
GENERAL NOTICES

NOTICE 498 OF 2004

Circular Instruction No. 180

CIRCULAR INSTRUCTION 180 REGARDING THE COMPENSATION OF WORK-RELATED UPPER LIMB DISORDERS (WRULDs)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO 130 OF 1993), AS AMENDED

The following circular instruction is issued to clarify the compensation of claims for work-related upper limb disorders (WRULDs) and supersedes all previous instructions in this regard. The Compensation Commissioner 's "Guidelines for medical practitioners and employers on how to manage Work-Related Upper Limb Disorders (WRULDs)" can also be used for further reference. These guidelines are available on the Department of Labour website -www.labour.gov.za- through the CC web page under Occupational Diseases.

1. DEFINITION

WRULDs is a collective term for a group of *occupational diseases* that consist of musculo-skeletal disorders caused by exposure in the workplace affecting the muscles, tendons, nerves, blood vessels, joints and bursae of the hand, wrist, arm and shoulder. These are syndromes associated with characteristic symptoms and physical signs (e.g. rotator cuff syndrome, epicondylitis at the elbow, tenosynovitis and nerve entrapments such as carpal tunnel syndrome).

Previously other terms had been used, such as *repetitive strain injury* (RSI), *cumulative trauma disorder* (CTD), *occupational overuse syndrome* (OOS), *occupational cervico-brachial disorder* (OCD), etc. For the purpose of this instruction the umbrella term, *work-related upper limb disorders* (WRULDs), will be used.

WRULDs are caused, aggravated or precipitated by one or more of the following risk factors, singly or in combination:

- » Highly repetitive movements
- * Movements requiring force
- ◆ Movements at the extremes of reach
- * Static muscle loading
- * Awkward sustained postures
- « Contact stress (e.g. uncomfortable gripping and twisting, sharp edges to hand tools, desk edges, etc.)
- ◆ Vibration

In terms of this instruction, upper limb musculo-skeletal disorders will be presumed to be work-related if the nature of the work performed includes exposure to the relevant risk factors.

2. DIAGNOSIS

The following criteria should be used to confirm the diagnosis:

- A diagnosis of WRULD by the medical practitioner.
- » Medical history and clinical signs indicating - site and distribution, quality (type, character), severity (intensity, frequency, duration) and progression of the symptoms according to the type of disorder
- Functional ability report by an occupational therapist and / or physiotherapist, where necessary
- « Occupational exposure to known risk factors and a chronological relationship between the WRULD and the work environment.
- The confirmatory tests/investigations (e.g. x-rays, strength testing, range of motion testing, nerve conduction tests), where appropriate.

The medical officers in the Compensation Office will determine whether the diagnosis of WRULD was made according to acceptable medical standards.

3. IMPAIRMENT

Impairment will be determined, in accordance with the internal instructions 157 for residual impairment of the function of the muscles, tendons, joints or nerves involved, after maximum medical improvement has been reached.

4. BENEFITS

Benefits will be payable according to the Compensation for Occupational Injuries and Diseases Act, 1993 (Act number 130 of 1993), as amended.

- *Temporary total disablement*

Payment for reasonable temporary total or partial disablement will be made on the basis of medical reports for as long as such disablement continues, for a period not exceeding 24 months.

- *Permanent disablement*

Permanent disablement will be assessed when a Final Medical Report is received, after a reasonable recovery period not exceeding 24 months, and failure to perform work effectively after the appropriate course of treatment and rehabilitation.

- *Medical aid*

Medical expenses shall be provided for a period of not more than 24 months from the date of the diagnosis. This period may be extended if, in the opinion of the Director General, further medical aid will reduce the extent of the disablement. The medical aid covers the costs of diagnosing a WRULD and any necessary treatment provided by any healthcare provider. The Compensation Commissioner will decide on the need for, the nature and the sufficiency of the medical aid supplied.

5. REPORTING

The following documentation should be submitted to the Compensation Commissioner, or the employer individually liable, or the mutual association concerned:

- W.Cl.1** *Employer's Report of an Occupational Disease*
- W.Cl.14** *Notice of an Occupational Disease and Claim for Compensation*
- W.Cl.301** *First Medical Report in respect of a Work-Related Upper Limb Disorder (WRULD)*

All other reports that may be relevant to the diagnosis and treatment of the condition (e.g. an ergonomic assessment supported by photographs, video clips, etc.)

- W.Cl.302** *Progress / Final Medical Report in respect of a Work-Related Upper Limb Disorder (WRULD)*


Progress medical reports must be submitted monthly to the Compensation Commissioner.

- W.Cl. 110** Exposure History or an appropriate employment history

- W.Cl.6** *Resumption Report* (monthly as long as the case is open, even if the employee is at work)

6. CLAIM PROCESSING

The Office of the Compensation Commissioner will consider and adjudicate upon the liability of all claims. The medical officers in the Compensation Commissioner's office are responsible for the medical assessment of a claim and for the confirmation of the acceptance or rejection of a claim.



DIRECTOR GENERAL: LABOUR

Date: 9 March 2004