SUPPLEMENTARY MATERIALS: SEARCH TERMS, DATABASES SEARCHED, LIST OF INCLUDED STUDIES, DATA EXTRACTION SHEET, STUDY CHARACTERISTICS, QUALITY ASSESSMENT CHECKLIST, AND CONTEXT, PROCESSES & MECHANISMS FOR "A SYSTEMATIC REVIEW ON THE EFFECTIVENESS OF ERGONOMIC TRAINING INTERVENTION IN REDUCING THE RISK OF MUSCULOSKELETAL DISORDER". Supp. Table 1 Keywords/Search terms used

	Population	Intervention	Outcome	Study
	-Computer Users*	-Ergonom*	-Musculoskeletal Disorder	-Randomized
	-Call Centre	-Computer Ergonom*	-Musculoskeletal Disease	controlled trials
	Worker*	-Workstation Ergonom*	-Overuse Syndrome	-Intervention studies
	-Visual Display unit	-Computer Workstation	-Cumulative Trauma	
	User*	Ergonom*	Disorder	
	-Office Worker*	-Preventive Ergonom*	-Repetitive Motion Injuries	
	-Worker*	-Ergonom* Strategy	-Repetitive Strain Injuries	
	-Staff	-Ergonom* Training	-Regional Musculoskeletal	
	-Administrative	-Ergonom* Monitoring	disorder	
	worker*		-Soft Tissue Disorder	
	-Employ*			
Possible				
Terms				

Supp. Table 2 List of Electronic Databases Searched.

S/N	Name of Database	No. of Ref. Found	No. of Ref.	Date Accessed
			Exported	
1	Business Source Premier	3455	100	26/07/2014
2	CINAHL	250	250	26/07/2014
3	Cochrane Library	34	34	02/08/2014
4	EBOSCO HOST	282	282	26/07/2014
5	EMBASE	650	650	26/07/2014
6	Google Scholar	3050	250	26/07/2014
7	MEDLINE (OVID)	491	491	26/07/2014
8	PEDRO	8	8	02/08/2014
9	PSYC Info	30	30	02/08/2014
10	PUBMED	97	97	02/08/2014
11	SAGE Journals	10	10	02/08/2014
12	Science Direct	3913	112	02/08/2014
13	Sport Discus	132	132	02/08/2014
14	Web of Knowledge	240	240	02/08/2014
15	Wiley Online Library	899	899	02/08/2014
	Total	13344	3388	

Supp. Table 3 List of included studies.

S/N	Author (S)	Year of Publication	Title
1	Amick et al.	2003	Effect of office ergonomics intervention on reducing musculoskeletal symptoms.
2	Baker et al.	2012	The moderating effect of the severity of baseline musculoskeletal discomfort on the effect of an alternative keyboard: A 5- month randomized clinical trial.
3	Bernaards et al.	2006	The effectiveness of a work style intervention and lifestyle physical activity intervention on the recovery from neck and upper limb symptoms in computer workers.
4	Bernaards et al.	2008	Improving work style behaviour in computer workers with neck and upper limb symptoms.
5	<i>Blangsted</i> et al.	2008	One-year randomized controlled trial with different physical-activity programs to reduce musculoskeletal symptoms in the neck and shoulders among office workers.
6	Cook et al.	2003	The effect of upper extremity support on upper extremity posture and muscle activity during keyboard use.
7	Cook et al.	2004	The effect of forearm support on musculoskeletal discomfort during call centre work
8	Delisle et al.	2006	Comparison of three computer office workstations offering forearm support: impact on upper limb posture and muscle activation.
9	De Vitta et al.	2008	Effects of two educational programs on musculoskeletal symptoms in office workers.
10	Eklof et al.	2005	Are simple feedback interventions involving workplace data associated with better working environment and health? A cluster randomized controlled study among Swedish VDU workers
11	Faucett et al.	2002	A test of two training interventions to prevent work-related musculoskeletal disorder of the upper extremity.
12	Greene et al.	2005	Effects of an active ergonomic training program on risk exposure, worker belief and symptoms in computer users.
13	Irmak et al.	2012	The effect of exercise reminder software program on office workers' perceived pain level, work performance and quality of life.

14	Joshi et al.	2011	Effect of yogic exercises on symptoms of musculoskeletal disorders or upper limbs among computer users: A randomised controlled trial.
15	Ketola et al.	2002	Effects of ergonomic intervention in work with video display units
16	King et al.	2013	A pilot randomised control trial of the effectiveness of a biofeedback mouse in reducing self- reported pain among office workers.
17	Lin et al.	2006	Effectiveness of workstation design on reducing musculoskeletal risk factors and symptoms among semiconductor fabrication room workers.
18	Lindstrom-Hazel, D.	2007	A single-subject design of ergonomic intervention effectiveness for university employees in a new facility.
19	Ma et al.	2011	Comparing biofeedback with active exercise and passive treatment for the management of work-related neck and shoulder pain: A randomized controlled trial.
20	Mirmohammadi et al.	2009	Effects of training intervention on non-ergonomic positions among video display terminals (VDT) users.
21	Norashikin et al.	2011	Ergonomic training reduces musculoskeletal disorders among office workers: results from 6-month follow up.
22	Pillastrini et al.	2007	Evaluation of two preventive interventions for reducing musculoskeletal complaints in operators of video display terminals.
23	Pillastrini et al.	2009	Effectiveness of an ergonomic intervention on work-related posture and low back pain in video display terminal operators: A 3-year cross-over trials.
24	Rempel et al.	2006	A randomised controlled trial evaluating the effects of two workstation interventions on upper body pain and incident musculoskeletal disorders among computer operators.
25	Ripat et al.	2006	The effect of alternate style keyboards on severity of symptoms and functional status of individuals with work related upper extremity disorder
26	Robertson et al.	2008	Flexible workspace design and ergonomics training: impact on the psychosocial work environment, musculoskeletal health, and work effectiveness among knowledge workers.
27	Smith et al.	2003	Do ergonomics improvements increase computer worker's productivity? An intervention study in a call centre.

28	Taieb-Maimon et al.	2010	The effectiveness of a training method using self-modeling webcam photos for reducing musculoskeletal risk among office workers using computers.
29	Tittiranonda et al.	1999	Effect of four computer keyboards in computer users with upper extremity musculoskeletal disorders.
30	Voerman et al.	2007	Effect of ambulant myofeedback training and ergonomic counselling in female computer workers with work-related neck- shoulder complaints: A randomized controlled trial.
31	Yafa et al.	2012	Reducing musculoskeletal disorders among computer operators: Comparison between ergonomic interventions at the workplace.
32	Roberson et al.	2012	Office ergonomics training and a sit-stand workstation: Effects on musculoskeletal and visual symptoms and on musculoskeletal and visual symptoms and performance of Office workers.
33	Tuomivaara <i>et al.</i>	2008	Perceived competence in computer use as a moderator of musculoskeletal strain on VDU work: An ergonomic intervention case.

Supp. Table 4 Data extraction sheet.

General Information								
Date of Extraction:								
Title, Author(s), Journal, Publication details:								
Id of Extractor:								
Specific Information								
Aim and Objectives:								
Rationale of Study:								
Total Population:								
Location:								
Study Design								
Study Methodology:								
Study Method								
Method used for Sample Size Calculation:								
No. of participants/Age Mean/Gender (%):								
Duration of Study:								
Response Rate:								
Study Analysis								
Effects Observed (%):								
Confounding Factor(s):								
Statistical Significance (95% C. I. or P-Value)								
reported:								
Study Results:								
Author's Findings:								
Reviewer's Comments:								

S/N	Author/ Year &	Methodology	Sampling	Population	Sample Size	Data Collection	Method Used	Response	Duration
	Publication		Method			ΤοοΙ	For Sample	Rate	Of Study
	Title						Size		
							Calculation		
1	Amick et al.,	Randomized	Based on	Workers who had	192 (Control group=	A short daily	Not stated	69.3%	12 Months
	2003: Effect of	Controlled	Geographic	access to the	53, Intervention 1=	symptom survey			
	office	Trial	Separation to	internet and	87, Intervention 2=52)	(DSS), Work			
	ergonomics		minimize	worked in		environment			
	intervention on		contamination	sedentary		and health			
	reducing			computer-		questionnaire			
	musculoskeletal			intensive jobs for					
	symptoms.			at least 4h/day					
				and at least					
				6h/day sitting in					
				an office chair					
2	Bernaards et al.,	Randomised	Radom	Employees with	466 (WS group=152,	7-point VAS	The number was	WS group=	6 Months
	2006: The	Controlled	Assignment	long-term neck	WSPA group=156,	Scale, Validated	based on the	82%	with 6 and
	effectiveness of	Trial	(informed via	and upper limb	Usual Care	11-point	expectation that	WSPA	12 Months
	a work style		phone or email)	symptoms,	group=158)	Numerical	recovery would	group= 78%	Follow-up
	intervention and			perform		Scale, Validated	be 80% in		
	lifestyle physical			computer work at		Dutch	intervention		
	activity			least 3 days a		Musculoskeletal	group and 60%		
	intervention on			week for at least		Questionnaire	in usual care		
	the recovery			3h/day, has a			group. Since a		
	from neck and			working contract			loss to follow-up		
	upper limb			until the last			of 40% was		
	symptoms in			follow-up			expected, ±135		
	computer			measurement,			workers were		

	workers.			not under			needed in each		
				treatment, no no-			group		
				work-related or					
				clear somatic					
				diseases and					
				sickness					
				absence of less					
				than 50% of the					
				total working					
				time.					
3	De Vitta et al.,	Quasi-	Simple	Employees	94 (first group=32, 2 nd	Nordic	Socio-		60 days
	2008: Effects of	Experimental	randomized	carrying out	group=28, control=34)	Musculoskeletal	Demographic		
	two educational	Study	sampling	writing and typing		Questionnaire	Questionnaire		
	programs on			work while in a					
	musculoskeletal			seated posture					
	symptoms in			for more than 1					
	office workers.			year, remaining					
				seated for at					
				least half of the					
				working day and					
				not doing any					
				type of training					
				on ergonomics					
				relating to the					
				seated position.					
4	Greene et al.,	Prospective	Random	Employees who	87 (Control group=44,	Rapid Upper	A Power	48%	1 year
	2005: Effects of	Randomized	Assignment	worked at a	Intervention	Limb	analysis was		
	an active	Controlled		computer at least	group=43)	Assessment	conducted to		

	ergonomic	Trial		10h/week		(RULA)	estimate number		
	training program						of subjects		
	on risk						needed. For a		
	exposure,						two group		
	worker belief						comparison,		
	and symptoms						with an alpha		
	in computer						level of 0.05,		
	users.						power of 0.80		
							and assuming a		
							0.75 correlation		
							between pre-test		
							and post-test, 30		
							participants per		
							group would be		
							needed		
5	Joshi et al.,	Randomised	Random	Staff aged less	58 (intervention group	Self-	Not stated	1 participant	12 weeks
	2011: Effect of	Controlled	Selection	than 45 years	=29, Control	administered		who	
	yogic exercises	Trial		working regularly	group=29)	Boston Carpal		withdrew	
	on symptoms of			on computers for		Tunnel		from each	
	musculoskeletal			more than 10-		Questionnaire		group was	
	disorders or			15h/week for at		and Pre-		exclude in	
	upper limbs			least 1 year		designed Self-		the analysis.	
	among computer					reported			
	users: A					Symptom			
	randomised					Questionnaire			
	controlled trial.					before and after			
						intervention			
6	Ketola et al.,	Randomized	Stratified	Employees	124 (Intensive	Questionnaires,	Not Stated		10 Months

	2002: Effects of	Controlled	Random	working with a	group=39, Education	A Diary of		
	ergonomic	Trial	Sampling	Video Display	group=35, Reference	discomfort		
	intervention in			Unit (VDU) in the	group=35)			
	work with video			office for more				
	display units.			than 4h/week				
7	Mirmohammadi	Randomized	Random	All office workers	70	Mean Rapid	Demographic	4hr
	et al., 2009:	Controlled	Selection	with at least 1		Upper Limb	Questionnaire	Ergonomic
	Effects of	Trial		year		Assessment		Training
	training			employment,		(RULA) score		Program
	intervention on			working with a				with 1
	non-ergonomic			Video Display				month
	positions among			Terminal (VDT)				follow up
	video display			for more than				
	terminals (VDT)			4h/day				
	users.							
8	Norashikin et al.,	A Cluster	Random	People who	179 (Intervention	Self-reporting	Questionnaire	6 months
	2011:	Randomised	Assignment	worked with	group=89, Control	using Modified		follow up
	Ergonomic	Controlled	(Random	computers for at	group=90)	Nordic		
	training reduces	Trial	number table)	least 3h/day in		Questionnaire		
	musculoskeletal			either permanent				
	disorders among			or contract				
	office workers:			employment				
	results from 6-							
	month follow up.							
9	Rempel et al.,	Randomised	Randomisation	Employees	182 (group1=46,	Baseline	Self-	1 year
	2006: A	Controlled	by computer	performed	group 2=45, group	Questionnaire,	Administered	
	randomised	Intervention	generated	computer-based	3=46, group 4=45)	Weekly Survey	Baseline	
	controlled trial	Trial	permuted-block	customer service			Questionnaire	

	evaluating the		sequence	work for more				
	effects of two			than 20h/week				
	workstation			and did not have				
	interventions on			an active				
	upper body pain			workers'				
	and incident			compensation				
	musculoskeletal			claim involving				
	disorders among			the neck,				
	computer			shoulders, or				
	operators.			upper extremities				
10	Taieb-Maimon et	Modified	Random	Employees that	60	Rapid Upper	Not stated	6 weeks
	al., 2010: The	randomized	Assignment	worked at least		Limb		
	effectiveness of	experimental	(Equal division	4h/day, 5 days a		Assessment		
	a training	design	into three	week at an office		(RULA),		
	method using		groups)	computer station		Validated		
	self-modeling			and has been		Ergonomic		
	webcam photos			employed in the		Questionnaire		
	for reducing			position for at				
	musculoskeletal			least a year.				
	risk among							
	office workers							
	using							
	computers.							
11	Voerman et al.,	Randomized	Block	Symptomatic	79(Mfb= 42, EC= 37)	Self-Rating	Approached by	4 weeks
	2007: Effect of	Controlled	Randomization	female Computer		Scale using the	telephone and	Intervention
	ambulant	Trial		workers over age		Pain Disability	announcement,	at 3 and 6
	myofeedback			45 working for at		Index and the	and Volunteers	months
	training and			least 20h/week		Visual Analogue	were sent	follow up

	ergonomic			and reporting		Scale (VAS)	screening		
	counselling in			perpetuating			Questionnaire.		
	female computer			work-related			Power		
	workers with			Musculoskeletal			Calculation		
	work-related			complaints in the			indicated that at		
	neck-shoulder			neck and/or			least 35 subjects		
	complaints: A			shoulder region			should be		
	randomized			for at least			included in each		
	controlled trial.			30days			group.		
12	Yafa et al.,	Control Study	Consecutive	Employees with	72 (Control	Rapid Upper	Calculated		15 weeks
	2012: Reducing		Assignment	right hand	group=24,Intervention	Limb	based on the		
	musculoskeletal		(Randomisation)	dominance and	1=24, Intervention	Assessment	median odds		
	disorders among			working more	2=24)	(RULA),	ratio between		
	computer			than 4h/day in		Questionnaire	the improvement		
	operators:			front of a			of pain found in		
	Comparison			computer			intervention		
	between						group and		
	ergonomic						control group.		
	interventions at						Data was aiming		
	the workplace.						for 80% power		
							and 5%		
							significance, the		
							calculated		
							sample size was		
							at least 19		
							subjects for		
							each group.		
13	Robertson et al.,	Randomised	Random	Participants	22 (intervention 1=11,	Symptom	Not stated	Only 1	19 days

2012: Office	Controlled	Assignment	without repetitive	Intervention 2= 11)	Surveys using	participant	
ergonomics	Trial		strain injuries		pain/discomfort	missed an	
training and a			and not taking		scale	experimental	
sit-stand			medication to			day which	
workstation:			perform			was made	
Effects on			Computer-based			up for at the	
musculoskeletal			customer service			end of the	
and visual			work for 8h/day			experiment	
symptoms and							
performance of							
office workers.							

Supp. Table 6 Study characteristics continued.

S/	N Author/ Year & Publication Title	Control Group	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Statistical Significance
1	Amick et al., 2003: Effect of office	Receiving Training at the	Highly adjustable chair	Training only	Nil	Nil	P<0.001
	ergonomics intervention on	end of the study	with office ergonomics				
	reducing musculoskeletal		training				
	symptoms.						
2	Bernaards et al., 2006: The	Usual Care	Work-style(Training)	Work-style and	Nil	Nil	P<0.05
	effectiveness of a work style			Physical Activity			Cumulative Odds Ratio
	intervention and lifestyle physical						above 1
	activity intervention on the recovery						95% Confidence Interval
	from neck and upper limb						
	symptoms in computer workers.						
3	De Vitta et al., 2008: Effects of two	Control group received no	Traditional Program	Self-Instructional	Nil	Nil	5% (α ≤0.005)
	educational programs on	training	associated with	Manual			
	musculoskeletal symptoms in office		Educational				
	workers.		Workshops				
4	Greene et al., 2005: Effects of an	Delayed Intervention	Active Ergonomic	Nil	Nil	Nil	P<0.01
	active ergonomic training program		Training				
	on risk exposure, worker belief and						
	symptoms in computer users.						
5	Joshi et al., 2011: Effect of yogic	Counselling only	Yoga with Counselling	Nil	Nil	Nil	P<0.05
	exercises on symptoms of						
	musculoskeletal disorders or upper						
	limbs among computer users: A						

	randomised controlled trial.						
6	Ketola et al., 2002: Effects of	Reference Group: One	Intensive Ergonomics	Ergonomic Education	Nil	Nil	A 5% level was
	ergonomic intervention in work with	page leaflet					considered statistically
	video display units.						significant
7	Mirmohammadi et al., 2009: Effects	No Control group, However	Ergonomic Training	Nil	Nil	Nil	(p<0.001)
	of training intervention on non-	Participants acted as their					
	ergonomic positions among video	own control as RULA					
	display terminals (VDT) users.	scores after intervention					
		was compared to RULA					
		scores before intervention					
8	Norashikin et al., 2011: Ergonomic	Control group had no	Office Ergonomics	Nil	Nil	Nil	95% Confidence Interval
	training reduces musculoskeletal	intervention	Training				
	disorders among office workers:						
	results from 6-month follow up.						
9	Rempel et al., 2006: A randomised	Nil	Ergonomics Training	Training plus	Training plus	Training plus	95% Confidence Interval
	controlled trial evaluating the effects			Trackball	Forearm	Trackball and	A tested covariate was
	of two workstation interventions on				Support	Forearm	retained in the final model
	upper body pain and incident					Support	if it changed the Beta
	musculoskeletal disorders among						Coefficient of the
	computer operators.						intervention variable by
							0.05 or more
10	Taieb-Maimon et al., 2010: The	20 Minutes advice after the	Office Training group	Photo-Training group	Nil	Nil	P<0.05
	effectiveness of a training method	study	that received personal	that received both			
	using self-modeling webcam photos		ergonomic training and	office training and			
	for reducing musculoskeletal risk		work station	Self-Modelling Photo			
	among office workers using		adjustments	Training			
	computers.						
11	Voerman et al., 2007: Effect of	Nil	Myofeedback	Ergonomic	Nil	Nil	95% Confidence interval

	ambulant myofeedback training and			Counselling			Odds Ratio (OR)
	ergonomic counselling in female						
	computer workers with work-related						
	neck-shoulder complaints: A						
	randomized controlled trial.						
12	Yafa et al., 2012: Reducing	Short Oral Presentation	Ergonomics	Ergonomic	Nil	Nil	95% Confidence Interval
	musculoskeletal disorders among		Intervention with	Intervention without			P<0.05
	computer operators: Comparison		Biofeedback	Biofeedback			
	between ergonomic interventions at						
	the workplace.						
13	Robertson et al., 2012: Office	Nil	Ergonomics Trained	Minimally Trained	Nil	Nil	P<.10 and P<.05
	ergonomics training and a sit-stand						
	workstation: Effects on						
	musculoskeletal and visual						
	symptoms and performance of						
	office workers.						

Supp. Table 7 Summary of Quality Assessment (Randomised Controlled Trial).

This is arranged according to the initial 33 studies included.

General Questions	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Did the trial address a clearly focused issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the assignment of participants to intervention randomised?	Ν	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Where all the participants who entered the trial clearly accounted for at its conclusion?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Were participants and study personnel blind to intervention?	Y	Y	Y	Y	Y	N	С	С	С	N	С	С	С	С	Y	Y
Were the groups similar at the start of the trial?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Aside from the experimental intervention, were the groups treated equally?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the intervention effect large?	Y	Y	Y	Y	Y	Y	Ν	Ν	Y	Ν	Ν	Y	Y	Y	Y	Y
Was the estimate of the intervention effect precise?	Y	Y	Y	Y	Y	Ν	N	N	Y	Ν	Ν	Ν	Ν	Ν	Y	Ν
Can the results be applied in your context?	Y	Y	Y	Y	Y	Y	Y	Ν	Y	Ν	Y	Y	Y	Y	Y	Y
Were all clinically important outcomes considered?	Y	N	Y	Y	Y	Y	Y	N	Y	N	N	Y	Y	Y	Y	Y
Are the benefits worth the harms and cost?	Y	Y	Y	Y	Y	Y	Y	Ν	Y	N	N	Y	Y	Y	Y	Y

General Questions	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33
Did the trial address a clearly focused issue?	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Was the assignment of participants to intervention randomised?	N	N	Y	Y	Y	Y	С	Y	Y	N	Ν	Y	Y	Y	Y	Y	Y
Where all the participants who entered the trial clearly accounted for	Y	Y	Y	Y	Y	Y	Y	Y	Y	Ν	Y	Y	Y	Y	Y	Y	Y
at its conclusion?																	
Were participants and study personnel blind to intervention?	N	N	С	Y	N	Y	Y	Y	N	N	С	N	Y	N	Y	С	С
Were the groups similar at the start of the trial?	Y	С	Y	Y	Y	Y	Y	Y	Y	С	Y	Y	Y	Y	Y	Y	Y
Aside from the experimental intervention, were the groups treated	Y	С	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
equally?																	
Was the intervention effect large?	Y	С	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y
Was the estimate of the intervention effect precise?	N	N	N	Y	Y	Y	Y	Y	N	N	Ν	N	N	N	Ν	N	N
Can the results be applied in your context?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Ν	Y	Y	Y	Y	Y	Y
Were all clinically important outcomes considered?	Y	Ν	Y	Y	Y	Y	Y	Y	Y	С	Ν	Y	Y	Y	Y	Y	Y
Are the benefits worth the harms and cost?	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Note: Y-Yes; N- No; C: Can't Say																	

S/N	Author/ Year	Demographics (Age, Ethnicity And Gender)	Job Type	Duration Of	Other Risk Factors
				Work Time	
1	Amick et al., 2003	Predominantly white (92%), average age of 47.5	Employees from the state department of	At least 5-6	Time spent in office chair during a
		years	revenue services who had access to the	hours per day	typical day in the past week, general
			internet and worked in sedentary		health and job level
			computer-intensive jobs.		
2	Bernaards et al.,	WS group= 54.6% Male, Mean age of 43.8 years	Computer Worker	At least 3h/day	Level of education, body mass
	2006	WSPA group= 53.8% Male, Mean age of 43.6 years			index, years of computer work
		Usual Care group= 58.2% Male, Mean age of 44.4			
		years			
3	De Vitta et al.,	Not stated	Administrative Workers	Computer	Age, sex, marital status, educational
	2008			workers for more	level attained, length of service
				than one year	
4	Greene et al.,	70 Women and 17 Men. Age categories: 18-29(23%),	Administrative Workers	At least	Behaviour and the job
	2005	30-39(29%), 40-49(22%), 50(26%)		10h/week	
5	Joshi et al., 2011	Less than 45 years	Administrative Workers	More than 10-	Age, sex, personal history of
		23 Males and 6 Females in Exercise group, 19 Males		15h/week	alcoholism and smoking, duration of
		and 10 Females in Counselling groups			work and years of employment
6	Ketola et al., 2002	Less than 61 years	Administrative Workers	More than	
		Initially, 222 Women and 194 Men		4h/week	
7	Mirmohammadi et	9 Males, 61 Females with a mean age of 32.42	Employees working with VDT in an office	More than 4hrs a	Gender, age, status of employment,
	al., 2009:			day	duration of employment
8	Norashikin et al.,	Intervention Group: 30.2% Male,69.8% Female:	Administrative Workers	A least 3h/day	Age, years of working with

Supp. Table 8 Context, Processes and Mechanisms.

	2011	34.6% Mean age			computers or hours spent typing
		Control group: 20% Male, 80% Female: 34.2% Mean			
		age			
9	Rempel et al.,	Group 1=94% Females and Mean age of 40.0.	Customer Service	More than	Age, body mass, right handed,
	2006	Group2= 98% Females and Mean age of 40.5. Group		20h/week	educational level, ethnicity, Medical
		3= 100% Females and Mean age of 38.9. Group 4=			history
		89% Females and Mean age of 40.7			
10	Taieb-Maimon et	38 Women, 22 Men, Age range: 23-66 years	Administrative, Computer and Research	At least 4h/day	Gender, experience, hours of
	al., 2010		Workers		computer use
11	Voerman et al.,	Over 45 years, 79 Females	Computer Operatives in the Hospital	7.4hrs/day	Age, working hours, seniority and
	2007				working posture, level of compliance
12	Yafa et al., 2012	23 Males and 43 Females	Control Study	More than	Education, duration of work, height,
				4h/day	weight, body mass, length of arm,
					forearm and hand, width of hand
					and health status
13	Roberson et al.,	22 Females	Customer Service Computer based work	8h/day	
	2012				