

Appendix G

Repetitive Strain Injuries

Background

1. There are highly divergent opinions on the cause and effect relationships within the medical and business communities concerning Repetitive Strain Injuries (RSI). However, there is evidence that indicates work activities involving varying degrees of force and/or repetition and/or poor ergonomics can cause RSI.
2. The following are guidelines to determine work relationships for RSI claims.

Guidelines

1. Repetitive Strain Injuries means musculotendinous injuries caused by particular muscle groups being overloaded from repeated use, force or by the maintenance of constrained postures. RSI injuries result in pain, fatigue and a decline in work performance.
2. RSI includes, but is not limited to, the following common activity related musculoskeletal or soft tissue injuries: carpal tunnel syndrome (CTS), epicondylitis (tennis or golfer's elbow), cubital tunnel syndrome, tendonitis, rotator cuff, shoulder impingement syndrome, radial tunnel syndrome, thoracic outlet syndrome, trigger finger and disablements from vibrations.
3. The three major risk factors for RSI in the workplace include:
 - a. Repetition: The number of times the specific activity(s) is repeated and the percentage of the workday during which it occurs.
 - b. Force: The weight or impact of the object being handled and/or the force of body action required to carry out the activity.
 - c. Ergonomics: The body positioning, both static and dynamic, required to do the activity and the set-up of the work area involved.
4. Repetition and force are the primary factors with poor ergonomics increasing the effect of the two primary factors.

The following matrix is used as the basis for determining the cause and effect relationship to employment:

| HIGH FORCE/LOW REPETITION | HIGH FORCE/HIGH REPETITION |
|--|---|
| <ul style="list-style-type: none"> • Medium to high probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Grinder operator. ○ Electricians. | <ul style="list-style-type: none"> • High probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Meat cutters. ○ Carpenters. ○ Jack hammer operator. |

| LOW FORCE/LOW REPITITION | LOW FORCE/HIGH REPITITION |
|---|--|
| <ul style="list-style-type: none"> • Low probability of employment relationship. | <ul style="list-style-type: none"> • Medium to high probability of employment relationship. • Probability increased with poor ergonomics. • Job examples: <ul style="list-style-type: none"> ○ Typists. ○ Cashiers. ○ Painters. |

5. The following factors will be considered which may support an RSI claim:
 - a. A precise symptom onset during work activity.
 - b. New to the activities in the job.
 - c. Recent increase in activities at work.
 - d. Age of worker and years of activity.
 - e. Improved symptoms away from work.

6. The following factors will also be review which do not support an RSI claim:
 - a. Symptom onset away from employment.
 - b. Activities performed for many years.
 - c. Recent increase in activities outside work.
 - d. Other medical considerations (medications or therapies).
 - e. Bilateral symptoms without bilateral activity.
 - f. Continue or increasing symptoms away from work.

7. However, the factors in points 5 and 6 are not to be used as the sole basis for acceptance or denial of a claim.