

Diffuse RSI (Non specific pain syndrome)

RSI Conditions

The term Repetitive Strain Injury is an umbrella term used to describe a number of specific musculoskeletal conditions, including Carpal Tunnel Syndrome and Tendinitis, as well as non-specific forms which are more difficult to define but which recent research attributes to nerve damage. These conditions are often occupational in origin. Lack of adequate diagnosis or access to appropriate treatment can exacerbate the condition and sometimes leads to job loss and economic hardship.

What is 'diffuse' RSI?

Most industrial and manufacturing activities throughout the ages, which have involved any form of repetitive movement, have had their own overuse syndromes. Soft tissue injuries to muscles, tendons and nerves in the hand, arms, neck and shoulders are known by a variety of names. *Tenosynovitis*, for example, is a recognised industrial injury for occupations involving frequent or repeated movements of the hand or wrist and in the late 1990s many thousands of miners and gas workers received compensation for *Vibration White Finger*.

In recent years, office workers in particular have been reporting a variety of symptoms sometimes in different parts of the body. With these 'diffuse' conditions, doctors have often been unable to see any signs of injury and the nature of non-specific RSI has become a controversial subject. In the absence of a pathology, psychogenic or 'all-in-the-mind' theories have flourished.

Research carried out at University College London by physiotherapist Jane Greening and neurologist Dr Bruce Lynn indicates that one possible cause of non-specific pain syndrome may be nerve damage similar to a number of other painful neurological conditions.

Their studies showed that RSI patients have a reduced sensitivity to vibration and more painful responses to test stimuli. MRI scans also revealed marked restrictions in the mobility of the median nerve, which supplies information back to the brain about sensations felt in the hand. This pattern of evidence points towards RSI having a neuropathic cause and they propose to investigate other possible sites of nerve entrapment, for example, the shoulder.

Though each case of diffuse RSI is quite individual and non-occupational factors should also be investigated, generally some changes will be needed at work. Areas to consider include pacing, rest breaks, reducing repetition and force, posture, and the use of ergonomically designed tools and equipment to reduce the risk of further damage.

The Symptoms

The symptoms of RSI include aches, pain, numbness, tingling, weakness and cramps. With diffuse RSI there are usually no visible signs, although people with specific, diagnosable conditions can have diffuse pain as well. Wrist and forearm pain may appear to spread to the upper arm and shoulder. Neck and upper back stiffness may also occur. Patients sometimes describe temperature and colour changes in their hands.

The Causes

The most common identifiable factor appears to be overuse of the keyboard or computer mouse, often combined with poor or static posture. When the body is in a state of tension, the soft tissues of the body are also more vulnerable to damage. Non-specific pain syndrome is also recognisable in musicians and production-line workers.

The Doctor's Examination

The process of getting a diagnosis can be something of a merry-go-round if your condition doesn't have any recognisable clinical features. In the UK, GPs receive little training in the treatment of musculoskeletal disorders. An initial examination of the painful area will look for tenderness and swelling, symptomatic of conditions such as *Tenosynovitis* or *Epicondylitis*. You may be referred for blood tests and X-rays to rule out disease e.g. rheumatoid arthritis. Numbness and tingling in the fingers classically suggest *Carpal Tunnel Syndrome* and your doctor may send you for a nerve conduction test to measure electrical impulses along the median nerve where it passes through the wrist.

Ideally your GP will refer you to a specialist who has taken an interest in RSI-type conditions, usually a rheumatologist or neurologist. If you then emerge from further tests and clinical examination with no specific signs of injury, but with a clear connection between your symptoms and your work, you may end up being diagnosed with RSI as a way of describing your condition.

Treatment

Though not always successful, treatment for specific RSI conditions is quite well defined. For diffuse RSI, it is generally accepted that both conventional medical treatments and surgery are not beneficial. More radical approaches are required. These include physiotherapy (including ANT *adverse neural tension*), pain management techniques, massage and cranial-osteopathy. Body 'training', for example Alexander Technique, Yoga, Tai Chi or Pilates, will help to realign posture and reduce tension. Some benefit may also be found from consulting a nutritionist. Choose your therapist wisely. The rapport you have with them is probably as important as the therapy itself and it is sensible to check that s/he is a registered practitioner in the way you would expect your doctor to be.

There is no magic cure for this kind of RSI. The most benefit will be found from an integrated, 'whole person' approach, whereby the individual takes responsibility for managing their own recovery and learns the links between their mind and body and their environment.