In our questionnaire, we inquired about the placement of the mouse (beside the keyboard, on a side table or elsewhere) and used the responses to rate the placement as good or poor.

In their questionnaire, Kryger et al. [5] used a ruler to measure the position of the mouse at 20 cm intervals. They rated the mouse distance as abnormal if the mouse was >40 cm from the edge of the desk or >40 cm to the right of the shoulder, and did not find the abnormal result to be a risk for forearm pain. Why was the distance not used as a continuous variable? Was the point at which distance was rated as ‘abnormal’ too far away? One can ask the question of whether the position of the upper extremity was stressful when the mouse was much nearer (a raised risk could not be measured).

At the end of Andersen et al.’s comments, it is emphasized that participants with pain also report more dissatisfaction with placement. We agree that in a cross-sectional study such bias may affect the results, and we discussed the possibility in our discussion.

J. Sillanpää, Mika Nyberg and Jukka Uitti
Tampere Regional Institute of Occupational Health
PO Box 486
FIN-33101 Tampere
Finland

References

DOI: 10.1093/occmed/kqh040

Re: Tom Garland

Dear Sir

I was fascinated to read the tribute to Tom Garland by Bill Glass in the Christmas Issue of Occupational Medicine, which describes an area of work which was unfamiliar to me.
I was appointed by him as a locum Tuberculosis Officer for Tottenham and Edgeware in 1946 for 9 months. What impressed me was his skill as an administrator, and that he took the trouble to visit the clinic at Edgeware Hospital in which I worked to ask me how I was faring. One of his questions addressed a crisis about which I had not thought: namely, how would I deal with the sudden death of a patient in my consulting room without upsetting those who were waiting outside by wheeling the body past them. Between us, we worked out a reasonable compromise using another door into a back corridor.

His personality was so positive that I can remember him well.

R. I. McCallum
4 Chells Court
Canongate
Edinburgh EH8 8AD
UK

Dear Sir

I read with interest the article by Omokhodion et al. [1]. It is based on a descriptive study where prevalence of back pain has been assessed with a description of the associated factors. However, I would like to suggest that it is only by following an analytical study design that the putative causative factors could be confirmed as risk factors [2]. Therefore, the factors described in this article can only be referred to as ‘associated factors’, not as ‘risk factors’.

Pushpa Jayawardana
Department of Community & Family Medicine
Faculty of Medicine
University of Kelaniya
PO Box 6
Thalagolla Road
Ragama
Sri Lanka

References