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The major concern for Office Managers in the 90's

A decade ago John Naisbitt's "Megatrends" proclaimed the 1980's as the dawn of the information-based economy. During this period, computer use expanded to almost every industry. More than 20 million U.S. office workers use computers daily and roughly an equal number use them at home. However, in the past several years, a problem has emerged. Serious concerns have been raised about the health risks of exposure to video display terminals (VDT's).

This was the opening paragraph in an article written by Mohammad H. Qayoumi in the January 1992 issue of NACUBO Bussiness Officer.

Higher Education is not exempt from this technology explosion. Many of you have had to deal with at least one computer conversion and many of us have faced more than one as we fought to keep up with the fastest growing problem we had to face in our offices.

So many of the forces that drove us to computers and conversion upon conversion came from outside agencies. HESC'S tape to tape, POP-SAP larger student enrollments; and now electronic transfer, BITNET, reduction in Govenor Cuomo's last 2 budgets, Federal government demands on more and more accountibility. All of these outside demands plus what we wanted internally had to be done with less and less human resources. We as managers had to examine more and more computer applications to get the job done. But as the article discusses, not with out a price.

VDT operators have complained of headaches, eyestrain, stomach aches, nausea, skin rashes, diminished sight, cataracts, and even miscarriages.

The article goes on to say; "according to Jose F. Rigau-Perez, a senior epidemiologist at the National Institute of Child Health and Human Development, the three general root causes of VDT-linked health problems are psychological stress, ergonomic stress, and electromagnetic field.

Psychological Stress develops when an VDT operator experiences lack of job control and computer response time. These stressors are caused by job demands, time pressures and monotonous work. The article went on to say that these factors were not the direct result of VDT use but rather the psychological thought processes we go through when VDT's are introduced into the work setting.

Ergonomic Stress refers to the energy spent by human beings. Ergonomics is derived from the Greek word "ergo" meaning "work". The article goes on to say that Ergonomic stress relates to patterns of energy expenditure. Whenever muscles act, energy is spent; a possible consequence is diminished performance due to fatigue. VDT operators report more postural, muscoskeletal, and visual discomfort than non-VDT operators. Some VDT operators suffer from "repetitive motion disorder" which, if not treated, can lead to carpal tunnel syndrome.

In response to the ergonomic concerns of VDT operators, the American National Standard Institute, in collaboration with the Human Factor Society, Inc., published standards for VDT workstations in 1988 (ANSI/HFS 100-1988). IBM also has published a number of brochures on the same topic. The IBM brochures offer numerous suggestions to minimize fatigue and discomfort at the work station but concede that there is no such thing as an "ideal" work posture.

The article discussed working environment, screen and keyboard placement, furniture and other considerations to take into account. As Supervisors we will have to address these issues in the 1990's.

The article also discusses electromagnetic fields. These fields exist in nature in addition to artificial sources (remember those science classes). Magnetic fields emanate from electricity flowing through power lines and household electrical appliances and VDT's. Researchers concede that no study to date has linked electromagnetic fields directly to health related problems of VDT users.

The article concludes that all known VDT health-related concerns can be resolved by better ergonomics, reducing monotonous tasks, and giving VDT operators a better sense of controlling their work. These workplace improvements should be pursued regardless of VDT use.

Given the state of the economy in these 1990's, many institutions will find it difficult if not impossible to find the resources to purchase the necessary equipment to make the work place safe for its employees.

Here are some suggestions for setting up a proper workstation from Bob Bettendorf, President of the Institute for Office Ergonomics in Stamford, Connecticut as printed in the Newsletter "From Nine to Five":

Worksurface: Computer desks should be 29" for people who are taller than 5' 1" or shorter that 6' 4". Footstools may be necessary for shorter people. Those who are taller may need to have their key boards mounted higher, or use an adjustable table. The table surface should be flat and big enough to accommodate both the terminal and work papers. It should also be organized to avoid unnecessary bend-

ing or reaching. A document holder may make work easier.

Display Screen: The top of the terminal should be parallel to your eyes. When you look at the screen, you should be looking slightly down, at a 0- to 20- degree angle. Pushing your head up or down to view the screen will cause eye strain or pain in the shoulders, neck, or back.

Keyboard: When you extend your arms forward, your elbows should be the same height as the home row, and there should be little or no bend in your wrists as you type. Use a wrist-rest if necessary to keep your wrists level and your elbows at a 45-degree angle.

Chair: Use an adjustable chair that will allow you to accommodate the height of the keyboard. In the proper position, your feet will be flat on the floor to promote good circulation. Adjust the chair's backrest so that your back is flat up against it. Adjust the seat pan so that you are neither slipping out of the chair or hitting it with the back of your legs.

If you want more information on an ergonomically correct workstation, write to the Institute of Office Ergonomics, 215 West Haviland Lane, Stamford, Connecticut, 06903, or call (203) 322-5313.

B Dupre

ANNUAL SPRING CONFERENCE

It's that time again...

The Western region has been busy preparing an outstanding Spring Conference.

The Date: Sunday June 7 - Wednesday June 10, 1992

The Place: Marriott Hotel, Buffalo, New York

Topics to look forward to:

Ergonomic Office Furniture
Stress Relief
HESC
Electronic Transfers

Information will be forthcoming very soon.

The annual NYSOBBA Golf Tournament will be held on Sunday June 7, 1992 at 11 AM. If you are interested in joining the fun, please contact Dick Augustine at SUC Buffalo.

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DUE DATE

The next issue of the newsletter will be produced in June. All material for submission must be in my hands by June 10, 1992. Please mail or Fax to Barbara Dupre SUNY Brockport.

CARPAL TUNNEL SYNDROME

Laura Erickson, a 41 year old pharmaceutical sales representative, has played golf for almost 30 years, but the one game she'll never forget was her last. As she approached the 16th tee, Erickson felt a familar numbness steal over her hands, deadening them until she could barely feel the club beneath her fingers. Still, she lined up the ball, aiming for the green. "I went to swing the club back and felt I was losing my grip on it. I felt the club was coming out of my hands. I barely held on or it would have gone flying into the water."

Erickson had Carpal Tunnel Syndrome, wrist damage that affects the nerves running into the fingers. Left untreated, it can cripple the hands in a matter of months.

In the beginning, Erickson's symptoms were not too alarming. "I noticed some numbness in my fingertips, and I began to lose some hand strength." When she golfed, her hands became tired from gripping the club. Over the next six months, Erickson noticed that her fingers were "going to sleep" a lot. "I'd wake up in the morning with numbness in my hands." She'd shake and rub the pins and needles out, but the loss of feeling returned off and on throughout the day. Finally, "I had complete numbness waking me up in the middle of the night, and I had pains up my arms to my elbows." Her hands became so weak she could barely grip a steering wheel, a blow dryer, or even a pen.

Erickson's experience was typical. Carpal Tunnel Syndrome generally begins with mild symptoms, explains Dr. Steven Barrer, neurosurgeon at Abington Memorial Hospital in Abington, PA., an expert on the subject. "It starts with intermittent numbness or tingling at the tips of the fingers."

Over time, feelings of numbness, tingling, or pain become a fact of life. They assail their victim each morning, distract her during the day, and awaken her in the middle of the night. Pins and needles may spread from her fingers up her arms, even to her shoulders. Moreover, Carpal Tunnel Syndrome makes the hands weak so that everyday tasks become daunting. The victim struggles when cutting food with a knife or twisting a lid off a jar. And the problem worsens when the hands are raised, making it difficult to comb hair, drink from a cup, or talk on a telephone.

Golf, as Erickson discovered, is much harder to play with numb and weakened hands. The golfer can no longer achieve the complex hand coordination and sturdy grasp needed to swing a club correctly, notes Barrer, himself a golfer. It is also harder to maintain your grip on a backswing.

JAMMING THE DOORWAY

Classified as a repetitive motion disorder, Carpal Tunnel Syndrome primarily strikes people who make the same hand and wrist motions over and over again, day after day. Computer operators, assembly line workers, mail sorters, pianists, and hairdressers are amoung its victims. While Carpal Tunnel Syndrome hits only 1 percent of the general population, accord-

ing to Barrer, it strikes as many as 30 percent of people in high risk jobs.

The condition isn't always work-related, however. It can be a side effect of a wrist injury, thyroid abnormality, vitamin B-6 deficiency, diabetes, or arthritis. Furthermore, susceptibility to it is associated with female hormones, women are three times more likely than men to suffer from Carpal Tunnel Syndrome, and they are even more vulnerable during pregnancy and menopause.

The carpal tunnel itself is the doorway from the arm to the hand. Eight wrist bones form an arch to become the walls and roof of the tunnel, explains Dr. Charles Resnick, Los Angeles orthopedic surgeon and Associate Professor of Orthopedics at the University of Southern California. The floor is a thick strap of ligament bound to the wrist bones which forms a passageway.

Inside the tunnel lies the median nerve, running from the forearm out to the fingers. The tunnel also holds tendons which connect the finger bones to the muscles that move them. Coating these tendons, says Resnick, is tensynovium, which "is thin and wispy like a spider web. It supplies nutrition and gliding ability to the tendons. In a diseased wrist, the tenosynovium becomes thick and filled with fluid." The bloated tenosynovium then presses against the median nerve within the rigid confines of the tunnel. "This pressure pinches the blood vessels to the nerve, the blood supply slows down, and the nerve starts to go to sleep."

LIGHT AT THE END

Once Carpel Tunnel Syndrome is diagnosed, says Barrer, doctors first try to treat it conservatively, meaning without surgery. Conservative treatments include:

1. Treating any relevant medical problems (such as diabetes).
2. Discontinuing whatever repetitive motion brought on the symptoms.
3. Making changes in work habits to reduce wrist strain.
4. Wearing a wrist splint to keep the wrist from bending, especially to prevent nighttime symptoms.
5. Taking aspirin or other anti-inflammatory drugs.
6. Injecting a steroid medication (which is an anti-inflammatory) one time into the wrist.

Unfortunately, reports Barrer, the effects of conservative therapy are generally short-lived if the person resumes her repetitive motion activity, her symptoms will return as well.

The alternative is a type of surgery called carpal tunnel release, the objective of which is to make the carpal tunnel bigger so the swollen tenosynovium no longer presses on the median nerve. To achieve this, explains Resnick, the doctor must slice lengthwise the ligament that forms the floor of the tunnel. Once cut, the ligament pulls apart slightly, and, as it heals, the gap is filled in by scar tissue. It's like opening your watchband another notch so it's not as tight against your wrist.

Like any surgery, Carpel tunnel release has its risks and its rewards. In a small number of cases, the doctor accidentally severs a

tendon, nerve, or artery, and it's possible for the patient to permanently lose the use of her hand. In other cases-mostly when the patient has waited too long before surgery-the procedure does no harm but also dosen't help. About 90 percent of the time, however, carpal tunnel release will cure the condition.

The traditional surgery, Barrer says, requires an incision as much as six inches long, which is very painful, takes a long time to heal, and leaves quite a scar. The hands must be done one at a time, because a treated hand is temporarily useless even for daily activities like eating or dressing. The patient cannot work for six weeks to three months afterwards per hand.

To avoid these problems, Barrer performs subcutaneous carpal tunnel release, a modified approach involving only a one inch incision crosswise in a natural wrist crease. From there, using a special type of scalpel, he cuts the ligament with a minimum of damage to the rest of the hand. Out of 2,000 such operations at Abington Memorial Hospital, he says, they've seen a 93 percent success rate with few after effects. His own secretary was back to work three days after having surgery on both hands.

A somewhat different approach is that of Resnick, who performs endoscopic carpal tunnel release. Through a small hole on the hand, he inserts an endoscope, a sort of periscope for looking under the skin. The endoscope allows him to see the ligament and, through a second opening, to cut it, without slicing open the entire wrist. Resnick reports his patients can use their hands a bit the same day as the surgery and can drive a car or write a letter the next day.

Whatever the approach, surgery should be done only if conservative measures have failed, it should not be put off if it is necessary; and it should be performed only by a qualified and experienced doctor.

Laura Erickson tried a variety of conservative treatments-splints, steroid injections, ultrasound, and heat packs-before her physician referred her to Dr. Resnick.

Resnick operated on both hands at the same time. The surgery took a few hours, after which Erickson went home and slept. "There wasn't any severe pain," she says. "The next day I was able to move, use my fingers, feed myself, and give myself something to drink." Interviewed a couple of months after surgery, she reported, "My hand strength is close to normal. I'm not back playing golf again yet, but I will be soon."

For more information or help in locating a hand surgeon in your area, contact the American Society for Surgery of the Hand, 3025 S. Parker Road, Suite 65, Aurora, CO 80014; (303) 755-4588.

This Article was reprinted in its entirity from Golf for Women March/April 1992 issue. The author was Elizabeth J. Natelson. Natelson is a health writer and a regular contributor to Golf for Women.

A GENTLE REQUEST

The picture on this page is of Laurie Freeman, Senior Account Clerk and TAP Certifying Officer at SUNY Brockport. Thursday, February 27, 1992 Laurie received a balloon-a-gram from Arjuna Florist in Brockport that said "Happy Anniversary". The envelope attached to the ribbon contained a card that stated HAPPY ANNIVERSARY! SUNY Brockport has had my TAP refund for one year now! Please Expedite. The card was signed by a SUNY Brockport student looking for a Spring 1991 Refund.

And how was your day!!

IN THE NEWS

Mr. Edward Johnson, a member of NYSOBBA in the Western Region, was recently elected Chairman of the Buffalo Region Professional Development Committee, succeeding Frank Balcerzak of Daeman College who served as Chair for the past five years. Ed is a CPA and has been Controller for Medaille for the past seven years.

The Buffalo Region will hold its annual spring workshop on March 20, 1992 at Hilbert College in Hamburg, New York.

We wish him the best of Luck.

9th Annual Bursar Classic is comming and 'You're Invited'.

Many of you joined us for our 8th annual golf tournney and told us to be sure to invite you again this year. Well, 'You're invited'!! We would love to have you back this year. If you couldn't make it last uear and would like to this year, great!!

Here's the scoop...It will be June 5, 1992 at Salmon Creek Country Club in Spencerport, NY. The price is $34.00 and will include Golf, cart (to be shared with a significant other), Dinner, prizes and lots of fun. We use the calloway system so everyone has a chance. Call Linda, Laurie, Jim, Barbara at 716 395-2473. We would be happy to send you an invitation with further details.

Article Submitted by
Linda Chrzan Chairperson

NEW BOARD MEMBERS

Northeast Director

Lia catalano of SUNY Albany has been elected the new Regional Director of the Northeast Region. Lia replaced Curtis Lloyd who served as Northeast Regional Director from 1989 through 1990. Curtis left SUNY Albany to join the Business Office at SUNY Central Administration.

Lia has been with SUNY Albany for eighteen years, as a Personnel Associate with the Office of Human Resources until 1984, and since then as the Director of Student Accounts. She received her BA degree from Albany and has lived in or around the Capital District area all her life. She does not appreciate snowstorms sent from the Central and Genesee Valley Regions.

Lia looks forward to meeting all Northeast members and plans to provide an opportunity for the group to come together soon.

Western Director

Mr. James Dunn, Bursar of Canisius College, graduated from Rochester Institute of Technology (R.I.T.) in 1983, with a concentration in Financial Management. He is currently pursuing a Masters degree in School Adminstration at Canisius College. His work experience and training, prior to taking the position of Bursar in 1989, were in Personal and Corporate Income Tax.

His wife, Denice ,is an engineer at Fisher Price Toys of East Aurora, and is also a graduate of R.I.T.. Jim and Denice have a four year old son, Tyler, and are expecting their second child in June.

Jim says he is happy to be the new Director of the Western Region, and he hopes to carry on the fine work of his predecessor, Lucy Wiertel.

Jim also stated the Western Region will be meeting in early April to discuss the recent Board of Director's meeting in Albany, and to finalize plans for our Spring Conference in Buffalo. Your invitation will be arriving soon. We look forward to a strong showing.

Vice President

Larry Cass, our new Vice President of NYSOBBA, is Assistant Director of Student Accounts at SUNY Binghamton. He is married and has two children, a daughter and a son.

Larry's educational background is in History, Political Science and Philosophy. He also holds a Masters Degree in History from SUNY Binghamton.

Larry has worked at SUNY Binghamton for 14 years with the first five years spent in the Financial Aid Office.

Larry stated "SUNY Binghamton is a wonderful place to work and the facilities here have afforded me the opportunity to remain current with my interest in global stud-

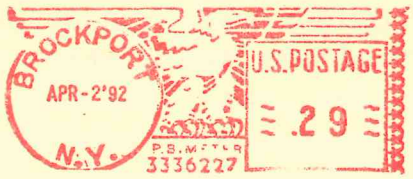
ies." He went on to say, "I've found that my knowledge of other cultures and issues that students are concerned with in general, has sometimes helped to alleviate some of the anxiety that students feel when discussing financial matters." "This is especially true when the student involved is an international student." Larry went on to state, "Basically, it is from these individual sessions with students to either solve a problem or work out alternative arrangements, that keeps the job interesting."

Treasurer

Lawrence E. Brennan has succeeded Grew Connors as Treasurer of NYSOBBA. Larry graduated from Elmira College with a Business Education/Business Administration degree in 1970. From 1970 to 1973 he taught business education courses at a high school in Tully, New York. He joined the Health Science Center in 1973 as a college accountant, and moved to the Bursar's office in 1976. Larry and his wife Connie have been married for 22 years and are the parents of Joshua, Jessica, and Seth.

SUNY Health Science Center at Syracuse encompasses a College of Medicine, a College of Graduate Studies, a College of Health Related Professions, a College of Nursing, a 350 bed University Hospital and clinics. HSC Syracuse became part of the State University of New York in 1950, but traces its history to 1834 when medical educators founded the nation's 25th medical school. In 1849, the school gained the distinction of awarding an M.D. degree to Elizabeth Blackwell, the first woman to become a physician in the United States.

NYSOBBA NEWSLETTER
SUNY Brockport
Brockport, NY 14420



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