

Avoiding repeat performance issues



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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 injuries and cumulative trauma disorders. They usually affect the upper limb (shoulder, elbow, wrist or hand) and can be caused by any repeated activity, including sports and pastimes. The Office for National Statistics reports that these conditions affect up to 500,000 people per year.

There are two types of RSI. Type 1 includes well-defined syndromes such as carpal tunnel syndrome, De Quervain's tenosynovitis, 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 and so on.

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.

However, the most common association made with RSI is through work. Yet, as painful as the consequences can be for many of the patients I see day in, day out, the cost is not just on a personal level, there are compelling commercial reasons to resolve RSI causes in the workplace too. The HSE believes that RSI has increased by 10%; symptoms such as these cost employers between £5 billion and £10 billion in lost productivity.

With advances in technology, the term "out of the office" has become even more misleading, with mobile devices such as

Tackling the rise in repetitive strain injuries requires a new multidisciplinary approach and more encouragement to make less use of mobile devices, says **Dr Tony Kochhar**.



KEY CAUSE... Mobile devices such as laptops are contributing to a rise in RSIs.

smartphones ensuring that, if not actively managed, many employees are constantly connected to the office. One very simple way to address rising RSI rates would be for HR professionals to reflect on whether or not line managers are doing enough to encourage employees to turn their phones off, or at least put them down.

When we do find time for leisure, handheld video games and, in several cases that I've recently seen, even hair straighteners have led to a new wave of RSIs. This demonstrates how even an entertaining or labour-saving gadget might be causing an RSI, which can then develop into a chronic problem.

I also know, through reports from patients of mine, that the recession is leading to a rise in RSIs.

COMMON CAUSES OF RSI

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

Put simply, those employees that are not made redundant find themselves, pounding the keyboards through developing "survivors" syndrome – fear that they will be next – or unswerving commitment to the company. This certainly would be one rational explanation as to why the RSI rates reported to the HSE have increased.

There have, of course, always been difficulties in treating these conditions. First, they are sometimes longstanding, having been initially left by the patient who thinks along the lines of "I thought it was just a sprain and that it would just go away on its own". Also, these conditions are cumulative and patients often finally present with an array of symptoms. The growth in the use of personal computers and other devices in the home also adds to the complexity of identifying the major causes.

In my experience, based on hundreds of cases over the past few years, it is a mix of syndromes and situations that need deconstructing in order to make accurate diagnoses so that treatment for each can start.

For many of these problems to be accurately assessed, diagnosed and effectively treated, a range of specialists may need to be involved – including a GP, an orthopaedic surgeon, a hand therapist, a physiotherapist, 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.

The role of HR and the line manager

The recent rise in reported cases of RSI has anecdotally been linked to the increased use of "hot-desking" in office environments. In the past, individuals were offered workstation assessments and specialist equipment to address postural or physiological concerns, but it has become increasingly difficult to make these adjustments portable. On a more practical level, in this era of reducing headcounts, it follows that HR managers will need to be aware of stress or fatigue.

The challenge for occupational health practitioners, HR managers and line managers is therefore to manage the risk of bad posture resulting in RSIs in an ever-changing environment, which, as identified above, increasingly mixes our professional work and personal worlds.

This can be achieved by educating employees about making small adjustments to their working environment, such as chair height, alignment of monitors and screens to eye level and correct posture when typing or talking on the phone. Making occupational health and workstation assessment specialists (whether in-house or external) available for ongoing advice can also help to prevent any long-term behaviour that will result in RSIs.

Finally, when an employee displays symptoms of RSI, a referral to occupational health, GP or a specialist team should be made promptly to ensure treatment is offered at an early stage.

■ *Dr Tony Kochhar runs the RSI Clinic at London Bridge Hospital and can be contacted on 020 3301 3750 or at info@rsispecialist.co.uk He has also produced a free iPhone app available via the iTunes store.*

Reference

►Gormley F and Barnes A. Managing carpal tunnel syndrome at work. *Occupational Health*. November 2010