WCAT Decision Number: WCAT-2008-00652
WCAT Decision Date: February 28, 2008
Panel: William J. Duncan, Vice Chair

Introduction

The worker, a 54-year-old Telecom Service Representative, made an application dated June 22, 2006, to the Workers' Compensation Board, known as WorkSafeBC (the Board), for bilateral hand, wrist, forearm, and shoulder pain, which he attributed to his job duties. The diagnosis of his condition was bilateral elbow epicondylitis. In a decision letter dated August 24, 2006, a Board officer advised the worker that there were insufficient risk factors to state that the condition was caused by his work duties. Accordingly, the worker's claim was denied under both sections 5 and 6 of the *Workers Compensation Act* (Act). The worker disagreed with the decision and asked for a review at the Review Division of the Board. In *Review Reference #R0071166* dated February 9, 2007, a review officer confirmed the decision of the Board. The worker has appealed to the Worker's Compensation Appeal Tribunal (WCAT).

Issue(s)

- Was the worker's bilateral epicondylitis due to the nature of his employment?
- Alternatively, did it arise out of and in the course of his employment?

Jurisdiction

This appeal was filed with the WCAT under section 239(1) of the Act.

WCAT may consider all questions of fact and law arising in an appeal, but is not bound by legal precedent (see section 250(1) of the Act. WCAT must make its decision on the merits and justice of the case, but in so doing, must apply a policy of the board of directors of the Board that is applicable in the case. WCAT has exclusive jurisdiction to inquire into, hear and determine all those matters and questions of fact, law and discretion arising or required to be determined in an appeal before it (section 254 of the Act).

This is an appeal by way of rehearing, rather than a hearing *de novo* or an appeal on the record. WCAT has jurisdiction to consider new evidence, and to substitute its own decision for the decision under appeal.

Background and Evidence

The worker is represented by an official of his union. The employer is represented by an employee in their Human Resources Department.

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The worker's application for compensation is dated June 22, 2006. The worker gave May 3, 2006 as the date of injury but also noted the date of May 6, 2006 as the period of exposure. (It is unclear what the worker meant by this.) He stated the injury "crept up" on him from repetitive mousing. The use of Smart Buy software required abnormally high use of the mouse. Bilateral wrist, forearm, hand, and shoulder were the places of injury. By way of additional information he stated that the Smart Buy computer software is used on a daily basis to process between five and ten orders and each order contained one or more items. The entire program is used mainly with a mouse as opposed to a keyboard. The only keyboarding required is in very specific text boxes. Twenty-five clicks of the mouse are required for each item and this has caused his repetitive injury.

The worker's physician, Dr. Haaf, in a report to the Board dated July 4, 2006, noted that wrist pain was improving with physiotherapy. There was no diagnosis as such. In a subsequent report of July 10, 2006 the diagnosis was left lateral epicondylitis. In a report of August 15, 2006 the diagnosis was left lateral epicondylitis and right extensor tendonitis.

The Board arranged for an activity-related soft tissue disorders (ASTD) worksite evaluation which was conducted by the case manager on August 22, 2006. The worker reported a gradual onset of left forearm pain in May/June 2006. This was followed by similar symptoms in the right elbow. The left-sided symptoms resolved after one physiotherapy treatment. The diagnosis of that time was right lateral epicondylitis. The worker processes orders of approximately 10 files per shift and each file may have 1 to 100 items to be purchased, with the average estimated to be 5 files per shift. Each order requires 25 or more clicks of the mouse. In other duties, the worker spends approximately one hour per shift picking up purchases from receiving. He also tracks purchases on the computer, fields questions, and does problem shooting with the vendor of the software. He also logs onto a telephone queue and does somewhere between 0 and 30 phone calls per shift. He attributed his left arm symptoms to using a mouse touchpad located in the middle of the keyboard. He used his left thumb and his index finger to operate two buttons, while the right index finger used the touchpad to move the cursor. On May 16, 2006 the worker received a trackball mouse that was operated with his right hand. The worker attributes part of the cause of his right-handed symptoms to this mouse. On June 16, 2006 he was provided with a touch-control mouse pad on the left side of the keyboard. The worker attributed part of the problem to the Smart Buy computer-software program. He stated that prior to the use of this program he used a mouse for 10% of his work whereas he now uses it for more than 90% of his work. With respect to the occupational risk factors, the case manager reported as follows:

- Repetition - The work consisted of slow, steady exertions with frequent pauses, and was non-cyclical. Finger movement did not exceed Board guidelines for repetition.

- Posture - The worker used neutral wrist and elbow postures when using the keyboard or mouse.
- Force - There was exposure to sedentary force when using the keyboard and mouse. There was infrequent exposure to light-to-moderate force when moving equipment. Local mechanical stresses were not a risk factor.
- Unaccustomed - The worker started the purchasing job in 2006 and developed symptoms in May 2006. The worker has been using a computer since 1980.
- Other tasks - The worker had some non-computer tasks including answering the telephone, delivering product, and interacting with co-workers.

A Board medical advisor (BMA), Dr. R, reviewed the ASTD worksite evaluation and gave an opinion in a core log entry dated August 23, 2006.

- With respect to the elbow, he noted that the review of medical literature stated that the strongest association for development of epicondylitis was when risk factors of repetitive and forceful work were combined.
- Concerning the forearm muscles and tendons, he noted forearm pain more typically occurs if the wrist-tendon sheaths become inflamed or if elbow-tendon pain radiates distally.
- With respect to risk factors, he reviewed the ones identified in the ASTD worksite visit. He noted that hand, wrist, and elbow postures were within acceptable guidelines.
- Right hand and wrist and elbow joints were "surprisingly stationary." Right index and middle fingers were flexed to use the rollerball-type mouse. The touchpad mouse was used by a subtle, left index finger movement. He noted that even at the maximum number of clicks possible, this action did not meet the Board criteria for repetitive finger movements of 200 movements per minute continuously, for four hours. There was no change in the frequency and duration or intensity of the work.
- He also noted that tendonitis is a common condition among the general population.
- In the opinion of the BMA, it was less than 50% likely that the work activities were causative of or aggravated the worker's bilateral upper limb complaints (wrist pain and extensor tendonitis, bilateral lateral epicondylitis, bilateral forearm pain, bilateral shoulder pain, and bilateral hand pain).

The worker's representative did not make a pre-hearing submission to the WCAT. However the representative did make a submission to the Review Division dated November 10, 2006. This submission referred to *WCAT Decision #2004-03842*, which called into question the issue of ergonomic assessments not done by specialists such as kinesiologists or occupational therapists. The representative stated that the ASTD worksite review here was also done by a case manager, and accordingly, was flawed. The BMA used that review and in his opinion, accordingly, it was also flawed. There were no measurements of angles of exposure, nor was there any quantification of movements to which the worker was exposed. The worker stated that he had

developed left-sided symptoms after having used a mouse located in the middle of the keyboard. The left-sided symptoms had decreased when he changed to right-handed mousing, but that brought an increase to his right-handed symptoms.

The worker's representative did send to WCAT a number of documents prior to the oral hearing which were disclosed to the employer's representative. The documents received are as follows:

- A document from the employer which appears to be some sort of report of injury, dated October 3, 2006. A note on the document states that the worker has lateral epicondylitis.
- A workstation assessment and recommendation prepared by the Neal Squire Society, apparently at the employer's request. The report is only two pages in length and describes some of the worker's duties and some of his symptoms.
- An article entitled "Musculoskeletal disorders of the upper extremity associated with computer work: A systemic review" from a publication entitled *Occupational Ergonomics.* The authors of the article are Ms. Village, Ms. Teschke and Mr. Rempel. The authors concluded that there is evidence of a positive relationship between musculoskeletal symptoms and disorders of the hand, wrist, forearm, and elbow, associated with computer work that cannot be completely explained by individual risk factors such as age or gender. Disorders increase with increasing use of the computer and the risk is most pronounced beyond 20 hours per week of computer usage. There is also increased risk with increasing years of computer work. The disorders related and confirmed to computer work are wrist tendonitis and tenosynovitis, medial and lateral epicondylitis, and deQuervain's tenosynovitis.

A hearing was held in Richmond, B.C. on November 9, 2007. The worker attended with his representative. The employer's representative also attended.

The worker's representative had sent in a new ergonomic assessment performed by Mr. Zivanovic of Corporate Occupational Solutions Inc. Mr. Zivanovic is stated to hold a Bachelor of Human Kinetics degree and is a registered kinesiologist. His report is dated October 29, 2007. Mr. Milne advised that he received the report on November 7, 2007, and it was provided to us at WCAT on the following day.

At the hearing, Mr. Milne also provided me with two discs containing videotape evidence from Mr. Zivanovic, and a list of the worker's hours and tasks that he had prepared. Those exhibits, marked as exhibits #1, #2 and #3 were also delivered to the employer's representative at the same time as they were provided to me. The employer's representative took exception to the late production of the new ergonomic study and to the exhibits derived from them.

I questioned Mr. Milne on this and asked him why it appeared that the new ergonomic study was only ordered on October 29, 2007, the date of his letter to Mr. Zivanovic.

Mr. Milne stated, however, that this had been ordered long before and had only been signed and given to Mr. Zivanovic on the date of the study, which was actually October 29, 2007. I accepted his explanation. With respect to the concerns raised by the employer, I essentially agreed with them. I advised the employer's representative that he would have a period of time in which to make submissions on any of the new material. I also advised him that if he needed more time to get further evidence to rebut the new submissions, that I would allow that as well, and if he wanted to reconvene the hearing to question the worker, I would be prepared to hear his arguments on that. We agreed that a period of two weeks would be sufficient for the employer's representative to either make his submissions or decide what else he needed to do. Accordingly, we agreed that at the end of two weeks, he would either make his complete submissions or advise me that he wished further time to complete his submissions.

The worker testified at the hearing. He stated that on January 30, 2006 he had started the job in which he had his current medical problems, but had worked for the employer for a number of years prior doing work on claims filed with the employer. He did mostly keyboarding with very little mouse work. He had had no symptoms before starting the job on January 30, 2006. While he did have breaks during the day, he would generally work through most or part of them if he has to work with what is known as the Smart Buy software. He had worked in that department sometime earlier, but at that time, a different type of software which was more keyboard-based, had been used. From April 2006 onward he also had to do work in the loaner pool. The loaner-pool job consists of supervising various equipment such as overhead projectors and laptop computers, which may be loaned out to other employees. His job is to take requests for the loan outs, process those requests, give the equipment to the people, and collect it when they are done. Up until April 2006, he had been a backup for this job and had only done it sporadically. He testified, however, from April 2006 onwards he, in effect, had to do two jobs. On later questioning, he stated that he had been told that the loaner pool was his number-one priority. His priority was to do loaner pool tasks first and then to do the ordering for the purchasing tasks during the day. He stated that every day then, he would do some work on both jobs. He stated that at this point, about 50% of his time was spent on ordering for Purchasing. The worker testified that this was very stressful for him.

When he first started in January 2006, he was using both hands on a built-in touch keypad on the keyboard. This is not reflected in the photographs attached to the ASTD worksite evaluation as that keyboard was not available at the time. He stated, however, that his right index finger would be used mainly for moving the cursor over the keypad. His left hand would be used with index and thumb for using the buttons on the mouse pad. He testified that for use in this particular program, 90% of the work was clicking on the mouse.

He stated the symptoms in his left hand began in May 2006 and he went to his physiotherapist, who sent him to a doctor. At this point he was also doing loaner-job

duties. He said that laptop computers could weigh from up to 10 to 15 pounds. He had to lift them off a shelf and when replacing them, had to replace them back onto the shelf. He was also responsible for resetting the laptops. At the beginning of May and June 2006, his left side had started to hurt. He was then switched to a different mouse type, which he operated with his right hand. It was not the same as the standard mouse with a scroll bar. This one had a large trackball on it which he would use to manipulate the cursor. At this point, once he had switched to the right side of the keyboard, his pain started within a week or two. He was now not using his left hand for anything.

About June 19, 2006 he went back to using his left hand and to using a touchpad which was moveable, that can be seen in the pictures attached to the ASTD worksite study. His left hand then became worse, but it was not as bad as his right hand.

The worker was asked as to whether he had any concerns about the ASTD worksite evaluation. He replied that the evaluation did not note that he had pain in his hands as well as his forearms. With respect to the number of mouse clicks he did in that program, he said this was only a guess. At the time of the evaluation he was not working. He said he came in on his day off and did not have access to his records. The worker, at this point, then explained the exhibit that he had supplied indicating the number of matters he had worked on over a specific time period.

The exhibit received from the worker with respect to his duties was a table showing the months worked, the number of requisitions on each order, and the number of items to be keyed from the requisitions. This data was then used to make up a total number of clicks performed for each month. Set out following is a table of the compiled data. The month is followed by the total clicks for the month. The last figure is his count is derived from the "loaner pool." By this, he means that he checked in and out that number of items to employees while handling the "loaner pool."

I have only provided the worker's figures from February 2006 to August 2006.

MONTH	MOUSE CLICKS PER MONTH	LOANER POOL COUNTS
Feb 2006	255060	392
March 2006	353760	423
April 2006	430110	318
May 2006	1404480	445
June 2006	472290	455
July 2006	1070460	372
August 2006	21900	248

The worker was asked about what activities caused him problems. He said with respect to the left side, it was mouse clicking. Concerning the right side, it was mostly using the trackball.

The employer's representative had some questions of the worker. Specifically he wanted to know about the time when the worker said he had worked in this department and had used the older form of spreadsheet-based software. The worker had worked in that department since 2003, but had only worked in Purchasing from approximately early 2005 to October 2005. This was the time he used the other computer program. The worker confirmed, however, that since starting the present position on January 30, 2006, he had been using the Smart Buy program. The worker stated that from January to May 2006, although he was the backup for loaner duties, he did not spend much time on it. After April 25, 2006, however, due to an employee being away he spent much more time on it. The worker said, however, that it was not the loaner-pool duties that caused the pain. I questioned the worker on that statement. He said that he did have some pain when doing certain of the loaner-pool activities, but that this was not the actual cause of the pain but was more related to exposing his symptoms.

The worker's representative summed up. He pointed out the WCAT decision referred to earlier concerning ergonomic studies by non-trained personnel. He stated that the ASTD worksite evaluation should be looked on as flawed and accordingly, so should the opinion of the BMA. The new ergonomic worksite evaluation had an advantage in that it was done with the worker being on his actual job, whereas the previous evaluation was done when the worker was not working. He noted that the worker's physician stated that the injury or the condition was work related. He pointed out various parts of the new ergonomic report to support the worker's position that there were sufficient risk factors to cause his symptoms. He also pointed out that there were no non-occupational risk factors identified.

The employer's representative stated that based on the evidence, the Review Division decision was correct. The case manager conducted a proper worksite evaluation and the risk factors were properly applied. The worker was observed at his workplace and the BMA based his decision on those observations.

The worker's representative in final submission pointed out that the risk factors referred to in item #27.40 were Board policy, while those referred to in Practice Directive #66 were only a guideline. He also advised that the ergonomist, Mr. Zivanovic, had all the documentation in the file available to him when he performed the worksite assessment.

As noted earlier, the worker's representative obtained a Document Review and Worksite Analysis performed by Mr. Zivanovic of Cooperate Occupational Solutions Inc. The author of the report has a Bachelor of Human Kinetics degree from The University of British Columbia and is a registered kinesiologist. The date of the worksite assessment report is November 7, 2007 and the date of the evaluation is given as October 29, 2007. The report is 7 pages in length (including the references).

The conclusions in the worksite assessment report were as follows:

- The videotape used in the earlier activity-related soft tissue disorder (ASTD) worksite report prepared by the case manager was brief, a mere 15 seconds and was inadequate. It was prepared by the case manager who has no professional designation or certification to conduct ergonomic assessments. Accordingly, the report of the BMA is flawed, since it was based on the flawed ergonomic report.
- A number of articles demonstrate strong association of cause and effect with respect to lateral epicondylitis and computer work.
- An early inflammatory response in tendons and muscles can occur from finger flexion or grasping with low loads. These motions were critical components used by the worker to complete his tasks at the computer using the Smart Buy mousing program.
- Prior exertions without adequate rest can result in residual deformation of connective tissue.
- The worker tried to use different keyboards, mouse types, and positioning, but was affected by the increased workload. The highly repetitive work, which he was unused to, can damage tendons through repeated stretching and elongation.
- The worker's job required excessive movements within the weak extensors of the forearm.
- The worker was unaccustomed to the work as he attempted to work with different positions to complete the increased workload. Not all tissues adapt at the same rate. A muscle can adapt faster than a tendon, which often results in reduced tendon capacity, precipitating injury.

The videotape submitted with this report clearly shows extensive wrist extension.

In the body of the report, with respect to force, Mr. Zivanovic stated that the amount of force used in the worker's job was not typical of high forces which usually correspond with injury. However, excessive repetition required by approximately 90% mousing is abnormally high. With respect to repetition, there is high frequency in this job. Previous exertions can increase fatigue and discomfort levels. As well, the worker's actions in removing or replacing a laptop computer into a case, as he must do in the loaner area, could lead to lateral epicondylitis. While these duties did not occur with great frequency, they could be a factor. Concerning posture, pinch grips can increase the magnitude of muscle exertion and the resultant strain on the upper extremity musculoskeletal tissues. The videotape shows the worker working at greater than 25 degree extension of the wrists at the display terminal. Concerning task variability, the worker demonstrated less than optimal posture at the computer. The worker exhibited a great degree of extension at the wrist. As well, the touchpad and trackball manipulations would stress the extensors. Concerning unaccustomed activity, the worker had been operating a computer since 1980, however, he did not have to fulfill the job of two employees, and was not working with a software program which required some extreme amounts of mousing.

The employer, as noted earlier, was provided with an opportunity to make a comment on Mr. Zivanovic's report. He replied to the report in a letter dated November 23, 2007. He noted that Mr. Zivanovic referred to general evidence with no bearing on this particular case. With respect to the new videotape information, he stated that it is difficult to accept this as evidence as the videotape was made more than one year after the fact. He noted the worker's original claim for excessive left-handed mouse clicking appeared now to be replaced with a focus on awkward wrist flexion. He stated it is also difficult to imagine extreme right-handed movements being used to navigate a mouse cursor. This does not appear to represent a person who had several years of computer experience.

The employer's submission was provided to the worker's representative who responded in a submission dated December 5, 2007. With respect to the employer's comment that the videotape was taken a year later, the representative stated that the videotape was an accurate picture of the worker's job duties. A representative of the employer who attended at the videotape session did not raise any objections to the setup. It was the employer who had advised the worker after he had developed left-sided symptoms to move to a mouse using his right hand, which in turn had led to the right-handed symptoms. The analysis of the videotape notes that the worker is clearly in greater than 25 degrees of extension of the wrist while performing his computer duties.

Findings and Reasons

The worker's complaints have generally been described by the BMA as bilateral, upper limb complaints. They have also been referred to as wrist pain and extensor tendonitis, bilateral lateral epicondylitis, bilateral forearm pain, bilateral shoulder pain, and bilateral hand pain. To a certain extent, these are all repetitive-type strain injuries and it may not matter what specific label is put on them. The risk factors, while slightly different, do have certain factors in common. As bilateral epicondylitis appears to be the main diagnosis, I will adjudicate the claim using that designation.

Section 6 of the Act deals with occupational diseases and their compensability. Section 6(1) provides that if the worker is disabled and the disease was due to the nature of the employment, then compensation is payable. Section 6(3) provides that if the Board has designated the disease in Schedule B to the Act, then the disease is presumed to be due to the nature of the employment unless the contrary is proven.

Policy item #27.40 provides that determining whether the worker's disorder is due to the nature of the employment requires an analysis of the risk factors relevant to the causation of activity-related soft tissue disorders. These determinations involve risk factors related to performance of the work, the work environment, and the individual. Risk factor is a term for a factor which research shows may be relevant to causation. Factors related to performance of the work include but are not limited to: repetition of the movement, the force on the musculoskeletal tissues involved, static load, task

variability, awkward postures, local mechanical stresses, shock, grip type, vibration, extremes of temperature, and unaccustomed activities. Factors related to the work environment include ergonomic aspects, work organization, work behaviour, cognitive demands, and rest breaks. Non-work-related risk factors include: age, smoking, medical history, and inflammatory disorders.

Repetition is the cyclical use of the same body tissues either as a repeated motion or as a repeated muscular effort without movement. Force is the musculoskeletal load on the tissues involved. Awkward postures are postures where the joints are held at or near the end-range of motion for that joint, where loads are supported by passive tissues, or where muscle tension is required to hold the posture. Task variability is the degree to which the task remains unchanged, thus causing loading on the same tissues in the same way, particularly if there is no interruption in a repeated task. The less varied the task, the less likely the affected tissues are able to return to a resting state for recovery between the phases of the task.

The policy also states that the factors cannot be ranked in terms of their relative importance, and each claim must be evaluated according to the facts of that claim.

Epicondylitis is an occupational disease recognized by the Board by regulation. As the research does not clearly relate epicondylitis to any particular employment, there is no presumption of work causation. Each claim must be determined on its own merits. The Board's policy with regard to epicondylitis is set out in item #27.31 of the RSCM II. The policy indicates that where the worker is performing frequent, repetitive, forceful, and unaccustomed movements that are reasonably capable of stressing the inflamed tissues in the absence of non-occupational risk factors, this combination would indicate a strong likelihood of work causation. In order for a worker's claim to be accepted under section 6(1) of the Act, the issue to be determined is whether the evidence leads to a conclusion that the epicondylitis is due to the nature of the worker's employment.

The worker has been diagnosed with bilateral lateral epicondylitis. The condition came on gradually and was not the result of an injury or of a series of injuries. Accordingly, this claim is properly adjudicated under section 6. The policy with respect to epicondylitis notes that if a worker is performing frequent, repetitive, forceful, and unaccustomed movements, then in the absence of non-occupational risk factors, the combination indicates a strong likelihood of work causation. I have not noted any non-occupational factors here, other than that the BMA mentioned that epicondylitis can be present in the general population. However, that latter comment is not sufficient to raise any issue of a non-occupational causation.

The fact that a repetitive strain-type condition is bilateral is usually an indication that the problem may be systemic as opposed to work related. On the other hand, the worker's condition here is explicable by his work duties. The problems started on the left side and when he had problems with that, he then switched to his right hand and began to

have problems in the right hand. He then had further problems in the left as he returned to using the left hand. Accordingly, the fact that his complaint is bilateral is not contrary to the worker's situation.

The worker does have some strong temporal evidence of the work-relatedness of his complaints. Although he worked in the Purchasing Department before, he had not used the Smart Buy program extensively. I find that this program did require much more use of the mouse and was different than what he had previously been accustomed to. The symptoms started in May 2006 in his left hand. He switched to a different type of mouse which he had operated with his right hand. He then started to have pain in his right hand within a week or two of switching. Because his right hand was now becoming problematic, he then switched back to the left, but in June 2006 his left hand became problematic again. I find there is a close temporal relationship between the worker's symptoms and switching the equipment he used in the job. As well, he had been a backup person in the loaner pool, but starting in April 2006 he began doing more loaner-pool duties.

The worker's representative has stated that the ASTD worksite assessment of the case manager should not be given much weight as it was not done by a professional. I agree with those comments to a certain extent. While I assume the case manager has had some sort of training in the area, it does not appear that he or she has a professional designation in that area. This is not to say, however, that the report is completely worthless or biased, merely, that it may not be given as much weight.

The ergonomist's worksite assessment report was admittedly done some time after the time period in question here. However, as pointed out, the management did have an opportunity to observe while this was being done and to make comments. Accordingly, I do not discount the report from that point of view. I do note that the report was done by an ergonomist and further that the ergonomist appeared to be aware of Board policy in the area.

To a certain extent, I agree with the worker's representative's comment that the BMA's opinion is only as good as the report it was based on. However, the BMA must be considered to be an expert in the area, and again, I do not discount his opinion totally, for that reason.

The worker's testimony did add some new evidence to the matter. He clarified that while he had worked in this particular department before, he was not doing the specific job that caused him problems. As well, when he did the job it was not with the Smart Buy software. The worker also provided further evidence about his work in the loaner pool. According to the worker, and I generally accept his testimony on this, he was in effect doing two jobs, those being the loaner job and his own purchasing job. The worker stated that his symptoms did not come on from the loaner job but merely brought things to his attention. While the loaner job did not have the repetition or

frequency of his initial job, it appeared to have some degree of force. While the items used in the loaner pool were not heavy, there may well have been some awkward movement of them. As well, I think that an important factor is that the loaner-pool duties would all be added onto the already weakened condition of his wrists and arms due to the work with the computer program. Also valuable in the worker's testimony was his list of tasks which he provided to me, and which I accept. Although some of the numbers seem incredibly large, I accept that the worker has done his best estimate on them. The employer's representative did not appear to quarrel with the numbers.

Concerning frequency and repetition, there does seem to be some difference of opinion between the Board and the kinesiologist. The Board's view was that there were slow, steady exertions, that were non-cyclical. The finger movement did not exceed the Board guidelines for repetition. The kinesiologist concentrated on what he referred to as excessive repetition in the job, being 90% mousing.

Concerning posture, the Board's view was that the worker had neutral wrist and elbow postures. The kinesiologist, however, and the videotape bears him out, showed that there were awkward postures. Further, the kinesiologist stated that the worker demonstrated less-than-optimal posture at the computer. Using the touch and trackball would stress the extensors.

Concerning force, both parties agreed that the use of the actual keyboard and mouse would be considered sedentary. The Board considered that work in the Loaner Department would constitute only an infrequent exposure to light-to-moderate force. The kinesiologist did not appear to differ from this, but did note that pinch grips, presumably when using the trackball, could increase the magnitude of muscle exertion.

With respect to unaccustomedness, the Board stated that the worker had done the purchasing job earlier in 2006 and had been using a computer since 1980. The kinesiologist and the worker, however, explained why this was not quite correct. I find that while the worker did do the job prior to having the problems, it was to a certain extent a different job because of the lack of use of the Smart Buy software program. I also note that the Board did not appear to consider the loaner job in discussing the worker's unaccustomedness. The worker testified that at certain times in the period in question, he was advised that he should give priority to the loaner job and leave the other part. Accordingly, in my view, acting in the loaner job was the factor in unaccustomedness.

I accept that the worker was doing parts of two different jobs. While the force in the loaner job was not great when combined with the other tasks from his regular job, I find his doing the tasks for two different jobs was a factor. Concerning unaccustomedness, I find that the worker was not accustomed to the use of the Smart Buy program. As well, having to do the tasks of the loaner job would also have been unaccustomed. The BMA had noted that the most common association for epicondylitis occurred when risk

factors for forceful and repetitive work were combined. While there were still not that many forceful duties, I find that the combination of use of the mouse, plus the taking on of the unaccustomed duties of the loaner job position, are enough to convince me that the claim should be accepted.

I allow the worker's appeal.

Conclusion

The decision of the Review Division dated February 9, 2007 is varied. I find that the worker's bilateral epicondylitis condition should be accepted. It was reasonable for the worker's union to have obtained the worksite assessment report of the kinesiologist and the union is entitled to be reimbursed for it. I do not believe that I was given a figure for the cost of the kinesiology report. Accordingly, I direct that the cost for it be reimbursed at the usual tariff fee that the Board would pay for an ergonomic report in such circumstance. I am not aware of any other expenses and make no other award as to expenses.

William J. Duncan
Vice Chair

WJD/pmc/pme