

<sup>1</sup>H Harcombe, <sup>1</sup>D McBride, <sup>1</sup>P Herbison, <sup>2</sup>S Derrett. <sup>1</sup>*Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, New Zealand;* <sup>2</sup>*Injury Prevention Research Unit, Department of Preventive and Social Medicine, Dunedin School of Medicine, University of Otago, New Zealand*

**Background** Few prospective studies have investigated musculoskeletal disorders (MSDs) at a range of anatomical sites in nurses.

**Aims** To determine the cumulative incidence and persistence or recurrence of MSDs of the low back, neck, shoulder, elbow, wrist/hand and knee in a cohort of New Zealand nurses and to determine the prevalence of MSDs affecting work and functional tasks.

**Methods** Nurses (n=280) were randomly selected from the Nursing Council database and invited to participate in a postal survey at baseline and 12 months later. MSDs were identified based on self-reported pain at the anatomical site. MSDs affecting work involved either time off work or modified duties. Functional tasks were assessed at site-specific level.

**Results** The 12 month cumulative incidence of MSDs was highest for low back (35%), followed by neck (31%), shoulder (25%), wrist/hand (18%), knee (17%) and elbow (11%) pain. Depending on the anatomical site, 45–76% of MSDs were persistent or recurrent. The 1-month prevalence of MSDs affecting functional tasks was 14–20% for shoulder, wrist/hand, knee and low back pain. The 12-month prevalence of MSDs affecting work was highest for low back pain (20%) followed by shoulder pain (10%).

**Significance** To reduce MSDs among nurses attention appears warranted at a wider range of sites than the low back alone.