Work-related musculoskeletal disorders statistics in Great Britain, 2025

Data up to March 2025
Annual statistics
Published 20 November 2025

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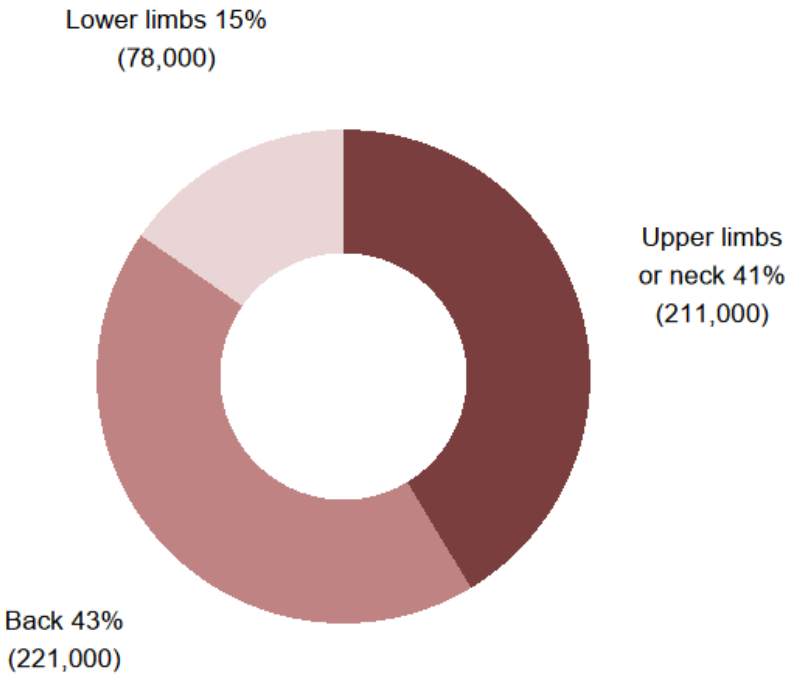
Summary

511,000 workers suffering from work-related musculoskeletal disorders (new and long-standing) in 2024/25.

7.1 million working days lost due to work-related musculoskeletal disorders in 2024/25.

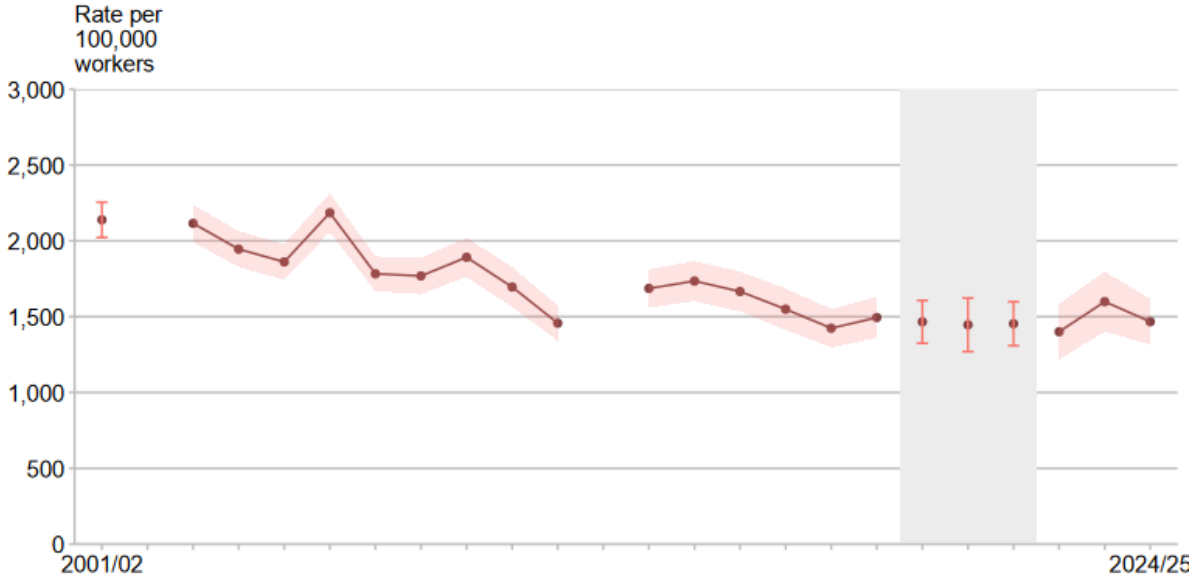
Source: LFS, annual estimate, 2024/25

Percentage of self-reported work-related musculoskeletal disorders by affected area: new and long-standing



Source: LFS, annual estimate, 2024/25

Rate of self-reported work-related musculoskeletal disorders per 100,000 workers: new and long-standing

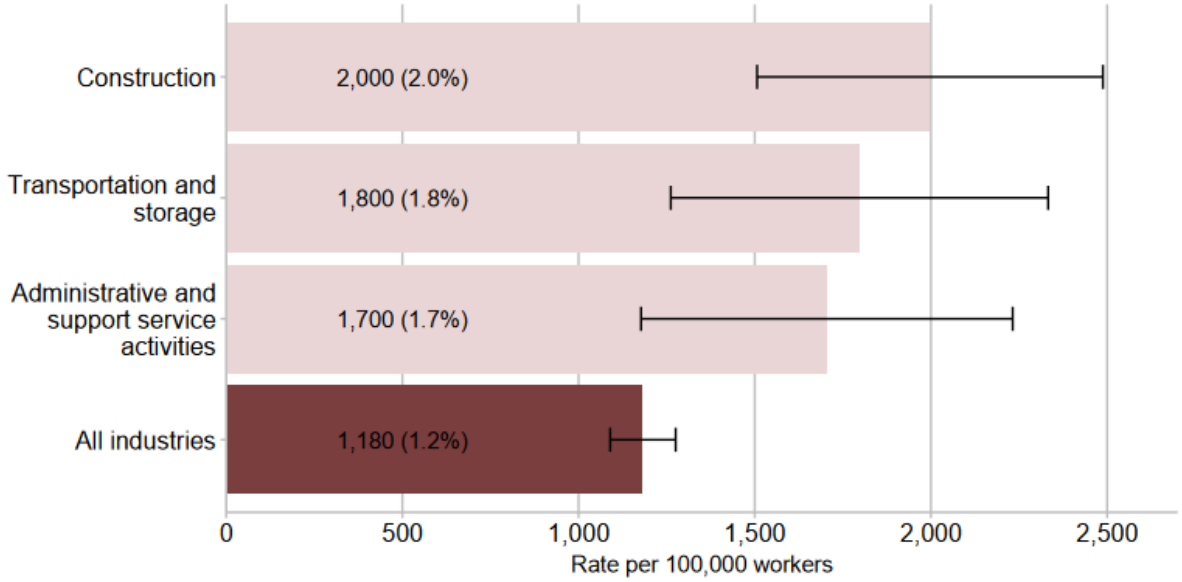


Prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders showed a generally downward trend. The rates in each of the latest three years are similar to the 2018/19 pre-coronavirus level.

No ill health data was collected in 2002/03 and 2012/13. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, annual estimate, from 2001/02 to 2024/25

Rate of self-reported work-related musculoskeletal disorders in industries with higher than average rates, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Estimates from the Labour Force Survey (LFS) show:

- The total number of workers suffering from work-related musculoskeletal disorders in 2024/25 was 511,000, a prevalence rate of 1,470 per 100,000 workers. These comprised of 211,000 cases where the upper limbs or neck was mainly affected, 221 ,000 where the back was mainly affected and 78,000 where the lower limbs were mainly affected.
- Prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders showed a generally downward trend. The rates in each of the latest three years are similar to the 2018/19 pre-coronavirus level.
- The number of new cases was 173,000, an incidence rate of 500 per 100,000 workers.
- The total number of working days lost due to work-related musculoskeletal disorders in 2024/25 was 7.1 million days. This equated to an average of 14 days lost per case.
- Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend. The rates in each of the latest three years are similar to the 2018/19 pre-coronavirus level.

- In 2024/25, musculoskeletal disorders accounted for 27% of all work-related ill health cases and 20% of all working days lost due to work-related ill health.
- By top-level industry, over the three-year period 2022/23-2024/25, musculoskeletal disorders were most prevalent in:
  - Construction
  - Transportation and storage
  - Administrative and support service activities
- In terms of occupation, higher than the all jobs average rate of musculoskeletal disorders over 2022/23-2024/25 were found in:
  - Skilled trades occupations
  - Caring, leisure and other service occupations
  - Process, plant and machine operatives
  - Elementary occupations
- Statistically higher rates of musculoskeletal disorders over were also found in smaller occupational groups:
  - Skilled agricultural and related trades
  - Skilled construction and building trades
  - Process, plant and machine operatives
  - Transport and mobile machine drivers and operatives

  - Elementary administration and service occupations

- The main work factors cited as causing work-related musculoskeletal disorders were manual handling, working in awkward or tiring positions, and keyboard or repetitive work (*LFS, average estimate over 2009/10-2011/12*)

Introduction

Musculoskeletal disorders (MSDs) can affect muscles, joints and tendons in all parts of the body. Most MSDs develop over time. They can be episodic or chronic in duration and can also result from injury sustained in a work-related accident. Additionally, they can progress from mild to severe disorders. These disorders are seldom life threatening, but they impair the quality of life for a large proportion of the adult population.

Work-related musculoskeletal disorders (WR-MSDs) can develop in an occupational setting due to the physical tasks with which individuals carry out their normal work activities. WR-MSDs are associated with work patterns that include:

- Fixed or constrained body positions
- Continual repetition of movements
- Force concentrated on small parts of the body, such as the hand or wrist.
- A pace of work that does not allow sufficient recovery between movements

Additionally, workplace psychosocial factors such as organisational culture, the health and safety climate and human factors may create the conditions for WR-MSDs to occur. Generally, none of these factors act separately to cause WR-MSDs.

HSE's preferred data source for calculating rates and estimates for WR-MSDs are self-reports from the Labour Force Survey (LFS). Previously HSE also collected data on WR-MSDs through The Health and Occupation Research network for general practitioners (THOR-GP). These data, although historic, provide a general practitioners perspective and are still useful data on work-related causes of musculoskeletal disorders.

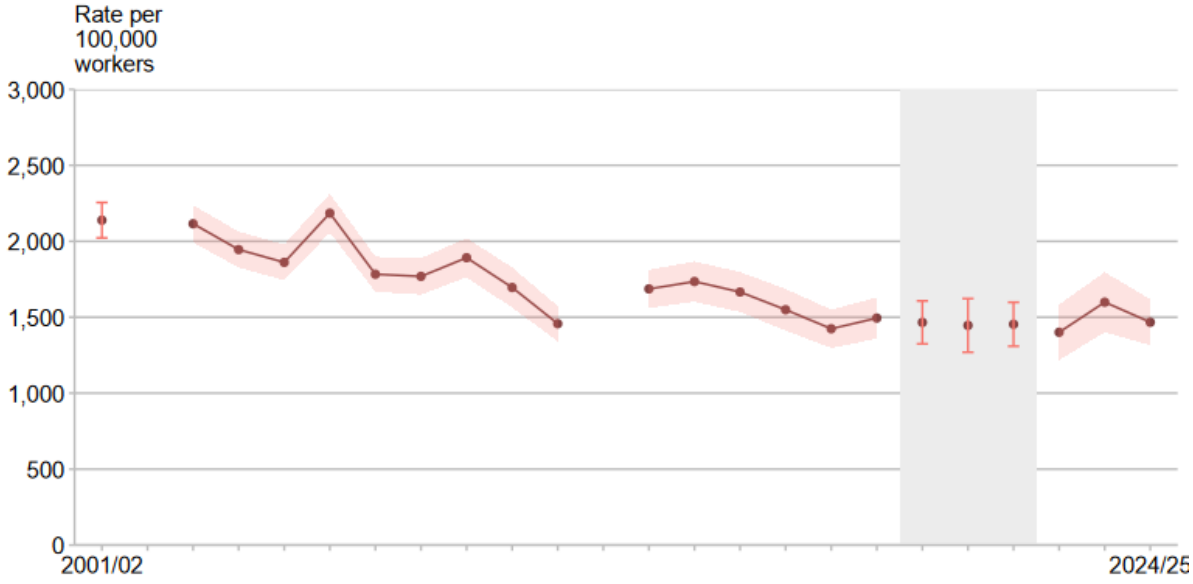
Scale and trend of work-related musculoskeletal disorders

In 2024/25, there were an estimated 511,000 workers suffering from work-related musculoskeletal disorders. This represents 1,470 per 100,000 workers and resulted in an estimated 7.1 million working days lost. In 2024/25, work-related musculoskeletal disorders accounted for 27% of all work-related ill health and 20% of all working days lost due to work-related ill health.

Most of these work-related musculoskeletal disorders affect the upper limb or neck (41%) or the back (43%), with the remaining 15% of cases affecting the lower limbs. Of all working days lost due to work-related musculoskeletal disorders, conditions affecting the back account for 41% of these with an estimated 13.2 days lost per case. This compares with conditions affecting the upper limbs and neck that accounts for 34% of these working days lost (11.4 days lost per case) and conditions affecting the lower limbs that account for 25% (23 days lost per case).

Source: LFS, annual estimate, 2024/25

Rate of self-reported work-related musculoskeletal disorders per 100,000 workers: new and long-standing

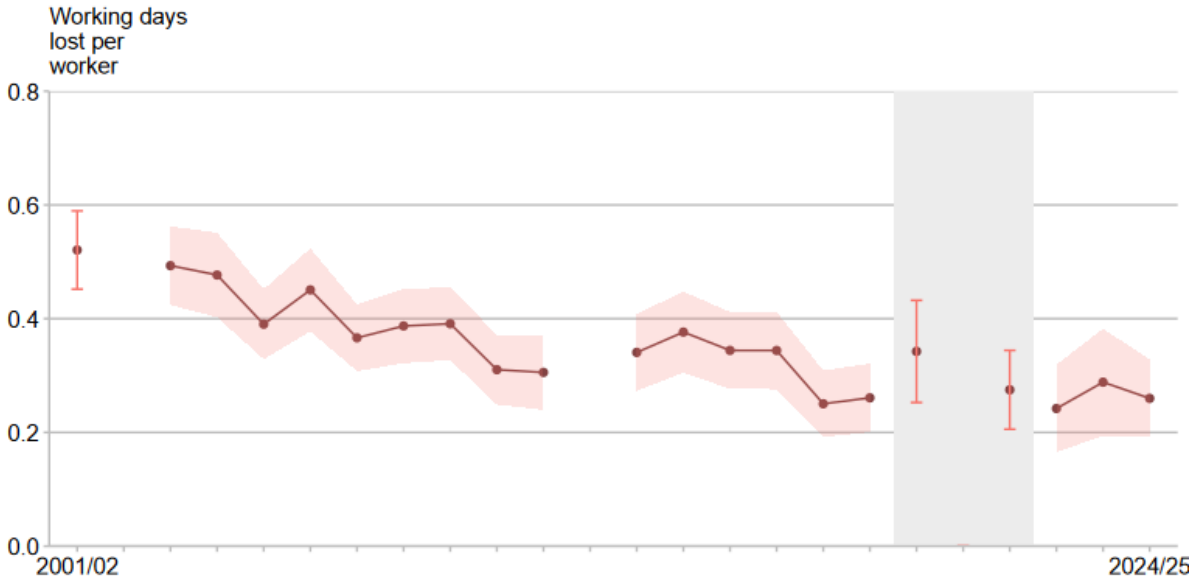


Prior to the coronavirus pandemic, the rate of self-reported work-related musculoskeletal disorders showed a generally downward trend. The rates in each of the latest three years are similar to the 2018/19 pre-coronavirus level.

No ill health data was collected in 2002/03 and 2012/13. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

Source: LFS, annual estimate, from 2001/02 to 2024/25

Working days lost per worker due to self-reported work-related musculoskeletal disorders: new and long-standing



Prior to the coronavirus pandemic, working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend. The rates in each of the latest three years are similar to the 2018/19 pre-coronavirus level. Days lost per worker is a combination of the overall case rate and the days lost per case.

No ill health data was collected in 2002/03 and 2012/13. No working days lost estimate is available for 2020/21 due to changes in the basis of the measures of hours worked and the impact of the coronavirus pandemic on the labour market. The data for 2019/20 to 2021/22 includes the effects of the coronavirus pandemic, shown inside the grey shaded column. Shaded area and error bars represent a 95% confidence interval.

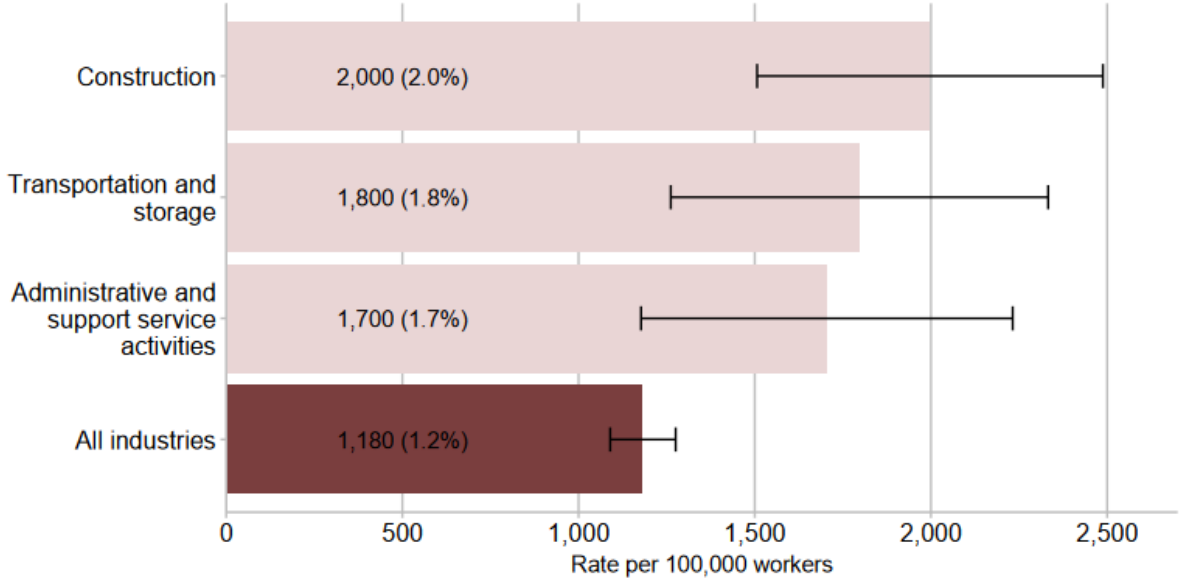
Source: LFS, annual estimate, from 2001/02 to 2024/25

Work-related musculoskeletal disorders by industry

The average prevalence of work-related musculoskeletal disorders across all industries was 1,180 per 100,000 workers averaged over the period 2022/23-2024/25. The broad industry categories of Construction (2,000 per 100,000 workers), Transportation and storage (1,800 per 100,000 workers), Administrative and support service activities (1,700 per 100,000 workers) all had significantly higher rates than the average for all industries (1,180 per 100,000 workers).

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related musculoskeletal disorders in industries with higher than average rates, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

Work-related musculoskeletal disorders by occupation

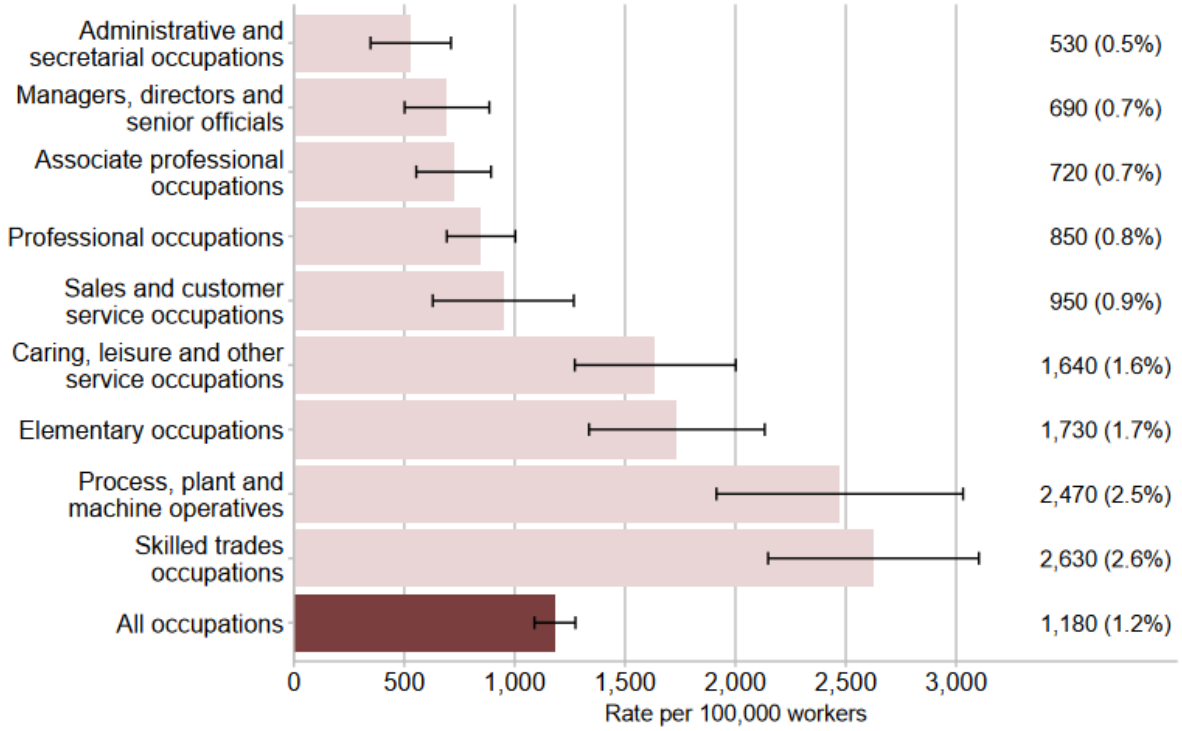
For the three-year period 2022/23-2024/25, Skilled trades occupations (2,630 per 100,000 workers), Caring, leisure and other service occupations (1,640 per 100,000 workers), Process, plant and machine operatives (2,470 per 100,000 workers), Elementary occupations (1,730 per 100,000 workers) had statistically significantly higher rates of work-related musculoskeletal disorders compared to the rate for all occupational groups (1,180 per 100,000 workers).

A number of smaller occupational groups, some part of the above bigger groupings, also had statistically higher rates including:

- Skilled agricultural and related trades
- Skilled construction and building trades
- Process, plant and machine operatives
- Transport and mobile machine drivers and operatives
- Elementary administration and service occupations

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related musculoskeletal disorders by occupation, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2022/23-2024/25

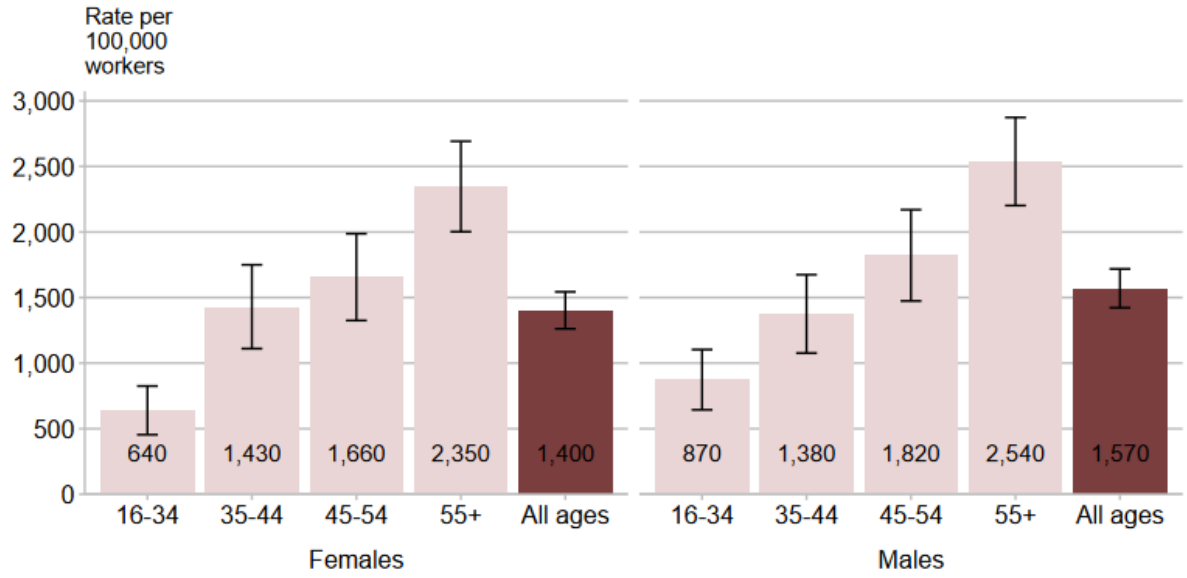
Work-related musculoskeletal disorders by age and gender

The most recent data shows that females (1,400 per 100,000 workers) overall had no statistically significant difference compared to all workers (1,490 per 100,000 workers) rate of work-related musculoskeletal disorders and males (1,570 per 100,000 workers) showed no statistically significant difference from the all workers rate.
Compared to all workers:
- Males aged 16-34
- Females aged 16-34
had significantly lower rates of work-related musculoskeletal disorders.

By contrast:
- Males aged 45-54
- Males aged 55+
- Females aged 55+
had significantly higher rates.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related musculoskeletal disorders by age and gender, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

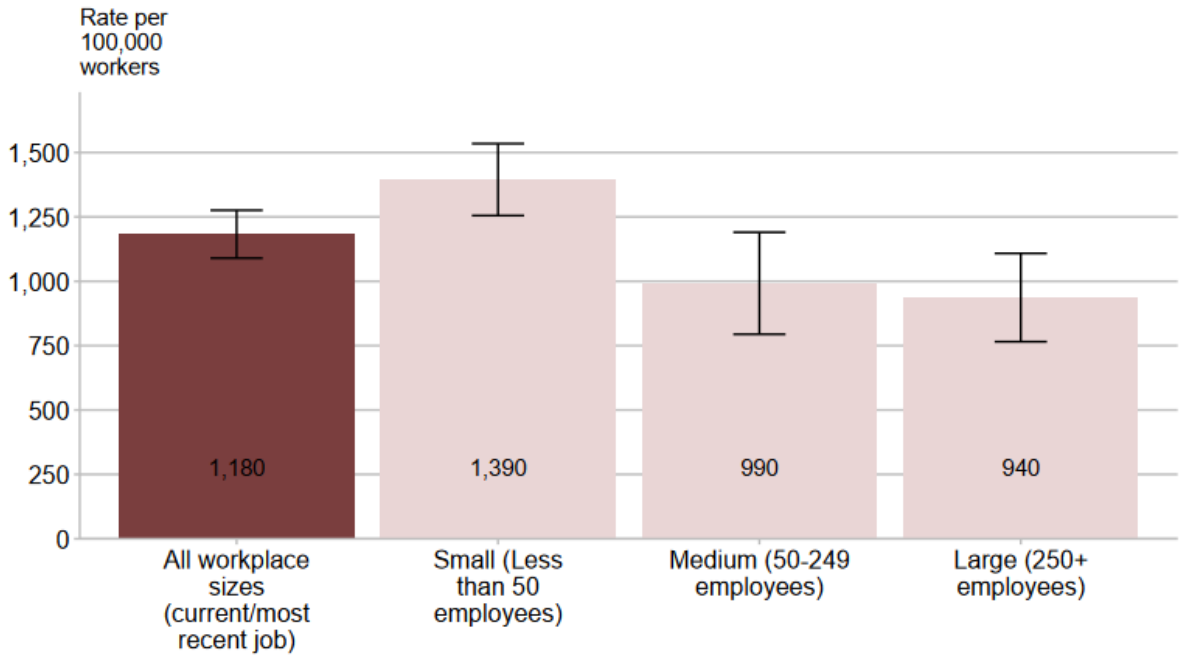
Source: LFS, average estimate over 2022/23-2024/25

Work-related musculoskeletal disorders and workplace size

Compared with the rate of all workplace sizes, small workplaces had a statistically significantly higher rate of work-related musculoskeletal disorders. Medium enterprises had a statistically significantly lower rate, while large workplaces had a statistically significantly lower rate.

Source: LFS, average estimate over 2022/23-2024/25

Rate of self-reported work-related musculoskeletal disorders by workplace size, per 100,000 workers: new and long-standing



95% confidence intervals are shown on the chart.

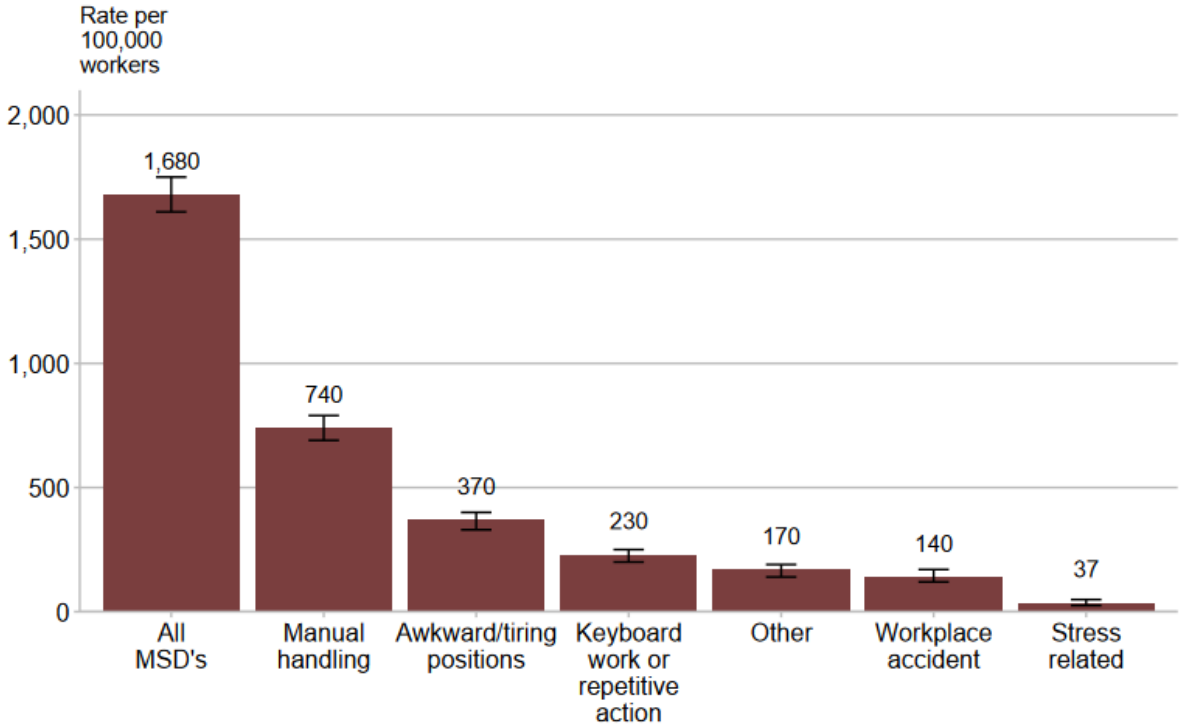
Source: LFS, average estimate over 2022/23-2024/25

Work-related musculoskeletal disorders by cause

The main causes of work-related musculoskeletal disorders, according to self-reports from the Labour Force Survey, were manual handling, working in awkward or tiring positions and repetitive action/keyboard work.
Other factors identified included workplace accidents and stress at work.

Source: LFS, average estimate over 2009/10-2011/12

Rate of self-reported work-related musculoskeletal disorders by how caused or made worse by work, per 100,000 workers: new and long-standing



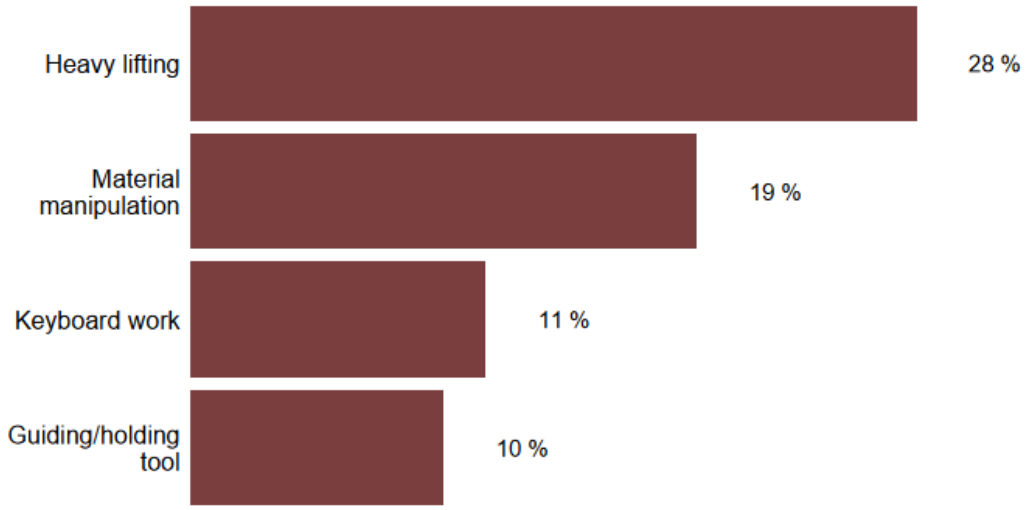
95% confidence intervals are shown on the chart.

Source: LFS, average estimate over 2009/10-2011/12

The general practitioner's network (THOR-GP) identified work-related musculoskeletal disorder cases by the main task contributing to the condition. These medically assessed cases indicate a similar pattern to self-reported data from the Labour Force Survey, with heavy lifting as the predominant factor, and material manipulation and keyboard work significant factors also.

Source: THOR-GP, average estimate over 2013-2015

Percentage of work-related musculoskeletal disorders reported to THOR-GP according to main attributed task



Attributed tasks shown account for 5% or more of work-related musculoskeletal disorder cases.

Source: THOR-GP, average estimate over 2013-2015

Annex 1: Sources and definitions

The Labour Force Survey (LFS): The LFS is a national survey run by the Office for National Statistics of currently around 31,000 households each quarter. HSE commissions annual questions in the LFS to gain a view of self-reported work-related illness and workplace injury based on individuals' perceptions. The analysis and interpretation of these data are the sole responsibility of HSE.

- Self-reported work-related illness: People who have conditions which they think have been caused or made worse by their current or past work, as estimated from the LFS. Estimated total cases include long-standing as well as new cases. New cases consist of those who first became aware of their illness in the 12 months prior to the survey.

Reports of ill health by general practitioners (GPs) (THOR-GP): THOR-GP is a surveillance scheme in which general practitioners (GPs) are asked to report new cases of work-related ill health. It was initiated in June 2005. Participating GPs report anonymised information about newly diagnosed cases to the Centre for Occupational and Environmental Health (COEH), University of Manchester. HSE funding ended in 2016 so the last year of data available to HSE is 2015.

Rate per 100,000: The number of annual workplace injuries or cases of work-related ill health per 100,000 employees or workers.

95% confidence interval: The range of values within which we are 95% confident contains the true value, in the absence of bias. This reflects the potential error that results from surveying a sample rather than the entire population.

Statistical significance: A difference between two sample estimates is described as 'statistically significant' if there is a less than 5% chance that it is due to sampling error alone.

Note: Percentages presented on charts in this document use rounded data and so may not sum to 100% in all cases.

For more information, see www.hse.gov.uk/statistics/assets/docs/sources.pdf

The coronavirus (COVID-19) pandemic and the government's response has impacted recent trends in health and safety statistics published by HSE and this should be considered when comparing across time periods. More details can be found in our reports on the impact of the coronavirus pandemic on health and safety statistics at www.hse.gov.uk/statistics/coronavirus-pandemic-impact.htm

Annex 2: Links to detailed tables

The data in this report can be found in the following tables:

LFS tables
Type of illness: www.hse.gov.uk/statistics/assets/docs/lfsilltyp.xlsx
Age and gender: www.hse.gov.uk/statistics/assets/docs/lfsillage.xlsx
Industry: www.hse.gov.uk/statistics/assets/docs/lfsillind.xlsx
Occupation: www.hse.gov.uk/statistics/assets/docs/lfsillocc.xlsx
Workplace size: www.hse.gov.uk/statistics/assets/docs/lfsillsiz.xlsx
How caused or made worse by work:
www.hse.gov.uk/statistics/assets/docs/lfsillhow.xlsx

THOR-GP tables
MSDs by task/movement: www.hse.gov.uk/statistics/assets/docs/thorgp11.xlsx

More data tables can be found at: www.hse.gov.uk/Statistics/tables/index.htm

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A revisions policy and log can be seen at www.hse.gov.uk/statistics/about/revisions/revision-log.htm

Additional data tables can be found at www.hse.gov.uk/statistics/tables/index.htm

Lead Statistician: Megan Gorton

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