

Occupational Centres de Health Clinics santé des for Ontario travailleurs (se Workers Inc. de l'Ontario Inc

2019 RSI DAY – 20th Anniversary

Vibration-Induced White-Foot

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Laurentian University Université Laurentienne

BHARTI SCHOOL OF ENGINEERING ÉCOLE DE GÉNIE

Types of Occupational Vibration Exposure



Epidemiological Evidence of Injury



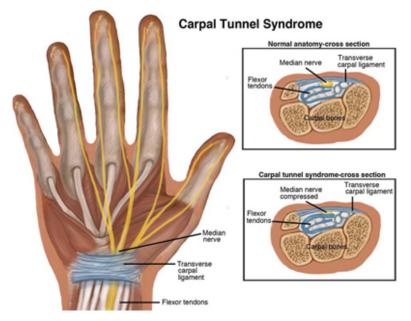
- Spine disorders
- Neck and shoulder problems
- Gastrointestinal disorders
- Reproductive effects (Pope et al., 2002; Seidal, 2005; Alem, 2005; Bovenzi et al., 2006)

Osetoarticular, neurological and vascular disorders including vibration-induced white-finger (VIWF) and vibration-induced white-feet (VIWFt)

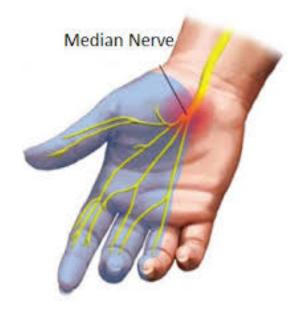
(Bovenzi, 2005; Griffin, 2008; Hagberg et al., 2008; Thomspon et al., 2010)

HTV – Health Risks

1. Nervous System – Carpal Tunnel Syndrome



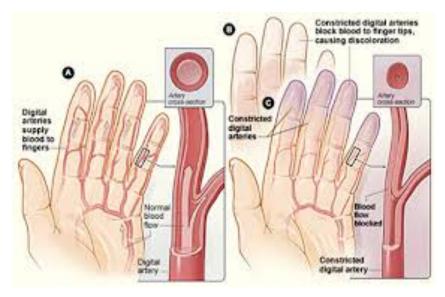
http://www.moveforwardpt.com/symptomsconditionsdetail.aspx?cid= 9f3cdf74-3f6f-40ca-b641-d559302a08fc#.VmHIstCpqII



http://www.upngophysiotherapy.com.au/educational-information /carpal-tunnel-syndrome/

HTV – Health Risks

2. Vascular System – Vibration-Induced White Finger (VIWF)



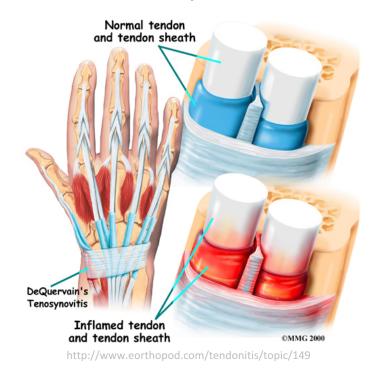
http://divermag.com/raynaud's-symptoms-and-diving/

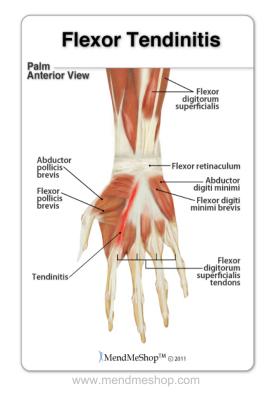


 $https://www.researchgate.net/figure/Hands-of-a-person-suffering-from-vibration-induced-white-finger-disease_fig1_231740259$

HTV – Health Risks

3. Musculoskeletal System – Tendonitis





FTV – Health Risks

SYMPTOMS

NEUROLOGICAL

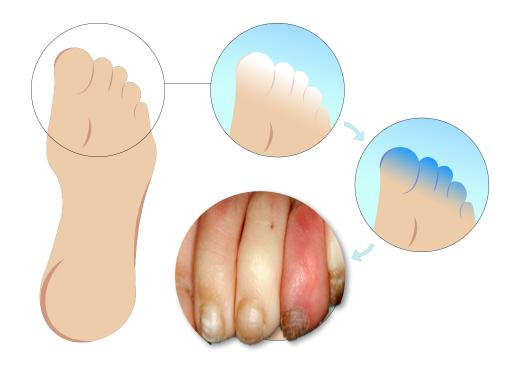
- Numbness and tingling in the toes
- Reduced sense of touch and temperature

VASCULAR (VIWFt)

- Increasing loss of circulation
- Toe blanching

OSTEOARTICULAR

- Bone, joint damage
- Muscular fatigue



Measuring Occupational Vibration Exposure

HTV



ISO 2631-1 (1997)

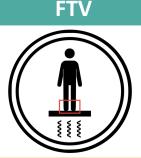
- Uses the most dominant axis (usually z-axis)
- 8hr Health Guidance Caution Zone (HGCZ)

ABOVE	> 0.9 m/s ²	
WITHIN	0.45 – 0.9 m/s ²	
BELOW < 0.45 m/s ²		



ISO 5349-1(2004)

- Uses a total sum of the axis (Vibration Total Value, a_{hv})
- a_{hv} greater than 2.0m/s² is associated with increased risk for HAVS

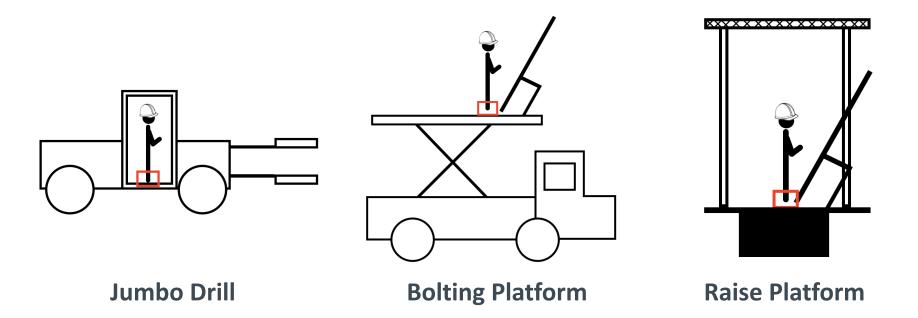


Currently NO International Standard

ISO 2631-1 (1997) Mechanical vibration and shock – Evaluation of human exposure to whole-body Part 1: General Requirements

"Is applicable to motions transmitted to the human body as a whole through the supporting surfaces:
the feet of a standing person,
the buttocks, back and feet of a seated person,
or the supporting area of a recumbent person."

Increase in Foot-Transmitted Vibration



Workers can be exposed to foot-transmitted vibration, **FTV**, when operating mobile equipment or standing on any surface that vibrates.

Summary of Previous Literature on FTV



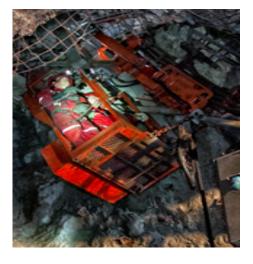
Jumbo Drill 3/5 miners reported moderate to severe pain/ ache/ discomfort below knees

(Leduc et al., 2011)



Bolter Operator Case report: 54 year old miner, chief complaint – blanching and pain in toes

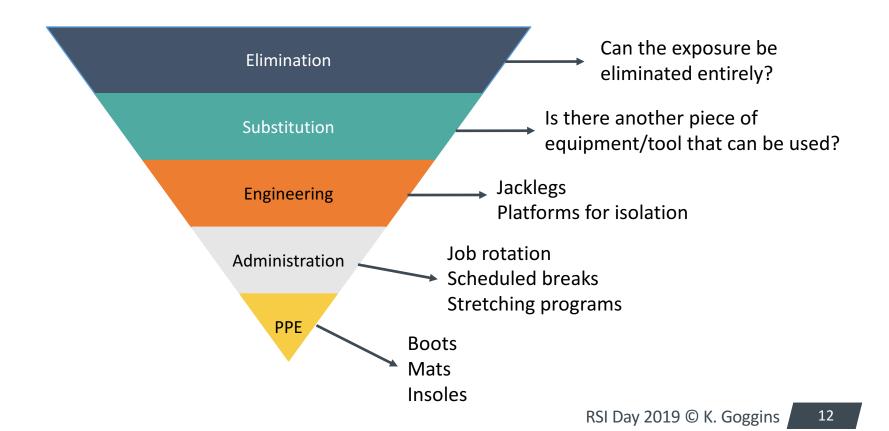
(Thompson et al., 2010)



Drilling Platforms 6/27 miners experienced numbness and blanching in their feet

(Hedlund, 1989)

Designing Possible Prevention Strategies



What do we need to know for designing prevention strategies?

How is vibration transmitted through the foot?

- **Identify Hazards**
- What frequencies affect the foot the most?
- Do changes in how we apply pressure on the foot affect the transmission of vibration?



What do we need to know for designing prevention strategies?



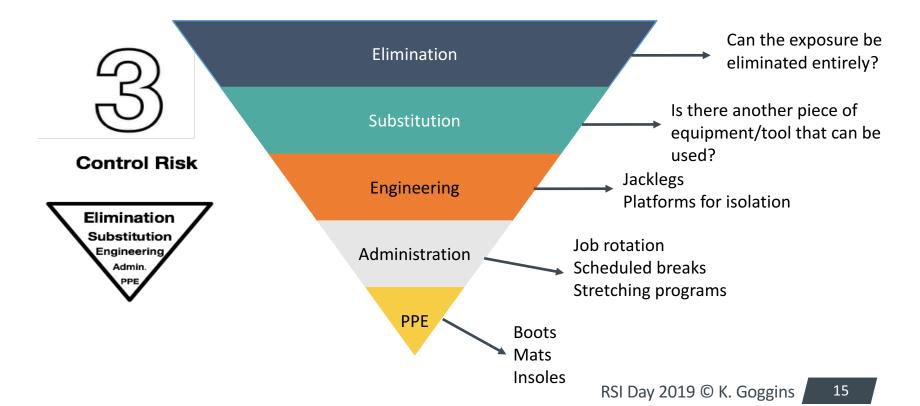
• How many measurements are required to capture the foot's response to vibration?

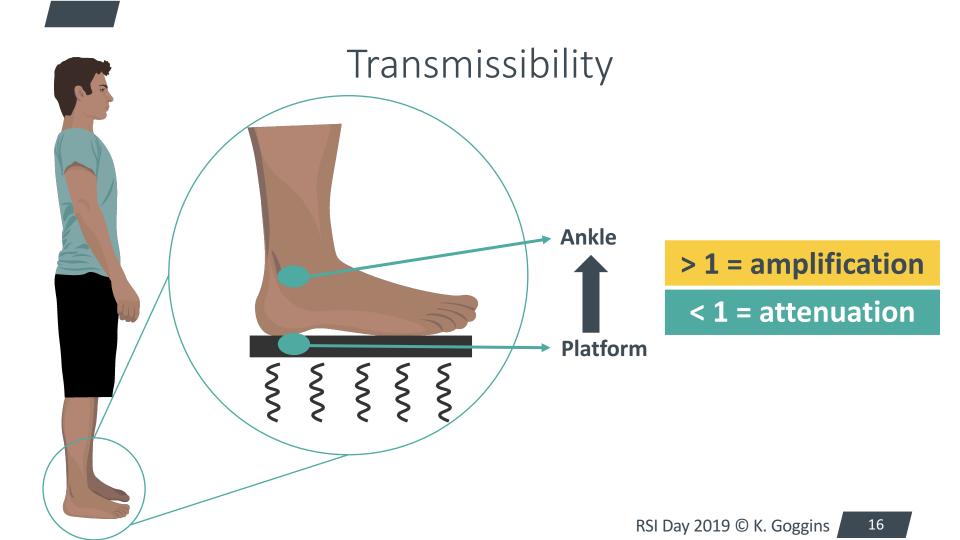
Evaluate Risk



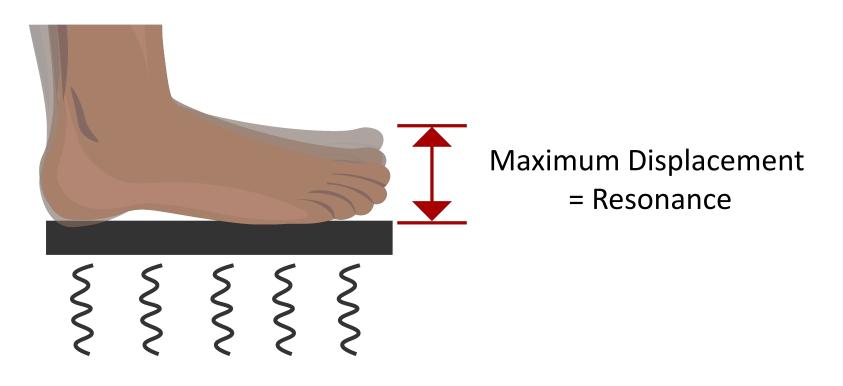
- Where should we be taking measurements on the foot?
- What equipment vibrates at the identified higher risk frequencies for the foot?

What do we need to know for designing prevention strategies?





Resonant Frequency



Known Resonant Frequencies

Pelvis: 3-5Hz Lumbar Spine:10-12Hz (Kitazaki, 1994; Matsumoto & Griffin, 1998; Mansfield & Griffin, 2000)



Hand-Arm: 30-50 Hz Fingers: 125-300Hz (Griffin, 1990; Dong et al, 2004)



Ankla	
Ankle:	
Toes:	

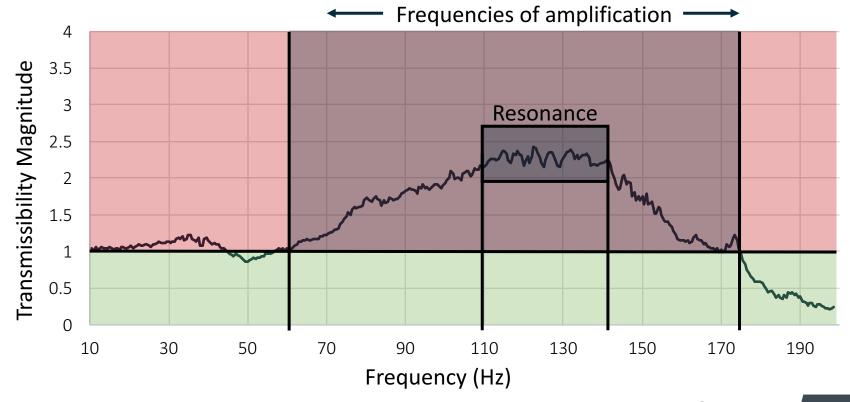
Each region of the body has a **resonant frequency**

Exposure at resonance is linked with an **increased injury risk**

(Boileau et al., 1998; Rao, 2011; Adamo, 2014)

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Identifying Resonance from Transmissibility



PhD Research Objectives



PhD Research Objectives





In our natural standing position, how does vibration resonate in different parts of the foot?



Ethics

- Laurentian University Research Ethics Board
- Metro Space Laboratory, Politecnico de Milano (Polimi University), in Lecco Italy

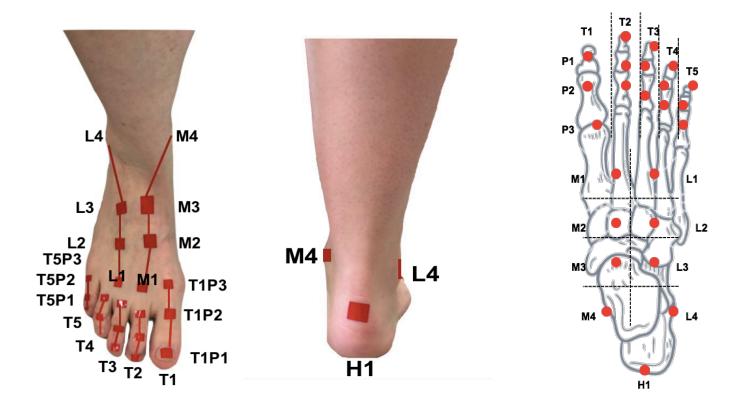
Participants

- Number: 21
- Age: 18-65
- Exclusion Criteria: Diabetes, concussion, pregnancy, motion sickness, lower body injury

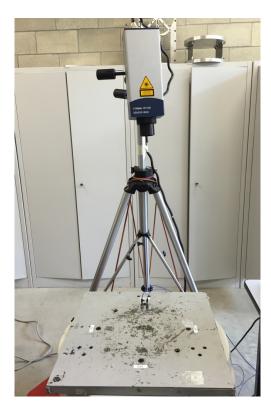
Anthropometrics

- Height (cm): 175 +/- 9
- Mass (kg): 69 +/- 14
- Foot length (cm): 26 +/- 2

Reflective Marker Set-up



Laser Doppler Vibrometer (LDV)



Polytec LDV (OFV-505 Sensor Head)

- Pointed at a reflective marker applied to the skin
- Used to record vertical vibration

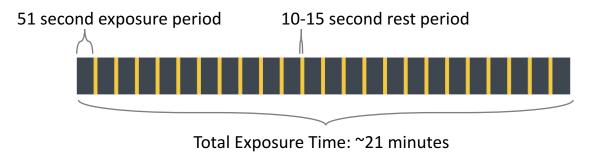


Vibration Platform and Exposure Profile

LDS V830 Electromagnetic Shaker

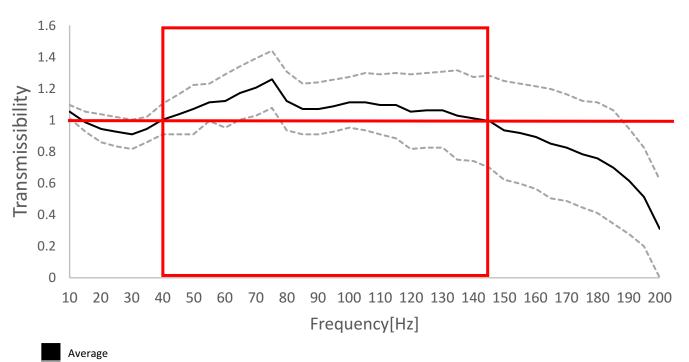
Sinusoidal Sweep Signal Frequency Range: 10-200Hz Vertical Magnitude: 0.5m/s²

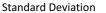
Accelerometer (Bruel and Kjaer 4508B)





Transmissibility Results





Т2

L1

L2

L3

L4

H1

T1

P2

P3

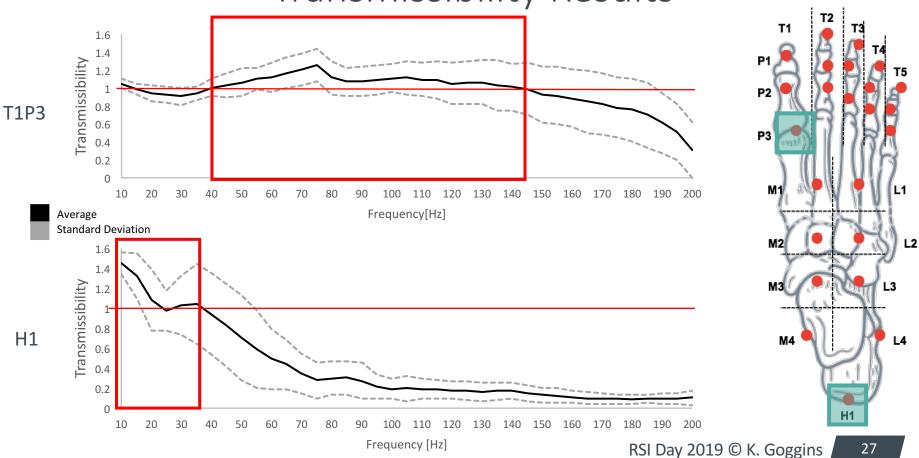
M

M2

M:

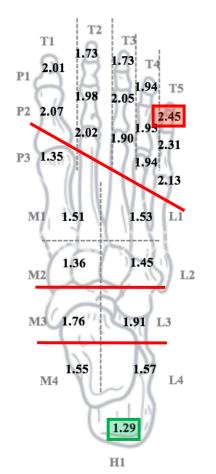
Μ4

Transmissibility Results



AVERAGE PEAK FREQUENCY [Hz] T2 **T1 T**3 129 136 134 **P1 T5** 136 147 P2 104 141 124 121 104 **P3** 102 111 112 M L1 80 68 50 M2 L2M3 32 L3 33 27 18 M4L416 Ergonomics H1DOI: :10.1080/00140139.2018.1559362

AVERAGE PEAK MAGNITUDE



PhD Research Objectives

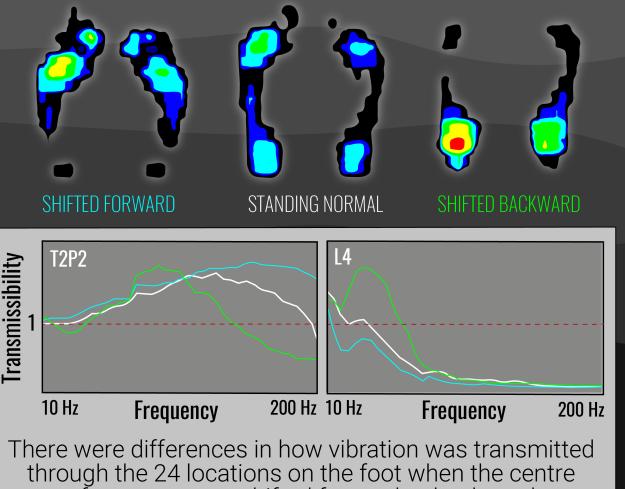




How do changes in our centre of pressure affect how vibration is transmitted through the feet?



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of pressure was shifted forward or backward.

PhD Research Objectives





Can we reduce the number of measurements necessary to capture FTV?



Can we reduce the number of measurements necessary to capture FTV?

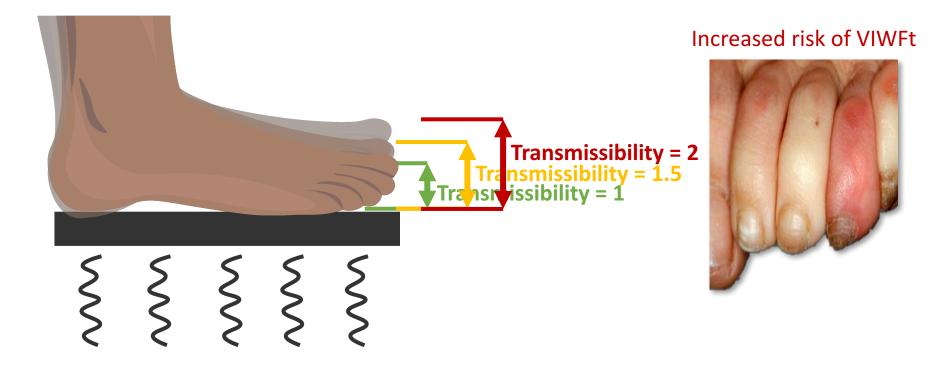






= 1512

How do we infer risk from transmissibility?



What have we learned?

- How is vibration transmitted through the foot? What frequencies affect the foot the most? Toes: 93 – 147 Hz
 - Midfoot: 50 80 Hz
 - Ankle: 16 33 Hz

- anatomical location
- Differences in transmissibility based on

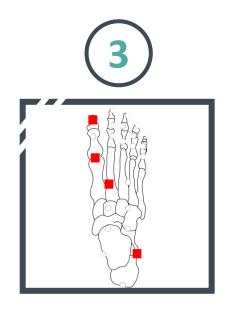
What have we learned?



- What frequencies affect the foot the most?
- Do changes in how we apply pressure on the foot affect the transmission of vibration?

	Forward	Natural	Backward
Toes	111 – 170 Hz	93 – 147 Hz	77 – 123 Hz
Midfoot	81 – 126 Hz	50 – 80 Hz	39 – 74 Hz
Ankle	11 – 33 Hz	16 – 33 Hz	33 – 43 Hz

What have we learned?



- How many measurements are required to capture the foot's response to vibration?
 - Regardless of COP position: 4
- Where should we be taking measurements on the foot?
 - 1. Nail bed of first toe
 - 2. Distal head of first metatarsal
 - 3. Middle of second metatarsal
 - 4. Lateral malleolus

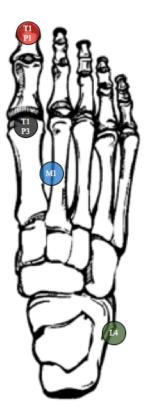
What does this mean?



Laboratory (Researcher)

Decrease Exposure Time

- Test different conditions using the same participants
- Design engineering solutions development
- Increase success with ethics applications





Maximize Risk Analysis

- Only measure at known locations for increased risk
- Potential for a new standard for evaluating FTV, instead of grouping with standing WBV

Acknowledgements

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Questions?

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