

ADDITIONAL TIPS IF YOU WORK AT EXTERNAL CLINICS OR PERFORM DOMICILIARY WORK

Optometrists who work at external clinics or who perform domiciliary work often have less control over their work environment. Some manage this by taking along their own equipment and furniture. For example:

- Portable slit lamps, laptops, printers
- Higher stools for patients to sit on, so that the optometrist doesn't need to stoop to examine a patient sitting on a regular chair.
- Booster seats for children to sit on.

However, moving and carrying these items to the workplace can also cause discomfort and

injury. Some of the ways other optometrists reduce their risk of discomfort in these circumstances include:

- Limiting the size and weight of bags. For example, purchase light-weight equipment which can be easily packed away and carried.
- Instead of using one large heavy bag, distributing the load over two bags (and making two separate trips to carry the bag to the workplace).
- Using a bag with wheels.
- When purchasing a vehicle, selecting one that enables bags to be slid out of the vehicle rather than having to lift bags over the lip of the car boot (see figure 6).



Figure 6: It is more awkward to move the bag out of the vehicle on the right.

It is also likely that when performing domiciliary work you will examine immobile patients. If possible, ask for the patient to be already moved into position (e.g. from the bed to the chair) or ask for assistance- don't try to move the patient yourself.

WHAT SHOULD YOU DO IF YOU EXPERIENCE WORK-RELATED DISCOMFORT?

Many optometrists place their patients' needs above their own comfort, and continue working even while in pain. However, this strategy increases the risk of chronic injury and has the potential to limit your ability to continue working. While it is good to ensure that your patient is set up correctly behind equipment and that they are comfortable, remember – the patient is only in your consultation room for a short period of time. You need to work in the consultation room for many years.

If you experience discomfort, then ask yourself:

- Does the discomfort only occur when performing a specific clinical technique or when using a particular item of equipment?

- Is the discomfort exacerbated by a particular procedure, item of equipment or posture?
- Can you implement any of the strategies outlined in this Practice Note such as substituting equipment or procedures, adapting the room or equipment, adjusting the patient position or modifying your own posture?

Work-related discomfort can also be due to a combination of factors, and this can make it difficult to isolate a cause and then implement a change. Therefore, it is important to look at your whole working day and try to adopt neutral postures as much as possible.

If your discomfort persists, seek medical advice. It is also important to discuss your discomfort with your employer as modifications may need to be made to the consultation room e.g. alternative equipment or furniture installed, or an ergonomic assessment may be required for your work area.

WANT TO ACCESS FURTHER INFORMATION?

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