



Loss Control TIPS

Technical Information Paper Series

Innovative Safety and Health SolutionsSM

The Name Game: Are they RMIs, CTDs, WRMSDs, or What?!?

Introduction

The classification terminology used to describe the variety of work related injuries or illnesses (technically, *illnesses*, by OSHA definition) commonly associated with the upper extremities and with risk factors, including static posture, awkward posture and repetitive motion, has changed over time. We have heard and seen the following used:

- Repetitive Motion Injuries (RMIs)
- Repetitive Strain Injuries (RSIs)
- Cumulative Trauma Disorders (CTDs)
- Occupational Overuse Syndrome (OOSs)

and most recently,

- Work Related Musculoskeletal Disorders (WRMSD)

The latter, “Work Related Musculoskeletal Disorders” (WRMSDs), is the newest term, and seems to be the current choice of medical professionals and ergonomists. There are, however, some differences of opinion, and the application of principles of logic may lead to the selection of alternate choices. A determination of “correct” or “incorrect” terminology may not be of highest priority. However, it is important to be aware of the issue.

Work Related Musculoskeletal Disorders

At first glance, the term “Work Related Musculoskeletal Disorders” seems to be right on target. Our focus has been on work related problems, particularly in the workers’ compensation arena, and “musculoskeletal” refers to an interactive physiological system appropriate to these kinds of disorders. In addition, the term avoids reference to a specific cause of disorder. But is the term, in fact, preferable to or more accurate than any of the others? “Musculoskeletal” refers to muscles and bones. While some disorders involve muscles and bones, what about the majority that involve tendons, nerves, and circulation (e.g., tendonitis and carpal tunnel syndrome)? These disorders do not seem to fit into the “musculoskeletal” category.



Furthermore, do we really want to confine our focus to *work-related* disorders? In these days of 24-hour coverage and managed care initiatives, the trend appears to be toward broadening, rather than narrowing, the focus. From both prevention and recovery perspectives, the relationship of these disorders to work related and non-work related activities needs to be addressed.

Cumulative Trauma Disorders

The term “Cumulative Trauma Disorders” seems to be relatively generic and encompasses most of the disorders. Many of these disorders occur over time, although it is not possible to define specific criteria for the cumulative nature of injury. “Trauma” implies an acute, relatively severe, event, and the term is thought by some to be too strong. For these reasons some would challenge the references to “cumulative” and “trauma”. However, by definition, these terms do apply. According to Webster, “cumulative” is defined as “made up of accumulated parts” or “increasing by successive additions,” and “trauma” is defined as “an injury to living tissue caused by an external agent.”

Repetitive Motion Injury and Repetitive Strain Injury

Most of us have come to the conclusion that “Repetitive Motion Injury” and “Repetitive Strain Injury” are not appropriate because of the specific reference to *cause*. Repetition is one of several possible risk factors, but in no way should be considered the only, or primary, cause. In fact, in many cases, other risk factors (static and awkward postures) play more significant roles. This terminology technically excludes other kinds of injuries (for example, those related to static postures). “Non-repetition injuries” are fairly common.

Occupational Overuse Syndrome

This has been the least popular choice. It implies a cause which can be construed to be “too much work.” This is inaccurate, and carries negative overtones, particularly from an employer’s point of view. As mentioned above, overuse and repetition can be factors, but should not be considered to be exclusive or primary causes.

Summary

This may all be a matter of semantics, and the bottom line is that there probably is no “right answer” at this point. But be aware of the issues, and be prepared to discuss the discrepancies. The current preference at this point is to use “WRMSD” when it fits, or to use “CTD” generally.

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