

HHS Public Access

Author manuscript *Ergonomics.* Author manuscript; available in PMC 2024 August 01.

Published in final edited form as:

Ergonomics. 2023 August; 66(8): 1132-1141. doi:10.1080/00140139.2022.2136407.

Comparison of the Observer, Single-Frame Video and Computer Vision Hand Activity Levels

Robert G. Radwin^{*,1}, Yu Hen Hu¹, Oguz Akkas¹, Stephen Bao², Carisa Harris-Adamson³, Jia-Hua Lin², Alysha R. Meyers⁴, David Rempel³

¹University of Wisconsin, Madison, WI, USA

²SHARP Program, Washington State Department of Labor and Industries, Olympia, WA, USA

³University of California-San Francisco, San Francisco, CA, USA

⁴Division of Field Studies and Engineering, National Institute for Occupational Safety and Health, Cincinnati, OH, USA

Abstract

Observer, manual single-frame video, and automated computer vision measures of the Hand Activity Level (HAL) were compared. HAL can be measured three ways: 1) observer rating (HAL_O), 2) calculated from single-frame multimedia video task analysis for measuring frequency (F) and duty cycle (D) (HAL_F), or 3) from automated computer vision (HAL_C). This study analyzed videos collected from three prospective cohort studies to ascertain HAL_O, HAL_F, and HAL_C for 419 industrial videos. Although the differences for the three methods were relatively small on average (<1), they were statistically significant (p<.001). A difference between the HAL_C and HAL_F ratings within ±1 point on the HAL scale was the most consistent, where more than two thirds (68%) of all the cases were within that range and had a linear regression through the mean coefficient of 1.03 (R^2 =0.89). The results suggest that the computer vision methodology yields comparable results as single-frame video analysis.

Practitioner Summary:

The ACGIH Hand Activity Level (HAL) was obtained for 419 industrial tasks using three methods: observation, calculated using single-frame video analysis and computer vision. The computer vision methodology produced results that were comparable to single-frame video analysis.

Keywords

Hand activity level; repetitive motion; computer vision

Disclaimer

^{*}Corresponding Author: Department of Industrial and Systems Engineering, University of Wisconsin-Madison, 1550 Engineering Drive, Madison, WI 53706 USA, rradwin@wisc.edu.

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.

1. Introduction

Numerous methods have been developed for quantifying the risk of upper limb musculoskeletal injuries, including self-reports, observation, video-based single-frame analysis, and direct measurements (Joshi and Deshpande, 2019). Each technique has advantages and disadvantages (David, 2005). The hand activity level (HAL) rating is a 10-point visual analog scale based on hand speed and rest pauses, where HAL=0 when the hands are idle most of the time and there are no regular exertions, and HAL=10 when there is rapid steady motion, continuous exertion and difficulty keeping up. The observed HAL rating is recorded as an integer value. Originally introduced by Latko, et al. (1997), the HAL rating has been adopted by the American Conference of Governmental Industrial Hygienists (ACGIH) in 2001 Hand Activity Threshold Limit Value[®] (TLV[®]) (ACGIH, 2021).

Epidemiological investigations demonstrated significant relationships between the TLV[®] action limit and elbow/forearm tendonitis, carpal tunnel syndrome (CTS) (Franzblau et al., 2005), and musculoskeletal pain (Werner et al., 2005). Longitudinal studies of manufacturing workers found that the TLV[®] for HAL was predictive of increased risk for carpal tunnel syndrome (Garg, et al., 2012, Yung et al., 2019, Kapellusch et al., 2014a), predicted increased risk for CTS while controlling for obesity and job strain (Burt, et al., 2013), and was associated with increased risk for flexor tendon entrapment of the digits (Kapellusch et al., 2014b).

The observational method for ascertaining the HAL rating for a job requires a trained observer viewing workers performing the job on-site or observing a video of the job off-site. Takala, et al. (2010) recommended the observational HAL rating for general screening purposes. Without training, interobserver reliability is moderate (Kappa = 0.52) but with training, reliability increases (Kappa = 0.70) (Ebersole and Armstrong, 2002).

In addition to observer ratings, the HAL may also be determined from a lookup table (HAL_T) , which is part of the TLV[®] by measuring exertion frequency (*F*) and percent duty cycle (*D*) where:

$$F = \left(\frac{\text{no. exertions}}{\text{exertion time} + \text{rest time}}\right) \tag{1}$$

and

$$D = 100 \left(\frac{\text{exertion time}}{\text{exertion time} + \text{rest time}} \right)$$
(2)

where exertion times and rest times are totaled within a cycle. Radwin, et al. (2014) developed an equation for estimating HAL based on measurements of F and D using data from Latko, et al. (1997) to continuously predict HAL values consistent with the TLV[®] look-up table. The equation:

$$HAL = 6.56 \ln D \left[\frac{F^{1.31}}{1+3.18 F^{1.31}} \right]$$
(3)

can be utilized to directly measure HAL and is also part of the TLV[®]. The direct measurement method is typically applied by using video single-frame analysis.

Video single-frame analysis has been used for objectively measuring F and D utilizing software such as multimedia video task analysis (MVTA) by marking the video frames when exertions start and end in a cycle (Yen and Radwin, 1995). This method has been frequently used for calculating HAL directly from videos (Bao, et al, 2006a; Burt et al., 2013; Harris, et al., 2011). Although the method is objective, it is time intensive, requiring the video to be viewed by an analyst in slow-motion or by single-frame.

Bao et al. (2006b) observed poor correlation between HAL observations, self-reports, and direct measurements and noted several reasons for different ratings, including using different definitions of an exertion. Wurzelbacher, et al. (2010) compared more than 700 tasks for 484 workers and found that while correlated (Spearman rank = 0.49), the agreement between HAL ratings (within ± 1 point) from observations and calculated from videos was 61%. An objective automated method for measuring HAL is therefore desirable, especially for routine practice in industry.

Chen et al. (2013) developed an automated method for measuring HAL using a cross correlation-based template matching algorithm to track the motion trajectory of a selected region of interest (ROI) over successive video frames. The authors demonstrated that HAL can be calculated by automatically measuring F and D from hand displacement, speed and acceleration signals.

To further pursue the above goal, Akkas et al. (2015) developed an equation to measure HAL directly from RMS hand speed (S) and D since the HAL scale is anchored against the speed of hand motion/exertions and rest pauses. Furthermore, measuring F of repetitive motion is more challenging when the motion becomes more complex, such as when exertions and motions coincide. The equation was:

$$HAL = 10 \left[\frac{e^{-15.87 + 0.02D + 2.25 \ln S}}{1 + e^{-15.87 + 0.02D + 2.25 \ln S}} \right]$$
(4)

Finally, to measure *D* from single video cameras, Akkas et al. (2016) developed machine learning algorithms for laboratory simulations and tested them for real factory repetitive motion tasks to determine how accurately the algorithms work for different tasks (Akkas et al., 2017). A Feature Vector Training (FVT) algorithm was trained using corresponding phases (i.e. exertion and rest) based on the first cycle of each video clip. The first cycle of each video that were manually annotated using MVTA were inputted for the first cycle exertion and rest elemental times were used to train a k-nearest neighbor (kNN) classifier as the state estimator. The algorithm used k=1 since only one cycle was used for training. Subsequent exertion and rest states for the remaining nine cycles were automatically classified by the algorithm.

In the current study we compare the HAL values calculated using the three different methods; HAL based on an observer ratings (HAL_O), HAL calculated from single-frame-

video analysis for measuring F and D (HAL_F) (Radwin et al., 2015), and HAL calculated using computer vision marker-less tracking for measuring hand speed and the kinematic properties from the hand tracking signal (i.e. location, speed and acceleration) to identify patterns when an exertion was made to measure D (HAL_C) (Akkas et al., 2015; 2016). Moreover, we provide recommendations based on these analyses for obtaining more consistent measurements of HAL.

2. Methods

2.1. Pooled data from the NIOSH, SHARP and UCSF upper extremity consortium studies

This study considers exposure data from three sources, including prospective studies performed by the National Institute for Occupational Safety and Health (NIOSH), the Washington State Department of Labor and Industries Safety & Health Assessment & Research for Prevention Program (SHARP) and the University of California-San Francisco (UCSF). These data were part of a collaborative research program, the Upper Limb Musculoskeletal Disorder Consortium (ULMSDC), that included prospective cohort studies conducted by NIOSH, six universities and one state agency (Bao et al., 2015; Harris-Adamson et. al., 2013a, 2013b; Harris-Adamson et. al., 2014; Kappellusch et al., 2013, 2014; Fan et al., 2015). The original pooled data for the three research studies had 1649 workers from 16 industries from a variety of industries such as Medical and Surgical Hospitals, Concrete Products, and Manufacturing. Each study collected exposure data independently using observation, direct instrumentation measurement, single-frame video analysis, or self-reports. NIOSH data were collected for 483 workers from three employers in three states. SHARP had 719 workers, from 13 different sites in Washington State. UCSF had 447 participants from 4 sites. All the above studies collected force, repetition, posture, and vibration exposure variables.

2.2. Ethical Statement

Ethical approval was obtained from the appropriate local ethics committee or Institutional Review Board (University of Wisconsin-Madison Federal Wide Assurance no. #FWA00005399), protocol number 2016-0297-CR006, and that informed consent has been obtained.

2.3. Inclusion criteria for automated analysis

While we report the number of workers in the prospective study, each worker had a job that may involve one or more tasks. This study involved individual video clips and did not consider which operators were included or excluded. Videos were created for baseline or follow-up data. No distinction was made if a particular video associated with a unique task was recorded during a baseline or during a subsequent visit.

All three studies provided videos of every task for the current study, as defined by Bao et al. (2009). Videos satisfying the pre-determined inclusion criteria for automated analysis, described below, were used in the hand tracking algorithm and extract kinematic data including velocity and acceleration.

To make an objective video selection, we defined inclusion criteria for computer vision analysis suitability. All videos provided by the ULMSDC prospective studies were originally produced in or converted to an MP4 format and had an accompanying coded MVTA data file. Because the videos were created for a different purpose, not all videos were suitable for computer vision analysis. Examples of non-suitable videos included instances of occlusion of the hand for much of the video by other body parts, tools or other workers, or non-stable camera recording which introduced an artificial signal when the hand was tracked. In the current study, work is comprised of a series of *tasks*. A *job J_i* could consist of primarily one or more tasks $T_j \in J_j$ performed throughout the workday. A task may have occurred one or more times, as part of a job. In general, tasks are defined as typically having a specific goal, such as loading a machine, operating a tool, or lifting materials, and are specific to an industry or business, and their associated products or services. A cycle is a series of motions or exertions that are performed repeatedly. All the jobs studied had repetitive cycles where the task performed was repeated. The criteria for inclusion were videos containing at least five contiguous cycles with limited camera motions.

Videos were excluded if breaks were taken that were outside the primary task or the hand location was unable to be determined due to an obstructed view of the hand and arm. The inclusion test determined that 1,098 videos were initially deemed unsuitable. An additional 136 videos were subsequently excluded because they could not be tracked using the computer vison software because of extraneous body movements, occlusions, missing activity in the video, or they depicted insignificant exertion levels for determining HAL (i.e., HAL=0). A total of 419 videos remained suitable for computer vision analysis.

HAL estimates were all made at the task level. Exposures were based on a trained analyst's observation of each participant performing his or her usual work tasks augmented with interviews of workers and their supervisors. Frequency and duty cycle was based on detailed time studies of task-level videos.

2.4. Observer HAL (HAL_O)

Each video was viewed by the same trained analyst who rated HAL_o for the dominant hand according to the visual-analog scale in the TLV (American Conference of Governmental Industrial Hygienists, 2020). The same analyst who conducted the below-mentioned review and re-annotation of the videos, performed the observed HAL ratings but was blinded to the HAL_F calculated values.

2.5. Single-Frame Video Analysis HAL (HAL_F)

The videos were previously coded for exertion and rest time by multiple analysts from the individual institutions of the ULMSDC. Since the videos were previously coded using MVTA for a different purpose, the single-frame analysis was conducted for the current study using the following definition of exertions. An exertion was defined as a visible hand or forearm muscular effort while grasping an object or applying a force (e.g., hold, manipulate, trigger, push, pull, or handle an object) during task performance, regardless of the force required. Exertions that were less than 10% MVC were excluded and contributed to rest time. Every qualifying exertion was included, even if it was not followed by a pause (e.g.,

when a sequence of exertions occurred while retaining an object, or when grasp of an object was released and immediately followed by another grasp).

A review of the MVTA video data files originally created for the ULMSD Consortium prospective study was conducted for consistency with the definitions of exertions for the current study and when these were not consistent, they were revised. A total of 41 videos were reannotated to be made consistent with the above definitions.

The frequency (*F*) for each video was calculated based on Equation 1 as the number of exertions that occurred during the duration of the video clip of the task divided by the duration of the video clip. The duty cycle (*D*) for each video was calculated based on Equation 2 from the total duration of exertions in the clip (i.e. exertion time) and the difference between the duration of the video clip (i.e. total time) minus the exertion time (i.e. rest time). HAL_F was calculated using Equation 3.

2.6. Computer Vision HAL (HAL_C)

Custom tracking software (Chen, et al., 2014) was used for calculating the pixel coordinates of the hand for every video frame. The process for calculating HAL was fully described in Akkas et al. (2015, 2016). The analyst indicated the dominant hand and initialized the region of interest (ROI) to track starting from the first frame that captured the most active hand fully (Figure 1). The analyst started the tracking program and manually corrected the tracked location of the hands when the algorithm failed. The dominant hand was tracked, and the hand location was scaled using hand breadth data. After the hand was tracked, the pixel data was calibrated according to the average male or female hand breadth, as described in Akkas et al. (2016). Duty cycle was calculated using the kNN classifier algorithm described in Akkas et al. (2016) based on identifying exertions in the first cycle of the task and then HAL was calculated using Equation 4.

2.7. Statistical Analysis

The original HAL scale used observation (Latko, et al., 1997) and applied a visual analog scale rating for a mono-cycle task, results in an integer value from 0 to 10. A similar convention was used for recording HAL_O in this study. Since the single-frame (HAL_F) and computer vision (HAL_C) estimates were calculated values, they were not rounded to the nearest integer in the statistical analysis, while observed HAL values were measured as integers. Statistical analyses were performed using RStudio statistical software (Version 1.3.1093) and Microsoft Excel (Version 2207).

Analysis of variance (ANOVA) was used to test the differences between method (HAL_O, HAL_F and HAL_C). To assess the agreement between HAL methods, we calculated percent agreement within \pm 1-point since it was previously defined as consensus when raters were within a \pm 1-point difference (Latko et al., 1997). Additionally, we utilized the Bland-Altman analysis to check agreement between the different HAL measures. The Bland-Altman analysis considers the limits of differences between two nonstandard methods to check the agreement between the different HAL measures. The limits of differences were calculated from the means (m) and standard deviations (SD) of differences between two methods. An acceptable difference was considered(\pm 1.96 SD) (Giavarina, 2015).

3. Results

The HAL values were statistically different among the three methods (HAL_C, HAL_F and HAL_O) for calculating HAL (F(2, 1251)=15.71, p<.001), where the videos were treated as a random variable. The contrast between HAL_C – HAL_F was 0.35, and the 95% Tukey multiple family-wise confidence interval ranged from 0.05 to 0.74 (p=.02). The average absolute difference between HAL_C –HAL_F was 1.20 (SD=0.83, Max=4.89, 95% CI=0.11). The contrasts between HAL_O –HAL_F was 0.56, and the 95% Tukey multiple family-wise confidence interval was 0.27 to 0.86 (p<.001). The average absolute difference between HAL_O –HAL_F was 1.57, 95% CI=0.12). There was no statistically significant difference in the contrasts between HAL_C –HAL_O with an overall difference of –0.220, and the 95% Tukey multiple family-wise confidence interval was –0.52 to 0.08 (p=.19). The average absolute difference between HAL_C –HAL_O was 1.38 (SD=1.14, Max=7.16, 95% CI=0.14).

Histograms for the differences between $HAL_C - HAL_F$, $HAL_C - HAL_O$, and $HAL_F - HAL_O$ are plotted in Figure 2. Since the HAL scale requires an integer value between 0 and 10 (ACGIH, 2021), a difference of one HAL rounded to the nearest integer between -1.5 < $HAL_C - HAL_F < 1.5$ was observed for 68% (N=284 cases), and between $-2.0 < HAL_C$ $-HAL_F < 2.0$ was observed for 89% (N=374 cases) of the data, as shown in Figure 2A. A difference between $-1.5 < HAL_C - HAL_O < 1.5$ was observed for 64% (N=269 cases), and between and $-2.0 < HAL_C - HAL_O < 2.0$ was observed for 77% (N=324 cases) of the data of the data, as shown in Figure 2B. A difference between $-1.5 < HAL_F - HAL_O < 1.5$ was observed for 65% (N=271 cases), and between $-2.0 < HAL_F - HAL_O < 2.0$ was observed for 78% (327 cases) of the data, as shown in Figure 2C.

Scatter plots for HAL_C v. HAL_F, HAL_C v. HAL_O, and HAL_F v. HAL_O are provided in Figure 3. Linear regression between HAL_C v. HAL_F (Figure 3A) had a coefficient of 1.03 for a coefficient of determination R^2 =0.89 when the intercept was set to zero, and a coefficient of 0.83 and an intercept of 0.91 for a coefficient of determination R^2 =0.57. Linear regression between HAL_C v. HAL_O (Figure 3B) had a coefficient of 0.91 for a coefficient of determination R^2 =0.84 when the intercept was set to zero, and a coefficient of 0.73 and an intercept of 0.85 for a coefficient of determination R^2 =0.34. Linear regression between HAL_F v. HAL_O (Figure 3C) had a coefficient of 0.84 for a coefficient of determination R^2 =0.86 when the intercept was set to zero, and a coefficient of an intercept of 0.57 for a coefficient of determination R^2 =0.40.

Bland-Altman plots for $HAL_C - HAL_F$, $HAL_C - HAL_O$, and $HAL_F - HAL_O$ are provided in Figure 4. The plot for the $HAL_C - HAL_F$ had 95% of the data between the upper limit of 3.13 and the lower limit of -2.44, for a range of 5.57 (Figure 4A). The plot for the HAL_C - HAL_O had 95% of the data between the upper limit of 3.26 and the lower limit of -3.72, for a range of 6.12 (Figure 4B). The plot for the $HAL_F - HAL_O$ had 95% of the data between the upper limit of 2.49 and the lower limit of -3.63, for a range of 6.98 (Figure 4C).

4. Discussion

The objective of the current study was to compare the different methods for estimating HAL. Although the differences in HAL for the three methods were relatively small on average (< 1), the differences were statistically significant (p<.001). On average the ratings for HAL_C and HAL_F were the closest. A difference within ±1 point on the HAL scale was considered equivalent. The HAL_C and HAL_F ratings were the most consistent; more than half (68%) of all the task ratings were within that range. Most of the data for HAL_C and HAL_F (89%) had differences less than ±2 (Figure 1A). The absolute difference between HAL_C –HAL_F was smallest on average (mean=1.20, SD=0.83, 95% CI=0.11). The Bland-Altman analysis had similar findings, where a majority of the HAL values agreed within a similar margin. HAL_C and HAL_F had the greatest correlation (R^2 =.89).

All three methods in the current study had better correlations among the three methods than those reported among individual analysts for observed HAL ratings by Spielholz et al. (2008). They compared HAL_O ratings among expert raters and had a Spearman *r* correlation of 0.67 while the correlation among experts and novice raters was 0.39. These results in the current study indicate that computed HAL values (HAL_C and HAL_F) were the most reliable and better correlated than when multiple observers rated the same videos.

Wurzelbacher et. al. (2010) compared observer rated HAL (HAL_O) and calculated HAL based on single-frame video analysis and the ACGIH TLV integer HAL look-up table (HAL_T). They reported that the Spearman correlation *r* correlation for HAL_O and HAL_T was 0.49. The percent of exact agreement was 22%, while agreement within ± 1 point on the HAL scale was 61%.

The consistency between definition of exertions for obtaining the frequency (F) was likely an important factor in gaining consistency between the calculated HAL measures (HAL_C and HAL_F). Bao et al. (2006b) found that different definitions of repetitive exertions produced different measures of repetitiveness and that under those circumstances their correlations were poor. Although on average the differences between the three methods for estimating HAL were small, the impact of averages on studies involving large cohorts may be less important than for HAL values used by practitioners where unreliable data for a single subject might be more consequential.

Values for HAL_F and HAL_C had good agreement despite that HAL_F was calculated based on frequency (F) in Equation 3 while HAL_C was calculated based on hand speed (S) in Equation 4. The HAL scale is anchored by hand speed and proportion of exertions, which is better aligned with the speed/ duty cycle relationship described in Equation 4 for HAL_C , rather than the frequency/ duty cycle relationship described in Equation 3 for HAL_F . This might have occurred because the origin of Equation 3 (Radwin, et al., 2015) was developed by aligning its values with the TLV HAL table, which is based on F and D. This agreement provides further evidence that frequency measures used in Equation 3 for HAL_F , and speed measures used for HAL_O and HAL_C in Equation 4 are consistent measures. The large variations in HAL_O indicate that the observation method is less reliable than the single-frame or computer vision measures. Comparable agreement might be expected for

 HAL_T and HAL_C although lookup table values are discrete and lack the precision of an equation.

There are several qualifications that limit these findings. Since the video database was created for a different purpose, many of the videos were unsuitable for computer vision analysis. Although 419 videos out of 1,653 video clips (25%) were available for study, there is no indication that the excluded videos were systematically related to the HAL values. Exclusions were based on independent circumstances such as the videographer's location, camera movements such as panning or zooming, or extraneous objects interfering with a full video of the workers' hands. All HAL_O values were evaluated by a single observer, rather than multiple observers. Although the observer may have had a bias, it is assumed the bias was consistent among all HAL_O estimates.

Considering the excluded videos, it is important that in practice, recordings be made appropriately for computer vision analysis. Videos should be focused on the hands from a vantage point perpendicular, or within $\pm 30^{\circ}$ of perpendicular to the plane of greatest motion (Chen, et al., 2015) to minimize parallax error. Image motion should be kept at a minimum by fixating on the hands, avoiding panning or zooming, and using fixed focus lenses. The full video frame should be used for recording the hand motion, if possible. Obstructed views of the hands should also be avoided.

Since HAL is related to muscle exertions (muscle contractions), manual single-frame HAL_F can sometimes be considered more accurate than computer vision HAL_C. This is because HAL is related to muscle exertions (muscle contractions) that can occur with movement (dynamic muscle contractions) or without movement (isometric muscle contractions). In some cases, such as when operating a power hand tool, although there is no observable movement during the exertions, their occurrence may be associated with corresponding events such as squeezing a trigger, or the sound made by the tool. In these cases, a human analyst may be able to detect the exertions, where computer vision may not. HAL_F was demonstrated reliable (Wurzelbacher, et al., 2010) and utilized in the ULMSDC prospective studies that demonstrated the predictivity of the TLV[®] for HAL (Garg, et al., 2012; Yung et al., 2019; Kapellusch et al., 2014a; Yung et al., 2019; Kapellusch et al., 2014b), and thus is the most validated method. Since HAL_C is based on a computer algorithm, its re-test reliability should not be an issue, although it should be formally tested in follow-on studies.

While computer vision was utilized in the current study, other researchers have incorporated continuous measurement methods such as inertial measurement unit sensors (Thamsuwan, et al., 2020) which may be an alternative method for making direct HAL measures. These types of measures should be compared with computer vision in future investigations.

Although manual single-frame MVTA analysis is considered more time consuming than automated computer vision analysis, we are not aware of any benchmarks for which to compare times and analysis time was not recorded for the current study. The time to do a single-frame analysis is related to the frequency of exertions and the cycle time. The more frequent exertions occur, or the longer the cycle time, the more time the analyst needs to take

to code them. The analysis time also depends on the required accuracy where the video has to pause longer and more often when a more accurate measure is necessary.

5. Conclusions

The results of the current study suggest that the computer vision methodology mostly yielded comparable results as single-frame video analysis. The potential advantages of an automated method include objectivity and that computer vision analysis has the potential to require considerably less analyst time than single-frame video analysis.

Given that there is external validity for the ACGIH TLV[®] for HAL, having more objective and efficient methods of applying the TLV should be useful in practice. Since there is good epidemiologic evidence of an association between the TLV[®] for HAL and incident CTS, computer vision shows promise for increasing efficiency and objectivity for assigning HAL ratings, which could improve adoption of the method by practitioners.

This study concludes that computed methods for calculating HAL are more consistent and reliable than observation. Computer vision methods for estimating HAL had better agreement with single-frame methods than with observation.

Acknowledgements

The authors wish to thank John Wallner and Callahan Manuel for their assistance with data analysis.

Funding

This work was supported, in part, by a grant from the National Institute for Occupational Safety and Health (NIOSH/CDC) grant number R01-OH-011024 (Radwin). Additional support came from NIOSH/CDC grant numbers R01-OH-007914 and R01-OH-009712 (Rempel).

References

- Akkas O, Azari DP, Chen C-H, Hu YH, Ulin SS, Armstrong TJ, Rempel D, and Radwin RG (2015). A hand speed and duty cycle equation for estimating the ACGIH hand activity level rating, Ergonomics, 58(2), 184–194. [PubMed: 25343278]
- Akkas O, Lee CH, Hu YH, Yen TY, & Radwin RG (2016). Measuring elemental time and duty cycle using automated video processing. Ergonomics, 59(11), 1–12. [PubMed: 26072668]
- Akkas O, Lee CH, Hu YH, Harris-Adamson C, Rempel D, & Radwin RG (2017). Measuring exertion time and duty cycle and hand activity level for industrial tasks using computer vision. Ergonomics, 60(12), 1–25. [PubMed: 28027697]
- Bao S, Spielholz P, Howard N, Silverstein B. (2006a). Quantifying repetitive hand activity for epidemiological research on musculoskeletal disorders--part I: individual exposure assessment. Ergonomics, 49:361–380 [PubMed: 16690565]
- Bao S, Howard N, Spielholz P, Silverstein B. (2006b). Quantifying repetitive hand activity for epidemiological research on musculoskeletal disorders-Part II: comparison of different methods of measuring force level and repetitiveness. Ergonomics, 49(4):381–392 [PubMed: 16690566]
- Bao SS, Kapellusch JM, Merryweather AS, Thiese MS, Garg A, Hegmann KT, ... & Tang R (2016). Impact of Work Organizational Factors on Carpal Tunnel Syndrome and Epicondylitis. Journal of Occupational and Environmental Medicine, 58(8), 760–764. [PubMed: 27414007]
- Bao SS, Kapellusch JM, Garg A, Silverstein BA, Harris-Adamson C, Burt SE, ... & Merlino LA (2015). Developing a pooled job physical exposure data set from multiple independent studies:

an example of a consortium study of carpal tunnel syndrome. Occupational and environmental medicine, 72(2), 130–137. [PubMed: 25504866]

- Burt S, Crombie K, Jin Y, Wurzelbacher S, Ramsey J, & Deddens J (2011). Workplace and individual risk factors for carpal tunnel syndrome. Occupational and environmental medicine, 68(12), 928– 933. [PubMed: 21613639]
- Burt S, Deddens JA, Crombie K, Jin Y, Wurzelbacher S, & Ramsey J (2013). A prospective study of carpal tunnel syndrome: workplace and individual risk factors. Occupational and environmental medicine, 70(8), 568–574. [PubMed: 23788614]
- Chen C-HE, Hu YH, Yen TY, and Radwin RG (2013). Automated video exposure assessment of repetitive hand activity level for a load transfer task, Human Factors: The Journal of the Human Factors and Ergonomics Society, 55(2):298–308.
- Chen CH, Hu YH, & Radwin RG (2014). A motion tracking system for hand activity assessment. In 2014 IEEE China Summit & International Conference on Signal and Information Processing (ChinaSIP) (pp. 320–324). IEEE.
- Chen CH, Azari DP, Hu YH, Lindstrom MJ, Thelen D, Yen TY, & Radwin RG (2015). The accuracy of conventional 2D video for quantifying upper limb kinematics in repetitive motion occupational tasks. Ergonomics, 58(12), 2057–2066. [PubMed: 25978764]
- David GC (2005). "Ergonomic methods for assessing exposure to risk factors for work-related musculoskeletal disorders." Occupational medicine 55, no. 3, 190–199. [PubMed: 15857898]
- Ebersole ML, & Armstrong TJ (2002, September). Inter-rater reliability for hand activity level (HAL) and force metrics. In Proceedings of the Human Factors and Ergonomics Society Annual Meeting (Vol. 46, No. 13, pp. 1037–1040). Sage CA: Los Angeles, CA: SAGE Publications.
- Fan ZJ, Harris-Adamson C, Gerr F, Eisen EA, Hegmann KT, Bao S, ... & Garg A (2015). Associations between workplace factors and carpal tunnel syndrome: A multi-site cross sectional study. American journal of industrial medicine, 58(5), 509–518. [PubMed: 25778111]
- Franzblau A, Armstrong TJ, Werner RA, and Ulin SS (2005). A cross-sectional assessment of the ACGIH TLV for hand activity level, Journal of Occupational Rehabilitation, 15(1), 57–67. [PubMed: 15794497]
- Garg A, Kapellusch J, Hegmann K, Wertsch J, Merryweather A, Deckow-Schaefer G, and Malloy EJ and the WISTAH Hand Study Research Team (2012), The Strain Index (SI) and Threshold Limit Value (TLV) for Hand Activity Level (HAL): risk of carpal tunnel syndrome (CTS) in a prospective cohort, Ergonomics, 55 (4), 396–414. [PubMed: 22397385]
- Giavarina D, (2015). Understanding Bland Altman analysis. Biochem. medica. 25:141–51
- Harris C, Eisen EA, Goldberg R, Krause N, & Rempel D (2011). 1st place, PREMUS best paper competition: workplace and individual factors in wrist tendinosis among blue-collar workers-the San Francisco study. Scandinavian journal of work, environment & health, 37(2), 85.
- Harris-Adamson C, Eisen EA, Dale AM, Evanoff B, Hegmann KT, Thiese MS, ... & Silverstein B (2013a). Personal and workplace psychosocial risk factors for carpal tunnel syndrome: a pooled study cohort. Occupational and environmental medicine, 70(8), 529–537. [PubMed: 23645610]
- Harris-Adamson C, You D, Eisen EA, Goldberg R, & Rempel D (2013b). The Impact of Posture on Wrist Tendinosis Among Blue-Collar Workers The San Francisco Study. Human Factors: The Journal of the Human Factors and Ergonomics Society, 0018720813502807.
- Harris-Adamson C, Eisen EA, Kapellusch J, Garg A, Hegmann KT, Thiese MS, ... & Silverstein B (2014). Biomechanical risk factors for carpal tunnel syndrome: a pooled study of 2474 worker. Occupational and environmental medicine, oemed-2014.
- Joshi M, & Deshpande V (2019). A systematic review of comparative studies on ergonomic assessment techniques. International Journal of Industrial Ergonomics, 74, 102865.
- Kapellusch JM, Garg A, Bao SS, Silverstein BA, Burt SE, Dale AM, ... & Merlino LA (2013). Pooling job physical exposure data from multiple independent studies in a consortium study of carpal tunnel syndrome. Ergonomics, 56(6), 1021–1037. [PubMed: 23697792]
- Kapellusch JM, Gerr FE, Malloy EJ, Garg A, Harris-Adamson C, Bao SS, ... & Rempel DM (2014a). Exposure–response relationships for the ACGIH threshold limit value for hand-activity level: results from a pooled data study of carpal tunnel syndrome. Scandinavian Journal of Work, Environment & Eealth, 40(6), 610.

- Kapellusch JM, Garg A, Hegmann KT, Thiese MS, & Malloy EJ (2014b). The Strain Index and ACGIH TLV for HAL Risk of Trigger Digit in the WISTAH Prospective Cohort. Human Factors: The Journal of the Human Factors and Ergonomics Society, 56(1), 98–111.
- Latko WA, Armstrong TJ, Foulke JA, Herrin GD, Ranbourn RA and Ulin SS, (1997). Development and evaluation of an observation method for assessing repetition in hand tasks. American Industrial Hygiene Association Journal, 58, 278–285. [PubMed: 9115085]
- Lowe BD, & Krieg EF (2009). Relationships between observational estimates and physical measurements of upper limb activity. Ergonomics, 52(5), 569–583. [PubMed: 19424924]
- National Research Council. (2001). Musculoskeletal disorders and the workplace: low back and upper extremities. National Academies Press.
- Radwin RG, Azari DP, Lindstrom MJ, Ulin SS, Armstrong TJ, and Rempel D (2015). A frequencyduty cycle equation for the ACGIH hand activity level, Ergonomics, 58(2), 173–183. [PubMed: 25343340]
- Spielholz P, Silverstein B, Morgan M, Checkoway H, & Kaufman J (2001). Comparison of self-report, video observation and direct measurement methods for upper extremity musculoskeletal disorder physical risk factors. Ergonomics, 44(6), 588–613. [PubMed: 11373023]
- Spielholz P, Bao S, Howard N, Silverstein B, Fan J, Smith C, & Salazar C (2008). Reliability and validity assessment of the hand activity level threshold limit value and strain index using expert ratings of mono-task jobs. Journal of occupational and environmental hygiene, 5(4), 250–257. [PubMed: 18286422]
- Takala EP, Pehkonen I, Forsman M, Hansson GÅ, Mathiassen SE, Neumann WP, ... & Winkel J (2010). Systematic evaluation of observational methods assessing biomechanical exposures at work. Scandinavian journal of work, environment & health, 3–24.
- Thamsuwan O, Galvin K, Tchong-French M, Aulck L, Boyle LN, Ching RP, McQuade KJ and Johnson PW (2020). Comparisons of physical exposure between workers harvesting apples on mobile orchard platforms and ladders, part 2: Repetitive upper arm motions. Applied ergonomics, 89, 103192. [PubMed: 32738460]
- Werner R, Franzblau A, Gell N, Ulin S, and Armstrong T A longitudinal study of industrial and clerical workers: predictors of upper extremity tendonitis. J Occup. Rehabil. 15 (2005) 37–46. [PubMed: 15794495]
- Wurzelbacher S, Burt S, Crombie K, Ramsey J, Luo L, Allee S, et al. (2010). A comparison of assessment methods of hand activity and force for use in calculating the ACGIH(R) hand activity level (HAL) TLV(R) J Occup Environ Hyg, 7(7):407–416. [PubMed: 20446152]
- Yen TY and Radwin RG A video-based system for acquiring biomechanical data synchronized with arbitrary events and activities, IEEE Transactions on Biomedical Engineering, 42(9),944–948, 1995. [PubMed: 7558070]
- Yung M, Dale AM, Kapellusch J, Bao S, Harris-Adamson C, Meyers AR, ... & Evanoff BA (2019). Modeling the effect of the 2018 revised ACGIH[®] hand activity threshold limit value[®](TLV) at reducing risk for carpal tunnel syndrome. Journal of Occupational and Environmental Hygiene, 16(9), 628–633. [PubMed: 31361578]



Figure 1.

Screen shot of the video tracking software tracking the square box ROI located over the right hand of the worker. The hand location, speed and acceleration are used by the algorithm to calculate the HAL.



Figure 2.

Histograms of the differences between the three HAL methods (N=419). Bin ranges are greater than the lower limit, left parentheses, and less than or equal to the upper limit, right bracket.







Figure 4. Bland - Altman plots of HAL_C –HAL_F. HAL_C–HAL_O, and HAL_F – HAL_O.