



## Lifestyle and MsculoSkeletal Disorders: part II

### ARTICLE INFO

#### Article Type Editorial

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#### How to cite this article

Motaqi M, Ghanjal A. Lifestyle and MsculoSkeletal Disorders: part II. 2019; 4(2): 164-166.

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#### Article History

Received: September, 18, 2019

Accepted: September 19, 2019

ePublished: October 30 2019

### Musculoskeletal Disorders

This category includes epicondylitis, carpal tunnel syndrome, and tendinitis. Musculoskeletal Disorders can be caused by repetitively carrying heavy loads over a long period of time, doing heavy tasks with an improper posture, and even participating in sporting activities. Athletes are susceptible to MSDs, since they perform the same tasks over and over again through the course of training.

### Lifestyle modification

Lifestyle encompasses the ordinary activities of people in their daily lives and that can have an impact on their health. Through lifestyle choices, people may practice measures and activities that protect and promote their health and prevent diseases. Evidence suggests that the cause of many chronic diseases, such as Low Back Pain (LBP), is related to lifestyle and human behaviors. Accordingly, establishing health-promoting behaviors is one of the best ways that people can protect and manage their health [1-2]. Lifestyle behaviour change warrants being considered in musculoskeletal care including chronic pain management in that common lifestyle behaviours, often associated with conditions such as ischaemic heart disease, impact musculoskeletal health and functional capacity. musculoskeletal

problems including the presence of chronic pain and exercise incapacity is associated with several lifestyle behaviour practices that are associated with lifestyle-related non-communicable diseases. These include smoking, unhealthy diet, unhealthy weight, poor sleep, and unmanageable stress [3-4].

### Physical and psychological stress reduction

Intensive and extensive stress results in disorders in the musculoskeletal system. Emotions like anger, frustration, irritation, confusion, tension, and nervousness cause the stress. It is not only the experience and frequency of such feelings but also the repetition of the activities and motions that induce injuries or musculoskeletal disorders. Work-related Musculoskeletal Disorders (WRMSDs) do not only result in the physical stressors. However, a set of multiple factors determine the formation. Psychosocial risk factors such as stressful job, social pressure at work, and job dissatisfaction are such factors which contribute to the formation of WRMSDs. When an injury occurs, psychosocial factors, such as incongruous pain and depression, are the main reasons for the development of a disability and transition from acute to chronic pain [5]. Therefore, understanding these psychological factors and trying to reduce them can be a

strategy to reduce the risk of musculoskeletal disorders.

### Improving the quality of life

Quality of life is the general well-being of individuals and societies, outlining negative and positive features of life. It observes life satisfaction, including everything from physical health, family, education, employment, wealth, safety, security to freedom, religious beliefs, and environment [6]. Musculoskeletal disorders are a major cause of morbidity throughout the world, having a substantial negative influence on health and Quality of Life (QoL) [7]. Quality of life is an important indicator of the burden of musculoskeletal disease [8]. Care-seeking behaviour due to MSDs seems to depend not only on factors associated with the symptoms severity or persistence, but may also be explained by levels of mental distress and depression which have been associated with musculoskeletal pain in various studies [9]. The relationship between health and illness at work is directly related to (QoL). Quality of Life is understood as "the individuals' perception of their position in life in the context of culture and value systems in which they live and in relation to their goals, expectations, standards and concerns" [10]. Therefore, the concept of QOL is based in different perspectives, and is directly associated with health, and also close to individual satisfaction level in their affective, family, environmental and social lives [11]. The strong association between MSDs and QOL is explained by the reduction of work capability the worker is exposed, which affects psychosocial symptoms such as loneliness, sadness, anxiety and depression states, in addition to the feeling of helplessness in the face of disease. MSDs cause consequences, ranging from an inability to perform the labor activity which first caused the disorder, to execution of simple tasks

of daily living such as housework and self-care activities [12]. The results of studies show that people attending primary care services and experiencing MSDs have a worse Health Related Quality of Life (HRQoL) than those who do not suffer from MSDs [13]. New onset musculoskeletal disorders have a marked deleterious effect on QOL in the physical domain, with lesser effects on social and mental functioning. This evidence of an early significant impact on their QoL reinforces recent recommendations for early treatment and primary prevention [14-15].

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