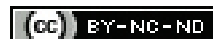


REBA: A Comprehensive Scale for Workplace Posture and Ergonomic Analysis

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Dear Editor,

The present study emphasises the practical application of the Rapid Entire Body Assessment (REBA) scale in workplace ergonomics, highlighting its effectiveness in identifying and mitigating Musculoskeletal Disorders (MSDs) among workers with physically demanding or static postures. Unlike previous literature that focuses solely on assessment, this paper provides a structured framework for using REBA as a predictive tool for ergonomic interventions, thus bridging the gap between theoretical knowledge and practical workplace solutions.

REBA is a scale that is used to assess working posture, and the scoring is used to interpret the musculoskeletal risk. The present article emphasises the importance of the REBA scale in preventing workplace-related musculoskeletal issues caused by poor posture.

The Long-Term Evaluation (LTE) of the REBA scale emphasises its sustained impact on workplace health and safety by guiding ergonomic interventions that reduce MSDs and improve productivity [1]. Its long-term success depends on the consistent implementation of recommendations, adaptability to evolving work demands, and proper training to ensure scoring consistency [1]. Integrating REBA with other assessment tools that address psychosocial factors and task duration enhances its effectiveness [1]. Regular monitoring and data collection allow organisations to track trends and refine strategies, while periodic reassessments ensure that ergonomic interventions remain relevant and effective over time. These efforts solidify REBA's role in fostering healthier and safer work environments in the long run.

The REBA scale is a widely used ergonomic evaluation tool for assessing the risk of MSDs due to poor posture in various work environments. REBA was developed by Sue Hignett and Lynn McAtamney in 2000 [2]. This scale is useful in identifying individuals or tasks at risk of MSDs, making it a crucial part of workplace health and safety assessments [3].

The REBA scale serves as a versatile and efficient method for identifying harmful working postures that may contribute to musculoskeletal injuries. It stands out from other ergonomic tools due to its ability to evaluate postures in dynamic and complex work environments, where standard assessments may fall short [2]. Designed to assess tasks involving a wide range of movements, such as reaching, lifting, and twisting, REBA captures the cumulative strain these actions place on the body [2]. Its application is particularly beneficial in industries like manufacturing, healthcare, and construction, where workers are exposed to diverse physical demands. By identifying high-risk tasks, REBA supports the development of targeted ergonomic interventions, helping to prevent injuries, improve productivity, and foster safer working conditions.

The scale is divided into two parts: the first part evaluates the posture of the trunk, neck, and legs, while the second evaluates the arms and wrists. Scores are assigned based on the observed positions of these parts during a specific task, with adjustments made for factors

such as repetitions, load handling, and the presence of sudden movements. The scores from both parts are combined to generate a total score, which corresponds to a risk level. These scores are combined, and the final risk level is obtained, ranging from negligible to very high. A score of 1-2 indicates a negligible risk, where no immediate action is required. Scores of 3-4 suggest a low risk, warranting minor ergonomic adjustments or periodic monitoring. Medium risk, represented by scores of 5-7, highlights the need for further investigation and corrective measures within a reasonable timeframe. High-risk tasks, with scores of 8-10, require prompt action to implement significant ergonomic changes, while very high-risk tasks, scoring 11 or above, demand immediate intervention to mitigate critical hazards and prevent severe musculoskeletal issues. This scoring framework ensures that interventions are prioritised based on the severity of risks [4].

Clinicians use REBA to evaluate and quantify the risk levels associated with patients' work-related or daily activities. This helps in identifying potentially harmful postures that may contribute to musculoskeletal injuries. REBA aids in tailoring rehabilitation programmes by pinpointing specific postural or movement issues. For example, it helps in designing targeted interventions for patients recovering from workplace injuries. In clinical settings, REBA is applied to assess the ergonomic design of patients' workstations or environments. This evaluation helps recommend modifications to minimise strain and improve comfort. REBA assists clinicians in developing preventive strategies for patients with a history of MSDs, ensuring that they avoid high-risk postures and movements in their daily lives or workplaces [5].

REBA is a simple and versatile scale, which makes it a valuable tool for quickly identifying hazardous postures. It is easy to use, evaluating the entire body. It is designed to be adaptable, allowing professionals to use it in different work settings. It can be used as both a diagnostic and a prognostic scale, focusing on high-risk jobs. The scale provides immediate insights that can lead to interventions, such as altering the task, redesigning the workspace, or adjusting the posture through training or ergonomic aids, thereby reducing the likelihood of chronic injuries over time [1].

In addition, REBA features a user-friendly design. It does not require complex equipment, allowing it to be used effectively by professionals involved in workplace health.

Despite its advantages, the REBA scale has some limitations. It is subjective in nature; different assessors might interpret the same posture differently, leading to variability in scoring and making the scale less reliable in large-scale assessments. To overcome this issue, it is recommended that professionals using REBA undergo training to ensure consistency.

The REBA scale assesses a specific moment in time, which may miss variations in posture or task demands. Additionally, REBA does not account for the frequency or duration of a posture, nor does it consider psychosocial factors that may contribute to the risk of

injury. It only allows for the analysis of individual postures, meaning it is not possible to analyse a set or sequence of postures [1].

Overall, the REBA scale is a valuable and effective tool for assessing the risk of MSDs in the workplace. Its user-friendly design, focus on whole-body posture, and broad applicability make it particularly useful in industries where workers are exposed to awkward or dynamic movements. While it has some limitations, particularly regarding subjectivity and the exclusion of time-related factors, it remains a critical component of ergonomic assessments. When used alongside other assessment tools and strategies, REBA can significantly contribute to reducing the risk of MSDs and improving workers' health and safety.

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PLAGIARISM CHECKING METHODS: [Jain H et al.]

- Plagiarism X-checker: Oct 11, 2024
- Manual Googling: Feb 20, 2025
- iThenticate Software: Feb 22, 2025 (6%)

ETYMOLOGY: Author Origin

EMENDATIONS: 6

AUTHOR DECLARATION:

- Financial or Other Competing Interests: None
- Was informed consent obtained from the subjects involved in the study? No
- For any images presented appropriate consent has been obtained from the subjects. No

Date of Submission: Oct 08, 2024

Date of Peer Review: Nov 01, 2024

Date of Acceptance: Feb 24, 2025

Date of Publishing: Apr 01, 2025