Table 1: Prevalence of white fingers in men exposed and not exposed occupationally to hand-transmitted vibration. Prevalence rate ratios (PR) and 95% confidence intervals (95% CI) were adjusted for age, smoking, and drinking habits, assuming the controls as the reference category [14].

|  |  |  |  |
| --- | --- | --- | --- |
| Groups | N | White finger (%) | PR (95% CI) |
| Controls | 455 | 1.1 | 1.0 |
| Grinders | 100 | 9.0 | 8.1 (2.7-24.4) |
| Shipyard workers | 132 | 12.1 | 10.3 (3.8-28.4) |
| Caulkers | 65 | 23.1 | 18.6 (6.7-51.9) |
| Mechanics | 140 | 15.0 | 13.0 (4.9-34.7) |
| Foundry workers | 31 | 51.6 | 39.8 (14.3-111) |
| Construction workers | 148 | 7.4 | 6.1 (2.1-17.8) |
| Quarry drillers | 41 | 36.6 | 31.0 (11.2-85.9) |
| Forestry workers | 165 | 23.0 | 20.0 (7.8-51.2) |

Table 2:(a) The Stockholm workshop scale for the classification of cold-induced Raynaud's phenomenon in the hand-arm vibration syndrome [adapted from reference 17]

|  |  |  |
| --- | --- | --- |
| Stage\* | Grade | Description |
| 0 |  | No attacks |
| 1 | Mild | Occasional attacks affecting only the tips of one or more fingers |
| 2 | Moderate | Occasional attacks affecting distal and middle (rarely also proximal) phalanges of one or more fingers. |
| 3 | Severe | Frequent attacks affecting all phalanges of most fingers |
| 4 | Very severe | As in stage 3, with trophic skin changes in the finger tips |

\* The staging is made separately for each hand. In the evaluation of the subject, the grade of the disorder is indicated by the stages of both hands and the number of affected fingers on each hand - for example: '2L(2)/1R(1)', '-/3R(4)', etc.

(b) Proposed sensorineural stages of the hand-arm vibration syndrome [adapted from reference 18]

|  |  |  |
| --- | --- | --- |
| Stage\* |  | Symptoms |
| 0SN |  | Exposed to vibration but no symptoms |
| 1SN |  | Intermittent numbness, with or without tingling |
| 2SN |  | Intermittent or persistent numbness, reduced sensory perception |
| 3SN |  | Intermittent or persistent numbness, reduced tactile discrimination and/or manipulative dexterity |

\* The sensorineural stage is established separately for each hand

Table 3: Prevalence of symptoms and signs of carpal tunnel syndrome (CTS) in vibration-exposed stone workers and unexposed male controls. Prevalence odds ratios (POR) and 95% confidence intervals (95% CI) are adjusted for age, smoking and drinking habits, and previous injuries to the upper limb, assuming the controls as the reference category [22].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CTS | Controls  (n=258) | Stone workers | | | |
| Quarry drillers  (n=145) | Stone  carvers  (n=188) | Stone  cutters  (n=237) | All stone workers  (n=570) |
| Prevalence (%) | 2.3 | 14.5 | 7.4 | 6.3 | 8.8 |
| POR  (95% CI) | 1.0 | 5.6  (2.1-14.6) | 3.2  (1.2-8.8) | 2.3  (0.8-6.1) | 3.4  (1.4-8.3) |

Table 4: Relationships of 7-day low back outcomes to daily compressive dose Sed and risk factor R in a three-year prospective cohort study of 537 professional drivers [61]. The changes in odds ratio (OR\*) and 95% confidence intervals (95% CI) for a change of 0.1 MPa in Sed and 0.1 units in R factor are shown.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Predictors | LBP | | Sciatic pain | | Treated LBP | |
| OR | 95% CI | OR | 95% CI | OR | 95% CI |
| Sed (MPa×10-1) | 1.19 | 0.97-1.45 | 1.31 | 0.98-1.76 | 1.51 | 1.09-2.11 |
| R factor (units×10-1) | 1.26 | 1.10-1.45 | 1.36 | 1.12-1.66 | 1.44 | 1.16-1.78 |

\*OR adjusted by age-at-entry, body mass index, years of full-time driving, physical work load, psychosocial work environment, herniated lumbar disc, lumbar trauma, and follow up time.

**Low back pain (LBP):** pain or discomfort in the low back area between the twelfth ribs and the gluteal folds, lasting one day or longer in the previous 7 days.

**Sciatic pain:** radiating pain in one or both legs (below the knee) in the previous 7 days.

**Treated LBP:** LBP treated with anti-inflammatory drugs or physical therapy in the previous 7 days.