

Comparison of Iranian student's anthropometric information and American and English standards

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Abstract

Introduction:

Some musculoskeletal disorders, fatigue and human errors are rooted in the unsuitable design of the tools. Appropriate design is based on anthropometric data adapted to the target population. In our country, due to lack of anthropometric databases, data from western countries are used. The aim of this project is to compare physical dimensions of the Iranian people with non-Iranian and also ultimately prepare a database based on our body dimensions so that Iranian experts use this internal standard to design and manufacture our tools and equipment.

Materials and Methods:

This is a cross-sectional observational study in which 384 female and 384 male students from Isfahan University of Medical Sciences in were randomly selected. 30 anthropometric variables were measured by anthropometer, calipers and balance. These data were analyzed by SPSS software, version 11.5 and the index percentile was calculated. The percentiles obtained in America and Britain were compared with our standards and the percentage of difference between them was determined.

Results:

The statistical anthropometric percentile was found as a database for both genders. This study compared British and American standards, showing the most significant difference between anthropometric variables of Iranian and non-Iranian people.

Conclusion:

The results of this study reveal that Iranian body dimensions are different from those of non-Iranian persons. Therefore, we can't use the standards of other countries to design tools and devices for Iranian people. The prepared database can be used as an anthropometric information bank based on national standards.

Keywords: Anthropometry, Body Size, Students, Database

Introduction

Musculoskeletal disorders, immature fatigue due to static activity, using inappropriate instruments, etc. can be the

effect of unsuitable designs of in-reach devices, bindings and working environment. All devices which are planned to be designed for fit the best,

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needs certain information and in human devices, anthropometric factors of the target population is one of the most important information. With using anthropometric basis in our industrial designing, people with different types in body size can relax more while working.

The differences between body sizes in each ethnicity are derived from biological and environmental factors such as age, gender, body texture, occupation, diet and physical activity. Race, as well as other factors, is proven to be an important part of this difference. It would be a wise decision if the industrial part of any society, designed its good for better use whole considering the anthropometric factors of the users. However, due to lack of anthropometric information pool of Iranian people, most of the companies use American and British information which is widely distributed. The result will be devices and instruments which are not suitable for Iranian users. For example, Sadeghi et al have shown that the library shelves, chairs and desks were not comfortable for users in Isfahan University of Medical Sciences; such as the height of the desks were too high and the distance between the chairs and the desks there too long which the student would have to bend their-selves and loose the chair back support. In the dormitory reading saloon, the sitting part of the chair was too high and causes the same problem. In Habibi et al Study. the difference between the actual and the maximum and minimum desired distances and sizes of the desks and the chairs in Iranian schools were statistically significant and summarized that designing benches regarding to Iranian students' anthropometric data is surely inevitable. Varmazyar et al have demonstrated that the entire benches dimension except the desk height was not suitable in girls' high schools of Qazvin, studied on 240 students. Using these kind of materials for long periods would directly effect on the musculoskeletal system and results in

deformities, fatigue and other problems. Isanejad et al have shown that unsuitable benches in school can result Is Paravertebral and Multifidus muscles fatigue and concluded that better benches must be designed and used in Iranian Schools.

In this study, due to lack of in-reach instruments to evaluate the benches, we demonstrated the studies regarding the situation of the benches in our country and have proven their negative effects on Iranian students' health. Surveys on other instruments and devices would probably end to the same results. Statistical information can light up the fact even more. In 1993, the total fine payment to American workers for musculoskeletal disorders was 563M \$ and the sue charges was 11.4B \$ for lower back pains. Furthermore, near 23% of Absence from duty was due to using unsuitable instruments and hand injuries. In UK, the total expenses for these kinds of problems were estimated 25M pounds.

Regarding to the need of an information pool of anthropometric data in different Iranian populations, we have used university students for our evaluation; which have a wide spectrum of occupations, ages and are in their best shape of growth and development. Furthermore, the students are a good mixture of Iranian culture which can make our results more valid and reliable. The device designers benefit the most from our anthropometric results. Providing human's dimensions is the most informative and beneficial goal of anthropometry which can bring physical balance between users and devices or machines.

It is a fact that the more the devices meet the population anthropometric factors; the human errors will decrease while using them which will lower biomechanical stress. These factors will lead to higher production, better efficiency and lesser injuries and musculoskeletal disorders and other problems. The mail goal is to provide an information pool in

anthropometric data of Iranian population for designers based on domestic standards which can lead us to a better working environment, higher quality and lesser unwanted accidents.

Anthropometry is from the root a Greek root "anthrapus" meaning human and "Metrus" meaning measuring. Anthropometry is one of the Physical Anthropology branches of science. It studies the size of different part of human body, range of motion and muscle force. Anthropometric engineering, have been registered as "Physical Anthropology" in the west, goes back to the Markopoulos in History, which have reported different sizes and texture in human beings around the world. There are many wide studies on anthropology; which the most important ones were done by US air force and published in 1978 by NASA. The study has been done on 306 subjects from 91 different international populations.

Materials and Methods

In the prospective observational cross-sectional study, we have evaluated male and female students of age between 20 and 30 of Isfahan University of Medical Sciences. On base of CI of 95%, 384 subjects for each gender have been calculated. We used classic randomization for our sampling method, where the students lists were obtained from the university scientific deputy based on different faculties and were randomized by their Student ID number. The Anthropometric data were obtained from each student. Some of the most important Anthropometric factors are described below.

Standing eye level: the vertical height from sole to internal eye angle in standing position when looking forward

Standing elbow supporting height: the vertical height from sole to Cubital groove in standing position when hand in anatomic position.

Standing Finger height: the distance between the sole and the longest finger

when the hand is placed on the thigh and standing (used in transportation tools such as briefcases and suitcases, milk or ammunition boxes)

Knee height: the vertical height between the highest part of the knee when in the sitting position and foots and the ankle are in a 90 degrees position from the ground. (Used in designing foot supports, working desks, bicycles, cashiers desk, etc.)

Sitting height: a vertical distance between the sole and the popliteal area when sitting and the thighs are in direct contact with the sitting surface and foots and the ankle are in a 90 degrees position from the ground.

All the anthropometric parameters were measured by anthropometry, caliper, monkey wrench, and weighting scale balance. All data were entered into SPSS version 11.5; mean, standards deviation (SD), maximum (max), minimum (min) and 5th, 50th and 95th percentile of all 30 anthropometric data, were calculated and the percentiles were compared by US and UK standards by Z test and the difference percentages were also calculated. P-values less than 0.05 were considered as significant.

Results

Statistics i.e. mean, SD, max and min of anthropometric parameters of the students are presented in table 1 and the percentiles and their comparison with US and UK standards are presented in table 2 and 3. The results are as follow:

Weight: We found that the 5th percentile in male students did not have significant difference with UK standards; however, the 50th and 95th had significant difference with the US standards. There was no significant difference in female students' standards in no of the respective percentiles.

Height: 5th and 95th percentile in male students did not have any significant difference with UK and US standards while the 5th and 95th in female students were significantly lower from UK and US standards.

Table 1: Iranian Boys and girls anthropometric indexes

	Boys					Girls				
	n	mean	SD	min	max	n	mean	SD	min	max
weight	384	69.00	59.11	43.00	112.00	384	56	7.98	37.4	0.30
height -standing	384	174.90	7.3	156.00	200.00	384	160.18	5.45	143.5	176.50
shoulder height standing	384	154.70	6.78	127.50	165.00	384	132	7.95	124	161.40
eye level height standing	384	162.46	7.49	140.50	187.00	384	149.2	5.71	130.5	166.50
elbow standing	384	108.20	5.67	94.00	135.50	384	98.8	4.60	87	121.70
phalanx standing	384	76.30	6.4	59.00	88.00	384	64.3	3.64	52.4	91.40
arm standing	384	82.80	4.22	71.00	99.40	384	74.3	3.52	65.4	0.30
height sitting	384	132.70	5.68	119.50	161.50	384	127	3.28	112.3	137.20
eye level sitting	384	120.20	5.97	100.00	147.50	384	116	3.37	100.8	138.50
shoulder height sitting	384	103.40	5.55	82.40	125.50	384	99.3	2.29	91.6	115.50
shoulder-elbow leigh	384	38.40	3.21	4.19	46.00	384	33.6	2.47	25	45.30
shoulder-fingertip leigh	384	81.80	4.22	70.00	98.40	384	72.4	4.22	60.3	83.40
knee length	384	60.60	3.71	52.40	70.40	384	53.8	3.13	45.1	0.30
knee height	384	53.80	3.17	46	67.00	384	84.2	2.83	40.4	0.20
buttock height	384	42.60	2.68	33	52.40	384	40.9	2.20	35	55.40
arm sitting	384	84.80	4.22	73	101.50	384	74.1	3.80	53	98.80
buttock width	384	36.80	3.47	28	64.40	384	36.4	2.51	4.24	44.50
elbow sitting	384	65.60	4.65	55	85.40	384	65.4	2.63	58	73.50
forearm length	384	47.04	2.95	40	60.00	384	38.6	3.62	1.29	49.10
buttock length sitting	384	50.20	3.49	40.40	59.00	384	43.3	3.16	4.31	58.50
sole length	384	20.60	1.36	22.00	30.00	384	22.8	1.62	20	13.90
sole width	384	9.40	0.75	4.60	4.11	384	6.8	0.66	9.6	13.40
shoulders distance	384	45.00	12.3	38.00	58.00	384	38.1	2.42	20	0.20
chest depth	384	44.80	2.17	4.17	4.30	384	1.12	2.43	15	0.10
chest width	384	29.60	2.58	22.00	41.00	384	26	2.23	4.19	39.50
head height	384	20.20	1.18	4.15	23.00	384	3.21	1.14	4.18	31.40
chest circumference (cc)	384	91.60	7.45	74.00	118.00	384	86.6	6.53	72	0.40
cc in axillary	384	94.30	7.76	77.40	122.00	384	80.6	3.50	59	0.40
waist circumference	384	80.40	8.27	65.00	108.00	384	68.3	6.29	51	92.40
thigh depth	384	16.20	1.81	11.00	4.24	384	5.13	1.86	8	0.10

Standing eye height: 5th and 50th percentiles in males and 5th and 59th in females had significant difference with US standards; while all three male and female percentiles were lower than US standards. Standing shoulder height: all of our male percentiles had significant difference with both UK and US standards; furthermore we found significant difference only in 5th percentile with UK standards and 5th and

95th percentile with US standards of female students.

Standing elbow height: 5th and 50th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while 50th and 95th percentiles in males and all three percentiles had significant difference with US standards.

Table 2: 5th, 50th and 95th percentiles of Iranian girls in contrast to UK and US indexes

	Iranian girls			UK girls			US girls		
	5	50.00	95.00	5	50	95.00	5.00	50.00	95.00
weight	44	55.50	71.50	42	62	82.00			
height -standing	150.7	160.60	169.20	152	162	172.00	152.00	162.50	173.00
shoulder height standing	123.1	132.00	141.30	122.5	132	141.00	122.50	132.50	142.50
eye level height standing	140.1	149.50	158.50	141.5	151.5	161.50	142.00	152.50	163.00
elbow standing	91.5	98.50	105.50	94	101.5	109.00	94.50	102.00	109.5
phalanx standing	59	64.10	69.50	66.5	72.5	78.50	67.00	73.00	79.00
arm standing	68.6	74.30	80.50	70.5	76	82.50	70.50	77.00	83.50
height sitting	121.5	127.00	132.00	111.5	125.5	136.00	116.00	126.50	137.00
eye level sitting	111.2	116.00	121.00	104.5	114.5	124.50	105.00	115.50	126.00
shoulder height sitting	94.5	99.20	104.00	86.5	96	105.50	87.00	97.00	107.00
shoulder-elbow leigh	30	33.60	37.80	30.5	33	36.00	30.50	33.50	36.50
shoulder-fingertip leigh	65.6	72.50	79.50	70.5	76	82.50	70.50	77.00	83.50
knee length	49.2	53.60	59.00	52	65.5	61.50	52.50	57.50	62.50
knee height	43	48.00	53.00	46	50	54.50	46.00	50.50	55.00
buttock height	38	40.50	44.80	35.5	40	44.50	36.00	40.50	45.00
arm sitting	68.6	74.00	80.50	70.5	76	82.50	70.50	77.00	83.50
buttock width	32.6	36.20	40.90	30	35	40.00	31.00	37.50	44.00
elbow sitting	61.5	65.50	70.00	53.5	63	72.00	54.50	64.00	73.50
forearm length	33.5	38.50	44.50	40	43	46.50	44.00	43.50	47
buttock length sitting	39.5	43.50	48.60	43	47.5	52.50	40.00	49.00	54
sole length	21	22.80	24.80	22	24	26.00	22.00	24.00	26
sole width	5.7	6.80	6.90	8	9	10.00	8.00	9.00	10
shoulders distance	34.9	38.30	41.60	53.5	39.5	43.50	36.00	40.00	44
chest depth	18	21.50	25.50	19	23.5	27.50	21.00	25.50	30
chest width	23.3	25.80	29.30	22.6	25.5	27.90			
head height	19.1	21.50	22.10	19	20.5	22.00			
chest circumference (cc)	77	86.00	99.00	74.1	82.5	90.50			
cc in axillary	73.5	80.50	89.40		90.5	101.60			
waist circumference	59.6	68.00	79.00	56.6	68.2	79.60			
thigh depth	11	13.50	16.00	11.8	14.2	17.00			

Standing Finger height: 5th and 95th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while 5th and 50th percentiles in males and all three percentiles had significant difference with US standards.

Standing arm length: all percentiles in both genders had significant difference with UK

standards; while 50th and 95th percentiles in males and all three percentiles had significant difference with US standards.

Sitting height: all percentiles in male female subjects had significant difference with UK standards; while 50th percentiles in male s and all three percentiles had significant difference with US standards.

Table 3: 5th, 50th and 95th percentiles of Iranian boys in contrast to UK and US indexes

	Iranian Boys			UK boys			US boys		
	5th	50th	95th	5th	50th	95th	5th	50th	95th
weight	53.00	68.00	88.6	54.00	74.00	94.00			
height -standing	164.00	175.00	187.8	164.00	176.00	188.00	164.00	175.50	187.00
shoulder height standing	136.10	146.00	158.5	133.00	144.50	155.50	133.00	144.00	155.00
eye level height standing	151.00	162.50	175.3	153.00	165.00	177.00	159.50	171.00	182.50
elbow standing	100.00	108.00	118.5	102.00	110.50	119.50	102.00	110.50	119.00
phalanx standing	70.00	76.00	83.5	69.50	76.50	83.50	70.00	76.50	83.00
arm standing	77.00	83.00	90	78.00	85.00	92.50	77.50	84.50	91.50
height sitting	123.60	133.00	142	128.50	136.00	147.50	125.00	136.00	142.00
eye level sitting	110.50	120.00	129.5	114.00	124.00	135.50	113.50	124.00	135.50
shoulder height sitting	95.50	103.00	112.8	94.50	104.50	115.00	94.00	104.50	115.00
shoulder-elbow leigh	34.00	39.00	43	33.50	37.00	40.50	33.00	36.50	40.00
shoulder-fingertip leigh	76.00	82.00	98	78.00	85.00	92.50	77.50	84.50	91.50
knee length	55.00	60.00	67.5	54.50	59.50	65.00	55.00	60.00	65.00
knee height	50.00	53.50	60	49.50	55.00	60.50	49.50	55.00	60.50
buttock height	38.60	42.50	48	40.00	44.50	49.50	39.50	44.50	49.50
arm sitting	79.00	85.00	92	78.00	85.00	92.50	77.50	84.50	91.50
buttock width	32.50	36.50	41	30.00	35.00	40.00	31.00	36	41.00
elbow sitting	57.50	65.00	72.5	59.50	69.00	79.50	59.00	69	79.00
forearm length	43.00	47.50	52.5	44.50	48.00	51.50	44.50	48	51.50
buttock length sitting	44.50	50.00	56.5	44.50	50.00	55.50	44.50	50	55.50
sole length	24	25.50	28.5	24.50	27.00	29	24.00	26-Jan	29.00
sole width	8	9.50	10.5	9.00	10.00	11	9.00	10	11.00
shoulders distance	41	45.00	50	41.50	46.50	51	42.50	47	51.50
chest depth	20	2.50	27	18.50	22.50	27	22.00	25.1	29.00
chest width	26	29.50	34.5	28.10	31.50	35.50			
head height	18	20.00	22	20.10	22.50	23.60			
chest circumference (cc)	81	91.00	105.3	83.20	92.50	101.60			
cc in axillary	83	94.00	109						
waist circumference	68	80.00	95	70.10	82.60	95.30			
thigh depth	13	15.50	17.6	13.00	15.30	17.60			

Sitting eye height: 5th and 50th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while 50th and 95th percentiles in males and all three percentiles had significant difference with US standards.

Sitting shoulder height: male subjects had significant difference in 50th and 59th percentile and female subjects in 5th and 95th percentile with UK standards. All

three percentiles in males and 5th and 95th percentile in females were significantly different with US standards.

Shoulder-elbow length: 50th and 95th percentiles in male subjects and 5th and 95th percentiles in female subjects had significant difference with UK standards; while all three percentiles in both genders had significant difference with US standards.

Shoulder-fingertip length: 50th and 95th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while all three percentiles in both genders had significant difference with US standards.

Knee length: all percentiles in both genders had significant difference with UK standards; while 95th percentile in males and all three percentiles in females had significant difference with US standards.

Knee height: 50th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while all percentiles in both genders had significant difference with US standards.

Sitting height: all percentiles in both genders had significant difference with both UK and US standards.

Sitting arm length: 5th and 95th percentiles in male subjects and all percentiles in female subjects had significant difference with UK standards; while all three percentiles in males and all 50th and 95th percentiles had significant difference with US standards.

Gluteal width: All percentiles in both genders had significant difference with UK standards; while 95th percentiles in males and 50th and 95th percentiles had significant difference with US standards.

Sitting elbow height: All percentiles in both genders had significant difference with UK standards; while all percentiles in males and 5th and 95th percentiles had significant difference with US standards.

Forearm length: 5th and 95th percentiles in males and all three percentiles in females had significant difference with UK standards; while all percentiles in both genders had significant difference with US standards.

Sitting gluteal length: 50th and 95th percentiles in males and all three percentiles in females had significant difference with UK standards; while 50th and 95th percentiles in males and all three

percentiles in females had significant difference with US standards.

Sole length: all percentiles in both genders had significant difference with both UK and US standards.

Shoulders dimension: 50th percentiles in males and 5th percentile in females had significant difference with UK standards; while all three percentiles in males and 50th and 95th percentiles in females had significant difference with US standards.

Thorax expanses: all percentiles in both genders had significant difference with both UK and US standards.

Head length: all percentiles in both genders had significant difference with both UK and US standards.

Thorax perimeter: all percentiles in both genders had significant difference with both UK standards.

Thorax perimeter at axillary level: all percentiles in both genders had significant difference with both UK standards.

Waist circumference: 95th percentiles in males and 50th percentile in females had significant difference with UK standards.

Thigh depth: 50th and 95th percentiles in males and all three percentiles in females had significant difference with UK standards.

Discussion

There are few and limited researches on anthropometry and more studies should be carrying out on advanced Iranian sample size with different ages, genders to apply on different devices. As far as our knowledge there is no similar study which compared Iranian population anthropometric data with foreign standards. However, Joneidi and Sadeghi have reported a study on static anthropometric data in 3716 20-60 year old construction workers in 6 different ethnics in Iran; which found significant difference within gender especially in weight and height and was comparable with our results. In all parameters, male subjects had higher values than females except gluteal width and sitting elbow

height which there were no significant difference between male and female subjects.

In a similar study, 241 Malaysians and 646 Saudi male subjects with 20-30 years of age were compared; which there were significant difference in all of the parameters except standing eye height, standing elbow height, sitting height, sitting shoulder height and sitting elbow height. They have believed that these ergonomic data are essential for designing self-safety tools and communication devices. In another study, Hafezi et al have demonstrated that anthropometric data can change during time which is very important in collecting the data. In their study parameters were obtained in 1015 girls and 1015 boys of Fars ethnics. They have reported significant difference in almost all data.

The results of the 2 studies were similar to our results which demonstrated that there are serious differences between anthropometric data in different ethnicities. Furthermore, Tartibian et al have reported a study on 11-17 females in Urmia and compared their results with NCHS standards. They have found that height, weight and body mass index (BMI) of their population were significantly lower than NCHS standards.

The studies that have used anthropometric information on designing are described as follow: Motamedzadeh et al have built office furniture on base of anthropometric data of 303 Iranian office workers. Then the chairs were used and there were significant difference with the previous chairs. Mortazavi et al have conducted a study "anthropometry of lower extremity by digital photography and its importance in designing boots for Iranian male subjects, and extracted the dimensions of male Iranian feet for future use on designing and size grading of shoes and boot. Furthermore, this study has confounded factors such as ethnicity, lifestyle and occupation on designing

boots for medical and military uses. Laus et al have also extracted information regarding children cyclers for designing better bicycles for different age groups.

It is notable that there has not been any published resource on Iranian anthropometric information pool; however, we know that Iranian ministry of health have been conducting a study to determine anthropometric information on Iranian 7-18 year old population with association of Iran Medical Universities in 2008, which as far as our knowledge, the information has not yet been published officially.

Conclusion

As a conclusion, our study has demonstrated that Iranian body dimensions are totally different from UK and US standards; therefore, we cannot use their information to design tool or devices for Iranian population. The results of our study reports the anthropometric data of Iranian university students, along with Joneidi et al and Mortazavi et al studies, can be used to form an information pool for Iranian industrial designer to help then design more ergonomically suitable tools and devices for our people. We suggest more expanded studies to be carried out for more precise means of Iranian anthropometric parameters. There is no doubt that our study cannot be used for lower ages of ethnics, due to or limitation on only studying Isfahan University of Medical Sciences students; however, due to limited changes in body dimensions after the age of 20, our study might be suitable for higher ages.

The most important fact that should be noticed is even with significant difference between UK and US parameters with Iranian ones, the difference was at max of 1 cm in many of the data; thus, in there parameters, we can use their data when it comes to higher space and lowering the expenses in re-evaluating and re-designing the device. However, we cannot use other

country's standards on grip and reach-ability.

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