

Writer's Cramp

RSI Conditions

The term Repetitive Strain Injury is an umbrella term used to describe a number of specific musculoskeletal or neurological conditions, including Writer's Cramp, as well as 'diffuse RSI', which is more difficult to define but which recent research attributes to nerve damage. These conditions are often occupational in origin. Lack of adequate diagnosis or access to appropriate treatment can exacerbate the condition and sometimes leads to job loss and economic hardship.

What is Writer's Cramp?

Writer's Cramp has been known to the medical profession for many years. There are clear descriptions of the condition in nineteenth century medical books, when it was known as 'Scrivener's Palsy'. Writer's Cramp is part of a family of disorders known as Dystonia which are characterised by muscle spasms and sometimes abnormal postures or twisting movements of the affected part of the body. Although historically the condition has been associated with those who earn their living by writing, the term is also used to cover general muscle cramps affecting some musicians, painters, office workers etc.

The Symptoms

In cases of repetitive muscle strain, it presents as a lingering tension and discomfort in the hand or forearm. Dystonic Writer's Cramp, which is due to a malfunction of the central nervous system, has sometimes remarkably specialised symptoms. These include excessive gripping of the pen, the involuntary extension of fingers, hand tremors and distinct muscle spasms.

The Causes

Cramp of the hand or forearm is a prescribed industrial injury (A4). It is recognised by the benefits agency as being associated with certain occupations involving repetitive movements, particularly handwriting, typing and routine assembly work. Dystonia is a neurological disorder. Though it may appear to be triggered by work activities or a localised hand injury, it is believed to be the result of malfunction in the area of the brain known as the basal ganglia, rather than any external physical cause.

The Doctor's Examination

In the UK, GPs receive little training in the diagnosis and treatment of musculoskeletal disorders. Ideally your doctor will refer you to a specialist who has taken an interest in RSI-type conditions, usually a rheumatologist or neurologist.

A diagnosis of Dystonic Writer's Cramp is based upon clinical observation. Sometimes an EMG will be done to show which muscles are overactive and to what degree. (Electrodes are inserted into the muscle's fibres and the electrical activity displayed on an oscilloscope).

Treatment

Initial treatment of cramp of the hand or forearm involves limiting the activities which place a strain on the muscles and tendons of this region. Most commonly you will be advised to return to work after a period of rest. You may be offered painkillers or anti-inflammatories, though these treatments alone are usually unsatisfactory.

Though each case has to be considered individually and non-occupational factors should also be investigated, generally some changes will be needed at work. Areas to consider include pacing, posture, reducing repetition and force, rest breaks and the use of ergonomically designed tools and equipment, e.g. a thick pen held in the palm of the hand, to reduce the risk of further injury. Learning to write with the non-dominant hand can be tried, though there is a one-in-four chance of Writer's Cramp eventually affecting that hand too.

Other alternative forms of treatment should be considered, including physiotherapy or deep tissue massage. For more detailed advice, please refer to the RSI Association Information sheet 'RSI – Its Nature and Treatment'.

There is no cure for Dystonia. Whilst the results are inconsistent, treatments which are available to ease the symptoms include; acupuncture, relaxation techniques and hypnotherapy. Some forms of the disorder respond to injections of botulinum toxin. For specific advice about Dystonia, please contact:

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