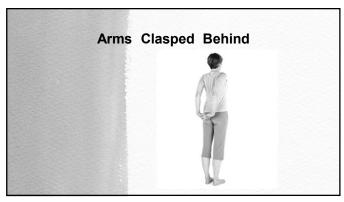
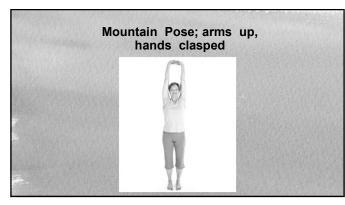
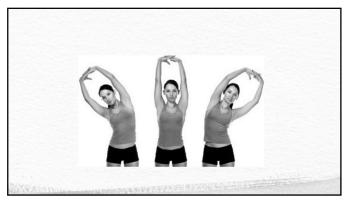


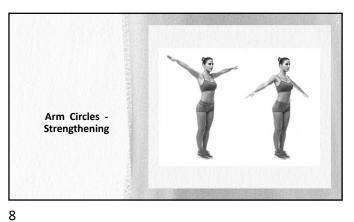
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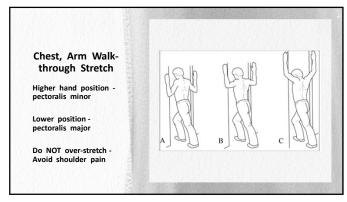


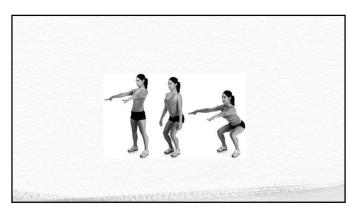
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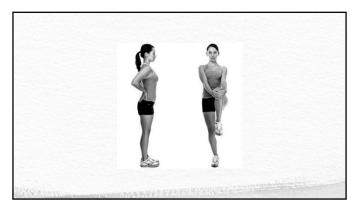
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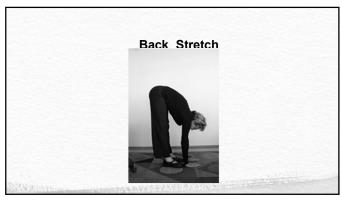


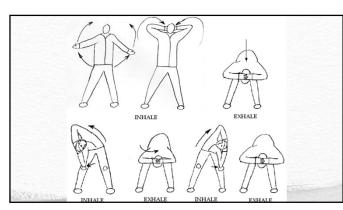
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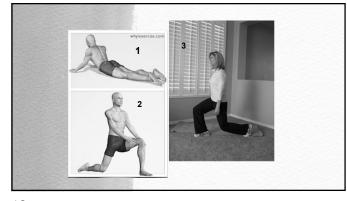
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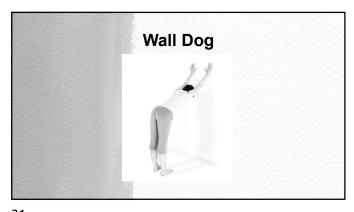


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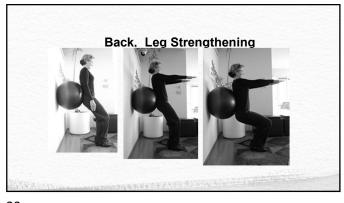


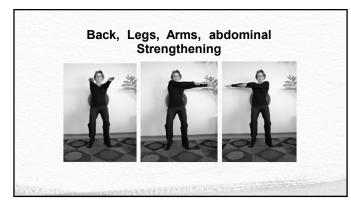
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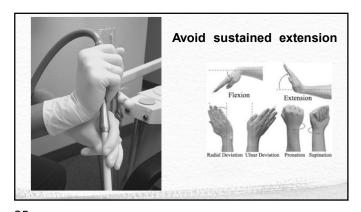


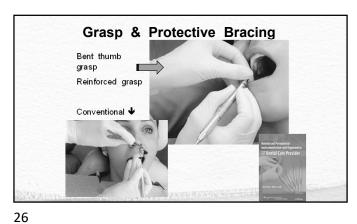
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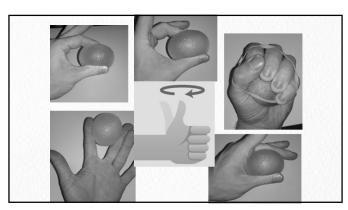
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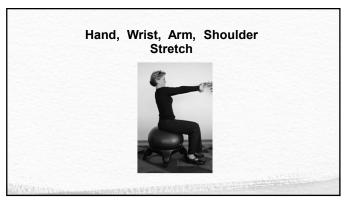


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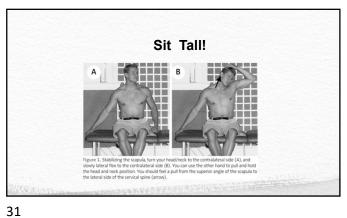


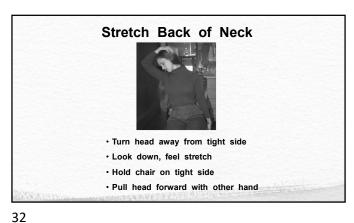
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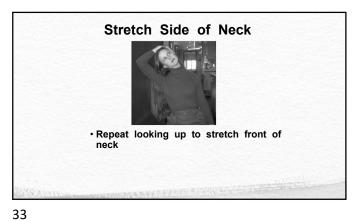


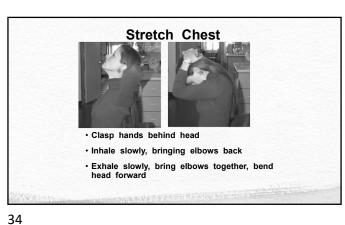


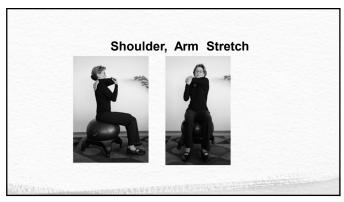
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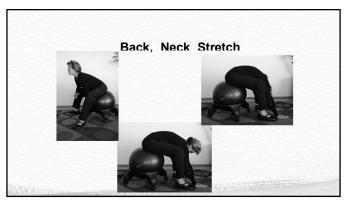


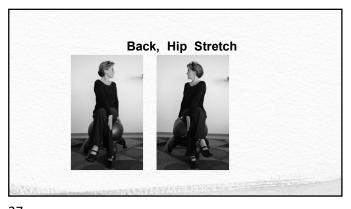






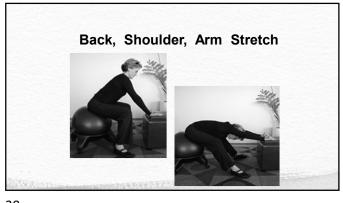


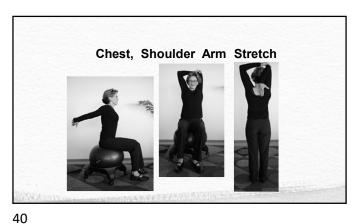




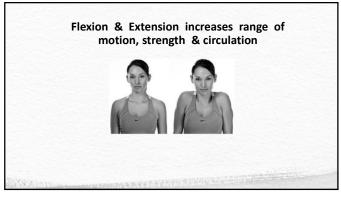


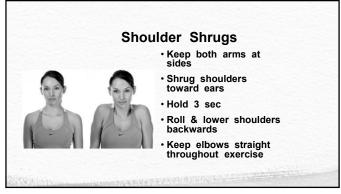
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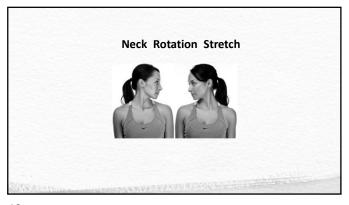


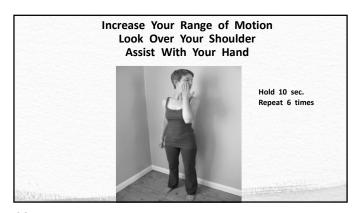
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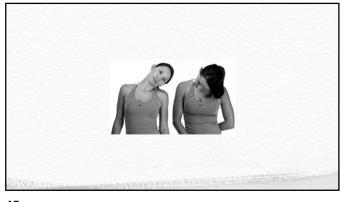


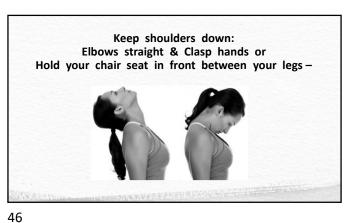
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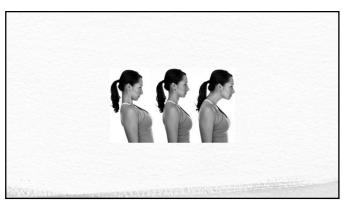


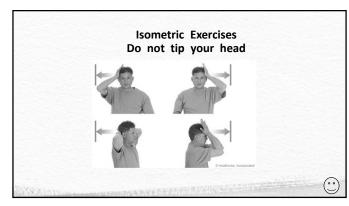
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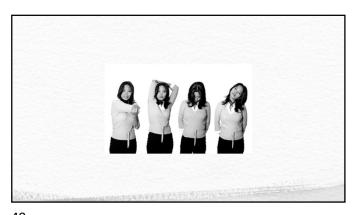


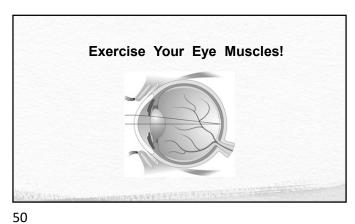
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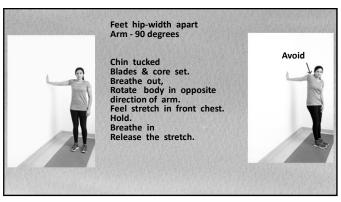


49 50





51 5



Chin Tucks

Touch chin to chest

Should feel stretch in back of neck

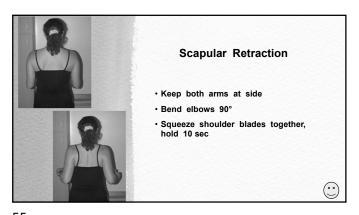
Bring it up

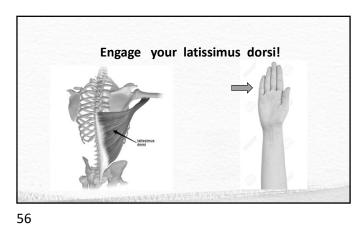
Make a double chin in forward position

Hold 5 sec

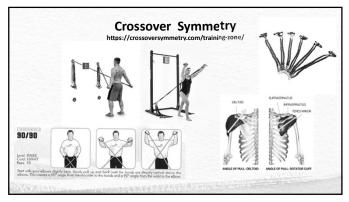
Balanced strength

53 54





55 56





57 58



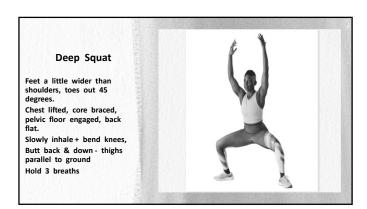


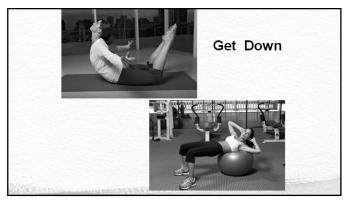
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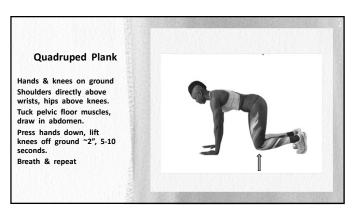


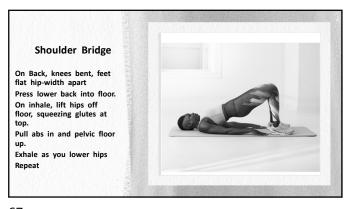








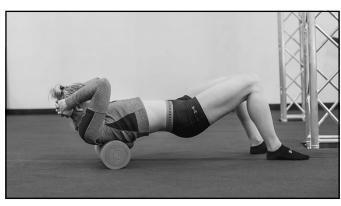






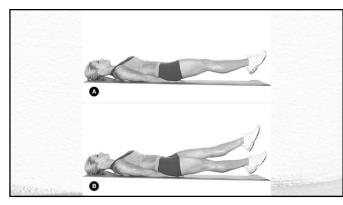
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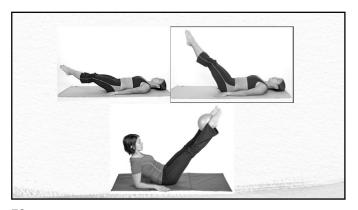


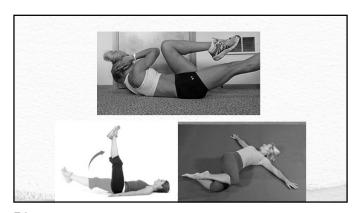
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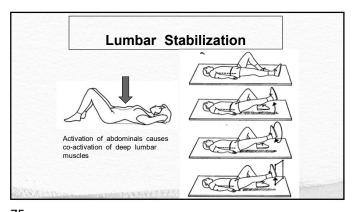


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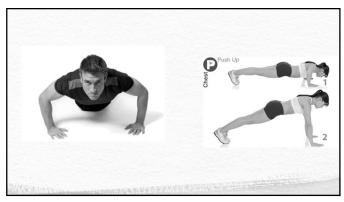


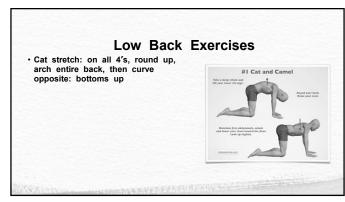
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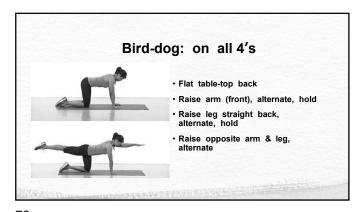


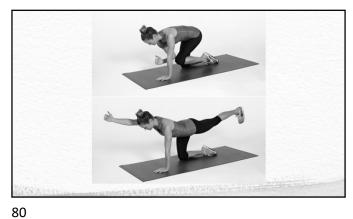
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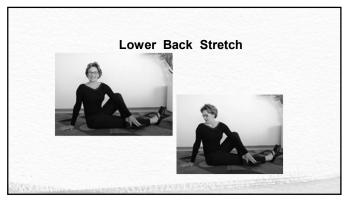


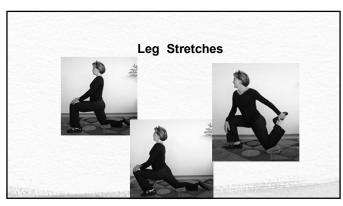
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Ergonomics

- The Art Of Protective Balancing
- What's So Special About Dentistry?
- We sit
- We lean forward > $\frac{1}{2}$ of working hours
- We have high stress
- Muscles fatigue, we compensate
- We age, life happens
- Dentistry literally reshapes us!
- Goals of Ergonomic Training
- We want:
- Balanced strengthening
- Symmetrical muscles
- > Balance, flexibility, mobility, stability
- > lean muscle mass, endurance, bone density
- < injuries; chronic & acute
- To optimize neutral, protective postures
- Avoid CTD's, muscle imbalances, pain
- Long, pain-free career
- Training & Habits
- Initial training step-by-step
- Practice "Muscle memory"
- Brain combines steps to form "chunks" of memory (act as one without conscious direction) = habit
- Still subconscious oversight
- Change habits?
- Remove prompts, engage cortex
- Deconstruct "chunks"
- Rebuild habits
- Change takes commitment & effort
- Problem Areas They're All Connected!
- Hands, arms
- Shoulders
- Necks
- Backs
- Cumulative Trauma Disorders (CTD's)
- Musculoskeletal disorders
- Repetitive use injuries to:
- Tendons, tendon sheaths
- Bones
- Muscles
- Nerves
- Dentistry: upper extremity CTD's = most common

- Carpal Tunnel Syndrome
- The Nature of Carpal Tunnel Syndrome
- Anatomy
- Narrow, unyielding carpal tunnel contains:
- Median nerve
- 9 flexor tendons
- Blood & lymph vessels
- Swelling, inflammation causes compression within tunnel
- Tenosynovium Thickening
- Irritation or inflammation \rightarrow ischemia,
- Over time damage becomes permanent
- Carpal Tunnel Symptoms
- · Hand, wrist numbness, first noticed at night
- Thumb, forefinger, part of middle finger (NOT little finger!)
- Progresses to weakness, pain, swelling may manifest in forearm
- If prolonged: loss of motor control of areas innervated by median nerve: clumsiness, burning
- Nerve compression progresses from sensory to motor nerve fibers
- Who Has Symptoms of Carpal Tunnel Syndrome?
- Causes of Median Nerve Symptoms
- Cervical alignment, pathology
- Median nerve impingement, compression, entrapment along length of nerve
- Thoracic outlet syndrome
- Carpal tunnel syndrome
- Thenar Muscle Loss
- Weakness, atrophy
- Wrist Postures
- Deviated wrist positions increase pressure in Carpal tunnel:
- Flexion: two fold
- Extension: four fold
- CTS is More Likely With:
- Wrist injury
- Arthritis
- Pregnancy
- Diabetic neuropathy
- Hypothyroidism
- Smoking
- Obesity
- Caffeine intake
- Work-related Risks for CTS
- Force
- Posture
- Wrist alignment
- Repetition
- Temperature
- Vibration

- · Pressure Related to Glove Fit
- Non- Surgical Treatment
- Anti-inflammatory meds
- Oral steroids
- Vit. B-6
- Exercises
- Remove traumatic activity
- Alter habits
- Treat medical conditions
- CTS Surgery
- Open release
- Endoscopic release
- Core "Girdle" Muscles:
 Deep Lumbar / Abdominal
- Lumbar Multifidi
- Core Breathing
- Stand heels together, toes ~4" apart
- Elongate spine, neck (be tall)
- Pull belly button to spine
- Contract lower & upper abdominals
- Hand on chest
- Inhale deeply, expanding ribs laterally
- Exhale
- Repeat 3 times
- Joint Hyperlaxity
- Joints have unusually large range of motion (arch your hands, thumbs to wrist)
- Causes:
- Bone shape at ends
- Weak, stretched ligaments: collagen / protein problems, habits, genetics
- Poor muscle tone
- Dental hand risks:
- Thumb may collapse, stress joints
- Dull Instruments
- Sharp Instruments
- Grasp & Protective Bracing
- Bicep stretch
- Slowly, do NOT over-stretch
- Avoid shoulder pain
- Feet hip-width apart
- Arm 90 degrees
- Chin tucked
- Blades & core set.

- Breathe out,
- Rotate body in opposite direction of arm.
- Feel stretch in front chest.
- Hold.
- Breathe in
- Release the stretch.

•

- Chin Tucks
- Touch chin to chest
- · Should feel stretch in back of neck
- Bring it up
- Make a double chin in forward position
- Hold 5 sec
- Balanced strength
- Shoulder Shrugs
- Keep both arms at sides
- Shrug shoulders toward ears
- Hold 3 sec
- Roll & lower shoulders backwards
- · Keep elbows straight throughout exercise
- Scapular Retraction
- Keep both arms at side
- Bend elbows 90°
- Squeeze shoulder blades together, hold 10 sec
- Shoulder Anatomy
- Improper scapular movement leads to shoulder pathology
- Muscles hold bones in alignment
- (normal scapular plane shown)
- Shoulder Ligaments
- Connect bones to bones
- Main source of shoulder stability
- Prevent dislocation
- Joint Capsule
- Watertight sac around joint formed by capsular ligaments
- Rursa
- Fluid-filled sacs (lubricant)
- Rotator Cuff
- Capsule where head of humerus sits
- 4 major muscles stabilize rotator cuff, hold humerus in glenoid fossa
- Tendons attach muscles to bones
- Training goal: work to equalize muscle support of joint
- Engage your latissimus dorsi!

- Posture determines strength & weakness of muscles
- Nerves
- All hand and arm nerves travel through axilla (armpit)
- Radial, Ulnar, Median
- Sensory: pain, temperature, proprioception
- Motor: movement, muscle stimulation
- Blood vessels follow nerves
- Brachial Plexus Impingement
- Neurovascular bundle:
- Brachial plexus (network of motor & sensory nerves innervating arm, hand, shoulder
- C8 & T1 nerve roots
- Subclavian artery & vein
- Thoracic Outlet Syndrome (TOS)
- Group of disorders
- Nerve & vascular compression
- TOS SIGNS
- Anterior scalene (tightness, pain)
- Costoclavicular approximation
- Clavical changes position
- Pectoralis minor tightness
- TOS Symptoms
- Pain, numbness, weakness, tingling in neck, shoulder, face, head
- Clavicle, shoulder, inside arm, hand: ring & pinky
- · Symptoms worsen with use, arms lifted
- TMD, migraines
- Vascular symptoms = serious!
- Arm, shoulder = heavy, cold, blue, swollen
- Causes of TOS
- Sustained static postures
- Drooping shoulders / forward head posture
- Osteoporosis
- Carrying heavy loads
- Luggage, briefcases, shoulder bags
- Repetitive over-head arm movement
- Extra rib
- Car accidents
- Seat belts
- TOS is Difficult to Diagnose
- Confused with other disorders
- CTS (hand), cervical spine dis. (neck), nerve root compression (spine), tumors, bursitis (shoulder)
- Ulnar Nerve Neuropathy

- Dysfunction affects distal 21/2 fingers
- Caused by: injury, entrapment, compression
- Symptoms: pain, weakness
- Pick a partner
- One of you stand up
- · Stand behind the seated partner
- Do 4 tests on seated person
- Switch places & repeat
- Look for a loss of pulse in 2 positions for each arm
- Scalene Maneuver
- Locate radial pulse
- Rotate head toward arm, tilt head backwards
- (+) = loss of pulse
- Allen Test
- Flex elbow to 90 degrees, shoulder extended horizontally & rotated laterally
- Turn head away
- (+) = loss of radial pulse
- Find a pulse.
 - Look for a loss of pulse in both positions
- Chest, Arm Walk-through Stretch
- Higher hand position pectoralis minor
- Lower position pectoralis major
- Do NOT over-stretch Avoid shoulder pain
- Trigger Points
- Group of muscle fibers in constant contraction
- "knot"
- Pain = local or referred
- Active trigger point = painful
- Latent trigger point > stiffness, limited range of motion
- · Trigger Points are caused by:
- Whiplash
- Falls
- Fractures
- Dislocation
- Sprains
- Excessive exercise
- Muscle overload, poor posture, muscle imbalances
- Emotional stress
- Upper Trapezius Tension
- Caused by:
- Prolonged elevated shoulder (s)

- Rotated neck
- Raised arm(s)
- Emotional stress (eschemic pain)
- Women's Head & Neck Issues
- Women report 2-4 x more muscle pain than men
- Women's muscles are narrower, & must exert 2/3 more force
- Bra straps compress upper trapezius
- Modesty: separation from patient's head: must extend neck & arms
- So.....
- Relax
- Position patient correctly
- Stretch
- Sit correctly
- Heat, message
- Drink water!
- Remember.... Increase your range of motion, flexibility, circulation
- Stretches
- Perform slowly, carefully, smoothly
- Feel stretch intensely, but NO PAIN
- No bouncing
- Hold for 30 secs, slowly release
- Preventive Exercises
- Stop if you feel pain
- Warm & loosen muscles first
- Breathe
- Start easy: 2 sets of 10
- Don't exceed 3 sets of 20
- Stretching Tips
- Frequent micro-breaks = better than infrequent longer
- Stretching increases endurance & decreases micro-trauma
- Frequent breaks aid tissue repair
- Infrequent breaks do not!
- Seize the micro-moment!
- Sustain 15-30 sec., (2-3 breaths)
- How To Stretch
- Starting position
- Breath in
- Exhale as you reach stretch intensity
- Hold 2-3 breathing cycles
- Slowly release
- Return to neutral
- Find TRUE NEUTRAL
- Repeat (sets)

- Spinal Anatomy
- 33 vertebrae:
- Protect spine, vertical support
- 7 cervical
- 12 thoracic attached to ribs
- 5 lumbar
- 5 sacral: fused, hip region
- 4 coccygeal: fused, tailbone
- Kyphosis (Hunchback)
- Increase in normal kyphotic curvature thoracic spine
- · Causes: prolonged poor posture, osteoporosis, age
- Symptoms:
- prominent round back,
- head forward,
- neck strain,
- chest / lung compression
- Pain, stiffness, loss of range of motion
- Lordosis (Swayback)
- Increased curvature of lumbar spine: excessive arching, prominent buttocks
- Causes:
- Congenital, poor posture, abnormal positioning
- Symptoms:
- Lower back pain
- Sciatica / leg pain
- Less mobility
- Scoliosis
- S shaped curvature, thoracic region
- Causes:
- Congenital
- Prolonged lateral / rotated positioning
- Results:
- Muscle shortening, 1 side
- Muscle spasms
- Chronic pain, nerve impingements
- Adolescent scoliosis:
- Mostly young teenage girls
- Degenerative:
- 50 60 y/o males / females
- Back posture directly impacts spinal disc degeneration & herniation
- Prolonged pressure on discs prevents inflow of nutrients
- Like a sponge
- Disc requires alternate compression & decompression (relaxation)
- Lumbar disc compression increases 40% without lumbar support
- Lumbar disc pressure always less with lumbar support!
- Low Back Pain

- Experienced by 80 85% of adults
- Causes: injuries, arthritis, disc disease, aging
- Among top 5 worker complaints
- Prevention:
- Strengthen key core "girdle" muscles: stabilize spine
- Abdominals: transversus & rectus abdominus
- Deep back muscles: lumbar multifidi
- Pelvic floor
- Core "Girdle" Muscles:
 Deep Lumbar / Abdominal
- Lumbar Multifidi
- Transversus abdominus
- Lower Back Pain
- Thoracic cage & abdomen = "hydraulic cylinder": movement creates pressure
- When girdle fails, large superficial muscles strain
- Can't protect vertebrae
- Spasm, knot
- Aberrant hip movement cascade
- MD's rec: anti-inflammatory drugs, surgery
- Try: acupuncture, phys. therapy
- Deep Squat
- Feet a little wider than shoulders, toes out 45 degrees.
- Chest lifted, core braced, pelvic floor engaged, back flat.
- Slowly inhale + bend knees,
- Butt back & down thighs parallel to ground
- Hold 3 breaths
- Quadruped Plank
- Hands & knees on ground
- Shoulders directly above wrists, hips above knees.
- Tuck pelvic floor muscles, draw in abdomen.
- Press hands down, lift knees off ground ~2", 5-10 seconds.
- Breath & repeat
- Shoulder Bridge
- On Back, knees bent, feet flat hip-width apart
- Press lower back into floor.
- On inhale, lift hips off floor, squeezing glutes at top.
- Pull abs in and pelvic floor up.
- Exhale as you lower hips
- Repeat
- The Slouch
- Muscle ligaments accommodate frequent positions
- stretch, shorten, strengthen or weaken

- "Resets" neutral to unbalanced posture
- Long term damage:
- Muscle strain, trigger points
- Headaches
- Disc degeneration, herniation
- Is This Your Reality?
- Fitting worker to equipment
- Hand-me-downs?
- Shared with others? (size, preferences...)
- Who makes equipment decisions?
- · No, wrong, or inadequate adjustments
- Short cords, limited space
- Lighting: poor, excess, wrong spectrum, too limited
- Is there a culture of safety and prevention?
- We Need.....
- Lumbar support
- Shoulder freedom
- Elbow space
- Adjustability
- Easy movement
- Chairs
- Variety of adjustments
- Height, tilt, arms, back up & down, in & out
- Models for short, tall workers
- Best chair design consider:
- Automatic seat tilt:
- Better circulation to legs
- < back strain
- Get close to patient
- Back support
- Up & down
- In & out"
- "floating" back
- < back strain
- Better posture
- 5 Casters
- Your size
- Get Help!
- See MD if:
- pain @ night
- Pain recurs, persists, increases
- Leg numbness, tingling, weakness
- Bowel, bladder dysfunction
- Numbness in "saddle"

- Loss of movement
- Always ask: Is pain local or referred?
- Enhanced Visualization What's important?
- Heads up!
 - (bowling ball on a stick)
- Heads weigh 10 15 lbs.
- ~42 lbs stress bending forward
- < 1 inch off neutral increases load 10 X
- Body accommodates, gets stuck
- Collagen lengthens: takes 20 min to stretch, 24 hrs to recover
- What's Important When Choosing A Loupe?
- Magnification
- Industry standards in measuring magnification vary
- Manufacturing tolerances vary
- Trade-off: with > magnification -
- need more light
- More weight
- Less depth of field
- Head Lamp Considerations
- Visual spectrum and intensity
- Weight
- Use-life
- Method of activation (ease & asepsis)
- Cost
- Good Luck & happy shopping!
- Myopia: Urban Vision
- N. Amer. & Eur.: 1/3 adults = myopic
- U.S. myopia has increased: in 1970: 25%, 2000: 42%
- (too fast for genetic change)
- Eye shape = determined by
- Genetics
- Growth in infancy, adolescence
- ***Daily behavior = most important!
- Urban Myopia
- Singapore young men: 80% myopic
- 1980: 43%
- now: "epidemic"
- Myopia is not increasing in rural areas
- Myopia increases risk of:
- Cataracts
- Glaucoma
- Detached retina
- So...Increase outside light exposure

- Blue Light Risks
- Blue light is higher energy than red, green & yellow
- Penetrates deep into eye to retina
- Over exposure to blue light:
- Reduced visual acuity & contrast sensitivity
- Causes oxidative retinal damage
- Can lead to macular degeneration (leading cause of blindness in western world)
- Blue Light Risks
- Sources of blue light
- Smartphones: set screen brightness schedule night levels
- LED televisions, tablets, computer screens
- LED/fluorescent indoor lighting
- Dental risks:
- High powered LED curing lights
- LED head-mounted illumination systems
- Whitening accelerator lamps
- LED/fluorescent overhead exam lights
- Blue Light Risks in Dentistry
- Eye exposure to combined blue light causes oxidative stress, phototoxic effects
- Mere seconds at close range using high-powered LED's kills cells in retina, inducing proinflammatory immune cascade, further damaging cell DNA.
- Cyclic intense light exposure (light curing reflection) hazardous if exposed > 6 seconds / day
- Damage = irreparable
- · Cell debris builds up in basement membrane of retina
- Slowly causes blindness
- Blue Light Precautions
- Protective eyewear
- Lens coating filters harmful blue light without impacting color perception
- Lenses should filter UV and HEV light & improve visual acuity
- Nutritional supplements:
- Macular pigments (Lutein, Zeaxanthin & Mesozaexanthin act to internally filter blue light & neutralize free radicals
- Eat more green leafy vegetables (macular carotenoids & anti-oxidants)