



UNIVERSITY OF
ABERDEEN

EPIDEMIOLOGY RESEARCH REPORT 2019a

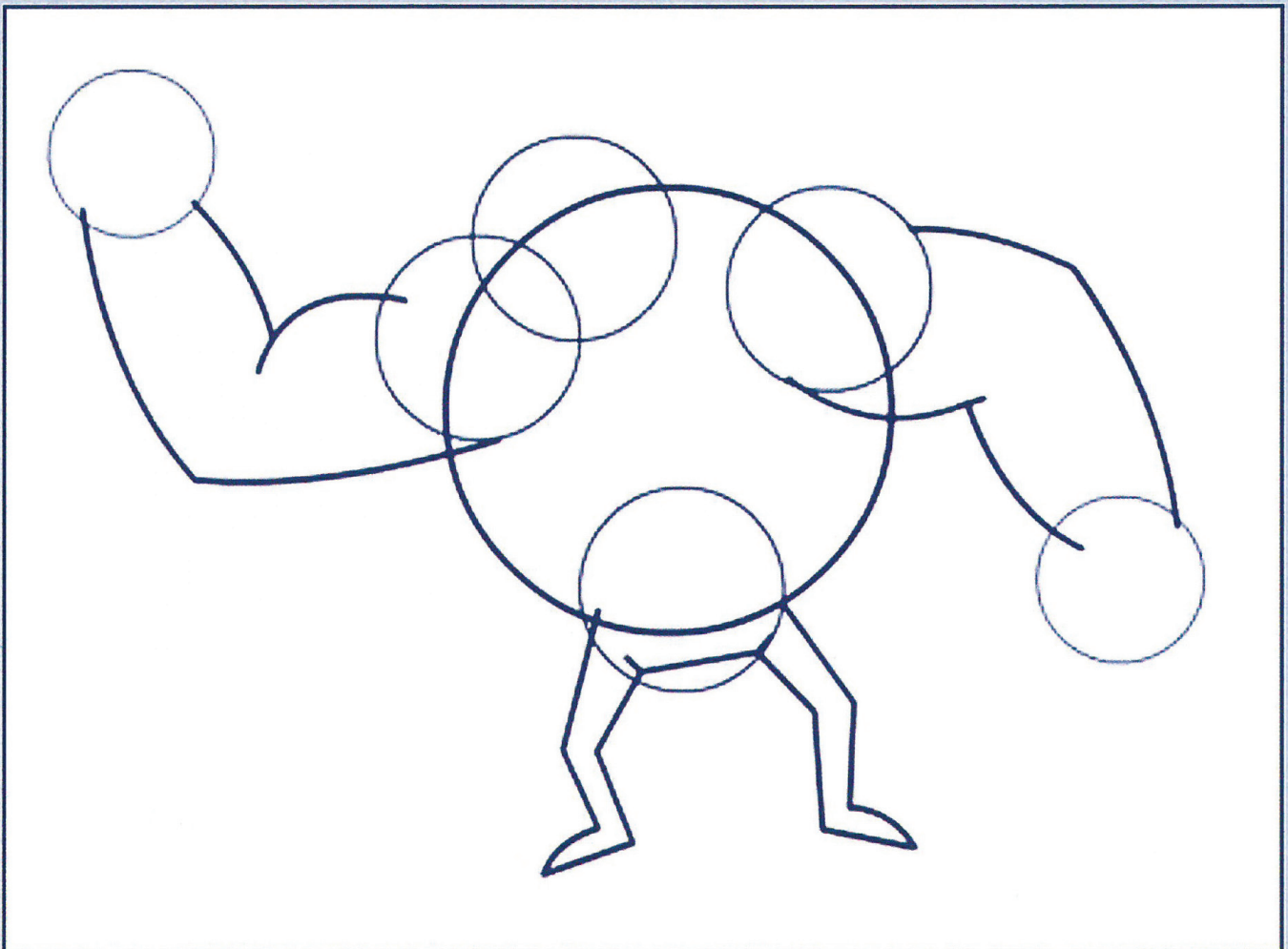
<i>Report title</i>	Arm Pain Trial, study materials: (a) Advice booklet – Advice to remain active. <i>Arm pain. How to deal with it: keep active to recover quickly</i> (b) Advice booklet – Advice to rest <i>Advice and guidance of arm pain. Causes; diagnosis; treatment</i>
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<i>Information</i>	Information contained in booklet (a) was developed for the conduct of the above randomised controlled trial (ISRCTN79085082), funded by Arthritis Research UK. This booklet, used in The Arm Trial, was based on The Arm Book, which is a more detailed 27-page booklet published by TSO and available at: www.tsoshop.co.uk/Medicine/Specialist-Medicine-And-Treatment/Pain-And-Injury-Coping-Guidance/The-Arm-Book

- i. Advice booklet – Advice to remain active.
Arm pain. How to deal with it: keep active to recover quickly

ARM PAIN

how to deal with it:

→ keep active to recover quickly



So you've got pain in some part of your arm, hand or shoulder? You're not alone. In fact most people have this at some stage during their adult lives.

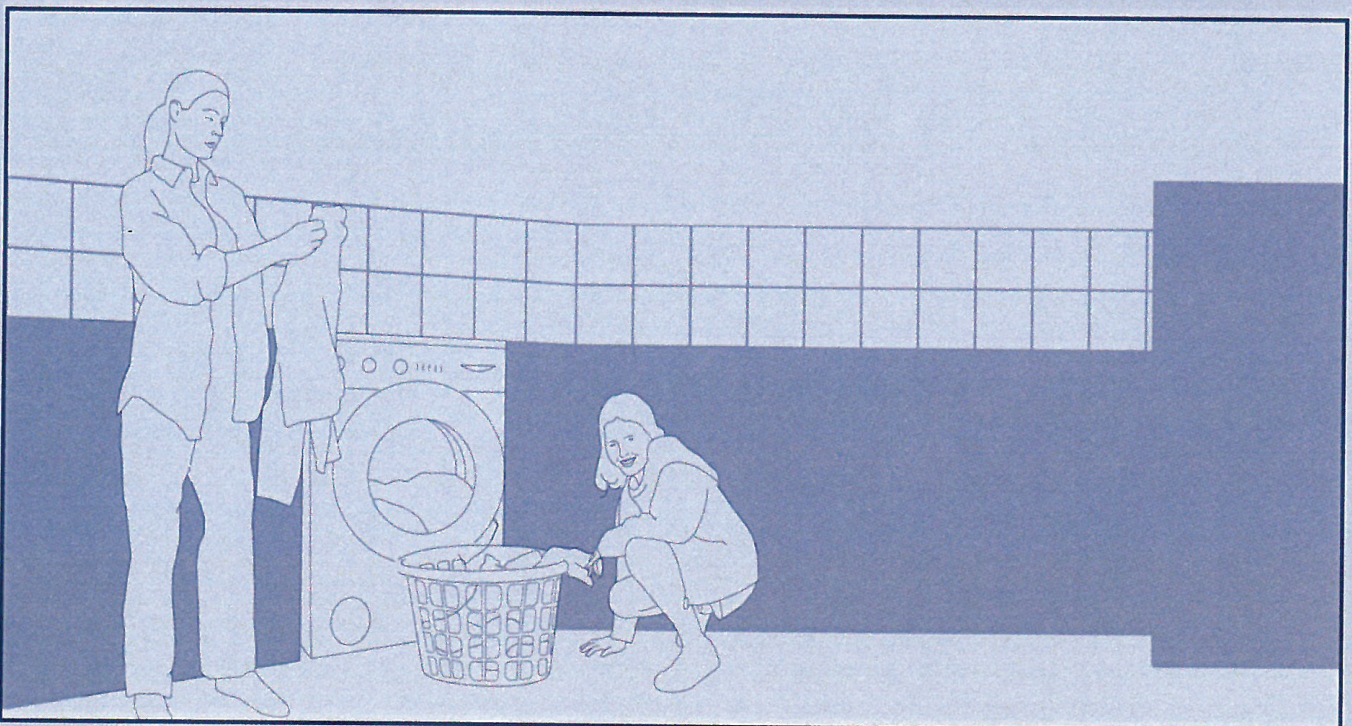
This leaflet gives you the latest advice on what you should do. It also tells what to expect, from whom, and when. It is based on the best scientific information.

Arm pain can be triggered, or set off, by all sorts of everyday activities. However, the chances are that there was no single event or activity. It's more likely to be a combination of things. It is important you understand this, so you do not fall into the trap of avoiding activity.

The facts

The chances are that the pain is coming from soft-tissues around the joints – muscles, ligaments, tendons. And that means you've probably just strained something. Of course, that can be very painful but there is no serious damage. There are two very important facts for you to know:

1. There is almost no chance that the pain or discomfort can simply be 'switched off' by taking medications or having treatments. It is likely to improve gradually.
2. Resting and avoiding using your arm for more than a day or two tends to do more harm than good. This is not to say that you may not need to make some changes to the way you go about doing things, at least for a while.



There are lots of myths about soft-tissue pain: what it is, and how to deal with it. Probably you, and others around you, have heard all sorts of stories: the chances are they are wrong. By reading this leaflet carefully you will know the facts about your problem, and what has been proven to help.

There are three things you need to do:

1. Understand your problem
2. Get help to relieve symptoms
3. Keep up your usual activities (including work)

- Arm pain is very common – and usually settles quickly
- Often there is no obvious cause or injury
- Worrying about what's happened is unhelpful
- Hurting does not mean harming
- You can do a lot to help yourself
- Staying active is far better than resting up

Understanding your problem

The first thing you need to understand is that you do **not** have a serious disease or injury. Your GP or physiotherapist can usually tell very quickly when you do not have a major problem. Only rarely are tests and scans needed, or referral to a specialist.

Once you have been reassured that you do not have a serious problem you are likely to be given a label or a diagnosis by the doctor or physiotherapist. This will be offered as an explanation of your symptoms. Don't be frightened by the words! In fact there is a lot of disagreement about what labels or diagnoses should be used for soft tissue problems. Often people such as you will be given different explanations and labels when they see different practitioners. This can feel confusing, and make you uncertain about what to do for the best.

Arm pain is often labeled as:

Tennis elbow; epicondylitis; tendonitis; tenosynovitis, carpal tunnel syndrome, RSI etc.

The label doesn't matter that much – it's what you do about it that counts:

...and that means doing things as normally as possible

...and that applies whatever label you've been given

Actually, it is probably best not to try to make sense of the diagnosis: don't waste time Googling it and don't ask other people – the information you get is likely to be wrong and unhelpful.

How to manage your arm pain

The most important thing is for you to understand that you have soft-tissue pain or discomfort, not a serious problem; and, that there are many causes for these problems. However, what you do to help yourself is usually the most important factor in your recovery. This involves symptom relief, and a return to activity.

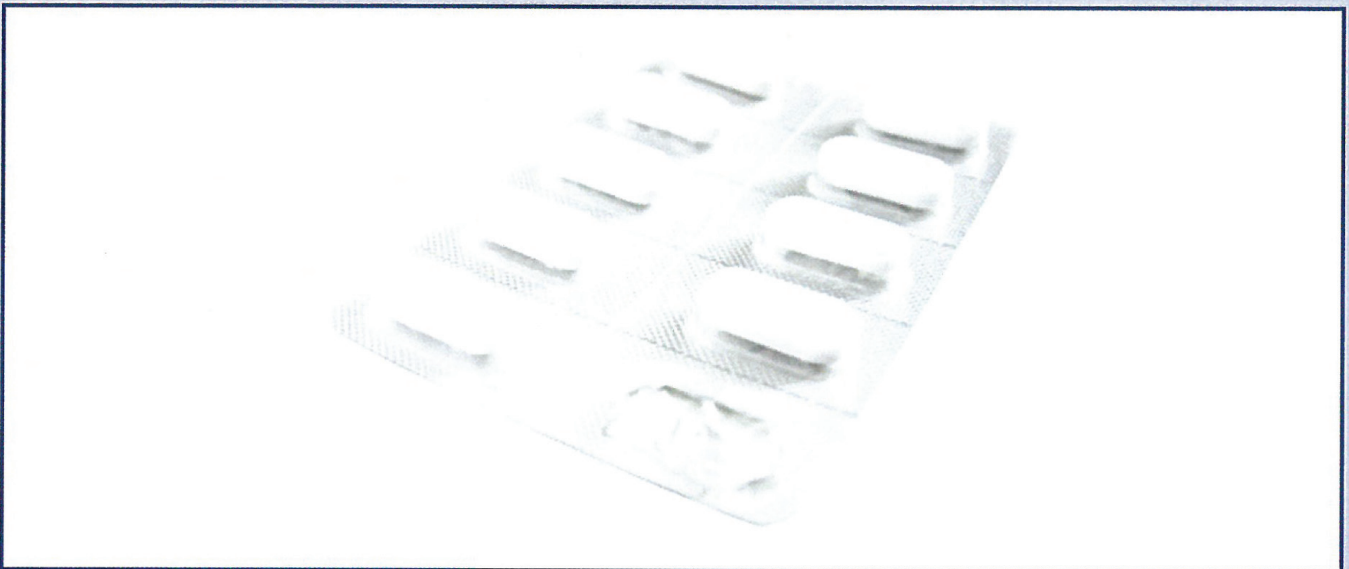
Relieving symptoms

You may have a variety of symptoms. The most common is pain or discomfort. However, some people get feelings such as muscle cramping, numbness, burning, tingling, 'pins-and-needles', or muscle weakness.

Reducing your symptoms makes it easier to get active and will help you get on with doing the normal things in life.

For soft tissue problems the two main forms of medicine are: anti-inflammatory medication and pain medication.

- Anti-inflammatory medicines can be bought over-the-counter from the chemist shop, either as pills or a gel. Both can be effective for reducing symptoms of pain and discomfort, but if your arm pain is quite localized, a gel (such as ibuprofen) rubbed into the painful area can be an advantage.
- You can get several types of pain killers from your chemist. It is usually better to take them regularly 'by-the-clock' while you recover, and not to wait until pain builds up and is harder to control. There is no point continuing taking any medication if it does not help.



Another approach to easing the pain is to use mechanical approaches using movement to get relief: exercise and activity are good at releasing the body's natural pain killers. You may also get relief from gentle muscle stretches or massage (another person may do this to you, or you may do it to yourself).

Find what works best for you – it may be a combination of these things. Remember, controlling the pain is only part of the story. You need to combine it with activity if you are to get better quickly.

Sometimes, of course, people need additional help. If things are not improving in a few weeks, you may need some treatment.

A physiotherapist can use massage and exercises to help improve the pain and get you going again. If you get some relief, it may be repeated a number of times while you recover. If you get no relief, a different type of treatment may be tried.

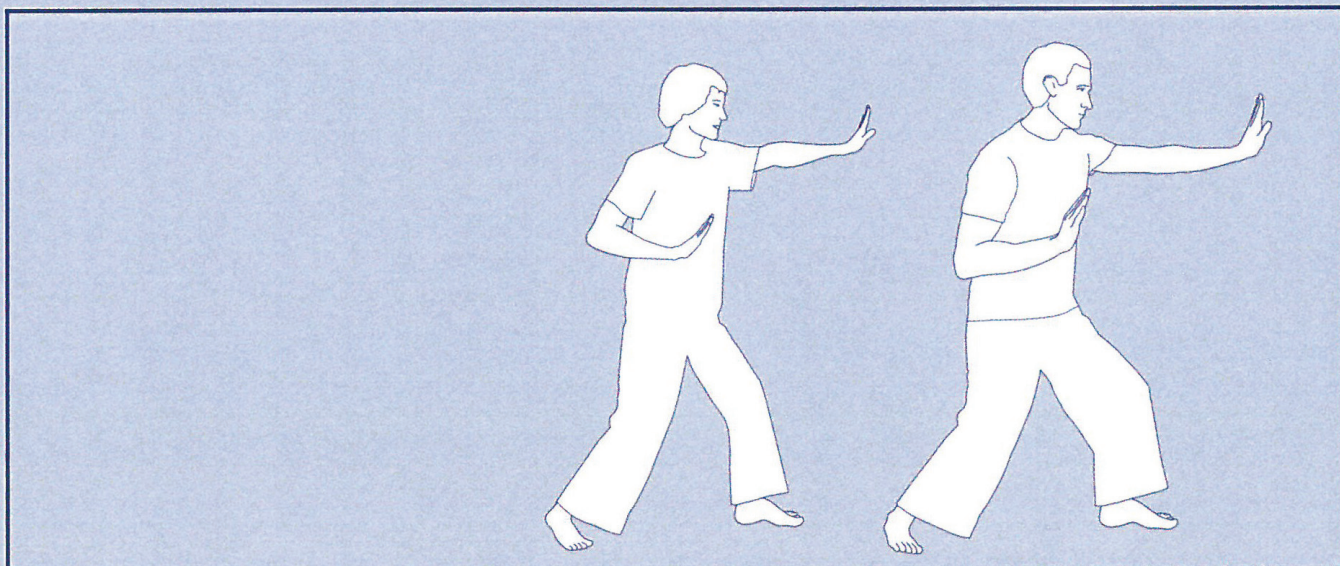
In the few cases where a very specific soft-tissue structure is affected, an anti-inflammatory injection may be offered. Injections that are effective may be repeated a couple of times.

Surgery is hardly ever needed, except in the rare cases when a specific tissue has been torn or broken so badly that it cannot heal and repair itself.

Maintaining activity

Nearly everyone with arm pain due to soft tissue problems is able to return to their usual activities in due course.

In general it is very important that you do not cease all activity. Rest and inactivity leads to muscle-wasting and stiffness – too much rest is never useful for soft tissue problems. Movement stimulates blood flow and provides the chemicals needed for healing to take place. Movement also prevents muscle-wasting. With soft tissue problems we need to remember the 'use-it-or-lose-it' phrase.



Gradually increase your activity levels. Don't give up your usual activities, and also introduce some additional exercise, such as walking, swimming, cycling, running, yoga, tai chi – whatever you enjoy.

The normal recovery course for soft tissue problems takes days or weeks, but it is not uncommon to have niggles and some setbacks as you improve. Setbacks and niggles can be frustrating, but you can do the very same things to help yourself as you did at the beginning. Continue to increase your activity levels. You may find you need to adjust what you do, but, don't let that lead you to rest up completely.

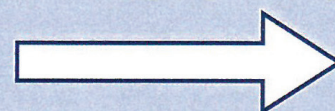
To work, or not?

You may be told your arm pain is due to your work. This may be the case, but usually isn't. Even if it is, you should try to stay at work. If necessary, modify the way you do things to start with so as to avoid irritating the painful part of the arm. There are various things you could try to help you stay at work: vary the tasks; avoid over-reaching; take regular short breaks; reduce weights; get help from co-workers.

Two types of sufferer:

One avoids activity, the other copes

- ☹️ The '**avoider**' becomes frightened, rests a lot, worries about the future and does too little
- The '**avoider**' believes that hurting always means further damage – it doesn't
- 😊 The '**coper**' realises the pain is temporary and behaves as normally as possible
- The '**coper**' accepts it will soon get better, stays positive, keeps active and stays at work

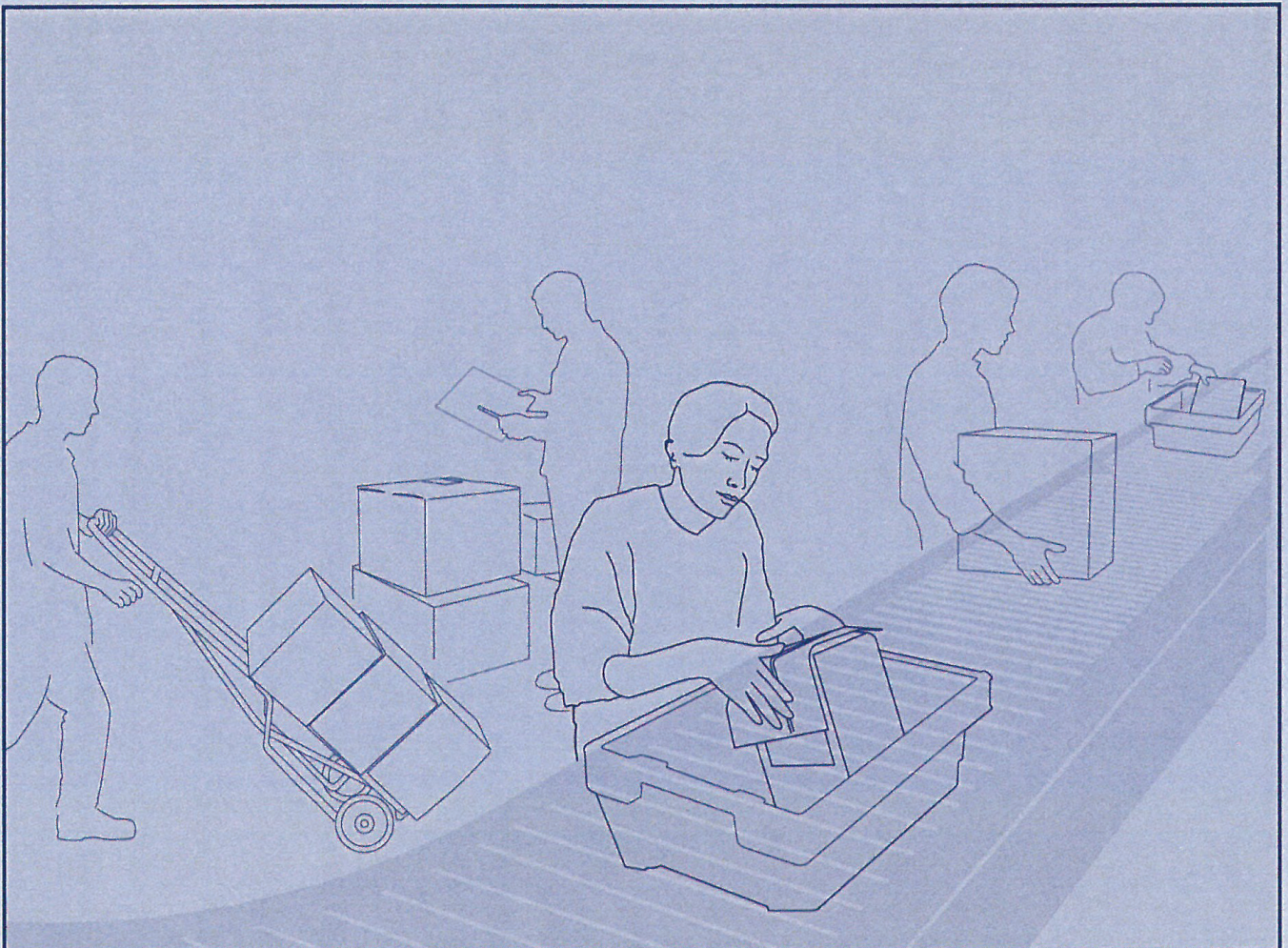


Who suffers most?

Avoiders: they have pain for longer, have more time off work and become disabled.

How do I become a copper?

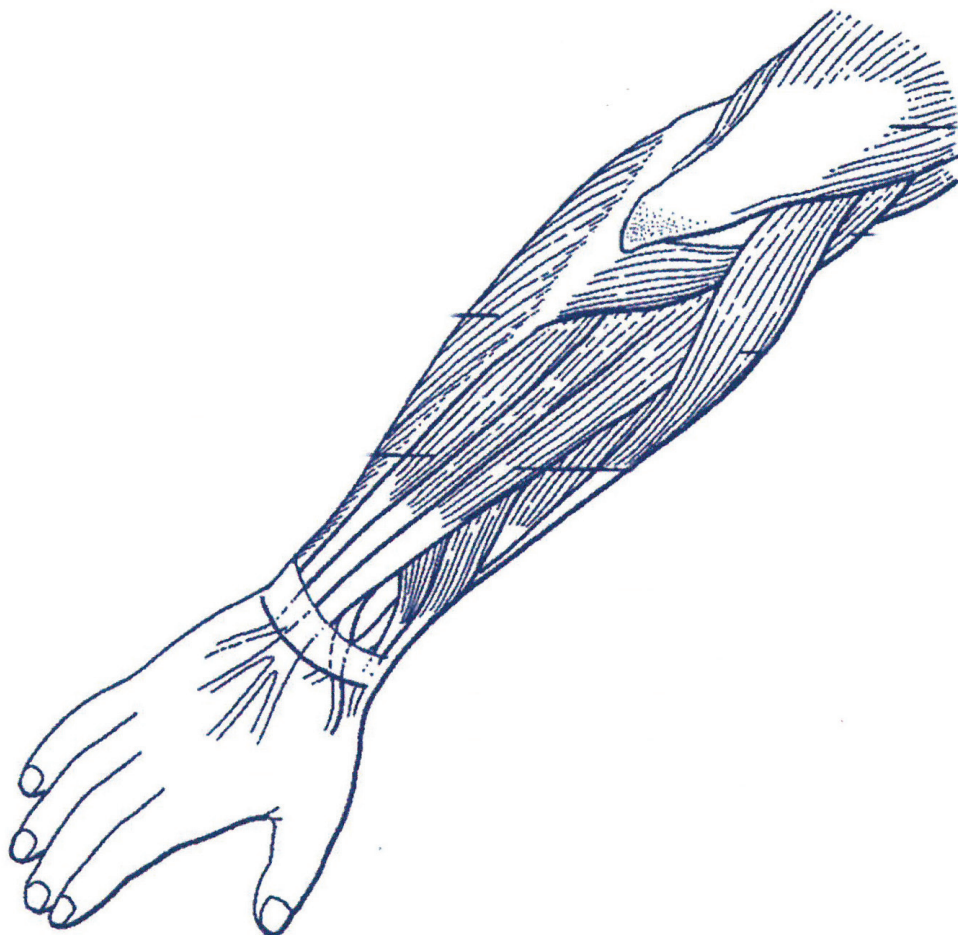
- Don't get worried: it's not serious
- Stay active: this is better than resting
- Be patient: it's normal to get bad days
- Don't just rely on pills – help yourself!



- ii. Advice booklet – Advice to rest
*Advice and guidance of arm pain. Causes;
diagnosis; treatment*

ADVICE AND GUIDANCE ON ARM PAIN

causes; diagnosis; treatment



Introduction

Repetitive strain injury (RSI) although commonly thought of as one condition, is actually a group of conditions and is a term that's used to refer to various kinds of injuries to muscles, tendons or nerves. These injuries are caused by repetitive movement of a particular part of the body. RSI can also be referred to as upper limb disorder (ULD). This is because the condition often involves the upper part of the body, for example the forearm, elbow, wrist and hands.

The most common RSI conditions include:

- **Bursitis:** inflammation and swelling of the fluid-filled sac near a joint at the knee, elbow or shoulder.
- **Carpal tunnel syndrome:** pressure on the median nerve passing through the wrist.
- **Dupuytren's contracture:** a thickening of deep tissue that passes from the palm of the hand into the fingers.
- **Epicondylitis:** inflammation of an area where bone and tendon join, an example of epicondylitis is tennis elbow.
- **Ganglion:** a cyst in a tendon sheath, usually occurring on the wrist.
- **Rotator cuff syndrome:** inflammation of muscles and tendons in the shoulder.
- **Tendonitis:** inflammation of a tendon.
- **Tenosynovitis:** inflammation of the inner lining of the tendon sheath that houses the tendons that control the fingers and thumbs.
- **Trigger finger:** inflammation of the tendon sheaths of fingers or thumb accompanied by swelling of the tendon.
- **Diffuse RSI:** nerve damage

RSI is often caused or aggravated by frequently repeated movements such as a task or leisure activity, for example playing golf or tennis regularly. Symptoms usually persist over time if left untreated.

As the number of people using computers increases, the chances of developing RSI increases. The repetitive action of typing on a computer can cause painful symptoms in fingers and hands, such as a throbbing pain. RSI is also linked to many types of repetitive manual work, such as the use of vibrating equipment in factories.

If there are any symptoms, including painful, tingling or swollen hands, elbows, wrists or shoulders, it's important to get treatment quickly. The sooner treatment is started the better the chances of recovery.

Types of RSI

RSI can be categorised into two types, type 1 RSI and type 2 RSI:

Type 1 RSI includes conditions caused by repetitive tasks but can also occur in people who don't carry out repetitive tasks. The main symptoms tend to be swelling and inflammation of muscles and tendons. Typical type 1 RSI conditions include carpal tunnel syndrome (pressure in the wrist), tendonitis (inflammation of a tendon), and tenosynovitis (inflammation of a tendon sheath).

Type 2 RSI is when a person's symptoms do not fit into one of the above listed conditions. This is usually because there is no obvious inflammation or swelling in the affected area, merely a feeling of pain. This type is often called non-specific pain syndrome.

Symptoms

The symptoms of repetitive strain injury (RSI) vary, but can include:

- pains or tenderness in your muscles or joints,
- a throbbing sensation in the affected area,
- tingling (pins and needles) or numbness in your hand or arm, and
- loss of strength or sensation in your hand.

Initially these symptoms may only occur when you are carrying out the repetitive motion, for example during working hours. Towards the end of the day your symptoms may improve when you have finished work and are resting. This initial stage of symptoms may last for several weeks.

If left untreated, the symptoms are likely to persist, causing pain or aching much of the time. You may also have tender swelling in the affected area, which can last for several months.

Pain could also be experienced all the time, affecting your sleep. At this stage the condition may be irreversible. Therefore, recognising the early symptoms of RSI is important to ensure that any treatment is most effective.

Causes

The actual cause of repetitive strain injury (RSI) is unknown. In some cases, there is no swelling in your muscles or tendons, and yet pain can continue to cause you discomfort.

RSI is related to overuse of muscles in your hands, wrists and arms. This overuse is usually a repeated action that is often carried out on a daily basis. For example, if you use a computer at work you may experience a typical RSI condition called 'writers cramp'. The repetitive action of typing on the computer can cause painful symptoms in your hands, such as a throbbing pain.

Cold temperatures, vibrating equipment, or forceful movements are also thought to worsen the condition.

Other things that may bring on the symptoms of RSI include:

- awkward posture,
- poorly organised workstations,
- badly designed equipment, or
- lack of rest breaks.

Stress may also be a contributing factor in RSI. However, relaxation techniques may be able to help reduce stress (see treatment section).

Diagnosis

There are no tests to confirm a diagnosis of repetitive strain injury (RSI). Pain felt in the affected area may be common, but can often be due to a variety of factors.

RSI is often diagnosed based on the fact that symptoms develop following a repetitive task, and tend to fade, or be partially relieved, once the task is stopped. For example, if you have recently done a lot of DIY around your house, once the task has been completed, the pain may disappear.

Your GP can diagnosis certain RSI conditions such as carpal tunnel syndrome (pressure in the wrist) by examining your affected arm or wrist. X-rays may be used, but this is rare.

Treatment

Reporting early symptoms is essential to avoid repetitive strain injury (RSI) conditions becoming disabling - that is, reducing your mobility and independence. See your GP if you experience any aches or pain in a particular area over a prolonged period of time (if it continues for more than a couple of weeks).

It is likely that your GP will initially advise that, if possible, you stop doing the task or activity that appears to be causing your symptoms. In some cases, this might not be possible if it is an activity you carry out on a daily basis for work. In this case, you may need to tell your employer about your RSI so that improvements can be made to relieve your symptoms.

Treatment for RSI usually aims to help with your pain, and to enable your strength and mobility to return. Your GP may recommend that you take a course of anti-inflammatory painkillers, such as aspirin or ibuprofen, to help relieve any pain. You may also need to use heat or cold packs, elastic supports, and firm splints. All of these are available over-the-counter (OTC) from your local pharmacy, but they only offer temporary pain relief.

Steroid injections are usually only considered if you have defined inflammation in an affected area. For example if you have pressure on the nerves of your wrist (carpel tunnel syndrome), or inflammation on your tendon sheath (tenosynovitis).

Your GP may also suggest you take a short course of sleeping tablets if your sleep is disturbed due to your RSI-related pain.

Complementary therapies

Because there is no cure for RSI, chronic sufferers may find complementary therapies also help to relieve symptoms. For example, if your symptoms are severe, your GP can refer you to a physiotherapist, who can help you with your posture and teach you how to strengthen the muscles that are causing you particular discomfort. Your physiotherapist may also decide to perform a therapy called electrotherapy, which uses small electrical impulses placed on particular points of your body to help reduce your pain.

Other complementary therapies that may prove helpful include:

- **Massages** - to help relax your upper body muscles and tissues.
- **Osteopathy** - a treatment that focuses on your skeleton and muscles.
- **Chiropractic** - a method using your body structure, particularly your spine, to ease symptoms.
- **Kinesiology** - oriental medicines are used to help restore your body's energy flow and balance.
- **Alexander technique** - is a method that works to change your movement habits in your everyday activities, helping to make you aware of balance, posture and co-ordination.
- **Feldenkrais method** - is similar to the Alexander technique but focuses less on specific body positions.

- Pilates - is more strenuous than the Alexander technique and the Feldenkrais method, as it involves exercise to both strengthen and improve your flexibility.
- Acupuncture - is a traditional Chinese treatment method that is often used to relieve pain and restore balance to your life force.
- Shiatsu - is a traditional Japanese technique often described as 'finger pressure' therapy, which is a form of massage that applies pressure to energy lines using fingers, thumbs, and elbows.
- Reflexology - is a foot massage of Chinese origin that has been said to improve blood circulation and help to relax you.

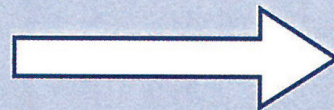
Fitness techniques

You may find that there are a number of fitness techniques you can include in your lifestyle to help ease your RSI pain. These include:

- walking,
- swimming,
- yoga - the practice of poses, stretches and flexibility,
- tai chi - a mind and body discipline of choreographed movements to restore your body's harmony, and
- relaxation techniques, such as meditation.

Prevention

Symptoms for repetitive strain injury (RSI) can ease over time. To prevent the development of RSI, or relieve your symptoms, you need to review particular aspects of your lifestyle. For example, if you take part in regular sporting activities remember to warm up before you start, and cool down afterwards.



Aspects of your working environment are likely to have the most impact on your RSI. For example:

- If you work at a computer all day, make sure your seat, keyboard, mouse, and screen are positioned so that they cause you the least amount of strain to your fingers, hands, wrists, neck and back.
- Sit at your desk with a good posture. Adjust your chair so that your forearms are horizontal with the desk, and that your eyes are the same height as the top of your computer screen.
- If you do a repetitive task at work try to take plenty of regular breaks. It is better to take more frequent smaller breaks than just one long break at lunch.
- Speak to your employer if there is anything relating to your working environment that you feel could be improved. It is in their interest to ensure they do everything possible to help prevent or ease your RSI. You may also find it beneficial to speak to your employer's occupational health advisers for further assistance and advice.