

**POLICY NUMBER: POL-91**

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**Chapter:**  
**CLAIMS**

**Subject:**  
**REPETITIVE STRAIN INJURIES**

**Effective Date:**  
**June 27, 2002**

**Last Updated On:**  
**September 12, 2016**

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**PURPOSE STATEMENT:**

The purpose of this policy is to explain how the Workers Compensation Board determines whether an injury or condition is considered to be a compensable repetitive strain injury.

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**REFERENCE:**

*Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18.*  
*Workers Compensation Board Policy, POL-62, Benefit Of Doubt.*

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**DEFINITION:**

In this policy:

“Bursitis” means the inflammation of the bursae, which are fluid-lined sacs that separate tendons, muscles and bony prominences such as those found in the shoulder and elbow.

“Carpal tunnel syndrome” means a compression of the median nerve as it passes through an area in the wrist known as the carpal tunnel.

“Neurovascular disturbances of the extremities” means those situations where there is prolonged exposure to excessive vibration or a combination of repetition, force and/or extreme postures. E.g. carpal tunnel syndrome.

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“Tendinitis” means the inflammation of a tendon which attaches the muscle to bone, such as those found in the shoulder, elbow, wrist or hand.

“Upper extremities” means the shoulder, arm, forearm, wrist, and hand.

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**POLICY:**

1. A repetitive strain injury is a condition that may include, but is not limited to, tendinitis, bursitis, and neurovascular disturbances. The Workers Compensation Board will adjudicate repetitive strain injuries of the upper extremities using the principles set out in this policy.

Repetitive strain injuries that are determined to be caused by the performance of specific work tasks are treated primarily through education and the modification of specific workplace risk factors as recommended by an Occupational Therapist.

2. Thorough investigation to determine causation and to establish a well-defined medical diagnosis is essential as it forms the basis of appropriate treatment. Claims will be considered when there is a probable association between the medical condition and exposure to the task risk factors. Investigations may include the following:
    - a comprehensive medical assessment including: clinical history, physical examination with diagnostic testing (nerve conduction studies/x-rays);
    - investigation of non-occupational risk factors;
    - assessment of occupational risk factors by an Occupational Therapist including a worksite visit.
  3. Non-occupational or personal risk factors which may contribute to the development of repetitive strain injuries include the following:
    - congenital: anatomical anomalies, genetic predisposition;
    - auto-immune/haematological: inflammatory arthritis, psoriasis, lupus, renal disease, anticoagulant therapy, acromegaly, hypothyroidism, hormone replacement therapy, colitis, gout, diabetes
    - tumours: nerve sheath/bone tumours, cysts, ganglions;
    - vascular: circulatory disturbances, Raynaud’s;
    - other: age, hobbies/leisure activities, body mass index (>29), high psychosocial distress, previous trauma, gender, smoking.
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4. The Workers Compensation Board Occupational Therapist will assess workplace activities and evaluate the extent of exposure of the following potential risk factors:
- high repetition;
  - high force;
  - extreme postures;
  - vibration;
  - frequency;
  - duration;
  - recovery time;
  - length of employment;
  - individual work style;
  - unaccustomed activity;
  - extreme cold temperatures.

High repetition = 2 to 4 times per minute or cycles less than 30 seconds.

High force = hand weights of > 4 kg.

High vibration = >1,000 hours exposure.

Duration = minimum 2 - 4 hours

Current research is used to evaluate the impact of each risk factor which varies depending upon the diagnosis.

5. Each claim for a repetitive strain injury will be considered on its own merits and within the context of Workers Compensation Board policy, POL-62, "Benefit Of Doubt".
6. The date of accident for repetitive strain injuries is outlined in Workers Compensation Board policy, POL-90, "Time Frame Limitations for Claims Filing and Invoicing."

**Carpal Tunnel Syndrome**

7. Where the repetitive strain injury is carpal tunnel syndrome and is bilateral (involving both wrists), the Workers Compensation Board will consider whether both wrists became symptomatic at the same time and the degree to which each hand/wrist is utilized in carrying out the employment activities. Research indicates that since both hands may not perform identical activities and are therefore subject to different risk factors, a work-related carpal tunnel syndrome may be more likely to be unilateral. The diagnosis of bilateral carpal tunnel syndrome is more probably due to a systemic illness.

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The Workers Compensation Board will also give consideration to whether the symptoms of carpal tunnel syndrome improve with rest (stopping work) or whether they continue to progress or worsen. If the symptoms continue to progress or worsen after rest, this may suggest a non-occupational cause.

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**HISTORY:**

September 12, 2016 - Non-substantive changes to reference Workers Compensation Board policy, POL-90, "Time Frame Limitations for Claims Filing and Invoicing."

March 29, 2012 - Amended to include the content of POL-79, "Carpal Tunnel Syndrome", which was rescinded.

July 31, 2008 - Amended to add #6, which clarifies what the WCB considers to be the date of accident for repetitive strain injuries.

March 30, 2006 - Amended to reflect an updated review of the medical literature on repetitive strain injuries.

June 27, 2002 - Replaces Policy and Practice "Repetitive Motion Injuries" dated November 14, 1994.

Board of Directors Approval Date: June 27, 2002