

HS Konijnenberg et al. Scandinavian Journal of Work, Environment and Health. October (2001) Vol.27 #5 p 299.

A review of conservative treatments for "RSI".

Progress towards understanding a new disease is often made by establishing what works by way of treatment.

This review focuses on syndromes which are similar in nature to Diffuse RSI.

Definition for inclusion: syndromes characterised by pain, tingling, numbness, loss of coordination, loss of force and caused by repetitive or continuous strain; the exclusion of specific diagnoses. There must be no pathological or radiological characteristics, no neurological signs.

It does not address the accuracy of the term work-related. Injuries include any work – related disorder of the upper extremity in work-age adults due to repetitive or continuous work.

15 studies were accepted; 12 randomised control trials and 3 case control trials. 5 were high quality, all but three were described as "too small".

Physiotherapy
Moderate evidence.

Exercise
Limited evidence that exercise reduces pain and improved daily functioning.

Behavioural therapy
Conflicting evidence.

Chiropractic spinal manip + soft tissue therapy
Is more effective than manip only.

A multidisciplinary team
Limited evidence of effectiveness.

An energized splint
No evidence of effectiveness.

Comment
No firm conclusions can be made about care, or by implication, cause.

Diagnostic and treatment variability makes the subject very difficult to review.

