

RSI

Repetitive Strain Injury (RSI) is a general term used to describe a number of painful conditions which affect the body's muscles and nervous system and which are associated with repetitive work and other forms of overuse such as, static tension of muscles for long periods of time.

There are a number of general terms in common usage, such as Work-Related Upper Limb Disorder (WRULD), Occupational Overuse Syndrome (OOS), Cumulative Trauma Disorder (CTD) and Occupational Cervicobrachial Disorder (OCD). None describes the condition fully or perfectly.

The hazard

The human body can withstand many stresses and strains and is self repairing, but it's not invulnerable. When the injury is work related, people are often pressured to carry on. The injured part is not given the chance to recover, potentially compounding the problem to a disability.

It is generally accepted that RSI appears as two broad conditions, these may overlap and are:

- i) Pain at the point of injury (localised condition).
- ii) Pain is experienced away from the point of injury (diffuse condition).

Localised injury can be grouped as follows:

- ▲ Inflammation of the muscles, muscle-tendon junctions or associated tissue (e.g. tenosynovitis).
- ▲ Inflammation of the tissues of the hand, elbow or knee (e.g. heat conditions such as bursitis).
- ▲ Compression of the nerve (e.g. carpal tunnel syndrome).
- ▲ Fatigue of muscles because of excessive load or static posture.

Diffuse injuries are much less well understood and harder to diagnose because the location of the injury is not

where the symptoms are being experienced.

Symptoms

The commonly reported symptoms of localised and diffuse RSI are:

- ▲ pain
- ▲ tenderness
- ▲ burning sensation
- ▲ pins and needles
- ▲ crepitus (a crackling feeling when tendons are pressed)
- ▲ loss of sensation (numbness)
- ▲ sensation of cold
- ▲ swelling
- ▲ ganglion (cyst-like swelling)
- ▲ muscle weakness
- ▲ muscle spasm
- ▲ joint restriction/loss of movement
- ▲ loss of grip
- ▲ stiffness

Not all sufferers will experience all these symptoms and they do not appear here in any particular order. Often there are no visible signs at all. In practical terms a sufferer with a very severe condition may not be able to hold a cup of tea, turn a door handle or lift a child.

Work, workload and posture

RSI sufferers come from a wide variety of occupations but they are predominately workers who have repetitive (and often fast-paced or high workload) job tasks.

In 1995 the Health and Safety Executive published a Labour Force Survey that identified four occupational groups in which RSI was particularly prevalent:

- ▲ Armed Forces.
- ▲ Construction workers.
- ▲ Textile processing worker.
- ▲ Other processing workers (including computer users).

Contorted work posture or poor workstation design can cause RSI but workload and pressure of work are regarded as the main cause. For example,

a packaging company, where there were many RSI injuries sustained among line workers, paid a small fortune for an ergonomically designed packaging line to reduce the injury level. They were surprised that the reported rate of injuries did not decline. A safety audit of the new process revealed that, after its installation, shift production managers had increased the speed of the line by 40%.

Development

RSI does not suddenly appear. Most sufferers, but not all, experience a development of symptoms:

1) Initial symptoms.

This stage may last weeks or months, but is reversible and the symptoms subside when not working.

2) Secondary symptoms.

Recurrent pain, aching and tiredness happen sooner in the working day, persist at night and can disturb sleep. Physical signs, such as swelling, may be visible. This stage may last several months.

3) Final condition.

Symptoms are experienced when the person is resting completely. Sleep is often disturbed and the sufferer may be unable to carry out even light tasks at home or work. Sometimes the damage is irreversible and the person is permanently and seriously disabled.

Initial symptoms are virtually impossible to distinguish from general aches and pain arising from ordinary fatigue and may continue for weeks or months. However, the onset of the final condition can take place within weeks. It is therefore vital to take all symptoms seriously and take prompt action.

Criminal law

There is no specific law on RSI. However, under The Health and Safety at Work Act 1974 employers are required, so far as is reasonably practicable, to provide a "safe system of work". More recent

legislation requires them to eliminate, or reduce to a minimum, hazards to the health of employees by carrying out a "suitable and sufficient" risk assessment. These are:

- ▲ The Management of Health and Safety at Work Regulations 1999
- ▲ The Manual Handling Operations Regulations 1992
- ▲ The Health and Safety (Display Screen Equipment) Regulations 1992
- ▲ The Provision and Use of Work Equipment Regulations 1998
- ▲ The Workplace (Health, Safety and Welfare) Regulations 1992 as amended
- ▲ The Personal Protective Equipment at Work Regulations 1992
- ▲ The Control of Vibration at Work Regulations 2005

Civil law

There have been many compensation cases over the years but the situation is still not clear cut. Approximately 2,500 claims for RSI are pursued each year but only a few go to court and this only represents a small proportion of the incidence of RSI.

The cases most likely to succeed are those in which there is a clearly diagnosed localised condition such as tenosynovitis. Cases of diffuse RSI remain difficult to prove but there are successes with this type of claim.

The Trade Union Congress (TUC) point out that most cases pursued by trade unions are settled out of court.

State benefits

A limited number of RSI conditions can lead to payment of state benefits. For further information contact a local benefits office.

Workplace action

Preventing employees developing RSI has to be every employer and safety reps priority. Employers are legally required to do a risk assessment and consult with safety reps by the Management Regulations and to act on their findings to reduce the risk of injury. Failure to prevent injury can result in the employer being sued for compensation.

When employees complain of RSI symptoms it is important to act swiftly.

Employers and safety reps should ensure employees report their symptoms:

- ▲ in the accident book or any other reporting system in place;
- ▲ to their supervisor so that work can be stopped if necessary, reassessed and preventive measures introduced by the employer;
- ▲ to their family doctor, relating them to their work and follow their doctor's advice, especially if rest is recommended as to continue working may compound the injury.

Improvements to work should be made. Where it applies, the Disability Discrimination Act (DDA) 1995 requires "reasonable adjustments" are made to help injured workers work, although this should be general practice by employers whether the DDA applies or not.

Alternative work should be made available where necessary to help prevent further injury. Advice on alternative work equipment that might help fulfil the "reasonable adjustments" requirement can be sought from the Dept. of Work and Pensions "Access to work" scheme.

If none of the above can be achieved then rest away from work may be the only solution. Dismissal of those injured should definitely not occur and could lead to the employer getting in trouble with the law, having to pay compensation. If all else fails and it is appropriate, early retirement on medical grounds may be in the employee's best interests and can be explored.

Safety reps should negotiate an RSI prevention policy covering the above.

Further information

- 1) RSI Hazards Handbook (LHC) downloadable in full from www.lhc.org.uk/members/bookind.htm
- 2) Is ill-health due upper limb disorders a problem in your workplace HSE Indg 171 downloadable from www.hse.gov.uk/pubns/indg171.pdf
- 3) Dept. of work and pensions "Access to work" support. Information available from: www.jobcentreplus.gov.uk/JCP/Customers/HelpForDisabledPeople/AccessToWork/
- 4) Trade Union Congress: www.tuc.org.uk/h_and_s/index.cfm?mins=397
- 5) RSI Association: www.rsi.org.uk/download_centre.asp
- 6) The Chartered Society of Physiotherapists www.csp.org.uk/uploads/documents/csp_briefing_erus_hs08.pdf
- 7) Disability Rights at WorkSmart: www.worksmart.org.uk/rights/viewquestion.php?eny=27

Factsheets online www.lhc.org.uk London advice 020 7794 5999



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