116 - VERIFICATION THE INCIDENCE OF COMPLAINTS OF TEACHERS IN MUSCULOSKELETAL IN STATE EDUCATION OF THE CITY OF PALMAS-PR.

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1.INTRODUCTION

Despite the historical situation derogatory labor and worker exploitation in recent decades the people on the production, be it intellectual or material has been privileged. You could say it's almost a trend to watch and meet the needs and desires of the worker.

Do not just offer more training so that he can properly develop its precise function is to provide forms of assistance to promote and maintain your emotional and physical health, developing programs for the prevention, treatment and where appropriate providing replacement in his former role or in another position that is more in line with the conditions presented.

Among the wide variety of professions one that has aroused great interest among researchers from many areas is the teacher.

The social and intellectual role in helping the formation and transformation of society played by this professional is indisputable, but he does not always get the appreciation it deserves.

Like any other worker, the professional education also is subjected to pressures in their day to day monitoring of both an ideal model of education and outcomes expected and is still subjected to overloads of specific physical activity performed.

Direct contact with many students, work environment ill-suited, teaching conditions impaired, progression or distant learning unfeasible, and dissatisfaction with the minimum wage among others, are factors identified by research as reasons for occupational disease in this population.

Cases of temporary removal of labor between teachers of state schools have been very high, either emotional, physical or both, so it is necessary for an understanding of the causes that arrangements can be made.

So this professional environment despite his being the classroom and not the so-called factory floor, is also prone to many diseases as work-related stress, vocal problems and musculoskeletal diseases.These diseases are usually caused by factors such as mechanical or repetitive tasks are generated by the inadequacy of the desktop and even the sensation of low valuation professional.

Dias (2000) warns that the employee understand that despite living, sicken and die like the rest of the population also undergoes different situations arising from their employment and therefore should be contemplated with policies that consider their specific needs.

The Brazilian worker has some protections and benefits from long and painful struggles and claims processes. The preparation, supervision and enforcement of ordinances that deal with worker health are the responsibility of employers, employees and the state, each acting through various organizations and agencies.

To obtain the benefits provided for in laws and decrees regarding job security and reintegration into the labor market after the removal, it is necessary that after 15 days of departure, the employee undergo a medical examination where it can be established the so-called casual nexus between the complaint of the worker and his work.

Already Unified Health System - SUS - has the task of promoting health surveillance and epidemiological, promotion, protection, recovery and rehabilitation of the worker, with no regulation by law. 8080, 1990.

Complaints of pain or discomfort in various regions of the body, especially the joints and emerged in their segments, see increase in number of cases and are grouped under the name of Work-Related Musculoskeletal Disorders - WMSD - this designation adopted by the Security Brazilian Social in 1998. This same group of pathologies was known as Repetitive Strain Injury - RSI - this term is still widely used today.

Search is then through the study of variable complaints, which can lead to the diagnosis of RSI / WMSD, understanding this professional and proposals for a performance at this class for the improvement of symptoms when they are understood.

It can be stated that illness or injury arising from occupations are present from the beginning of mankind, being better related to the onset of formal jobs performed by men.

Perhaps the first description made to designate RSI / WMSD is of the Ramazzini who in 1700 reported cases of weakness and paralysis occurred later in arms, due to the continuous use of hands that affected the scribes.

The term RSI, Repetitive Strain Injury, the definition is adopted Australian, RSI, Repetitive Strain Injuries, (BROWNE, NOLAN and FAITHFULL, 1984). After a few years spent also using the term for pathology Work-Related Musculoskeletal Disorders, WMSD, in English, Work-related musculoskeletal disorders (HAGBERG, et al., 1994).

The terms RSI / WMSD include, so signs and objective or subjective symptoms that vary widely in their clinical names, but result from prolonged or repeated exposure to occupational situations involving joints and related structures, muscles and tendons, bursae, blood vessels, nerves and ligaments.

Most diseases classified as RSI / WMSD as tendinitis and tenosynovitis, bursitis, carpal tunnel syndrome, neck pain, diseases are not exclusive of workers may affect the general population by exposure to different occupational situations such as those occurring with athletes.

In Brazil, the National Institute of Social Security, Social Security, lists the pathologies considered RSI / WMSD in OS 606, 1998, and Decree No. 3048 of 1999, the Presidency with Annex II, which lists the pathogens; list a, which addresses the etiology and list B, which addresses the risk factors. Did fingers, wrists, forearms, elbows, arms, shoulders, neck, back and lower limbs only external compression of the sciatic nerve and bursitis knees.

Whether for a greater knowledge of the disease, either by greater demands at work, the number of workers with RSI / WMSD has increased in recent decades in data released by Social Security.It is difficult to estimate the correct number of individual cases of RSI / WMSD in our country, because the cases are statistically grouped in the denomination of occupational accidents, with no discrimination between the various cases, but in reviews conducted is often data that credit to cases of RSI / WMSD higher expenses with compensation and absences from work.This condition must be understood as having many

causes, among the triggers listed by Kuorinka and Forcier (1995) and Carneiro (1998) may be mentioned that those from biomechanical changes resulting from inadequate securities, bad posture, use of force and repeatability are among the events that can lead to the onset of RSI / WMSD teachers.

Rocha and Ferreira Junior (2000) and Assumption and Almeida (2005) and other researchers relate RSI / WMSD also with environmental conditions, post and work organization and psychosocial factors.

The activities performed by this professional positions include improper use of the table where the force posture of the shoulder to make the writing; while attending students in desks, overhead musculoarticulares use of computers in addition to standing postures for prolonged periods. In general shoulders, wrists, knees and spine tend to experience symptoms of discomfort and pain. It is not uncommon for the same person has more than one site of involvement.

These indicators added to the stressful environment of a classroom overwhelm the psychophysical structure of teachers and can trigger various acute and chronic.The tendency to think of work as an activity and static set of tasks without taking into account that these tasks are carried out by people who need to adapt often leads to imbalance between the ideal and the real cause that can trigger the RSI / WMSD.

2.OBJECTIVES

This research aims to verify complaints of pain and discomfort in the joint regions and segments, from work, teachers in the State Schools of the city of Palmas-PR, to structure a model for future action in the immediate care and prevention of symptoms.

It is hoped that the survey, understanding and discussion of the results obtained with the interviews, during the project, can perceive the reality of the health teacher to occur in order to implement programs that minimize the frame and provide treatment and prevention therewith.

3.METHODOLOGY

We conducted a cross-sectional study with teachers of investigative State Schools of the city of Palmas - PR for the investigation of complaints that may lead to the diagnosis of RSI / WMSD. To obtain the data we used the Nordic Questionnaire for Analysis of Musculoskeletal Symptoms of Commitment (KUORINKA, et. Al, 1987), adapted for locating complaints also to the lower limbs.

This instrument has fields for verification of personal data, type of symptom or pain over the last year, in the last thirty days and in the past seven days, how long has the symptom, which the frequency and duration of the demonstration if there was already seeking care; whether or not to exercise the function impairment due to the problem and seek further investigate the body regions that are seats of complaints, without claiming to give clinical diagnosis. The results were presented and discussed in a descriptive way.

In September 2008 we sought authorization for the commencement of research at the Center for Education - PR after obtaining the authorization was scheduled meetings with the directors of five schools located in urban areas in order to promote the dissemination and appropriate explanations about the research, adherence by teachers was voluntary.

For inclusion in the study it was stipulated that they should be involved in classroom activities, total 70 participated in this study, others did not want or were not available to answer the questionnaires.

The teachers surveyed were interviewed only once in school they were in at the time of data collection independent work well in another school during the months of November and December 2008.

This study was approved by the Ethics Committee of Internal UNICS, for participation in the survey interviewed teachers signed the Informed Consent for Adults.

4. RESULTS AND DISCUSSION

Study participants were 70 individuals who at the time of data collection were teachers of State Schools of Paraná and worked in five urban schools state located in the city of Palmas.

A survey of teachers found out that the teachers interviewed N = 70, N = 64 (91.4%) reported having already made some musculoskeletal discomfort and only N = 6 (8.6%) reported no complaints, the number complaints was estimated at 4.36 for each teacher, that number considered significant.

This significant number of complaints is similarity in research conducted by Carvalho and Alexandre (2006) with elementary school teachers in a city in the interior of São Paulo, where it was found that 90.4% of participants had musculoskeletal symptoms.

The region of greatest complaint was the shoulder region, N = 39 (61%), followed by the neck, N = 33 (51.6%), upper and lower back, N = 29 (45.3%) and the arm, N = 28 (43.7%). The thigh had the lowest number of complaints, N = 9 (14%). It can be seen that the result obtained corresponds to actually caused by repetitive motion activities written in frames or in other similar structures, performed by teachers in the exercise of their profession and the static overload the column due to long static periods.

Carvalho and Alexandre (2006), in the same survey cited above, also investigated the occurrence of musculoskeletal symptoms as the body regions and found that the most common complaints were in the lumbar region (63.1%), thoracic (62.4%), cervical (59.2%), shoulder (58.0%) and wrists and hands (43.9%).

Most regions evaluated had complaints of pain symptoms on both sides of the body, the areas that have been identified as causing more symptoms both on the right side as the left was the lower back, and neck, N = 24 (37, 5%). The right arm showed a higher number of complaints, N = 21 (32.7%) and the left side has registered more complaints to the knee, N = 5 (7.8%).

Bernard (1997), lists the biomechanical problems of repetition, force, posture, vibration and even the combination of these factors as responsible to a greater or lesser degree on the symptoms in each body segment. The stance is what most influences the disorders of the neck and shoulder girdle, the shoulder may be affected by the posture adopted and also the repetitiveness; already the elbow, wrist and hand are afflicted by a combination of biomechanical factors.

It is very important to determine the temporal duration of symptoms which can establish the chronicity of the complaints or not. The present study investigated the chronic symptoms that were felt in the neck, 15 teachers evaluated (23.4%) reported that they see sense in this troublesome region within 1 to 3 years and another 12 teachers (18.8%) stated feel pain in the same region cited for more than three years, leading to a total of complaints by 27 respondents (42.2%); shoulder appears as a region of complaints for less than 1 year to 15 respondents (23.4%).

The severity of symptoms can be perceived by the frequency in which they appear when examined this item in the last year, it was found that the lower back has problems every day, N = 9 (14%), the shoulder has problems once a week, N = 13 (20.3%); arms and knees have problems once a month, N = 5 (7.8%); the same lower back cited above also been reported as

local problems being on average 3 or 4 times a year for 11 respondents (17.2%), and shoulder area were listed as symptoms on average by 1 or 2 times a year for another 7 participants (11.0 %).Last month preceding the interview, the shoulder had symptoms for most plaintiffs, N = 29 (45.3%), and the same occurred in the week before their participation in the study, N = 22 (34 , 4%).

In the study by Carvalho and Alexandere (2006) regarding the prevalence of symptoms in the last 7 days, the body areas most frequently mentioned were shoulders (29.9%), neck (28.7%), lumbar (27.4%) , thoracic (27.4%) and wrists and hands (14.6%).

As for the intensity and persistence of complaints, each time that they occur, teachers participants reported in the shoulder region the pain may remain for varying periods of time, causing less than 24 hours, n = 11 (17.2%); 1-4 weeks, n = 12 (18.8%) and in some cases lasts for more than 6 months N = 4 (6.2%), with the intensity of pain perceived as being very strong, N = 3, strong, moderate and N = 10, N = 21. This fact demonstrates the tendency to chronicity of symptoms for this region and even as she is mechanically overloaded.

Another area identified as being the area of delay to occur symptom relief with complaints lasting on average 1-6 months are the arms, this fact being mentioned by 7 respondents (11%) and discomfort referred to as being of very light intensity , N = 4 (6.2%).

Chronic pain is easily understood given the static posture adopted in classrooms or by repetitive motion when writing on the board, we note that for the shoulder she repeats often and even in some cases lasts months which requires the holder to learning to deal with it.

Viana (2005) argues that adaptation to chronic nuisance is shaped by psychological factors and this determines your level of wellness.

As the intensity of the symptoms they are also perceived as being very strong to those occurring in the lower and upper spine, hands and wrists. The region of the spine has been a separate chapter with regard to pain and disability in several studies, this research it is clear that the pain despite its highly subjective aspect, is perceived as very strong validating the care we must have regarding the attitude in everyday life, especially in classrooms.

In general musculoskeletal complaints despite crippling diseases are not understood as offering risk of death, but undoubtedly affect the quality of life of its sufferers often causing them to leave their jobs early.

About this aspect Walsh, et. al (2004) in a study of workers in the production line of school supplies and office ascertained strong association between the severity of pain and the rate of capacity for work suggested that there is a paradox between frames relatively benign lesions and high pain intensities above.

Teachers also reported that among the troublesome senses, the shoulder region, were that led them to seek medical attention and the adoption of some form of treatment to eliminate or minimize symptoms. Among the treatments available were the most commonly used massage and stretching exercises that target this region. Already the thigh region was the least stimulated demand for specialized care.

Other studies, such as Carvalho and Alexandre (2006) report that in the regions most cited as looking for a health professional in the last 12 months stood out the lumbar and thoracic respectively (24.8%), cervical (20.4%), shoulder (15.9%), wrists and hands (12.1%).

It should be noted here that the number of complaints investigated in the present study the demand for treatments was insignificant, was not reported by respondents why for not seeking medical help.

Research conducted by Porto et al. (2004) sought to identify occupational diseases in teachers, which occurred between the years 1991 to 2001 treated at the Center for the Study of Occupational Health in Salvador. Of the 235 records of teachers attended, 156 were diagnosed with occupational disease, diseases found among the authors classified them into two groups: respiratory diseases and musculoskeletal diseases, the latter group has affected 112 teachers, with a sixth category of professionals more affected by repetitive strain injuries.

Regarding absences from work during the last year, arising from complaints investigated, the vast majority did not require removal due to musculoskeletal problems, and only one of the respondents reported having the need of removal due to discomfort in the shoulders with a duration of 30 days or more; already raised the neck off work for 5 respondents in a period of less than 15 days between the 279 complaints, 22 (7.9%) required that teachers away from their traditional roles in the last year.

It is observed that with these data segments that led to the removal shall be in the upper body, and even reports of symptom severity were considered strong musculoskeletal problems did not cause the absence of the teacher's classroom.

5.CONCLUSION

Workers' health is being evaluated and studied more frequently in recent decades, the goals are usually very varied: from the real appreciation of the conditions of employment in order that policies be implemented to pose or remedy possible deficiencies to improve the interest of employer to increase the productivity of your business.

The number of claims reported in this study shows a significant rate. No methodology was examined by whether or not confirmation of diagnosis of RSI / WMSD for complaints reported this fact in the opinion of the authors does not diminish the importance of data ascertained.Neither one can not neglect the psychological suffering and stigma of being a carrier of diseases or complaints arising from occupational activity, as many prefer to hide the symptoms being singled out as unfit to work, or worse still, as historically has been perpetuated in the country as workers idle.

It should be noted also that the number of studies that associate RSI / WMSD with education professionals is very scarce.

So here it is stated the need for further studies within this same topic so that the findings can be understood more safely.

As individuals belonging to the so-called information age ignorance about the disease can no longer be claimed to perpetuate the neglect in implementation of curative and preventive preferably facing this occupational group. The responsibility should be shared between employers and employees, even if the employer is the State.

6. REFERENCES

ASSUNÇÃO, A. A.; ALMEIDA, I. M. Doenças Osteomusculares Relacionadas com o Trabalho. Membro Superior e Pescoço. in: MENDES, R. Patologia do Trabalho. 2 ed. São Paulo: Atheneu, 2005. p. 1501-1539.

BERNARD, B. P. Musculoeskeletal disorders and workplace factors; a critical review of epidemiologic evidence for work-related musculoeskeletal disorders of the neck, upper, extremity and low back. Cincinatti: National Institute of Occupational Safety and Health, 1997.

BORGES, L.H. As Lesões por Esforços Repetitivos (LER) como índice do mal-estar no mundo do trabalho. Rev CIPA, v. 252, p. 50-61, 2000.

BRASIL. Lei nº 8.080 de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, organização e funcionamento dos serviços correspondentes e dá outras providências. Brasília, Assessoria de Comunicação Social do Ministério da Saúde, 1990.

BRASIL. INSS. Diretoria do Seguro Social. Ordem de Serviço nº 606, de 05/08/95. Brasília: Diário Oficial da União, 20 de agosto de 1998.

BRASIL. DECRETO n º 3.048 de 6 de maio de 1999. Aprova o Regulamento da Previdência Social, e dá outras providências. DOU. 86:50-108, 1999.

BROWNE, C. D.; NOLAN, B. M.; FAITHFULL, D. K. Occupational repetition strain injuries: guidelines for diagnosis and management. Med. J. Aust. v. 140, n. 6, p. 329-332, 1984.

CARNEIRO, C. M. Perfil social da LER. in: OLIVEIRA, C. R., et al. Manual Prático de Lesões por Esforços Repetitivos. Belo Horizonte: Health, p. 63-95, 1998.

CARVALHO, A. J. F. P.; ALEXANDRE, N. M. C. Sintomas osteomusculares em professores do Ensino Fundamental. Revista Brasileira de Fisioterapia, São Carlos, v.10, n.1, 2006. p.35-41.

COUTO, H. A. Guia Prático de Tenossinovites e outras Lesões de Origem Ocupacional. São Paulo: Asta Médica, 1994.

COUTO, H. A. Novas Perspectivas na Abordagem Preventiva das LER/DORT. Belo Horizonte: ERGO, 2000.

DIAS, E. C. Organização da Atenção à Saúde no Trabalho. in: FERREIRA JUNIOR, M. Saúde no Trabalho. Temas Básicos para o Profissional que cuida da saúde dos trabalhadores. São Paulo: Roca, 2000. p. 4-28.

FERREIRA JUNIOR, M. Saúde no Trabalho. Temas Básicos para o Profissional que cuida da saúde dos trabalhadores. São Paulo: Roca, 2000.

HAGBERG, M.; et al. Work-related Musculoskeletal Disorders: A Handbook for Prevention. London: Taylor and Francis, 1994.

KUORINKA, I.; et. al. Standardised Nordic questionnaire for the analysis of musculoskeletal symptoms. Appl. Ergon., v. 18, p. 233-237, 1987.

KUORINKA, I.; FORCIER, L. Work Related Musculoskeletal Disorders: A Reference Book for Prevention. London: Taylor e Francis, 1995.

PORTO, L. A..; REIS, I. C.; ANDRADE, J. M.; NASCIMENTO, C. R.; CARVALHO, F. M. Doenças ocupacionais em professores atendidos pelo Centro de Estudos da Saúde do Trabalhador - CESAT. Revista Baiana de Saúde Pública, Salvador, v. 28, n.1, p.33-49, jan./jun., 2004.

RAMAZZINI, B. De morbis atificium diatribe de 1700. São Paulo: Fundacentro, Ministério do trabalho, 1985.

ROCHA, L. E.; FERREIRA JUNIOR, M. Distúrbios Osteomusculares Relacionados ao Trabalho. in: FERREIRA JUNIOR, M. Saúde no Trabalho. Temas Básicos para o Profissional que cuida da saúde dos trabalhadores. São Paulo: Roca, 2000. p. 286-319.

VIANA, S.O. Trabalhadores com lesão por esforço repetitivo: explorando relações entre limitação funcional, enfrentamento e satisfação com a vida [Dissertação]. Belo Horizonte (MG): UFMG; 2005.

WALSH, I. A. P.; CORRAL, S.; FRANCO, R. N.; CANETTI, E. E. F.; ALEM, M. E. R.; COURY, H. J. C. G. Capacidade para o trabalho em indivíduos com lesões músculo-esqueléticas crônicas. Rev. Saúde Pública. São Paulo, v.38, n.2, abr., 2004. p.149-156.

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VERIFICATION THE INCIDENCE OF COMPLAINTS OF TEACHERS IN MUSCULOSKELETAL IN STATE EDUCATION OF THE CITY OF PALMAS-PR.

ABSTRACT

Like any other worker teachers also suffer from occupational diseases arising from factors such as mechanical repetitive tasks or those generated by the inadequacy of the desktop and even the sensation of low valuation professional. During the months of October to December 2008 we conducted a cross-sectional study with 70 teachers investigative 5 schools in the urban area of the State Schools of the city of Palmas - PR for the investigation of complaints that may lead to the diagnosis of CTD / WMSD. To obtain the data we used the Nordic Questionnaire for Analysis of Musculoskeletal Symptoms of Commitment proposed by Kuorinka et al. (1987). A survey of teachers found out that the teachers interviewed N = 70, N = 64 (91.4%) reported having already made some musculoskeletal discomfort and only N = 6 (8.6%) reported no complaints, the number complaints was estimated at 4.36 for each teacher, that number considered significant. The region of greatest complaint was the shoulder region, N = 39 (61%), this region was also raised that the increased demand for medical services, the region with the highest rate of chronic pain was the neck N = (42, 2%); regarding absences from work during the last year, arising from complaints investigated, the vast majority did not lead to expulsion. It is concluded that the number of reported complaints this study shows a significant rate.

KEY - WORDS: health - teachers - musculoskeletal complaints

VÉRIFICATION DE L'IMPACT DES PLAINTES DES ENSEIGNANTS EN ÉTAT DU RÉSEAU GÊNANT MUSCULO-SQUELETTIQUES DE L'ÉDUCATION DE LA VILLE DE PALMAS-PR

RÉSUMÉ

Comme tous les autres enseignants des travailleurs souffrent de maladies professionnelles résultant des facteurs tels que la mécanique des tâches répétitives ou celles générées par l'insuffisance de l'ordinateur de bureau et même la sensation de faible valorisation professionnelle. Pendant les mois d'Octobre à Décembre 2008, nous avons mené une étude transversale de 70 enseignants d'enquête 5 écoles dans la zone urbaine des écoles publiques de la ville de Palmas - PR pour enquêter sur les plaintes qui peuvent conduire au diagnostic de CTD / LATR. Pour obtenir les données que nous avons utilisé le questionnaire nordique d'analyse des symptômes musculo-squelettiques d'engagement proposés par Kuorinka et al. (1987). Une enquête auprès des enseignants ont découvert que les enseignants interrogés N = 70, N = 64 (91,4%) ont déclaré avoir déjà fait des problèmes musculo-squelettiques et seulement N = 6 (8,6%) n'ont signalé aucune plainte, le nombre plaintes a été estimée à 4,36 pour chaque enseignant, ce nombre considérée comme significative. La région de plus grande plainte était la région de l'épaule, N = 39 (61%), cette région a également été soulevée que la demande accrue pour les services médicaux, la région avec

le taux le plus élevé de la douleur chronique était le col N = (42, 2%); en ce qui concerne les absences du travail au cours de la dernière année, résultant de plaintes instruites, la grande majorité n'a pas conduit à l'expulsion. Il est conclu que le nombre de plaintes enregistrées cette étude montre un taux significatif.

MOTS - CLÉS: santé - les enseignants - troubles musculo-squelettiques

COMPROBACIÓN DEL IMPACTO DE LAS QUEJAS MUSCULOESQUELÉTICO DE LOS DOCENTES EN EL ESTADO DE RED DE EDUCACIÓN DE LA CIUDAD DE LAS PALMAS-PR.

RESUMEN

Al igual que cualquier otro trabajador maestros también sufren de enfermedades profesionales derivadas de factores tales como mecánicos tareas repetitivas o los generados por la insuficiencia del escritorio e incluso la sensación de baja valoración profesional. Durante los meses de octubre a diciembre de 2008 se llevó a cabo un estudio transversal con 70 profesores de 5 escuelas de investigación en el área urbana de las escuelas públicas de la ciudad de Las Palmas - PR para la investigación de las quejas que puedan conducir al diagnóstico de CTD / trastornos musculoesqueléticos. Para obtener los datos se utilizó el Cuestionario Nórdico para el análisis de los síntomas musculoesqueléticos de compromiso propuestos por Kuorinka et al. (1987). Una encuesta de los maestros descubrieron que los profesores entrevistados N = 70, N = 64 (91,4%) informaron de que habían hecho ya algunas molestias músculo-esquelético y sólo N = 6 (8,6%) no reportaron quejas, el número quejas se estimó en 4,36 por cada maestro, ese número se consideró significativo. La región de mayor queja era la región del hombro, N = 39 (61%), esta región también se planteó que la mayor demanda de servicios médicos, la región con la tasa más alta de dolor crónico del cuello N = (42, 2%), con respecto a las ausencias del trabajo durante el último año, derivado de denuncias investigadas, la gran mayoría no dio lugar a la expulsión. Se concluye que el número de quejas reportadas este estudio muestra una tasa significativa.

PALABRAS - CLAVE: salud - profesores - quejas musculoesqueléticas

VERIFICAÇÃO DA INCIDÊNCIA DE QUEIXAS DE INCÔMODOS OSTEOMUSCULARES EM PROFESSORES DA REDE ESTADUAL DE ENSINO DA CIDADE DE PALMAS-PR.

RESUMO

Como qualquer outro trabalhador os professores também padecem de patologias ocupacionais decorrentes de fatores como tarefas mecânicas repetitivas ou as geradas pela inadequação do ambiente de trabalho e mesmo pela sensação da baixa valorização profissional. Durante os meses de outubro a dezembro de 2008 foi realizado um estudo transversal de caráter investigativo com 70 professores de 5 escolas da zona urbana da Rede Estadual de Ensino da cidade de Palmas - PR para a averiguação de queixas que possam levar ao diagnóstico de LER/DORT. Para a obtenção dos dados foi utilizado o Questionário Nórdico para Análise de Sintomas de Comprometimento Osteomuscular proposto por Kuorinka et al. (1987). A pesquisa realizada com os professores averiguou que dos N= 70 professores entrevistados, N= 64 (91,4%), referiram já terem apresentado algum incômodo osteomuscular e somente N= 6 (8,6%) não relataram nenhuma queixa, o número de queixas foi estimado em 4,36 para cada professor, número esse considerado significativo. A região de maior queixa, foi a região do ombro, N= 39 (61%), também essa região foi a que suscitou maior procura por atendimento médico; a região com maior índice de dores crônicas foi a do pescoço N= (42,2%); quanto às faltas ao trabalho durante o último ano, decorrente das queixas investigadas, a grande maioria não levou ao afastamento. Conclui-se que o número de reclamações informadas neste estudo apresenta um índice expressivo.

PALAVRAS - CHAVES: saúde - professores – queixas osteomusculares