

Work-Related Upper Limb Disorders (WRULDs)

WRULDs (pronounced "Rules") covers a wide range of injuries resulting from:-

- Highly repetitive movements
- Movements requiring excessive force
- Movements at the extremes of reach
- Rigid and awkward postures

Sometimes, just one of these factors may cause the injury. More frequently, it's a combination.

These are also referred to as Repetitive Strain Injuries (RSI).

Nature of the Problem

Most problems for GPMU members have occurred in print-finishing areas and in packaging manufacture. There are also a growing number of keyboard related cases. Problem areas include:-

- Hand feeding and unloading of machines e.g. folding, gluing and binding equipment
- Assembly work
- Counting, sorting and checking tasks
- Breaking or knocking-out e.g. waste removal at cutting and creasing operations
- Knocking-up, e.g. before stacking, machine feeding or before wrapping or packing

- Flat packing, e.g. wrapping reams of paper
- Packing into cartons
- Hand banding of bundles or packages
- Hand insertion work e.g. of leaflets into newspapers and periodicals
- Hand stuffing of envelopes
- Keyboard work e.g. typesetting, sub-editing and tele-ad work

Getting the Message Across

It's important that all members know that their work may well be the cause of ULDs, and their employer has a duty to do something about it.

The HSE has told managers, "Where problems of ULDs are known or thought to exist, working arrangements should be examined with a view to eliminating or controlling risk factors. Where employees have developed ULDs, there is a particular need to assess and control possible work-related factors."

Symptoms

WRULDs are progressive, long term conditions which are generally characterised by three stages. Although the symptoms experienced by each individual do not necessarily fit exactly the pattern outlined below:

COMMON WRULD INJURIES

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| Tenosynovitis: | Inflammation of the sheath surrounding the tendons, usually of the hand or wrist |
| Tendonitis: | Inflammation of the tendons |
| Peritendonitis: | Inflammation of the area surrounding the tendons and their sheaths |
| De Quervains Disease: | Tenosynovitis of the thumb |
| Carpal Tunnel Syndrome: | Pressure on the medial nerve which runs through the carpal tunnel in the wrist |
| Epicondylitis: | Strain injuries in the region of the elbow joint |
| Shoulder Capsulitis: | Loss of elevation and rotational movement of the shoulder |
| Bursitis: | Inflammation of the bursa, the sack of fluid over a bone which allows easy movement of the tendons |
| Ganglion: | A cyst-like swelling on the wrist, often accompanying WRULDs. |

Stage 1 - MILD: Pain, aching and tiredness of the wrists, arms, shoulders or neck during work, which improves overnight. This stage may last weeks or months, but is reversible (threatened over-use injury).

Stage 2 - MODERATE: Recurrent pain, aching and tiredness occur earlier in the working day, persist at night, and may disturb sleep. Physical signs may be visible, such as swelling of tendon areas. This stage may last several months.

Stage 3 - SEVERE: Pain, aching, weakness and fatigue are experienced even when resting completely. Sleep is often disturbed, and the sufferer may be unable to carry out even light tasks at home or work. This stage may last for months or years. Sometimes it is irreversible and full use of the affected part is never regained (established over-use injury).

Reporting

Symptoms should be reported to supervisors and to GPMU safety reps. An entry should be made in the workplace accident book - even if the condition does not seem too serious. All approaches to the employer should be recorded in writing. Swift action is vital to prevent further injury. Members are often reluctant to report problems to their employer. They fear victimisation, loss of overtime or even loss of their job.

The strength and support of the GPMU is therefore essential if workers are to challenge the root causes of WRULD.

Getting Treatment

The best chances of recovery come from early treatment, and at this stage that probably means rest. Painkilling drugs and injections may temporarily mask the symptoms and allow those injured to continue working. But this is a programme for disaster, and is likely to lead to a more serious long-term condition. All these aspects should be discussed with the general practitioner. Many GPs are not too knowledgeable about WRULDs, so it is important they know about the work involved and why this might have contributed to the illness. The work connection should be recorded in the patient's medical records.

Many sufferers are devastated when told to stop using their hands. It means they are unable to continue their employment; cannot perform even the simplest domestic task and cannot follow many sport and other leisure activities. Counselling has been necessary for those who become depressed.

Prevention

GPMU safety representatives have a legal right to investigate complaints made by members and their injuries and ill-health. Employers are legally obliged to consult with safety representatives on health and safety, work design and work organisation. In particular, employers have a duty to avoid manual handling tasks which may cause injury and assess those that cannot be avoided in accordance with the MHSW Regs and the Manual Handling Regs. The HSE book "Work-Related Upper Limb Disorders" contains a valuable checklist which can be used for joint investigations.

In the case of keyboard work and WRULDs, the DSE Regs are particularly relevant.

It is unlikely that making any one single change will put things right. Often problems are caused by a number of interacting factors, e.g.:-

- poor work station design and layout;
- poorly designed hand tools;
- high production demands or bonus systems;
- poor work methods and training.

A number of changes may need to be made and ergonomic solutions should be given first consideration. This means making the job fit for the person, rather than making the person adapt to fit the job.

Work patterns should also be examined, but usually solutions such as job rotation are only satisfactory in the short-term, while more permanent ergonomic changes are being organised. Job rotation does have drawbacks, particularly where the alternative jobs also involve repetitive or stressful movements, or static loading of muscles. It can also mean exposing more people to a potentially hazardous movement.

Unless risk assessment is straightforward, help should be obtained from a trained, qualified ergonomist.

Typical treatments for WRULDs

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| Rest | This is generally the best treatment in the early stages. It is necessary to avoid the movements which caused the problem. |
| Wrist Splint | Controversy exists as to the effectiveness of splints, and whether it is safe to continue working while wearing them. |
| Pain Killers, Anti-Inflammatory Drugs and Local Steroid Injections | These may produce side-effects and may encourage continued use, thus worsening the injury. |
| Physiotherapy | Has proved helpful but it's important the therapist is skilled in ULDs. |
| Operation | For carpal tunnel syndrome, an operation to relieve the pressure on the median nerve may be recommended. Surveys indicate a limited success rate. |

Compensation

Many employers are being sued for causing ULDs. Where they have failed to warn members of the risks of ULDs the courts have found them negligent. If warnings are given, the courts have said that this alone is not enough to avoid negligence. Employers must also take positive action to reduce risks and prevent ULDs.

No GPMU members should sign any statements which imply that they have accepted the risks of developing ULDs in their work.

State Benefit

Very few WRULD-sufferers qualify for State Benefit. Currently, this is payable only if the disease is diagnosed as tenosynovitis, bursitis, cellulitis, writers' cramp or carpal tunnel syndrome from the use of hand-held vibrating tools. This obviously excludes many ULDs and the trade union movement is fighting for wider recognition.

Additionally, if the injured person is assessed as being less than 14% disabled - and most WRULDs come into this category - then no disablement benefit is payable.

Nevertheless, claims should be made even if the chances of receiving benefit are slim. The disablement is then recorded, which may be helpful if later the condition deteriorates.

GPMU Advice

1. Avoid problems developing by assessment and better design of the work and the workplace.
2. Members must not sign anything which implies acceptance of ULD risks.
3. Any symptoms to be reported to the GPMU safety reps and the employer.
4. Treatment must be given as soon as possible.
5. Employers must take positive action to prevent further cases.
6. Members who develop ULD should apply for compensation.

WRULDs Agreements

WRULDs Agreements should be based on the following elements:-

- the employer and the union to assess work with the aim of identifying and eliminating, or controlling, WRULDs
- acceptance by the employer that WRULDs sufferers will be rehabilitated and returned to their normal work (redesigned if necessary). Where this is not possible they will be provided with suitable alternative work, with retraining if necessary, and with no loss of earnings
- a commitment by the employer, by agreement with the union, to change working methods and improve the design of work equipment, to prevent WRULDs
- the provision of information and training to workers and managers on WRULDs
- the use of an agreed ergonomic expert to assist in implementing the policy
- the use of an agreed medical practitioner experienced in WRULDs, to monitor staff on a regular basis
- full consultation and involvement of union representatives at all stages of the WRULDs prevention programme.