THE USE OF GRIP STRENGTH MEASUREMENT IN HIGH-VOLUME ENDOSCOPISTS AND NON-INTERVENTIONAL GASTROENTEROLOGISTS - A NEW APPROACH FOR THE ASSESSMENT AND PREVENTION OF MUSCULOSKELETAL HEALTH DISORDER IN GASTROINTESTINAL ENDOSCOPY?

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A pilot study measuring hand grip strength in a high-volume endoscopist versus a non-endoscopist gastroenterologist found that the endoscopist experienced significant reduction in grip strength after work while the non-endoscopist showed increased grip strength.

KEY POINTS

- In measurements conducted on 20 workdays, the high-volume endoscopist had significantly lower grip strength after work in both hands (left: 107.4 lbs vs. 95.2 lbs, $p<0.001$; right: 106.8 lbs vs. 95.6 lbs, $p<0.001$).
- The non-endoscopist gastroenterologist showed significantly higher grip strength after work for both hands (left: 89.2 lbs vs. 95.4 lbs, $p=0.025$; right: 95.9 lbs vs. 101.4 lbs, $p=0.035$).
- Average hand grip strength did not differ significantly between the endoscopist and non-endoscopist overall (left hand: 102.2 lbs vs. 93.3 lbs, $p=0.26$; right hand: 114.0 lbs vs. 108.2 lbs, $p=0.44$).
- Day of the week had no effect on hand grip strength in either subject.
- This single-center pilot study suggests hand grip strength measurement may help identify musculoskeletal health issues in endoscopists and inform timing of health interventions.

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