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RSI – WHATEVER THE WEATHER

We've barely had a summer, but already it is autumn again and I am starting to see people prompted to seek help for ongoing pain conditions which are exacerbated by 'the change in the weather'. While blaming the weather may sound like a bit of an old wives' tale, there is a real physical truth behind it – the colder it is the more we tense up; and the more tense we become, the more pressure we put on the soft tissues and pain-sensitive structures (such as muscles, nerves and fascia) in our bodies.

But, whatever the weather, for those living with RSI (repetitive strain injury), pain is part of everyday life all year round. RSI is one of the most persistent and least understood chronic pain conditions which annually prevents an estimated 500,000 people in the UK from performing everyday tasks, from brushing their hair to working at a computer, without pain and discomfort.

RSI symptoms include pins & needles, aching, numbness, shooting pains, tightness and, in the extreme, near paralysis. The nature of the condition is such that symptoms can change from day to day, or even hour to hour, both in their type and their severity. This shifting around means that RSI is notoriously difficult to diagnose accurately using a standard medical approach. Diagnosis within the NHS tends to focus on those parts of the body where the symptoms are felt most acutely.

RSI can affect any area of the body but has tended to become associated with the upper body, shoulders and arms. The common factors in all RSI conditions are obscured by the standard medical approach to diagnosis, which results in labelling a person who is suffering from RSI with one of several separate 'overuse' conditions. For example, carpal tunnel syndrome (wrist), medial & lateral epicondylitis (elbow), thoracic outlet syndrome (base of throat), and frozen shoulder.

This focus on isolated areas of acute pain leads to medical treatment that typically follows the path of anti-inflammatories, steroid injections and, all too often, surgery. This misses the point that the symptoms of RSI conditions in specific parts of the body can actually be caused by restrictions in connective soft tissues elsewhere.

So, my own approach is to note the symptoms but look elsewhere for the cause. This approach is based on my understanding of, and belief in, myofascial release, and trigger point therapy as effective therapies for RSI conditions.

For those who may be unfamiliar with these terms, let me explain:

Grays Anatomy defines fascia as 'a term applied to masses of connective tissue large enough to be visible to the unaided eye.' It is basically the thin film of white membrane that you can see on a raw chicken breast or steak. However, fascia goes smaller than that, and facial membranes actually form a web that connects every part of the body with every other part, right down to cellular level.

Myofascial release practitioners recognise this deep interconnectedness between different parts of the body, and we believe that restrictions in the fascia are often the cause of conventionally 'difficult to treat' pain conditions, affecting all soft tissues including muscles, nerves, and viscera.

The 'myo' part of myofascial release refers to muscles. Because muscles are surrounded by, and shot through with, fascia, restrictions in the fascia can cause problems in the muscles themselves. These can develop into 'trigger points' or areas of particularly acute sensitivity affecting both the muscles themselves and the nerves that run through or near them. Myofascial restrictions and trigger points then create patterns of referred pain.

For example, in a typical upper body RSI condition, pain in the hands, wrists and forearms, is often caused by myoascial restrictions in the upper arms, shoulders, neck, chest and back. Therefore in a hands-on therapy session I would focus most of my work on the neck and shoulder region, using myofascial release and trigger point therapy to gradually break down restrictions in the soft tissues supporting those areas, and I would expect the benefits to be felt elsewhere.

As a myofascial release practitioner I believe that any effective treatment for RSI conditions must fully acknowledge, and work with, these bodily connections. A treatment or therapy that focuses just on the immediate area of acute pain may give short-term relief but it will not address the root cause of the problem, and therefore the symptoms will return.

In my practice I see many clients with RSI, most of whom have initially followed the medical treatment route but, keen to avoid surgery, they have since tried a combination of complementary therapies with varying degrees of success.

They are usually well-informed about their diagnosis, but confused by a number of conflicting 'facts' they have acquired along the way. A common misconception, for example, is that they were fine until one day they did something that brought on their symptoms, which have since worsened. It is actually far more likely that their repetitive deskwork or guitar playing over several years has created layers of soft tissue restrictions which initially caused intermittent and seemingly unconnected symptoms, before one day tipping over into the acute pain and discomfort they are now experiencing.

One of my first tasks, therefore, is to work with my clients so that we fully understand the nature of their condition, how it occurred, and why it is persisting. We can then develop a therapy programme tailored to them as an individual. This programme is likely to include hands-on bodywork, homecare exercises, plus an assessment of their work station setup and daily working habits. Untangling all of these strands should result in a programme that will support the client to return to normal daily life without constant pain and discomfort.

Although results from myofascial release and trigger point therapy can sometimes happen surprisingly quickly, patience and a gentle approach are important. The old sports massage adage of 'no pain no gain' is counterproductive as going in too hard will just result in creating more resistance, and more restrictions, in the affected tissues. The layers of myofascial restrictions have built up over years, and must be worked on gradually.

Typically, a minimum of at least six regular weekly sessions is needed before clients experience sustained relief from symptoms. And I ask my clients to do simple stretching and mobility exercises between sessions to help their progress.

For me one of the rewarding aspects of this collaborative working relationship with clients is that they tell me they feel more empowered to regain control over their lives. They become more positive about life in general as they feel the changes working – whatever the weather.

Amanda Oswald runs the Pain Care Clinic in London, Harley Street, and Brighton & Hove. She specialises in myofascial release and advanced massage therapy for private clients with chronic and acute pain conditions. Amanda also teaches massage and runs workshops for people experiencing chronic pain. For more information: www.paincareclinic.co.uk 07742 567528.