

**American Society for Surgery of the Hand
Position Statement on Cumulative Trauma Disorder and Repetitive Strain Injury**

The American Society for Surgery of the Hand is concerned that patients with upper extremity pain are being assigned specific diagnoses on the basis of subjective complaints without objective physical findings. There is also a tendency to assign a causal relationship to work for this pain when there is a lack of epidemiological evidence. As part of our normal process of providing the best care for our patients, it is important that the diagnosis be accurate and the assignment of causation be correct.

The American Society for Surgery of the Hand feels that the diagnoses of "cumulative trauma disorder" (CTD) and "repetitive strain injury" (RSI) are not appropriate and may actually lead the patient to believe that he or she has a condition that is something more than the ordinary aches and pains of life.

Tendinitis is a term that clearly indicates inflammation of tendons or tendon-muscle attachments, while *tenosynovitis* indicates inflammation of a tendon sheath. These terms are examples of clearly definable and diagnosable entities with a known histologic appearance. In the absence of edema, erythema, or crepitation, it is inappropriate to assign the provisional diagnosis of conditions such as tendinitis or tenosynovitis to patients with upper extremity pain. If patients are told they have one of these conditions, the oppressive power of these words may lead them to believe they are severely injured. A treating physician would do better to explain to their patients that they have pain or fatigue that may or may not be related to their occupation, but there is no definable diagnosis.

**Approved by ASSH Council January 1995
Reviewed and reaffirmed by ASSH Council May 2005**