



Texas Orthopedics,
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Adult Repetitive Strain Disorders

Why do we get repetitive strain disorders? Because our bodies wear out and we do a lot of repetitive activities. As our population ages we're seeing more and more of these disorders. I see a different set of repetitive strains in younger aged individuals, mostly related to participation in sports. Of course an older person can get repetitive strain disorders from playing sports, but they can also get them from hanging up clothes in the closet and getting milk cartons off the top shelf of the refrigerator. Just because you go out and throw a ball a little, doesn't mean the milk carton wasn't the culprit. And just because your grandson can throw the ball to you all day, doesn't mean you can return it all day.

What are repetitive strain disorders? There are some very common disorders. I think I've had about every one of them. They include:

-impingement syndrome: a disorder of the rotator cuff tendons. I also group shoulder bursitis and rotator cuff tears (partial and complete) with impingement syndrome.

-greater trochanteric bursitis: a disorder of the fluid filled sac that is on top of that prominent bone on the side of the hip. I see this more often in women than in men. It's related to the shape of our pelvis and the way we move.

-plantar fasciitis: a common disorder of the foot, also seen more commonly in women. It results in pain on the bottom of the heel and is commonly called a heel spur. It's not due to an actual heel spur.

-lateral epicondylitis: Also known as tennis elbow.

There are many other, less common repetitive strain disorders involving just about every tendon and muscle in the body.

What can I do about repetitive strain disorders? My treatment of these frustrating conditions almost always involves a three part approach:

-Rest: This doesn't always mean putting it in a splint, cast or brace. It usually means modifying the painful activity. As soon as you notice pain due to some repetitive activity and you can reproduce the pain by doing that activity, you should modify it. That might mean bracing the extremity involved. It could mean stopping the activity altogether. More often it means changing the way you do the activity; lessening the number of times you do it, decreasing the intensity of the activity, modifying the way you do it. For example, if I have pain in my shoulder when I get a large milk carton out of the top shelf of the refrigerator, I will start buying ½ quart containers and lower the shelf on which I put the larger bottles! That's simple and if needed, I can live with that modification for the rest of my life.

-Anti-inflammation: This can range from the application of ice to prescribing medications such as non-steroidal anti-inflammatories, or prednisone, either in the form of a Medrol Dosepak or an injection.

-Exercise: This might include some stretches or some strengthening exercises depending on the condition and the level of pain you are experiencing.

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Once I get well can I go back to doing things like I was before? Probably not. Most people get these disorders because they are somehow anatomically predisposed to getting them, or because they are not put together to participate in certain activities. Frankly, most human beings are not put together to perform certain sports activities on a regular or high intensity basis. Our joints just will not tolerate repetitive strain for extended periods of time. Sometimes it is just a matter of conditioning ourselves to participate; like building up to run or swim long distances. But most of the time we get repetitive strain disorders because we are just wearing out our parts. We must make permanent changes. Again, that can mean minor alterations of the way we do things around the house, but it can also mean changing the way we participate in a sport or even discontinuation of that sport. I'm sorry to say this, but it's true. Most of these repetitive strain disorders occur in people who are 40+. I just don't see them in twenty year-olds. And if you read my handout on "Having Peace with Your Pain," you'll understand a little more about my thoughts on that subject.

<http://www.medfusion.net/templates/groups/2575/3455/Peace%20with%20your%20Pain.pdf>

Treating these conditions is kind of like treating hypertension. If your doctor says you have to take an anti-hypertensive medication, do you think you can just take that for a short period of time and your hypertension is cured? Can you stop taking the pill? Will your hypertension come back? Are you ever truly cured of hypertension? No. Occasionally there are people who will make major lifestyle changes and can lower their blood pressure but most people have to continue taking the medications for the rest of their lives. This is the same with most of these repetitive strain disorders. They will come back if you go back to doing things exactly the way you were doing them before.

If you make 90% of the modifications permanent, you might be able to continue enjoying some of the activities which previously caused you pain! You can live with that.

How can I prevent repetitive strain disorders? Some of them might be unavoidable, but general principles can always be applied: maintain a healthy weight, exercise in moderation, avoid extremes of high impact and high intensity exercises as you age, and maintain flexibility.

But it's also important to recognize repetitive strain pain and address it early, either by seeing your orthopedic surgeon (that's me) or your primary care physician, or by making the modifications yourself. It's common for people to try to "work through" the pain, thinking that it's better to work it than to rest it. This kind of approach to pain probably stems from the idea that you have to "work through" the conditioning pain of getting into a higher intensity exercise like running. The first time you run a half mile, it hurts; your lungs, your feet, your legs. But as you continue to run and run longer distances, it gets better. This is not the philosophy to take with the pain you experience in a tendon or joint as the result of a certain activity or after that activity. Learn to recognize the difference and address it. Rest it. Ice it. Take Aleve or Advil (if your doctor says it's okay). Then modify it!