including liaison with the employer. Education on effective coping mechanisms for pain should also be included.

3 For employees absent from work with non-specific arm pain for more than four weeks, an individualised return-to-work plan should be agreed, in advance of the individual's return to work, following liaison between the rehabilitation team, the employer and the worker.

4 Employers should consider offering those workers with non-specific arm pain whose condition is aggravated by work, temporarily modified duties to allow time for the condition to improve.

Tenosynovitis

1 For those workers with tenosynovitis using display screen equipment, the existing workstation assessment should be reviewed by the employer, with the involvement of the employee, and the findings acted on. This should be revised whenever a substantive change to the workstation or work processes occurs, as required by the Display Screen Equipment Regulations.

2 Employers should consider offering those workers with tenosynovitis whose condition is aggravated by work, temporarily modified duties to allow time for the condition to improve.

Tennis elbow

1 Employers should consider offering those workers with lateral epicondylitis (tennis elbow) whose condition is aggravated by work, temporarily modified duties to allow time for the condition to improve.

The Disability Discrimination Act 2005 covers many workplaces. It says employers should make reasonable changes to help disabled workers. It may apply if you have an upper limb disorder.

People disabled from tenosynovitis or carpal tunnel syndrome thought to be caused by work may be eligible for Industrial Injuries Disablement Benefit in relation to certain occupations. Read more about this benefit in the Department for Work and Pensions guide to Industrial Injuries Disablement Benefits.[2]

Useful information

- HSE musculoskeletal disorders webpage: www.hse.gov.uk/msd/index.htm
- HSE Infoline – Tel: 0845 345 0055, Fax: 0845 408 9566, Minicom: 0845 408 9577 or email: hse.infoline@natbrit.com

References

1 NHS Plus, Royal College of Physicians, Faculty of Occupational Medicine. *Upper limb disorders: occupational aspects of management. A national guideline.* London: RCP, 2009.

2 Department for Work and Pensions. *DB1 – a guide to Industrial Injuries Disablement Benefits.* London: DWP, 2008. Available at www.dwp.gov.uk/advisers/db1/

3 Health and Safety Executive. *Work with display screen equipment: Health and Safety (Display Screen Equipment) Regulations 1992 as amended by the Health and Safety (Miscellaneous Amendments) Regulations 2002.* Rev edn. London: HSE Books, 2003.

Further copies of this leaflet are available from NHS Plus:
Email: nhsplus@nhs.net

For the full version of the guidelines on the occupational management of upper limb disorders, see: **www.nhsplus.nhs.uk**

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Upper limb disorders

Occupational aspects of management

Evidence-based guidance for **employees**

Royal College of Physicians
Setting higher medical standards

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Introduction

This leaflet tells you about a review of the workplace management of four upper limb disorders: carpal tunnel syndrome, non-specific arm pain, tenosynovitis and lateral epicondylitis (tennis elbow).[1] The work was carried out by a Guideline Development Group including representatives from employers, patients (employees), occupational health, general practice, rheumatology, ergonomics, physiotherapy, occupational therapy and the Health and Safety Executive (HSE). This leaflet looks at the workplace management of upper limb disorders but does not give medical or therapeutic advice.

What are upper limb disorders?

This term covers a range of musculoskeletal conditions in the arms.

- **Carpal tunnel syndrome** (CTS) causes pins and needles over the thumb, index, middle and ring fingers and results from pressure on the median nerve at the wrist.
- **Non-specific arm pain** is upper limb pain not due to any other condition. There has been much debate over the name and it may also be referred to as repetitive strain injury (RSI).
- **Tenosynovitis** is redness, swelling, stiffness and pain over the wrist tendons.
- **Tennis elbow** gives pain on the outer side of the elbow. This condition worsens with a lot of lifting or twisting at the wrist eg using a screwdriver.

Can work cause upper limb disorders?

Only a few robust studies show that work causes upper limb disorders. However, many suggest that working in awkward positions, with high force, rapid movements and/or use of power tools or computers can increase the risk. Organisational factors such as low supervisor support may also play a part. Carpal tunnel syndrome and tenosynovitis are 'prescribed diseases' for certain jobs. This means some jobs double the risk of developing these conditions. Affected workers in such jobs may be eligible for Industrial Injuries Disablement Benefit.[2]

How common are they?

- 1 in 20 adults gets carpal tunnel syndrome.
- 1 in 4 adults with an upper limb disorder has non-specific arm pain.
- 1 in 100 men and 1 in 50 women get tenosynovitis.
- 1 in 75 men and 1 in 90 women get tennis elbow.

Why should I know about upper limb disorders?

These conditions are common. The good news is most people will recover in time. However, some people will have continuing problems. Avoiding or reducing tasks that increase symptoms may help. Work may worsen problems and so may hobbies like gardening, sport or DIY. Early action may reduce the risk of a problem getting worse or lasting longer.

What should I expect from my employer?

According to the law, employers must identify work that is likely to cause upper limb disorders. They must do a proper risk assessment, inform you about their findings and act on them. Get help from your trade union, occupational health or the HSE if they do not.

Where can I find out more?

Your occupational health service can advise you about getting the right treatment. They will advise about work and how to control risks. You can visit the HSE website, call the HSE Infoline (Tel: 0845 345 0055) or speak to your GP.

Recommendations

Little high-quality evidence exists. There may be other factors that help but which have not yet been trialled and so lack the evidence base to be recommended. This review looks at what the scientific evidence so far suggests work can do to help if you have an upper limb disorder.

Carpal tunnel syndrome

1. For those workers with carpal tunnel syndrome using display screen equipment, the existing workstation assessment should be reviewed by the employer, with the involvement of the employee, and the findings acted on. This assessment should be revised whenever a substantive change to the workstation or work processes occurs, as required by the Display Screen Equipment Regulations.[3]
2. Employers should consider offering computer operators with carpal tunnel syndrome the opportunity to trial different computer keyboards.
3. Workers with carpal tunnel syndrome who are exposed to hand-transmitted vibration should

have their risk from vibration exposure reassessed and, depending on medical advice and reasonable practicability, should have their exposure reduced.

4. Employers should consider offering those workers with carpal tunnel syndrome whose condition is aggravated by work, temporarily modified duties to allow time for the condition to improve.

Non-specific arm pain

1. For those workers with non-specific arm pain using display screen equipment, the existing workstation assessment should be reviewed by the employer, with the involvement of the employee, and the findings acted on. This should be revised whenever a substantive change to the workstation or work processes occurs, as required by the Display Screen Equipment Regulations.
2. In workers with non-specific arm pain who have been absent from work for at least four weeks, multidisciplinary rehabilitation programmes including both physical and psychosocial approaches should be offered, or facilitated, by employers.

   The physical sessions, which should be led by a health professional (eg physiotherapist, occupational therapist), are aimed at improving strength and endurance using graded activity. Relaxation and energy conservation sessions should be included, aiming to equip the employee with effective coping strategies. Education on ergonomics may be included as well.

   The psychosocial component, which should be led by a health professional (eg psychologist, occupational therapist), is aimed at improving coping strategies using cognitive behavioural techniques, and preparation for return to work