

Tackling the rise of RSIs – A New Multidisciplinary Approach

Repetitive Strain Injury (RSI) is a term used to describe a broad range of symptoms caused by the repeated movement of a particular part of the body. RSIs are also known as Work-Related Upper Limb Disorders (WRULD), Repetitive Stress Injury and Cumulative Trauma Disorder. It usually affects the upper limb (shoulder, elbow, wrist or hand) and can be caused by any repeated activity including sports and pastimes, affecting up to 500,000 people per year.

However, the most common association made with RSI is through work, as this is where we spend the majority of our time. The past year has seen an almost 10% increase in symptoms of RSI, costing employers an estimated £5-£10bn in lost productivity.

Out of the office, recent advances in technology – smartphones, handheld videogames, even hair-straighteners – have led to a new wave of RSI problems. This demonstrates how even the most entertaining or labour-saving gadget might be causing an RSI which can develop into a chronic problem.

There have always been difficulties in treating these conditions. Firstly,

these conditions are sometimes longstanding, having been initially left by the patient (“I thought it was just a sprain and that it would go away on its own”). Also, these conditions are cumulative and patients often finally present with an array of symptoms. This mix of syndromes therefore needs deconstructing in order to make accurate diagnoses so that treatment for each can start. Finally, for many of these problems to be accurately assessed, diagnosed and effectively treated, several specialists may need to be involved – including the GP, an orthopaedic surgeon, physiotherapists, a hand therapist, a pain specialist, a psychologist and even a vocational rehabilitation specialist.

Unfortunately, liaising between these teams has always been the job of the patient or the GP and the complexity of keeping track of treatment can lead to miscommunication, delays and lack of progress.

RSI TYPE 1 AND TYPE 2

Type 1 conditions include well-defined syndromes such as Carpal Tunnel Syndrome, DeQuervain’s Tenosynovitis,

Mr Tony Kochhar
Consultant Orthopaedic
Surgeon



Cubital Tunnel Syndrome, Olecranon Bursitis and Ganglion formation. These conditions may be due to, or be made worse by, repetitive tasks. These syndromes may have other symptoms such as swelling, inflammation, nerve compression problems, etc.

Type 2 RSI conditions are less specific. These tend to present as deep, non-specific aching pains and episodes of tingling and neurogenic pain symptoms that are difficult to define. Recent studies suggest that repetitive movements cause traction on peripheral nerves leading to these symptoms. Other research suggests that these conditions are myofascial in origin.

COMMON CAUSES OF RSI

- Continued repetitive actions
- Vibrating equipment
- Cold temperatures
- Poor posture or holding the same posture on a continued basis
- A badly-organised work area
- Prolonged periods of work without a break
- Stress or fatigue
- Carrying heavy loads on a repeated basis

TIPS TO PREVENT RSI

- Take regular breaks from repetitive tasks
- Stretch regularly – stand up to stretch if you can
- Try not to slouch and hold a good posture. Ideally, your head and back should form a straight line from your ears to your pelvis
- Reduce hot desking
- Use a laptop backpack not a satchel
- Make sure the height of your chair is correct and your desk is set up so that you do not have to repeatedly reach over
- When typing, try to keep your fingers pointing forwards – touch-type if you can to avoid using the same fingers over and over again
- If your job involves a lot of phone usage, try not to hold the handset between your ear and shoulder – use a headset if possible

CASE STUDY

Ms ME, a 33-year-old executive assistant in the City, presented with a 9-month history of bilateral wrist pain (right worse than left). An MRI scan confirmed clinical diagnosis of severe DeQuervain’s Tenosynovitis (Figures 1 and 2). Prompt treatment involved a focal steroid injection, splinting (Figure 3) and hand therapy. The patient had fully recovered within 6-8 weeks and has had no recurrence at 9 months.

The RSI Clinic at London Bridge Hospital has been set up with the specific aim of providing a comprehensive approach to treating RSIs. We believe in providing patients a seamless service across all specialties. Notes are shared and cases are commented on by all our specialists, with the aim of minimising the number of wasted appointments and maximising information sharing and effectiveness of treatment.

Fig. 1 & Fig. 2 – Coronal (1) and Axial (2) MRI images demonstrate severe swelling and surrounding inflammation of the extensor tendons confirming DeQuervain’s Tenosynovitis.

Fig. 3 – Thermoplastic splint fitted by our specialist Hand Therapist at London Bridge Hospital.



Fig. 1

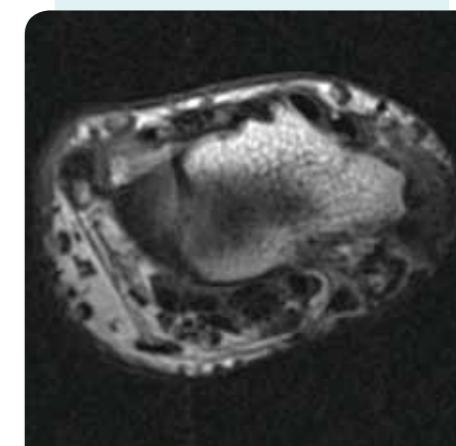


Fig. 2



Fig. 3