Why Manual Handling and MSDs Are Surging Again in Canadian Workplaces

The Problem We Thought We Solved

There was a time when musculoskeletal disorders were the defining issue in workplace safety.

Back injuries, repetitive strain, overexertion—these were the injuries that drove early ergonomics programs, manual handling training, and some of the first structured prevention strategies in modern OHS systems. Over time, organizations invested heavily in awareness. Workers were trained. Posters were put up. Supervisors were told what to watch for.

And gradually, attention shifted elsewhere.

More acute hazards began to dominate. High-risk incidents, critical injuries, regulatory enforcement around machine guarding, fall protection, confined space. These became the focus of audits, inspections, and leadership attention.

MSDs never disappeared. They just became background noise.

Now they are back in the foreground.

Across Canada, musculoskeletal disorders consistently represent one of the largest categories of lost-time injuries. In provinces like Ontario and British Columbia, compensation

boards continue to report that overexertion and repetitive motion injuries account for a significant share of claims costs, often exceeding more visible injury categories.

The troubling part is not that these injuries exist.

It is that they are rising in environments that believe they already understand them.

Why Awareness Didn’t Translate Into Control

Most organizations do not lack awareness of manual handling risks.

Workers can often recite proper lifting techniques. They know to keep loads close, avoid twisting, and ask for help when something is too heavy. Supervisors are familiar with the basics. Policies exist. Training has been delivered.

Yet when you step into the field, a different reality emerges.

Loads are awkward. Tasks are rushed. Workers adapt movements to get the job done. Equipment is not always available when needed. Space constraints force compromises in posture. Repetition is constant.

The issue is not a lack of knowledge.

It is the gap between knowledge and execution.

Traditional MSD prevention has focused heavily on behaviour. It assumes that if workers are trained, they will perform tasks safely. But behaviour is shaped by conditions. When the conditions make safe execution difficult, behaviour follows the path of least resistance.

This is where most prevention strategies plateau.

They inform workers what to do, but they do not change the

system that makes doing it difficult.

The Structural Changes Driving the Resurgence

To understand why MSDs are increasing, it is necessary to look at how work itself has changed.

In logistics and warehousing, the rise of e-commerce has fundamentally altered workload patterns. Instead of bulk handling, workers are now dealing with high volumes of smaller, varied items, often under tight delivery timelines. The pace is relentless, and the variability of loads creates constant ergonomic challenges.

In healthcare, staffing shortages and increased demand mean that patient handling tasks are more frequent and often performed under less-than-ideal conditions. Mechanical aids exist, but time pressure and workflow realities mean they are not always used.

In retail and wholesale environments, rapid inventory turnover and lean staffing models increase the physical demands on workers. Tasks that were once shared are now concentrated.

In construction and trades, labour shortages and compressed project timelines lead to longer workdays and increased physical strain.

Even in environments where automation has been introduced, manual handling has not disappeared. It has changed form. Workers may now be responsible for feeding, adjusting, or maintaining automated systems, often in awkward positions or with repetitive motions.

These changes have one thing in common. They increase exposure. Not just to individual lifts, but to cumulative strain over time.

The Normalization of Strain

One of the most insidious aspects of MSD risk is how easily it becomes normalized.

Unlike acute hazards, manual handling risks do not always present immediate consequences. A worker can perform an awkward lift without injury. They can repeat a motion hundreds of times before symptoms appear.

This creates a false sense of safety.

Tasks that are technically high-risk become accepted as routine. Discomfort is seen as part of the job. Workers adapt, compensate, and continue.

By the time an injury occurs, the exposure has been building for weeks or months.

This normalization is reinforced by production pressures. When output is prioritized and strain is not immediately visible, the system rewards continuation rather than correction.

Breaking this pattern requires more than awareness. It requires redefining what is considered acceptable.

Where Hazard Assessments Fail to Capture Reality

Hazard assessments are often the foundation of MSD prevention.

But many assessments lack the level of detail needed to fully understand risk.

They identify manual handling as a hazard and assign general controls. Proper lifting techniques. Use of mechanical aids. Team lifts.

What they often miss is the context.

- How often is the task performed?
- How long does each repetition last?
- What postures are required?
- What constraints exist in the workspace?
- What pressures influence how the task is executed?

Without this depth, the assessment becomes a formality rather than a diagnostic tool.

This is similar to broader audit failures where systems are documented but not validated against actual conditions. The hazard is acknowledged, but the control is not fully aligned with reality.

In the case of MSDs, this gap is where injuries develop.

From Behaviour to Design: The Critical Shift

Organizations that are reducing MSDs are making a fundamental shift.

They are moving from trying to change how workers behave to changing how work is designed.

This begins with asking different questions.

Instead of asking, “Are workers lifting properly?” they ask, “Why does this lift need to happen at all?”

Instead of asking, “Did the worker follow procedure?” they ask, “Is the procedure realistic under current conditions?”

This leads to practical changes.

Loads are reduced or broken down. Workstations are adjusted to minimize reach and bending. Mechanical aids are positioned where they are needed, not where space allows. Workflows are redesigned to reduce unnecessary handling.

These changes require collaboration between safety, operations, and engineering. They also require a willingness to challenge existing processes.

But they address the root cause of risk.

The Role of Supervisors in Identifying System Failures

Supervisors are often the first to see where manual handling risks are emerging.

They observe how tasks are actually performed, not how they are supposed to be performed.

But this requires a shift in focus.

Instead of only responding to incidents, supervisors need to identify early indicators of strain.

- Workers adjusting their movements to compensate for awkward loads.
- Repeated minor complaints or signs of discomfort.
- Tasks that consistently require extra effort or time.
- Reliance on specific workers for physically demanding activities.

These are signals that the system is not aligned with safe execution.

When these signals are recognized early, interventions can be made before injuries occur.

What Effective Prevention Looks Like Now

Modern MSD prevention is not a single program. It is an integrated approach.

It combines detailed task analysis with practical redesign. It integrates ergonomics into operational decisions. It measures

exposure, not just outcomes. It engages supervisors as active participants. And it creates an environment where strain is recognized and addressed early.

This approach requires more effort than traditional training-based models.

But it produces more sustainable results.

Final Thoughts

Musculoskeletal disorders have not returned because we forgot about them. They have returned because the nature of work has changed, and our prevention strategies have not fully kept pace. Organizations that continue to rely on awareness and training will continue to see these injuries persist. Those that redesign work to reduce strain will begin to see meaningful change. Because MSDs are not just about how workers move. They are about the conditions that shape those movements.