RSI: Treatment and Recovery

What is 'RSI'?

'RSI' is an umbrella term originally coined by the media and used to cover a range of more than 20 specific disorders of the musculoskeletal system. These include tendinitis, tenosynovitis and carpal tunnel syndrome (Type 1 RSI).

It is also used to describe the more difficult to define non-specific pain syndrome (NSPS), occasionally called 'diffuse-RSI', which recent research attributes to nerve damage (Type 2 RSI). RSI conditions are almost always occupational in origin, although other factors may also be involved.

RSI is not a recognised medical condition and the term does not readily lend itself to use as a medical diagnosis. Often referred to as 'upper limb disorders', these conditions can also affect the neck, shoulders, back, lower limbs and spine in various areas, which in turn can cause referred pain into the arms, making diagnosis difficult.

Symptoms of numbness, tingling, sharp pain, dull ache, weakness, loss of grip and restricted movement of limbs can render people incapable of carrying out the simplest of tasks, at home or at work. Lack of accurate diagnosis and access to appropriate treatment further exacerbate the condition, frequently resulting in job loss and economic deprivation.

Managing an RSI condition

There is no standard response to any RSI condition as there is always a range of variables which need to be addressed. It is important to look at the workstation layout to ensure that it is ergonomically sound. However, despite the fact that corrections to the workstation may be a useful preventative measure, this is highly unlikely to be the only intervention necessary to aid recovery as, invariably, a number of factors contribute to the injury. Not all of these factors will apply in every case, but they can include:

Physical aspects of work

- loads (e.g. pulling, pushing, lifting)
- poor posture (e.g. working in painful and tiring positions)
- highly repetitive movements
- forceful hand applications (e.g. twisting, gripping)
- direct pressure on, or a blow to, the body
- body vibrations (e.g. from using power tools)

Work environment and work organisation

- an ergonomically unsound workstation
- excessive workload
- pace of work - prolonged periods of work without adequate breaks
- repetitive work - sustained overuse from too much repetitive movement
- time patterns (e.g. long hours, tight deadlines)
- payment systems (e.g. piecework)
- monotonous work
- fatigue
- cold work environments
- stressful psychosocial work factors (e.g. lack of control over task prioritisation)

Unlike a broken arm, for example, where the cause and the treatment are likely to be easily identifiable, RSI conditions can sometimes build up over a long period of overuse before any pain or discomfort is felt. Tendons can become inflamed and muscles damaged, leading to restrictions in blood-flow, which exacerbate the problem.

5 Steps to Recovery

The recovery regime involves five equally important activities:

1. avoid the risk of any further damage by adjusting the way you work or the activities you engage in outside work
2. obtain a full and accurate diagnosis of the condition (or range of conditions)
3. seek appropriate treatment to remove restrictions to blood-flow (efficacy varies according to the condition(s) and circumstances of the individual)
4. engage in activities to stimulate blood flow (and avoid activities which restrict circulation)
5. undertake a period of rehabilitation before resuming a full workload

Diagnosis and Treatment

Continuing to undertake activities which further damage the injured area will only serve to worsen the condition and can lead to long-term injury. It is important to consider activities, both at work and in personal life, which can aggravate the problem – many (if not most) activities involve use of the hands and arms, and are likely to delay recovery.

Activities such as driving, carrying shopping, gardening and housework (chopping vegetables, ironing, cleaning, washing the dishes, etc.) can counteract the effects of any treatment regime. Even if these don't cause pain directly (and it is quite usual to experience a delayed reaction with pain manifesting itself hours later or even on the next day) they are likely to slow down or halt the recovery process.

The diagnosis of musculoskeletal disorders does not feature highly during the medical training of doctors and your local GP or specialist may not have detailed knowledge of these conditions. A diagnosis

must identify the specific condition (or conditions), for example, tendinitis, carpal tunnel syndrome, frozen shoulder, etc. RSI conditions do not show up on x-rays, as only soft tissues are affected. To achieve an accurate diagnosis, it may be necessary to speak to an appropriately experienced medical consultant.

There is no single treatment which is universally effective. Each case must be considered individually and treatment can be a matter of trial and error. The usual first course of action might involve visiting a good physiotherapist with the experience and qualifications necessary to treat RSI. As blood-flow is important, regular exercise (such as brisk walks) can be effective. It is important to keep the damaged area mobile without aggravating the injury. Active rest is vital to the recovery process.

Some of the factors contributing to RSI conditions can lead to referred pain in the arms and hands. Treatment for arm pain which is in fact the result of an unrecognised neck problem would serve little purpose. Depending on the circumstances, treatments might include osteopathy, chiropractic, deep tissue massage, acupuncture, short-term anti-inflammatory medication, or any other treatment prescribed by a doctor. Painkillers have a role to play as long as they are not used while still undertaking tasks which aggravate the problem. Others have gained relief from such ‘hands-on’ therapies and body training techniques as Yoga, Pilates, Alexander or Bowen, especially when used in conjunction with conventional therapies.

A complete recovery is essential before returning to work and a period of rehabilitation, with a gradual build-up of work, will lessen the risk of repeated injury. An injured athelete would not run a marathon on the first day back in training.

www.rsi.org.uk.