

## Ergonomic Consulting in Saudi Arabia

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I was invited by Mr. Mohammed Nur Bakry Al-Saieq, deputy director of Abdulmajeed Abuljadayel Establishment (AAE), to travel to Saudi Arabia to perform an ergonomic evaluation of the company and its treatment of occupational injuries. AAE is a firm specializing in catering, maintenance, and baggage handling for Saudia Airline, British Airways, Singapore Air, Air France, KLM, Air India, Yemen Airways, Middle East Airlines, Turkish Air and Royal Jordanian. They also have extensive experience in the management of restaurants and cafes. Early last year, they signed new franchise agreements with the United States and Canada to operate fast food restaurants in Saudi Arabia and other Gulf States.

AAE's corporate office is at King Khalid International Airport in Riyadh, the capital of Saudi Arabia. The company maintains a highly skilled, well-trained labor force of 3,700 employees, grouped into management, administration, production, operation, and support services, consisting mainly of expatriates from the Philippines.

Although Saudi businessmen are often educated in the U.S., speak fluent English, and frequently travel to the U.S., doing business in Saudi Arabia requires cross-cultural sensitivity, a strong commitment of the doctor's time, effort, and familiarity with Saudi business practices and customs. Business will only be conducted after a degree of trust and credibility have been established. Considerable time may be spent exchanging courtesies, and several visits may be needed to secure business. Be prepared to drink a lot of tea, Qahwa (traditional Saudi coffee), and soft drinks. Travel to Saudi Arabia is not allowed without a visa issued with the assistance of a Saudi sponsor; all visits are single entry for a maximum of 30-days.

Mr. Mohammend Nur Bakry Al-Saieq, the deputy director of AAE, was our contact person. He is a man of vision and determination and very fond of American-style management. I met Mr. Al-Saieq on one of his trips to Southern California. He had been suffering from chronic mechanical back pain and during one of his visits he had an acute flare-up, exacerbated by prolonged sitting on a long flight from Riyadh to New York. He consulted my clinic and was treated effectively with chiropractic manipulation and some therapeutic exercises. He had never heard of chiropractic, but was very impressed with the results he experienced. The traditional medical care he had received had only provided temporary relief at best. During his visits to the United States over the years, he has contacted my clinic three times for consultation and treatments. Some of his visits lasted a month and we were able to treat him a number of times during his visit.

Since the early '90s, AAE was expending a lot of money for their employees suffering from low back, neck, and knee pain. Even though AAE has a GP in their facility, they do not have an occupational health consultant or a board certified physician in occupational medicine. Severe cases which require special x-rays, MRI or CT are referred to Olaya Medical Center (OMC) or Al-Hammadi Hospital in Riyadh. While most of their musculoskeletal problems were handled this way, they were only getting temporary relief, high absenteeism, and large medical bills. This is when Mr. Al-Saieq contacted me. After several discussions over the telephone, I agreed to visit Saudi Arabia. Mr. Al-Saieq agreed to make travel arrangements, as it was very difficult to get an entrance visa to Saudi Arabia. I was granted a visit visa for a month, which was renewed twice with

assistance of my sponsor, enabling me to stay from September 7 through November 24, 1994.

I started with a worksite analysis in Jeddah, the hub city for Saudia Airlines. Jeddah is an international and dynamic, multinational city, populated with many immigrants from the Far East: Pakistan, India, Afghanistan, and the Philippines. I then went to Riyadh, the headquarters of AAE. Riyadh is the largest and most modern city in the Middle East, with freeways much like Southern California.

I outlined for AAE four specific areas to help prevent work injuries, achieve greater comfort, and increase productivity, using our programs to counter the possible negative effects involved with the type of work they perform. The four areas are:

**Work Site Analysis:** Identifies existing hazards and conditions, operations that create hazards, and areas where hazards may develop. This also includes a tracking of injury and illness records to identify patterns of trauma that may indicate the development of commutative trauma disorders (CTDS).

**Ergonomic Assessment and Control:** Identifies high risk work stations with critical incident technique and ergonomic studies. The focus on an ergonomic program is to make the job fit the person, not to force the person to fit the job. This is accomplished by modifying work stations and office equipment that causes excessive exertion or awkward posture.

**Training and Education:** This is to insure that employees and management personnel are sufficiently informed about ergonomic and biomechanics so that they may participate actively in their own protection.

**Chiropractic Medical Management:** To prevent and reduce the risk of development of CTD signs and symptoms through early identification, evaluation, prevention and treatment. Our chiropractic medical management will include:

- Injury and illness record keeping
- Early recognition and reporting
- Systematic evaluation and referral
- Conservative chiropractic treatment
- Early return to work
- Adequate staffing and facilities
- Proper protective equipment

During the worksite analysis, I invited Mr. Al-Saieq to join me. We started with the warehouse, which has the most advanced equipment. It was clean, orderly, and well-maintained. Then we proceeded to the kitchen, which was very neat and clean. They handled all foods with the best hygiene possible. Then we toured their in-house tailoring department, followed by the administrative offices, and interviewed some of their administrative staff.

For the most part, their employees observe good safety precautions. However, they were not aware of proper body mechanics nor ergonomics. All computer terminals were below eye level and improperly positioned, which caused most of their neck and upper back pain. Their chairs lacked proper back support and were stationary, with no height adjustment. The warehouse laborers did not utilize low back support such as lumbar corsets.

Mr. Al-Saieq arranged a meeting for me with the medical staff of OMC, Al-Hammadi Hospital, Dallah Hospital, and Riyadh Kharj Hospital (RKH). At OMC and RKH, I gave presentations about chiropractic and the management of mechanical back pain. All the presentations were received

well. The OMC medical staff and director of the clinic, Dr. Abdulqadir Jelani, was very much impressed with the information presented at the lecture and requested that I make myself available to treat some of their cervical and low back pain cases using "chiropractics," as they called it. With the permission of my sponsor, Mr. Al-Saieq and a request letter from OMC for my services as a chiropractic consultant, I was able to obtain a temporary license from the Mudiriyah to practice chiropractic under the department of physical medicine and rehabilitation. Mudiriyah is the local office of the Saudi Ministry of Health, which is equivalent to our health services department in the United States. For two weeks several cases were arranged with the department of orthopedics and physical therapy at OMC and Al-Hammadi Hospital, both which were very helpful and cooperative and open to chiropractic health care. The orthopedic surgeon at OMC, Dr. Ali Ibrahim, who sees most of the musculoskeletal cases of AAE employees, was aware of chiropractic and spinal manipulation. After my presentation, Dr. Ibrahim remarked on the fact that spinal manipulation was performed in ancient times in Egypt and China.

Our program of occupational health consulting has provided AAE with an overview of the potential risks of injuries, their causes and early symptoms, and the means of prevention and treatment. The program also included a method for adequately evaluating its effectiveness through employee interviews and observing work practices to determine if those who receive the training understood the material presented.

My trip to Saudi Arabia was an opportunity to open up the minds of some Middle East medical physicians to chiropractic. At times, it was very challenging, because most of them had never been exposed to chiropractic health care and I had to explain chiropractic and endure the negativity of some members of the medical community. It was rewarding, because chiropractic was able to help where the medical community had failed. This could not have been accomplished without my extensive knowledge and postgraduate training of ergonomics, spinal biomechanics, and cumulative trauma disorders. AAE and many companies in the Middle East are not aware of and need training in proper ergonomics and worksite practices and proper material handling. Many managers and employees were completely unaware that their daily work practices could cause cumulative injuries. Even if they were injured on the job, they often did not relate the cause to their jobs.

I enjoyed my trip to Saudi Arabia very much, despite the enormous challenges present, including cross-cultural sensitivity and different business practices. It was challenging to try to influence the Saudi executives and the Saudi medical community. I have accomplished my task as a chiropractic occupational health consultant. I hope that this visit can open an opportunity for chiropractic health care in the Middle East and the practice of proper ergonomic design, which can prevent injury.

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Editor's note: Mustafa Idris, DC, (LACC, 1987) is a faculty member of the Los Angeles College of Chiropractic and has completed two years of postdoctoral training in neurology, sports medicine, and occupational health.

MAY 1995