

Awareness of Musculoskeletal Disorders due to Work Environment and Ergonomic Factors among Lawyers: A Cross-Sectional Study

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Abstract:

Background: Musculoskeletal disorders (MSDs) are among the most common occupational health problems affecting professionals who spend long hours in static or awkward postures. Lawyers are particularly susceptible, given their prolonged sitting, extensive paperwork and computer use, and irregular working hours, yet ergonomic awareness within the legal profession remains poorly studied.

Objective: To assess awareness of musculoskeletal disorders in relation to work environment and ergonomic factors among practicing lawyers.

Methods: An observational, cross-sectional study was conducted on 101 practicing lawyers from Pune, selected through convenience sampling. Data were collected using a validated self-structured questionnaire covering demographic details, work-environment factors and postural/ergonomic factors, and were analysed using descriptive and non-parametric statistics.

Results: Although 74.3% of participants reported awareness of proper posture, unfavourable practices such as prolonged sitting, frequent neck bending, forward-head posture, inadequate stretching breaks and limited use of lumbar support were common. The mean composite Ergonomic Risk Score was 7.22 ± 2.45 (range 1–12), with 90.1% of lawyers falling in the moderate-to-high risk category; gender, years of experience and sitting duration showed no significant association with risk score ($p > 0.05$).

Conclusion: Lawyers possess reasonable awareness of posture and ergonomics that is not consistently translated into practice, pointing to the need for structured ergonomic education and workplace-level modification within the legal profession.

Keywords: Musculoskeletal disorders, Ergonomics, Lawyers, Occupational health, Posture, Work environment

1. Introduction

Musculoskeletal disorders (MSDs) are among the most common occupational health problems worldwide and remain a major cause of pain, physical disability, reduced work efficiency and diminished quality of life among working individuals. These disorders affect the muscles, joints, tendons, ligaments, nerves and other supporting structures, most commonly involving the neck, shoulders, back and upper limbs, particularly in professions that demand prolonged static postures and repetitive activity.

Lawyers are considered a high-risk occupational group for the development of musculoskeletal disorders because of prolonged sitting, continuous computer use, extensive paperwork, sustained static posture and long working hours without adequate rest. An observational study among lawyers reported a high prevalence of musculoskeletal complaints, most frequently affecting the neck, lower back, shoulders and upper extremities, underscoring the occupational vulnerability of this population [1].

Neck pain in particular has been identified as one of the most prevalent musculoskeletal complaints among lawyers and other desk-based professionals. Prolonged sitting, forward-head posture, poor workstation ergonomics, incorrect screen positioning and a lack of postural variation have all been associated with neck pain in this group, highlighting the contribution of ergonomic risk factors to work-related musculoskeletal disorders [2].

Awkward postures and repetitive movements are well-established ergonomic risk factors for musculoskeletal disorders across occupational settings. A study assessing awareness of these factors among health-promotion professionals found that limited understanding of ergonomic risk significantly increased the likelihood of developing musculoskeletal complaints, pointing to the importance of ergonomic education as a preventive measure [3].

A comparable pattern has been reported among dental professionals, where a reasonable level of awareness of MSDs coexisted with poor practical application of ergonomic principles such as correct posture, seating and preventive exercise, resulting in a high prevalence of neck, shoulder and lower-back pain. This gap between knowledge and practice is also relevant to non-clinical, desk-based professions such as law [4].

Office workers, whose occupational demands closely resemble those of lawyers because of prolonged sitting and extensive computer-based work, show a similar pattern. A study among office workers in Klang Valley found that inadequate ergonomic knowledge and poorly designed workstations were associated with a higher occurrence of musculoskeletal complaints [5], while research among government office workers in Surabaya identified non-adjustable chairs, inappropriate desk height and prolonged static posture as important contributors to musculoskeletal symptoms, conditions that are equally relevant to the legal profession [6].

With the rise of telework, musculoskeletal concerns among lawyers have taken on renewed importance. A cross-sectional study among Peruvian lawyers reported a significant prevalence of musculoskeletal disorders linked to teleworking conditions, largely attributable to inadequate home-workstation setup, prolonged screen time and lack of ergonomic furniture, indicating that ergonomic risk in this profession now extends beyond the traditional office and courtroom [7].

2. Need of Study

Lawyers routinely work for extended hours in prolonged sitting or standing postures while drafting documents, attending court proceedings, reviewing case files and working on computers. These sustained static postures, combined with inadequate ergonomic practices, considerably raise the risk of work-related musculoskeletal disorders, which may in turn lead to chronic pain, reduced functional efficiency and long-term physical disability. Despite the rising prevalence of musculoskeletal complaints among lawyers, awareness of ergonomic principles within the legal profession remains limited, and research specifically addressing ergonomic awareness and musculoskeletal health in this population is comparatively scarce when set against other sedentary occupations. Early identification of ergonomic risk factors, supported by improved awareness, could play an important role in preventing chronic pain

and promoting occupational well-being among lawyers. This study was therefore undertaken to assess awareness of musculoskeletal disorders in relation to work environment and ergonomic factors among practicing lawyers, with a view to guiding preventive strategies and physiotherapy-based interventions for this population.

3. Aim and Objectives

Aim: To assess the awareness of musculoskeletal disorders in relation to work environment and ergonomic factors among lawyers.

Objectives:

1. To evaluate the level of awareness of musculoskeletal disorders among lawyers using a self-reported questionnaire.
2. To identify common work-environment and ergonomic risk factors contributing to musculoskeletal disorders among lawyers.
3. To promote ergonomic education and preventive strategies within the legal profession.

4. Methodology

Study Design: Observational, cross-sectional study

Study Duration: 6 months

Study Subjects: Practicing lawyers

Study Setting: Courts and law-firm/private-practice offices, Pune

Sampling Method: Convenience sampling

Sample Size: 101

Material: Pen, paper, informed consent form, validated self-structured questionnaire

Inclusion Criteria:

- Lawyers aged 25–40 years.
- Practicing law for a minimum of 1 year.
- Both male and female lawyers willing to participate voluntarily.

Exclusion Criteria:

- Lawyers currently undergoing physiotherapy treatment for musculoskeletal pain.

Outcome Measure: Self-Structured Questionnaire

The questionnaire was divided into three sections. Section A recorded demographic data (7 items). Section B assessed work-environment and ergonomic factors (10 items), and Section C assessed postural and ergonomic behaviour (11 items). Section A was analysed descriptively, while the 21 items of Sections B and C were scored on a 4-point scale (1 to 4), with lower scores reflecting better ergonomic practice and higher scores reflecting poorer practice and greater risk. Item-wise and section-wise mean scores were interpreted as low risk (1.00–1.75), mild risk (1.76–2.50), moderate risk (2.51–3.25) or high risk (3.26–4.00). A composite Ergonomic Risk Score was additionally derived from 14 predefined risk indicators drawn from Sections B and C, with higher scores reflecting greater cumulative ergonomic risk exposure.

Procedure

Ethical clearance was obtained from the Institutional Ethics and Research Committee prior to the commencement of the study. The aim and objectives of the study were explained to prospective participants, and lawyers fulfilling the inclusion criteria were enrolled. A self-structured questionnaire

covering demographic details, work-environment factors and ergonomic factors was developed and validated by experienced physiotherapists and subject experts for clarity, relevance, sequencing and content validity. Written informed consent was obtained from all participants before data collection, following which the questionnaire was administered as a soft copy. The collected responses were compiled and analysed using appropriate statistical methods, and the results were interpreted to assess the level of awareness of musculoskeletal disorders in relation to work environment and ergonomic factors among lawyers.

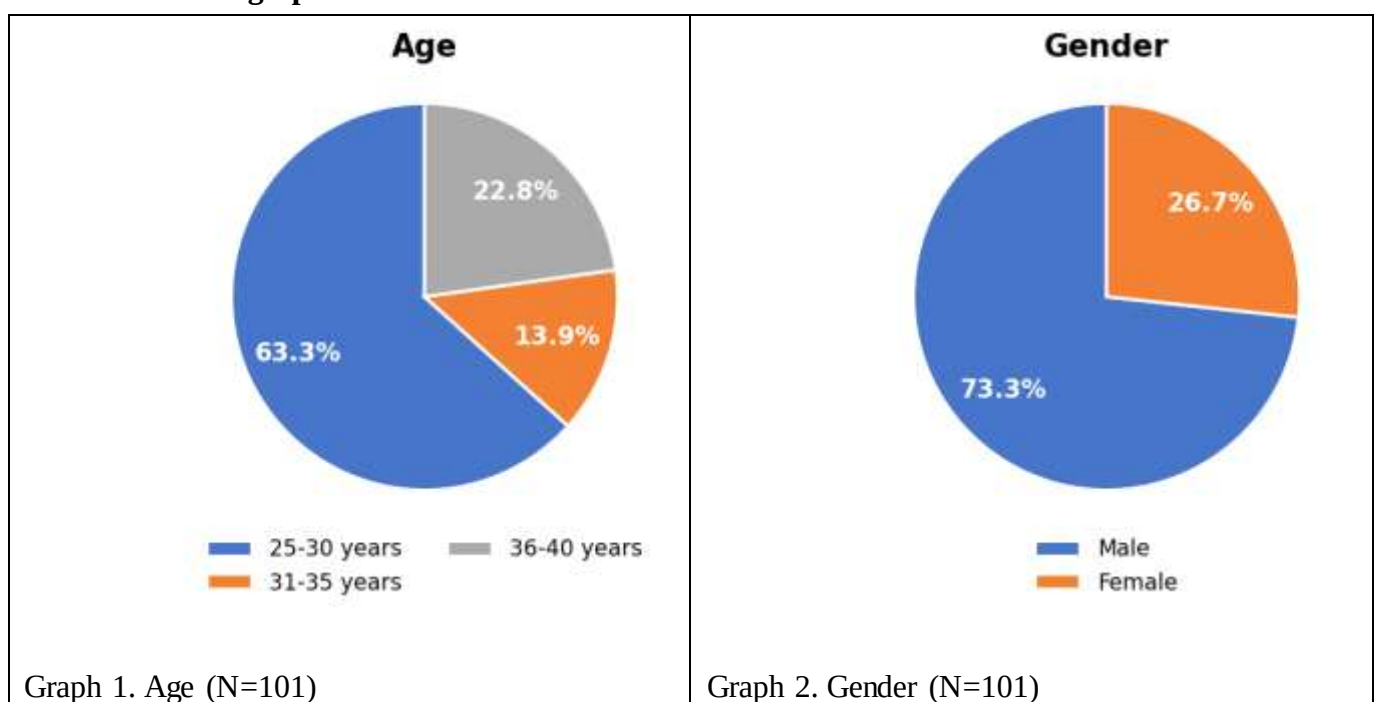
Statistical Analysis

Data were analysed using Python (pandas, NumPy and SciPy). Descriptive statistics were used to summarise demographic, occupational and ergonomic variables as frequency, percentage, mean, standard deviation, median, range and 95% confidence intervals. The Shapiro–Wilk test was used to assess the normality of the ordinal item distributions and of the composite Ergonomic Risk Score; since the majority of variables deviated significantly from a normal distribution ($p < 0.05$), non-parametric tests were applied for inferential analysis. The Mann–Whitney U test was used to compare Ergonomic Risk Scores between male and female lawyers, Spearman's rank correlation was used to assess the relationship of years of experience and sitting duration with Ergonomic Risk Score, and the Chi-square test was used to examine the association between gender and posture awareness. Statistical significance was set at $\alpha = 0.05$. None of the inferential comparisons reached statistical significance — gender versus risk score ($U = 1014$, $p = 0.91$), experience versus risk score ($\rho = -0.02$, $p = 0.85$), sitting duration versus risk score ($\rho = 0.04$, $p = 0.66$), and gender versus posture awareness ($\chi^2 = 0$, $df = 1$, $p = 1.00$).

6. Data Presentation and Interpretation

A total of 101 practicing lawyers participated in the study. Their responses are presented below under three sections: Section A (demographic data), Section B (work-environment and ergonomic factors) and Section C (postural and ergonomic behaviour).

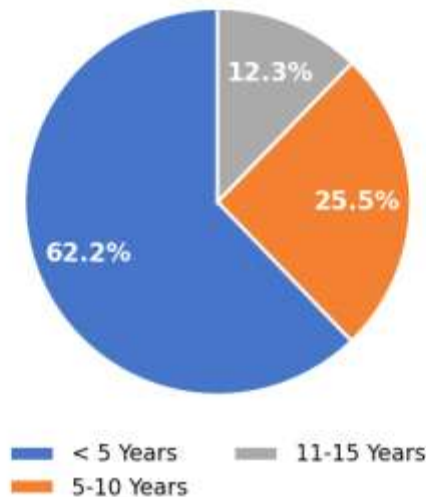
Section A: Demographic Data



It was observed that 63.4% of participants were in the 25–30 years age group, followed by 22.8% in the 36–40 years group and 13.9% in the 31–35 years group.

It was observed that 73.3% of participants were male and 26.7% were female.

Years of Professional Experience



Graph 3. Years of Professional Experience (N=101)

It was observed that 60.4% of participants had less than 5 years of professional experience, followed by 24.8% with 5–10 years and 11.9% with 11–15 years of experience.

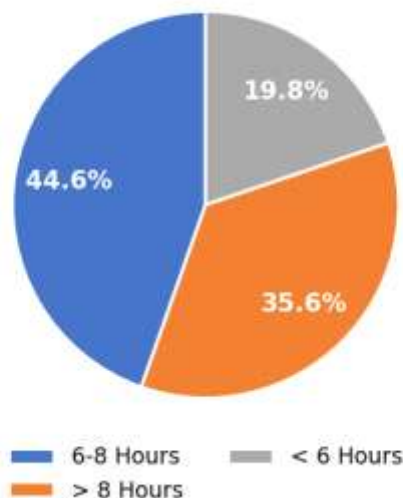
Type of Practice



Graph 4. Type of Practice (N=101)

It was observed that 80.2% of participants were engaged in private practice, followed by 12.9% in corporate/legal firms and 6.9% in other forms of practice.

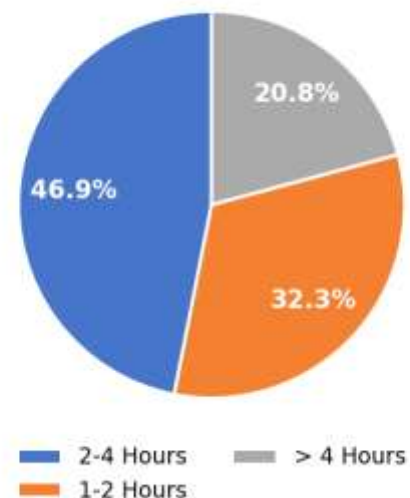
Average Working Hours per Day



Graph 5. Average Working Hours per Day (N=101)

It was observed that 44.6% of participants worked

Average Sitting Duration (No Break)



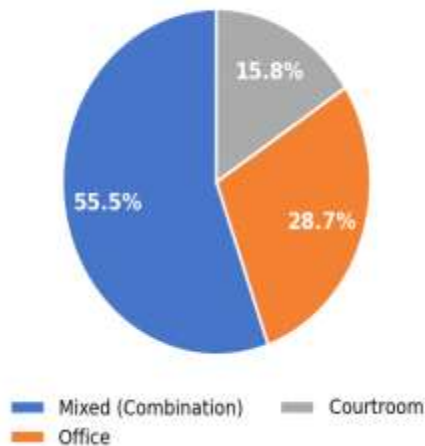
Graph 6. Average Sitting Duration without a Break (N=101)

It was observed that 44.6% of participants sat for

6–8 hours per day, followed by 35.6% working more than 8 hours and 19.8% working less than 6 hours.

2–4 hours without a break, followed by 30.7% for 1–2 hours and 19.8% for more than 4 hours.

Primary Workspace



Graph 7. Primary Workspace (N=101)

It was observed that 55.4% of participants worked in a mixed office-and-courtroom setting, followed by 28.7% primarily in an office and 15.8% primarily in a courtroom.

Table 1. Demographic profile of participants (categorical variables)

Variable	Category	n	%
Age	25–30 years	64	63.4
	31–35 years	14	13.9
	36–40 years	23	22.8
Gender	Male	74	73.3
	Female	27	26.7
Experience	< 5 Years	61	60.4
	5–10 Years	25	24.8
	11–15 Years	12	11.9
Type of Practice	Private practice	81	80.2
	Corporate / Legal Firm	13	12.9
	Other	7	6.9
Working Hours/Day	6–8 Hours	45	44.6
	> 8 Hours	36	35.6
	< 6 Hours	20	19.8
Sitting Duration	2–4 Hours	45	44.6
	1–2 Hours	31	30.7
	> 4 Hours	20	19.8
Primary Workspace	Mixed	56	55.4

	Office	29	28.7
	Courtroom	16	15.8

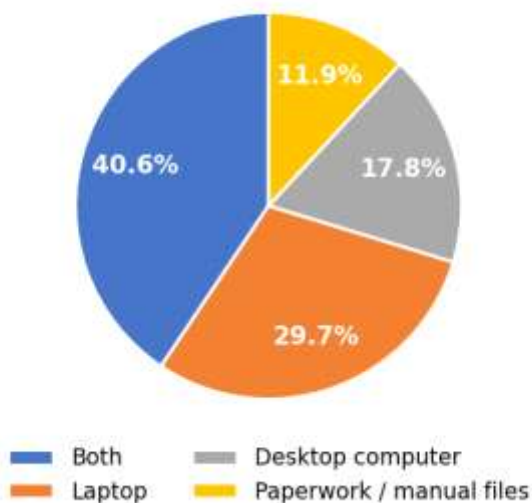
Table 2. Demographic profile of participants (continuous variables)

Variable	Mean $\pm$ SD	Median	Range
Age (years)	30.65 $\pm$ 4.42	30	25–40
Experience (years)	5.42 $\pm$ 4.15	4	1–15
Working hours/day	7.32 $\pm$ 1.46	7	4–12
Sitting duration (hours, no break)	2.71 $\pm$ 1.17	3	1–6

Table 1 and Table 2 summarise the demographic profile of the study population. The sample was relatively young, with nearly two-thirds of participants in the 25–30 years age group and a mean professional experience of just over 5 years, and was dominated by private practitioners who typically worked 6 hours or more per day and sat continuously for 2 hours or more without a break.

Section B: Work Environment and Ergonomic Factors

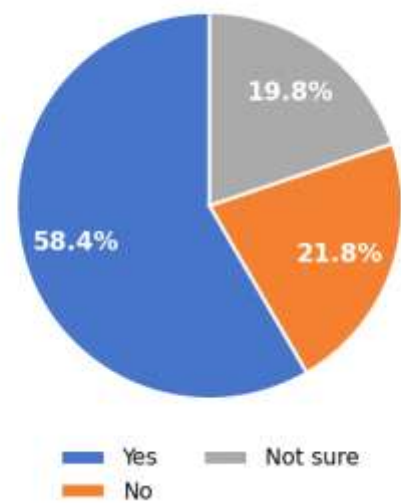
Type of Workstation Used



Graph 8. Type of Workstation Used (N=101)

It was observed that 40.6% of participants used both a desktop and a laptop, followed by 29.7% using only a laptop, 17.8% only a desktop and 11.9% relying mainly on paperwork or manual files.

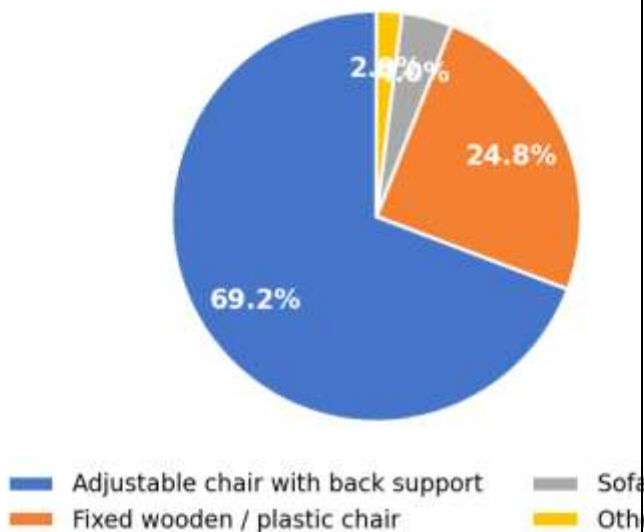
Workstation Ergonomically Designed?



Graph 9. Workstation Reported as Ergonomically Designed (N=101)

It was observed that 58.4% of participants considered their workstation ergonomically designed, while 21.8% did not and 19.8% were unsure.

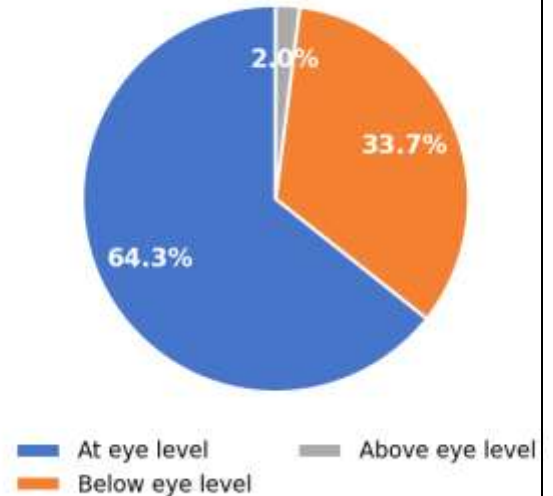
Chair Type Used



Graph 10. Chair Type Used (N=101)

It was observed that 69.3% used an adjustable office chair with back support, 24.8% used a fixed wooden or plastic chair and the remainder used a sofa, bench or other seating.

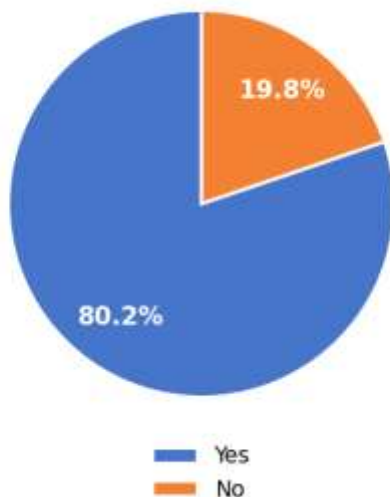
Position of Computer Screen



Graph 11. Position of Computer Screen (N=101)

It was observed that 64.4% positioned their computer screen at eye level, 33.7% below eye level and 2% above eye level.

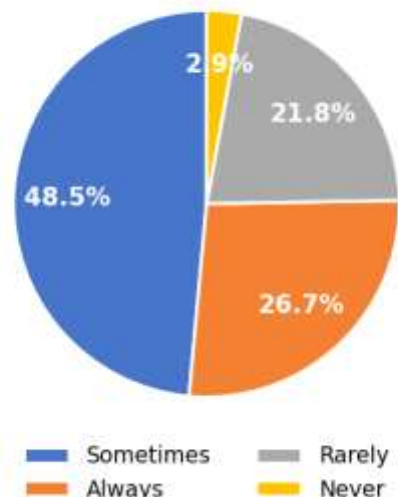
Works with Documents Below Desk



Graph 12. Works with Documents Below Desk Level (N=101)

It was observed that 80.2% frequently worked with files or documents placed below desk level, requiring repeated neck bending.

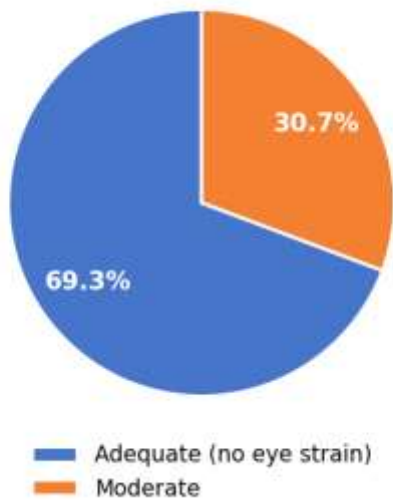
Takes Short Breaks for Stretching



Graph 13. Takes Short Breaks for Stretching (N=101)

It was observed that 48.5% took short stretching breaks only sometimes, 26.7% always took such breaks and 21.8% rarely did so.

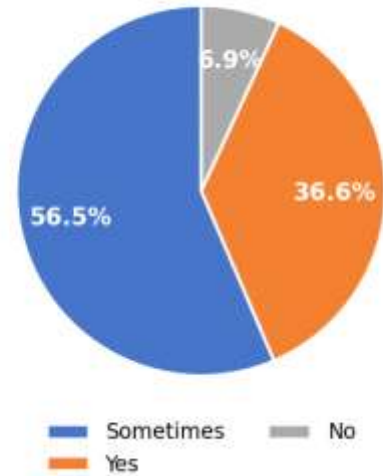
Lighting Condition at Workplace



Graph 14. Lighting Condition at Workplace (N=101)

It was observed that 69.3% rated their workplace lighting as adequate and 30.7% as moderate.

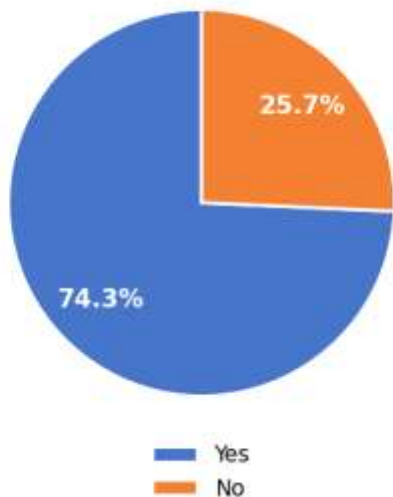
Works Under Stressful Deadlines / Long Hours



Graph 15. Works Under Stressful Deadlines / Long Hours (N=101)

It was observed that 56.4% sometimes worked under stressful deadlines or long court hours, 36.6% frequently did so and 6.9% did not.

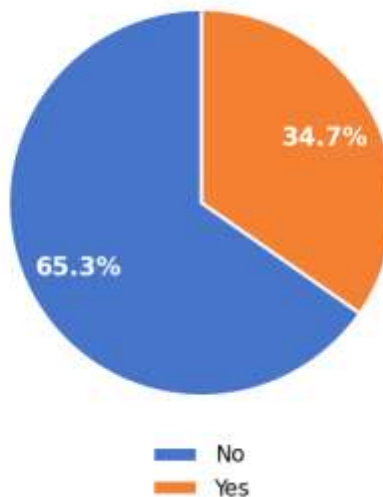
Awareness of Proper Posture



Graph 16. Awareness of Proper Posture (N=101)

It was observed that 74.3% of participants reported awareness of proper posture while sitting and working.

Uses Ergonomic Accessories



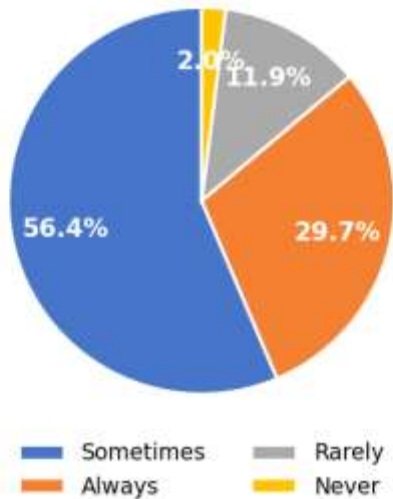
Graph 17. Uses Ergonomic Accessories (N=101)

It was observed that 65.3% did not use any ergonomic accessories, while 34.7% did.

Taken together, Section B indicates that while most participants used adjustable seating, had adequate lighting and positioned their screens appropriately, a considerable proportion worked with documents placed below desk level, took stretching breaks inconsistently, worked under frequent time pressure, and did not use any ergonomic accessories.

Section C: Postural and Ergonomic Behaviour

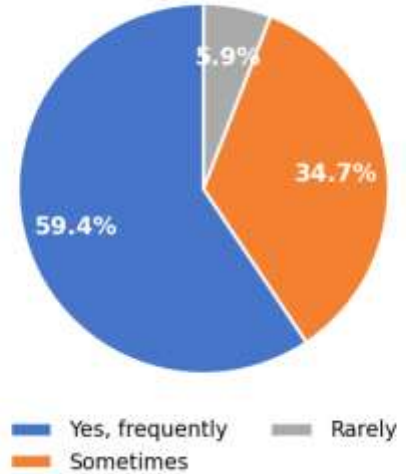
Maintains Upright Sitting Posture



Graph 18. Maintains Upright Sitting Posture (N=101)

It was observed that 56.4% maintained an upright sitting posture only sometimes, 29.7% always did so and 11.9% rarely did.

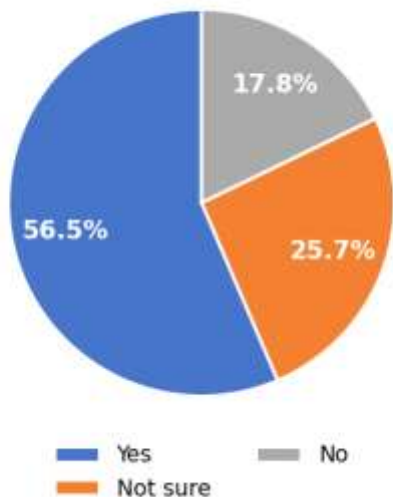
Bends Neck Frequently While Reading/Writing



Graph 19. Bends Neck Frequently While Reading/Writing (N=101)

It was observed that 59.4% frequently bent their neck while reading or writing documents, and 34.7% did so sometimes.

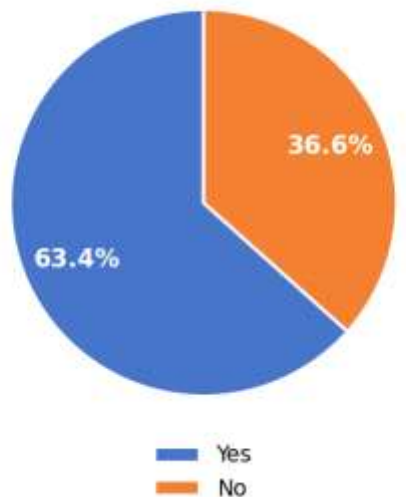
Forward Head Posture / Slouching



Graph 20. Forward Head Posture / Slouching (N=101)

It was observed that 56.4% experienced forward-head posture or slouching during long working hours, while 25.7% were unsure and 17.8% did not.

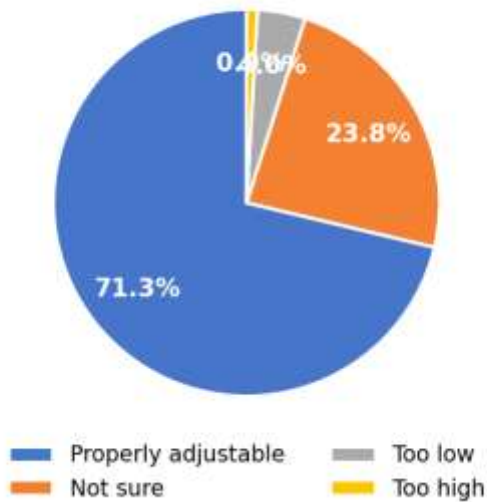
Has Proper Back Support While Sitting



Graph 21. Has Proper Back Support While Sitting (N=101)

It was observed that 63.4% had proper back support while sitting, whereas 36.6% did not.

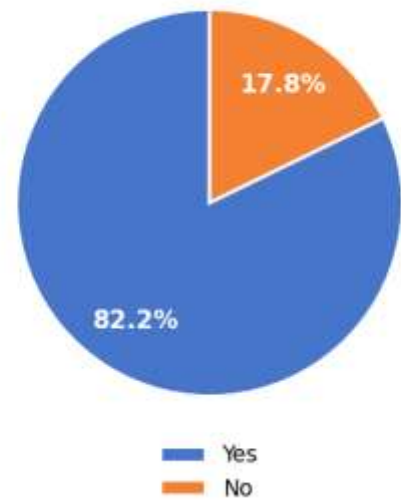
Height of Chair and Desk



Graph 22. Height of Chair and Desk (N=101)

It was observed that 71.3% reported their chair and desk height as properly adjustable, while 23.8% were unsure and the remainder found it too low or too high.

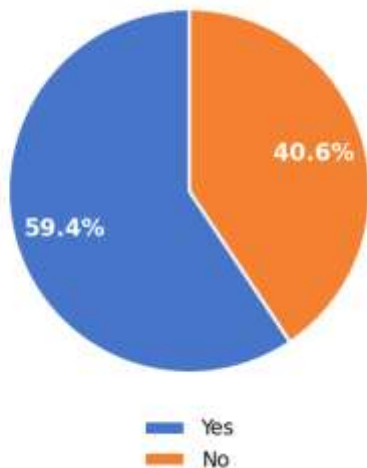
Rests Wrists on Desk/Edge While Typing



Graph 23. Rests Wrists on Desk/Edge While Typing (N=101)

It was observed that 82.2% rested their wrists on the desk or its edge while typing or writing.

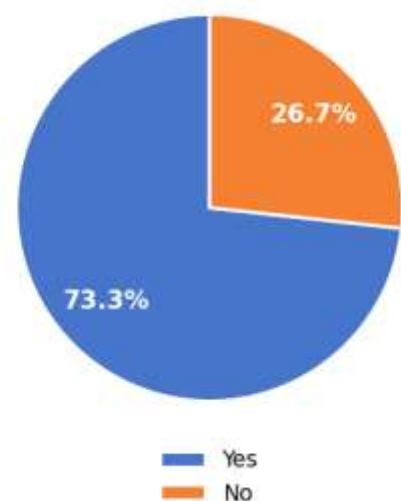
Uses Laptop Without External Keyboard



Graph 24. Uses Laptop Without External Keyboard/Mouse (N=101)

It was observed that 59.4% used a laptop without an external keyboard or mouse.

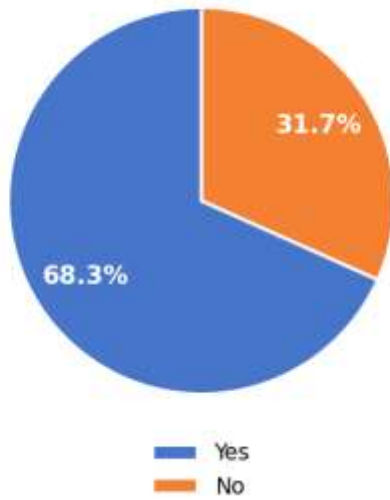
Twists/Rotates Body to Reach Documents



Graph 25. Twists/Rotates Body to Reach Documents (N=101)

It was observed that 73.3% frequently twisted or rotated their body to reach documents or files.

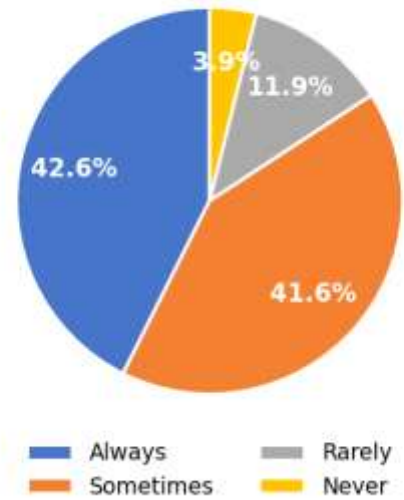
Crosses Legs or Leans to One Side



Graph 26. Crosses Legs or Leans to One Side (N=101)

It was observed that 68.3% often crossed their legs or leaned to one side while sitting.

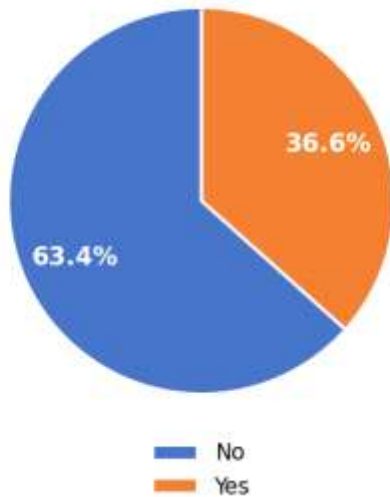
Adjusts Chair/Screen/Keyboard Before Work



Graph 27. Adjusts Chair/Screen/Keyboard Before Work (N=101)

It was observed that 42.6% always adjusted their chair, screen and keyboard before starting work, 41.6% did so sometimes and 11.9% rarely did.

Uses Lumbar Support



Graph 28. Uses Lumbar Support (N=101)

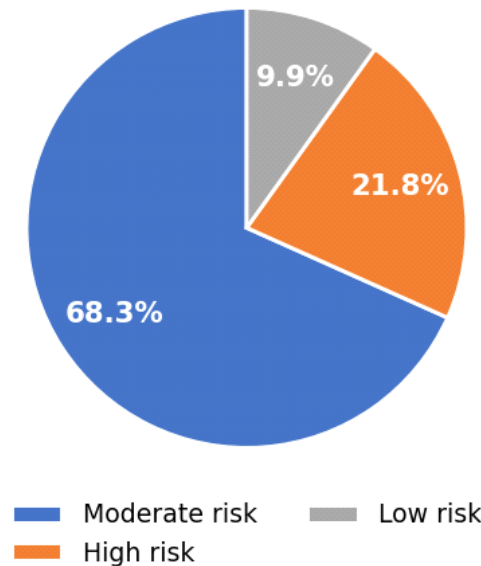
It was observed that 63.4% did not use lumbar support for the lower back while sitting, whereas 36.6% did.

Section C highlights those individual postural behaviours that most directly carry musculoskeletal risk — upright sitting posture was inconsistent, neck bending and forward-head posture were common,

wrists were frequently rested on hard surfaces while typing, and lumbar support was used by only a little over a third of participants, despite a majority expressing awareness of correct posture.

Composite Ergonomic Risk Score

Composite Ergonomic Risk Score Category



Graph 29. Distribution of the Composite Ergonomic Risk Score (N=101)

Risk Category	n	%
Low risk	10	9.9
Moderate risk	69	68.3
High risk	22	21.8

The composite Ergonomic Risk Score, derived from 14 predefined risk indicators, had a mean of 7.22 ± 2.45 (median 7, range 1–12). As shown in Table 3, only 9.9% of participants fell in the low-risk category, while 68.3% were classified as moderate risk and 21.8% as high risk — indicating that approximately 90% of the lawyers surveyed carried a moderate-to-high level of cumulative ergonomic risk exposure despite a generally favourable self-reported awareness of posture.

7. Results

The study included 101 practicing lawyers with a mean age of 30.65 ± 4.42 years; 73.3% were male and 26.7% were female, with a mean professional experience of 5.42 ± 4.15 years. Participants worked a mean of 7.32 ± 1.46 hours per day and sat for a mean of 2.71 ± 1.17 hours without a break. Although 74.3% of participants reported awareness of proper posture, several unfavourable ergonomic practices were commonly observed, including prolonged sitting, frequent neck bending, forward-head posture or slouching, inadequate stretching breaks, resting the wrist on the desk while typing, inappropriate laptop use, and limited use of ergonomic accessories and lumbar support. The composite Ergonomic Risk Score had a mean of 7.22 ± 2.45 out of 14; 9.9% of participants were classified as low risk, 68.3% as moderate risk and 21.8% as high risk, so that 90.1% of participants fell within the moderate-to-high ergonomic risk categories. None of the inferential comparisons — gender, years of experience or sitting duration

against Ergonomic Risk Score, or gender against posture awareness — reached statistical significance ($p > 0.05$ throughout).

8. Discussion

This study assessed the awareness of musculoskeletal disorders in relation to work environment and ergonomic factors among 101 practicing lawyers in Pune. The findings revealed a clear gap between awareness and practice: although nearly three-quarters of participants reported being aware of correct posture, a comparable or larger proportion continued to engage in postural habits that are known to raise musculoskeletal risk, such as prolonged uninterrupted sitting, frequent neck bending while reading or writing, forward-head posture, resting the wrists on hard desk surfaces while typing, and infrequent use of lumbar support or ergonomic accessories.

A large majority of participants worked more than 6 hours a day and sat for 2 hours or longer without a break, consistent with the demands of legal practice described in earlier work — drafting documents, reviewing case files, attending hearings and, for a majority of participants, climbing stairs and moving between courtrooms and chambers over the course of the day. Such prolonged static sitting, interspersed with bursts of standing and walking, places cumulative load on the cervical and lumbar spine and is consistent with the moderate-to-high Ergonomic Risk Score observed in roughly nine of every ten participants.

Workstation-related factors also contributed meaningfully to risk. While most participants reported using an adjustable chair and positioning their screen at eye level, a considerable proportion worked with documents or files placed below desk level, a practice that necessitates repeated neck flexion and has been linked to neck pain in similar desk-based occupations. Likewise, although awareness of posture was high, the comparatively low uptake of ergonomic accessories and lumbar support suggests that awareness alone is not translating into consistent corrective behaviour — a pattern also reported among dental professionals, where good theoretical knowledge of ergonomics coexisted with poor practical application and a high prevalence of musculoskeletal pain.

Neither gender, years of experience nor sitting duration showed a statistically significant association with the Ergonomic Risk Score in this sample. This suggests that ergonomic risk among lawyers may be driven less by individual demographic characteristics than by shared occupational demands common across the profession — prolonged sitting, repeated postural transitions between courtroom and office, and the absence of structured ergonomic guidance — rather than by any single risk factor acting alone.

These findings are broadly consistent with earlier observational work among lawyers, which similarly reported a high burden of musculoskeletal complaints, particularly in the neck, lower back and shoulders, attributed to workload pressure, prolonged static posture and physical demands of the profession. They are also consistent with evidence from office workers and government employees showing that non-adjustable furniture, inappropriate desk height and limited ergonomic awareness are associated with greater musculoskeletal symptom burden, and with more recent findings among teleworking lawyers, where inadequate home-workstation setup has emerged as an additional source of ergonomic risk.

Overall, the results indicate that ergonomic awareness among lawyers, while present, is not sufficient on its own to reduce ergonomic risk. Structured, profession-specific ergonomic education, combined with practical workplace modifications — adjustable seating with lumbar support, correctly positioned screens and documents, and scheduled movement breaks — may be required to translate existing

awareness into safer working practice and to reduce the long-term risk of musculoskeletal disorders in this occupational group.

9. Limitations of the Study

- Being a cross-sectional, self-reported study, the findings may be subject to recall bias and social-desirability bias.
- The sample had a comparatively larger proportion of male participants and of lawyers with fewer years of experience, which may limit generalisability across the profession.
- Objective ergonomic-assessment tools (such as RULA or ROSA) and standardised outcome measures were not used; ordinal questionnaire responses were numerically coded for analysis, which involves certain assumptions when treating such data as interval-level.

10. Future Scope

- Studies with larger, more representative samples of practicing lawyers across multiple cities, courts and experience levels.
- Longitudinal or interventional studies evaluating the effect of ergonomic education, workstation modification and scheduled micro-breaks on musculoskeletal outcomes.
- Comparison of ergonomic exposure between courtroom and office environments to identify setting-specific risk factors.
- Exploration of psychosocial factors such as occupational stress and workload as contributors to poor postural behaviour.
- Development and evaluation of physiotherapy-based ergonomic and preventive occupational-health programmes tailored to legal professionals.

11. Conclusion

This study concludes that lawyers possess a reasonably high level of awareness of correct posture, yet this awareness does not consistently translate into ergonomically sound working practice. Prolonged sitting, frequent neck bending, forward-head posture, inadequate stretching breaks and limited use of lumbar support and ergonomic accessories were common, and nearly nine in ten participants fell into the moderate-to-high ergonomic risk category on the composite Ergonomic Risk Score. These findings underscore the need for structured ergonomic education and workplace-level modification within the legal profession, and highlight a role for physiotherapy in bridging the gap between awareness and practice to safeguard the musculoskeletal health of lawyers.

12. Clinical Significance

- The composite Ergonomic Risk Score offers a simple, low-cost way of identifying lawyers with moderate-to-high cumulative ergonomic risk, enabling timely education and preventive intervention.
- Modifiable risk factors — prolonged sitting, frequent neck bending, forward-head posture, inadequate breaks, and limited use of lumbar support and ergonomic accessories — can be targeted through workplace and behavioural change.
- Physiotherapists have a clear preventive role through ergonomic screening, postural assessment, workplace education and exercise guidance tailored to legal professionals.

- Workplace-level modifications — appropriate seating, desk height, lumbar support, screen positioning and scheduled movement breaks — can reduce cumulative ergonomic exposure.
- Since awareness of proper posture did not consistently translate into practice, ongoing reinforcement through ergonomic education should be incorporated into occupational-health initiatives for the legal profession.

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