

RSI Fact sheet

Using a keyboard and mouse is painful, what should I do?

If you are suffering pain at work, you should stop. If you carry on working at the keyboard or mouse, hoping it will go away, it won't! It will just get worse. If you take painkillers to help you through the work, it may get worse more quickly.

What is RSI?

Repetitive Strain Injury (RSI) is used as a general term for a wide range of injuries to the hands, wrists, arms, elbows, shoulders, neck and even the back, the result from repetitive work.

Do I have RSI?

Do you use a computer keyboard, mouse or stylus and do you suffer from any of the following symptoms in your fingers, hands, elbows, shoulders, neck and even the back?

Pain... pins and needles ... muscle spasms ... numbness ... tenderness ... muscle weakness ... swelling ... "cracking" feeling ... restricted movement.

If you answer "yes" you should read on.

Will the symptoms just go away?

Hardly likely! If you do have RSI you should know it is a progressive long-term condition that gets worse the longer it goes unrecognized and untreated. The earlier you start treatment, the better your chance of a complete recovery.

There are three broad stages in the development of RSI:

Stage One: aches and pains, tingling and feeling of warmth in the hand, arm, neck or shoulder caused by early inflammation arising from intensive work. These may go away after a night's rest. Nearly everybody suffers at times from these, which can stay at this level for months, but they are a warning that must be recognised.

Stage Two: recurrent pain, aching and tiredness that occur earlier during the working day. These symptoms persist at night, causing sleeplessness, and can go on for months. Users who work on, or resort to painkillers, without rest or treatment at this stage can go on to develop very serious condition conditions. Painkillers do exactly what name implies. They kill pain but don't cure it. In addition to having some unsavoury side effects, painkillers can make your RSI worse if you keep on working in an artificially pain free state.

Stage Three: constant pain and weakness, even when resting, which can be irreversible. This stage will affect the sufferer's ability to work and to carry out even light tasks at home. There is frequently swelling of the wrists and hands, which go cold and can almost literally turn blue from restricted circulation.

The development of RSI through these stages can sometimes be very dramatic, which users' hands suddenly "seizing up". Although RSI appears to be the gradual build-up of small amounts of damage to the soft tissue of the upper limbs – what started as a dull ache or cramp can develop – in a relatively short time – into a total inability to use the limb.

What is RSI?

There are a number of specific conditions, which can be separated into two categories, localized (distinct) and diffuse. Among the localized, the best-known ones are:

Writer's Cramp – involuntary cramping of the hand or forearm. Without intervention this condition, common among writers and stylus users, may grow progressively worse. (This is prescribed as Industrial Injury No. 4.)

Tenosynovitis – inflammation of the sheath that protects the tendons, usually in the hands or wrists, causing difficulty in using hands, aching, swelling, tenderness, extreme pain. (This is prescribed as Industrial Injury No. 8.)

Tendonitis – inflammation and thickening of the tendons themselves, which leads to virtual paralysis of the fingers.

Carpal tunnel syndrome – pressure on the median nerve which passes through the carpal tunnel from the arm to the hand. Inflammation presses on the tunnel, causing pain, numbness and the 'pins and needles' feeling very common among keyboard and mouse users.

Epicondylitis (tennis elbow) – inflammation of the epicondyle, the region of the elbow joint.

Peritendonitis – inflammation of the junction of muscle, tendon and surrounding tissue.

Some of these conditions can be temporarily relieved, for instance with steroid injections, but this is not a cure, and all conditions are difficult to treat medically. There can be surgery for carpal tunnel syndrome.

Many specialists are now arguing that these specific or local conditions are found in a small percentage of RSI cases.

The rest cannot be classified at present; the pain is not localized but diffuse. Many specialists argue that in these cases the injury is no longer purely “musculo-skeletal” but neuro-musculo-skeletal”. These non-specific conditions may be treated through specialized physiotherapy, massage, exercise – and rest.

Whether one is diagnosed with Distinct or Diffuse RSI, in nearly all cases adverse neural tension also occurs. This is where the nerve (in the arm, shoulder, neck etc) becomes tethered. As the nerve cannot slide in its protective sheath – pain, tingling, misfiring of the muscles and spasm is experienced. The nerve can become tethered due to a pressure point on the nerve or damage to the sheath it runs in.

Muscles tightening and scrunching up could cause the tethering. This is often the case with RSI and happens because of the static posture we sit in at workstation. As the muscles are tight, the blood supply is restricted and fatigue comes. The muscles stay in this fatigued state as they never get to relax and have the blood supply restored. Surrounding muscles become tight to support the fatigued muscles and the problem spreads. Tethering also results in restriction of the blood supply to the nerves which prevents them from functioning properly and can eventually cause the nerves to send pain signals to the brain. If you are referred to physiotherapist, check if they know about ANT and its treatment.

What should I do?

1. First, if your workplace has an NUJ chapel tell the Mother or Father of your chapel who will know the management’s attitude and give you guidance. If your workplace does not have a chapel, speak to the NUJ at Head Office before approaching management. Make sure that details of your injury (the symptoms and signs) are accurately recorded in your employer’s work accident book – which should be located near the First Aid box. You should also keep a personal diary or record of the problem and any response from your employers. Be careful how you inform your employers of your problem. Keep copies of all correspondence, management circulars, etc.
2. RSI needs immediate medical attention. Go and see your GP. Sadly, it must be said that many GPs still remain ignorant about RSI and if you are not happy with their advice, diagnosis or treatment, demand a referral to a specialist. You don’t have to accept the first (or second) opinion you get. RSI sufferers tend to be referred to rheumatologists, orthopaedic surgeons or neurologists.

You should also get referred to a good physiotherapist for treatment, i.e. one with some postgraduate training in the management of RSI. Physiotherapy can be one of

the most effective forms of treatment for RSI, particularly neurodynamics (sometimes referred to as Adverse Neural Tension) where stretching and manipulating techniques are used to free nerves entrapped between muscle fibres. Some company doctors and occupational health departments do know about RSI and can be helpful – sadly, some are not, and are likely to try and give you painkillers and send you back to work. Any cost of treatment must be borne by your employer. NHS treatment may be available, but waiting lists can be long, and if they are, your employer should pay for the immediate private treatment. The cost should be covered by their health insurance.

3. Don't allow any further damage to be caused. You should have an ergonomic assessment of your workplace and working techniques. The assessment should take into account your injury (which may include stress), and any appropriate adaptive equipment that should be provided to enable you to continue or return to work. The assessment may identify the cause (or one of the causes) of the problem. Employers have a duty to make "reasonable adjustments" to the workplace or to the way in which work is done, where a disabled employee or applicant is placed at a substantial disadvantage when compared with a person who is not disabled.

(The Management of Health and Safety at Work Regulations 1999 place a duty on employers to carry out a risk assessment of work activities to determine any risks to workers' health and safety. Furthermore, it is a requirement of the Display Screen Regulations (1992), under the Health and Safety at Work Act (1974) that ALL workstations have an ergonomic assessment. Also see The Workplace (Health & Safety & Welfare) Regs 1992.

4. If the pain persists you should stop working, or work less, on the keyboard or mouse. Management should propose remedial action but beware; they may expect a smattering of expensively designed ergonomic computer furniture to solve job-design problems. They should review the risk assessment of your work, implement any necessary changes (e.g. adapting your workstation and/or restructuring your job); and train you in preventive principles (e.g. regular work with regular breaks, good posture, dealing with stress techniques, keyboard shortcuts). They should provide other ways of working for you; it may be better than being off work altogether. Subs can become reporters or feature writers and either do less keying, dictate their work or, preferably, learn to use voice recognition software (its performance has rapidly improved recently). The NUJ may be able to push your case if you need it. But you must keep your job, with no loss of pay or status. Sufferers must not be victimised. If the pain gets so bad you can't work at all and need time off; this must be on full pay. Resting, i.e. removing the aggravating factor from your working life can be beneficial. Furthermore, when you rest your arms, any part of the limb that has the problem will not get the gentle exercise needed to maintain circulation and "lubrication".

5. You have a right not to be injured at work. If you are off work for treatment, don't go back unless your doctor agrees. If you haven't fully recovered you can soon be in trouble again. Don't go back full-time on screen, but gradually: either working part-time, or working part of the time off-screen. Some companies stop the pay of journalists off work after a time – a year, six months or even a few months – according to their health insurance, but keep them in notional employment. They hope you'll get fed up and resign – don't! your work related illness is your employer's responsibility, not just yours. Your employer should deal with you fairly.

Will I be sacked or demoted?

Your employer cannot sack you for short absences due to sickness. Historically, if your RSI has led to prolonged periods of sick leave your employer could use two methods to legally dismiss you:

“Frustration” (where you can no longer fulfil your obligations in the contract of employment). There is no right to notice in cases of frustration.

“Capability” (you are no longer capable of doing the job for which you were employed. In order for the dismissal to be legal, an employer will normally be expected to have given warnings, consulted with the employee about the length of sick leave needed, consulted with doctors about the nature of the illness and with the employee to see if there are any alternatives to dismissal e.g. redesigning the job and work station).

Implementation of the Disability Discrimination Act should have reduced the number of employers using these as grounds for dismissal and the Disability Rights Commission has promised to take action against employers who unfairly discriminate against employees (even temporaries and those on short-term contracts) on grounds of their disabilities. But if you suspect your work situation is about to change keep the NUJ informed. Don't just rely on the DRC to fight your case after you have been sacked.

Some employers use devious ways of getting rid of staff e.g. putting journalists on disciplinary charges because their work output has decreased as a result of their injuries. If you are threatened with a disciplinary charge, you are legally entitled to be accompanied by your union Rep or official.

What benefits are available?

If you are absent from work, lose your job or are disabled as a result of your RSI you may be entitled to the following non-means tested benefits (in the UK): Statutory Sick Pay, Industrial Accident benefit, Industrial Disease benefit, Incapacity benefit, Disability Working Allowance and Disability Living Allowance. It is important to claim benefits as soon as possible, particularly DLA (which triggers other benefits and premium payments).

However, since the Labour Government came to power, it has removed from injured workers the right to Legal Aid to claim compensation from their employers, it has abolished Severe Disablement Allowance for new claimants, introduced stringent and humiliating medical tests for those eligible for Incapacity Benefit, forced claimants with mortgages into homelessness by withdrawing MIRAS tax relief and; in real terms, reduced the value of (already inadequate) supplementary benefits. It has also substantially reduced the period for backdating claims and appealing against Benefit Agency (DSS) decisions. Opportunities for retraining have also been restricted with the removal of grants and the introduction of fees.

However, one benefit that remains intact (for now) and to which you may be entitled to funds is the Access to Work programme (type in "access to work" on the web). This scheme was designed to help disabled people stay in work or get a job. It can help pay for between 80-100% of "approved costs of help", such as voice recognition software or adjustable desks. If you are employed, your employer pays for the equipment you need then applies for a refund for most of the cost. If you are a freelancer, you may also be entitled to this benefit but different conditions apply. To join the scheme contact the Disability Employment Advisor (DEA) at your local job centre. Warning: The standards of DEAs vary from appalling to very good. It is always worth appealing against negative decisions, if you can drum up the energy!

(Please note that laws and benefits are different in other countries)

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Websites

One really good UK website "Repetitive Strain Injury Awareness" go to
www.keytools-ergonomics.co.uk

Other useful Websites

Labour Research Department at www.LRD.org.uk.
LRD published a useful booklet in January 2004 "Pain at Work" – an LRD guide to musculoskeletal disorders priced £4.50.

Computing Out Loud: at www.out-loud.com. This site is intended to help people using speech recognition software.

Ergonomics Guidelines for the Office: at ur_net.com-office-engo relates to office furniture.

London Hazards Centre: www.lhc.org.uk - LHC produces a number of excellent books, RSI Hazards Handbook and VDU Work and the hazards to Health.

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