Repeat gains

Fears relating to job security, house prices, cuts in public services and retirement funding are causing us all to work harder and longer hours. Faced with such pressures, it is understandable why some would believe any impact of Repetitive Strain Injuries (RSIs) to be trivial. Indeed, I often come across a belief that RSI has 'gone away', while there are those who, despite the evidence, never really believed it existed in the first place.

Because of such beliefs and a tangible sense that RSIs are no longer 'fashionable', I know occupational-health professionals and others can sometimes struggle to ensure this risk is managed effectively and proportionately.

There are, of course, 'definition issues' – both in what really constitutes RSI and how it is recorded. For example, the HSE measures upper-limb or neck issues under a broader category of musculoskeletal disorders (MSD). What data does exist is also, for perfectly understandable reasons, gathered mainly through the employee self-reported illness survey conducted by the HSE.

Nevertheless, thanks to the excellent work of the Executive, there are certain things we do know. For example, in 2009/10 – the latest figures available – some 230,000 people reported upper-limb issues (the most likely area to suffer from RSIs), or 770 per 100,000 employed in the last 12 months. This represents around an 8-per-cent increase on last year's figure of 710 per 100,000 employed.[1] We also know that upper-limb issues led to the loss of 3.6 million working days in the UK during 2009/10, and 3.7m during 2008/9.[2]

Of course, some complaints in this category may not be RSIs but, equally, it could be suggested that a proportion of, say, back complaints could be RSI-related, along with other MSD areas.

Over the last year, in my own practice, I've seen a 30-per-cent rise in patients presenting with RSIs. When I interact with online communities, such as mumsnet, I'm surprised by the number of responses and interest there is from RSI sufferers. Given I am just one of many specialists in this field, it does raise an interesting question of just how prevalent RSIs truly are, both in the workplace and wider community?

The modern relevance of managing RSI as a workplace risk was also highlighted by a recent RSI compensation case brought in the High Court by two former employers of a well-known international airline.[3]

Taking all the above figures together, there is a compelling case for asking whether any employer can really afford to take this condition lightly. Equally, such stories and statistics should serve as an opportunity to convince any doubting employer that this is very much a live issue that needs addressing.

Indeed, through my daily work with patients, patient groups, legal experts and occupational-health professionals, I have come to notice how many of these situations could have been prevented with some simple advice, or at least minimised by the organisation taking appropriate action.

Such an approach not only ticks the relevant boxes for providing "reasonable and practicable" adjustments in the workplace to accommodate a medical condition, but it also prevents unnecessary suffering in the first place – as so many RSI conditions are easily alleviated by small changes to workstations, or working practices. Taking all this on board, the following Q&A guide on how to redress and prevent RSI is offered.

What is RSI and why is it rising?

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. Recent advances in technology, such as smartphones, handheld video games, and even hair-straighteners have led to a new wave of RSI problems. They are, nevertheless, mainly attributed to activities in the workplace.

RSI almost always tends to start as a minor ache. This is largely because it can affect nerves, muscles, tendons, tendon sheets, bones and joints – either in isolation, or in combination.

This initial slight annoyance is usually overlooked and no treatment is given, allowing the tissue irritation and damage to progress. Pain worsens, first at rest and then at night, affecting the individual's sleep. Finally, an acute problem becomes a chronic condition.

When looking for an explanation as to why this occurs, two factors need to be taken into account. The first is that the ability for a tissue to heal is dependent on its blood supply. The tissues and structures involved in RSIs (tendons, tendon sheaths, capsules, ligaments, nerves) generally have very poor blood supplies. Therefore, they heal very slowly and respond poorly to injury. Secondly, as defined by its name, a

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