



Implementation of a Sit-Stand Solution for an “At-Risk” Population

Introduction

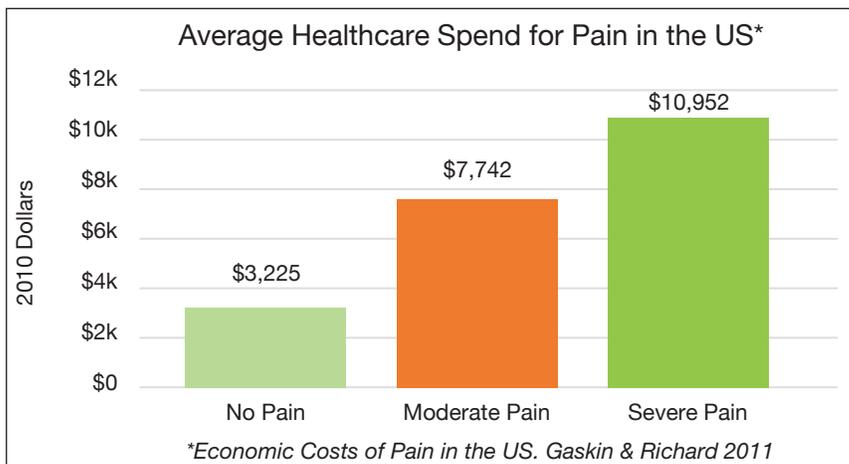
Chronic pain affects 1 in 5 adults and typically results in restrictions in both mobility and daily activities. Chronic pain can lead to dependence on opioids, anxiety and depression, and a reduced quality of life.

Pain is usually quantified using a 0-10 score such as the Visual Analog Scale (VAS) or the Numeric Rating Scale (NRS). A pain score of 5 or 6 is typically regarded as moderate, and may interfere with concentration. Scores of 7 and higher are generally regarded as severe and may interfere with basic needs.

Gaskin & Richard (2011) reported that US healthcare expenditures were significantly higher for individuals with moderate and severe pain versus those without. The odds of having a healthcare expenditure increases 70% for individuals with pain versus those without, so clearly employees with high pain levels should be considered “at-risk”. Mitigating pain for these individuals should be a priority for employers to minimize their risk.

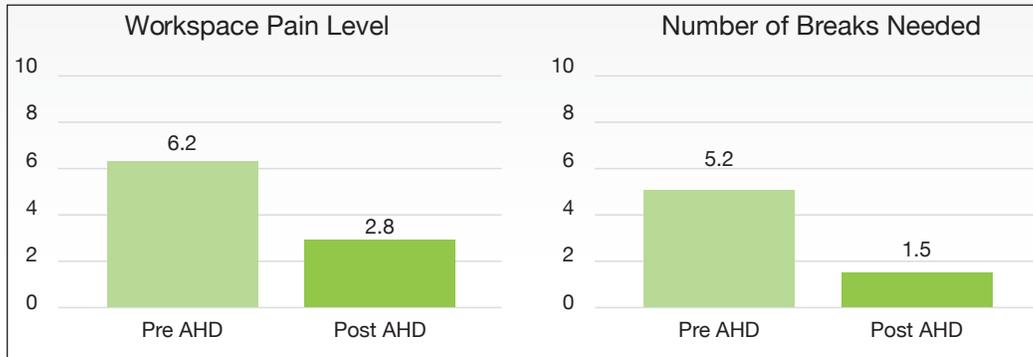
Methods

Out of a sampling of 150 motorized adjustable height desk (AHD) users who had completed a baseline survey, those who reported their pain level as 5 or higher on a Numeric Rating Scale (NRS) prior to desk implementation were selected for a study. A follow up survey was provided anywhere from 30 to 180 days post desk implementation to determine the overall impact the adjustable height desk system (desk & training app) had both on their pain level and other facets of their work life. 30 workers from 16 different employers completed the follow up survey through their app. There were 15 males and 15 females with an average age of 41 years old (Range 23 – 70 yo).



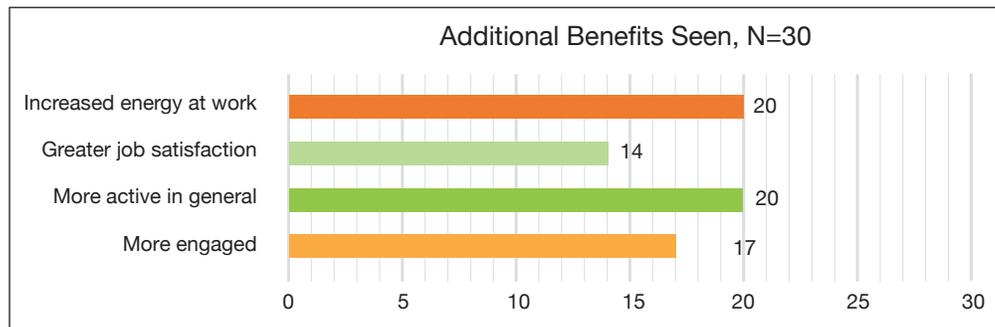
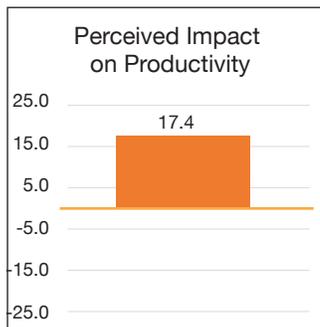
Results

The results are summarized in the graphs below. The average pain level Pre-AHD was 6.2 on a scale of 0-10, with 10 being the “worst pain imaginable”. The average pain level Post-AHD Implementation was 2.8, representing a 55% reduction in pain level. The average number of breaks needed due to the employee’s pain Pre-AHD was 5.2, whereas the average number of breaks needed Post-AHD Implementation was 1.5 representing a 71% difference. A reduction in daily breaks of 3.7 may roughly translate to a 35 minute reduction in break time.



The results from the Self Report of Productivity Change (rating scale of -25% to +25%) indicated an average of a +17.4% perceived improvement in productivity. 28 of 30 respondents reported an increase in their productivity. There were 2 reports of “No change” in productivity.

Users were also able to indicate other benefits realized from use of their AHD and app system. The top responses are shown below.



Summary

A motorized adjustable height desk solution provided to “At-Risk” employees with high pain levels along with proper education provided through training and a smartphone app can have significant impact in many areas of a business. Reduction in pain levels, enhanced productivity and increased feelings of satisfaction & engagement all contribute to improving an employee’s well-being and reduce the employer’s overall risk and potential healthcare spending.

The power of frequent postural transition is real and has been documented by many in books and journal articles. Encouraging proper use of sit-stand workstations through reminders and education can have significant effects on wellness — particularly for those individuals who would be considered “at-risk” employees.

This is a factual case, but of course, results may vary for every individual, and these are not intended to represent medical claims.

While this case study is anecdotal, a “positive impact on overall health” is self-reported as an effect by about 60% of surveyed employees using sit-stand workstations powered by StanData’s technology.

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