Overuse Syndrome among Sign Language interpreters.

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In the past four or five years an epidemic has hit our field. Most of us know it as Carpal Tunnel Syndrome (CTS). It can more appropriately called Overuse Syndrome or Repetitive Strain Injury. And, yes. it seems there is an epidemic. The Southern California Registry of Interpreters for the Deaf did a survey of its membership and found that approximately 44% of those responding had some form of overuse syndrome. If the results of this survey can be generalized across the country, then the field of interpretation is facing a crisis, which, if not addressed now, could leave many in our field permanently disabled. Overuse syndrome is not a new condition. Thousands of cases of Overuse Syndrome are reported annually from other fields.

In reviewing the literature of our field, no mention is made of Overuse Syndrome from the publication of the first text, Interpreting for the Deaf, in 1964 to Interpreting: an Introduction, published in 1986. This could explain, in part, why Overuse Syndrome has apparently caught most of us unaware.

This epidemic facing us is not just CTS. It is a set of syndromes that can hit anyone at anytime. But why is it hitting now? Why hasn't it been around since Ball State? Perhaps a brief look at the changes in the field of interpretation can explain what may have lead us into this epidemic.

For many years, interpreting was done by friends and family member so deaf people. As deaf people began to move more and more into the mainstream, the need for interpreters grew. The pool of friends and family was no longer able to meet the expanding need. As interpreting evolved into a profession, its earliest practitioners were "part-time." As the need for interpreting continued to grow, more and more people began to interpret for a living and not to supplement the family income or to put themselves through school. These people found themselves interpreting more and more.

At the same time, the profession of interpreting was growing up around these people. Finally, interpreters have a "profession," but none of the trappings of other professions, i.e. benefits, job descriptions, unions, or job security. In order for most interpreters to keep their heads above water financially, we have to interpret any and all assignments to pay for normal living expenses such as health insurance and rent. Instead of heeding the warning signs our bodies have been giving us, we have kept on working and working (and still do) "just in case." "Just in case" there is no work next week or "just in case" spring break

is coming up. The list of "just in case's" is endless. So interpreters work all day, every day, and "just in case" interprets a few night jobs too.

What is Overuse Syndrome?

It is not just CTS, even though that is what we hear about all the time. In addition to CTS Overuse Syndrome may include all of the following:

- brachial neuralgia
- tendinitis
- ulnar nerve entrapment
- De Quevains Disease
- ganglion cysts

Simply put, Overuse Syndrome is a condition which develops when a group of muscles are repeatedly used without allowing adequate rest periods.

Excessive repetitive movements with out adequate rest breaks cause micro-traumas to the tissues. With a rest break, the body can heal itself. Without the break, the body then begins its inflammatory response in order to heal the injury. During the inflammatory response, the body sends signals to let us know that the healing process has begun: redness, pain, swelling, warmth and loss of range the range of motion. If, during the healing process, the muscles are used repeatedly, the injured area begins to swell more and more edema can develop. In some cases hemorrhaging may occur.

The progress of Overuse Syndrome from a minor discomfort to disability has been documented by Stone (1984). In his article on Overuse among people employed as word processors, Dr. Stone proposes the following gradings of pain associated with Overuse, along with his recommendations:

GRADE ONE

> Pain is present only when performing duties; daily activities are not interfered with. No signs are evident.

GRADE TWO

> Pain remains after completion of duties; but subsides by evening; daily life is interfered with only mildly. There is mild tenderness.
>
> Grades one and two can be maintained at work with some modification of work duties

GRADE THREE

Pain continues throughout evening, is not present on waking, but recurs shortly after beginning duties. Daily living is interfered with. Signs will be evident.

Grade three requires absence from work. The length of time depends on recovery time and job modifications.

GRADE FOUR

Pain is present at waking on each working day and at night; usually subsides on week-ends and days off. Daily life is effected significantly.

Grade four people can seldom return to the same job unless they are off for months

GRADE FIVE

Pain is continuous; daily life is restricted substantially.

Grade five people can rarely return to the work force.

Symptoms/signs frequently mentioned by people with Overuse at the various grades are: burning sensations, tingling of the fingers, numbness, spasms, redness, tenderness, and swelling.

Along with the physical symptoms, many people mention that the non-physical symptoms are even more disturbing. These are what Stone refers to when he says ,"Daily life is interfered with." People begin to feel clumsy, small tasks become difficult or painful, i.e., brushing your teeth, writing, picking up a coffee cup. Many times, this leads to self-doubt on the part of the person experiencing the pain. Since these people evidence no physical signs that others can easily see, they begin to deny the existence of the pain.

Unfortunately, current research on Overuse Syndrome does not mention sign language interpreting as a cause. There is, however, research being done on interpreters. California State University, Northridge has completed a study of 27 interpreters with Overuse Syndromes and will be publishing their results soon. The RID has an *Ad Hoc* committee looking into the long term physical effects of interpreting. SCRID has done surveys in southern California. Results of these studies will be published in the near future.

In the meantime what can be done? Is this something that we just have to

accept as part of our job? No. Much as "Little League Elbow" has been eliminated, Overuse among sign language interpreters can be eliminated as well. Little League authorities recognized a problem among its pitchers known as "Little League Elbow." After looking into the causes, rules were established as to how many consecutive innings could be pitched, how long the boys were allowed to practice, and so forth. The result is that today Little League Elbow is no longer a problem. We must view Overuse Syndromes among sign language interpreters in a similar manner.

Beginning in introductory ASL classes, we must introduce conditioning programs to increase the physical strength and endurance of new signers. The "signer-cises" in the appendix were developed by a physical therapist at California State University, Northridge specifically for sign language interpreters. By encouraging students to begin exercising when they enter sign language programs, we can prevent problems later on.

Exercises are not enough, however. We must be aware of bodies and how we treat them. Our field has spent a good deal of time and energy in comparing itself with that of spoken language interpreters in order to achieve the level of professional recognition we now have. But in doing so, we have neglected a major factor which distinguishes sign language interpreters from spoken language interpreters: In addition to being language interpreters, we are also athletes and dancers. Every time we lift up our arms to interpret, we begin a mini-workout. Yet we have chosen to ignore the basic tenet all athletes and dancers follow: Never begin a game or a workout with first worming up and stretching out first. Yet we walk into each interpreting assignment cold--physically and temperature wise. It is time for us to wake up to the fact we are not only interpreters but athletes too.

Below is a list of hints compiled from various sources. Although they can not guarantee you will never develop a problem, they may help in prevention.

1. Provide longer training periods for new signers and interpreters to increase hand and wrist strength. For everyone, who is not in pain now, begin doing Signer-cises now.

2. Always warm up prior to interpreting. Remember to think of yourself as not only an interpreter but as an athlete or a dancer.

3. Maintain good overall health.

4. Know your stress indicators. Stress may play a role in aggravating the condition.

5. Never interpret when your hands are cold. Always warm them up first.

6. Avoid sitting under air conditioning vents.

7. Have someone evaluate your interpreting for posture, fingerspelling position (wrist too pronated, bent outward, arm too high), rest position, and signing position.

8. Before going into an assignment that may be difficult or has proven stressful in the past, try guided imagery, relaxation exercises, or meditation.

9. If, during a job, you find yourself stressing out or tensing up, try taking several deep cleansing breaths.

10. Do not switch dominant hands.

11. After a full day of interpreting "cool down." (watch joggers at stoplights)

12. After sitting for a long time your blood pools causing your shoulder and neck muscles to tense up. When you get up stretch out a bit to cool down.

13. Turn down any assignment over two hours that has no breaks or demand a back up interpreter.

14. Check for chairs which allow for good posture.

15. Change positions while you are interpreting: When standing: cradle your hands, put hands in pockets, shake out your hands, quickly massage hands/arms. When sitting: drop arms to side, massage hands, rest hands in lap

16. Increase sign vocabulary to decrease fingerspelling.

17. Make sure your hobbies are not part of the cause: i.e., knitting, writing, piano, needlepoint etc.

The above are for someone who is not experiencing any pain. If you are in pain a different approach should be taken. The most important thing to remember is not to deny it. Do not say " This can't be happening to me." Do not deny it!

1. Seek medical attention. Keep your supervisor advised of your condition. Begin investigating workers compensation procedures for your state if applicable.

2. Rest. The study done at CSUN showed that rest was the only treatment that helped across the board for all interpreters. The condition will not go away if

you deny it. Rest means to stop nay activity that causes pain i.e., signing, fingerspelling, knitting etc.

3. Should your doctor suggest surgery, regard this as a last resort procedure. Ask for a referral to a physical therapist or a chiropractor. They have had success in treating overuse in a non-surgical manner.

4. If your doctor does not prescribe medication, you may take aspirin ((not tylenol). Take two tablets four times a day with food for five days. Aspirin, like antibiotics, has a cumulative effect.

5. Use a wrist brace to restrict movement. Wearing a tight brace may reduce pain, but it also reduces circulation. Make sure the brace is fastened so as to restrict movement, but not circulation. Sleep with your brace on. This way you do not inadvertently sleep on your hand or arm and hurt it.

6. Discontinue doing "signer-cises" or any exercises until your doctor tells you that you may resume them.

7. Do not shake your hands out! This causes only more damage if you are in pain.

When resuming your work activities you must look out for yourself.

1. Do not return to the dame work schedule. See your supervisor to modify it. Suggest rearranging your hours to include adequate breaks, team interpreting, more sign to voice interpreting, working with intern interpreters, etc. For supervisors this means employing creative scheduling to keep with in budgets.

2. You can interpret with a brace on if necessary.

3. Have someone observe your interpreting style, making sure you are not doing something which is aggravating the condition.

4. After the pain and inflammation have gone away, begin a reconditioning program. Do not exercise if you are in pain.

5. Monitor your condition. If the pain begins again, cut back on your activity. Be good to yourself.

By following these procedures, the Communication Services Unit of the National Center on Deafness at California State University, Northridge has been able to reduce the number of reported cases of Overuse from 37 two years ago to 2 this semester. Interpreter trainers, employers who hire interpreters, and interpreters themselves must work together to reduce this

problem, if not eliminate it.

References

Stone, W.E. 1984. Occupational Repetitive Strain Injuries AUSTRALIAN FAMILY PHYSICIAN Sept. Vol. 13, No. 9, pg. 682.

Interpreting for Deaf People

Introduction to Interpreting

"SIGNER-CISES"

GENERAL CONSIDERATIONS

AVOID SIGNING WHEN HANDS ARE COLD

EXERCISE AND STRETCH IN NON-PAINFUL RANGES (KNOW THE DIFFERENCE BETWEEN "STRETCH" AND "PAIN").

THERE SHOULD BE NO PAIN AFTER STRETCHING OR EXERCISING

WARM UP EXERCISES

OPEN AND CLOSE FISTS RAPIDLY 5-10 TIMES

CIRCLE WRISTS COUNTER CLOCKWISE AND CLOCKWISE 5-10 TIMES IN

EACH DIRECTION

SPREAD AND CLOSE FINGERS 5-10 TIMES EACH HAND

SIGN ALPHABET AT MODERATE SPEED ONCE

SHAKE HAND OUT. THIS SHOULD BE DONE ANYTIME HANDS FEEL TIGHT

STRETCHING EXERCISES

PLACE HANDS IN PRAYER POSITION WITH ONLY FINGER TIPS TOUCHING,

LIFT ELBOWS AND PRESS FINGERS IN BACKWARD DIRECTION. HOLD

FOR 5 SECONDS AND REPEAT 5 TIMES.

ARM OUT STRAIGHT, PALM DOWN, BEND AT WRIST AND PUSH DOWN ON

BACK OF HAND WITH OPPOSITE HAND. HOLD FOR 5 SECONDS AND REPEAT 5 TIMES. CHANGE HANDS.

ARM OUT STRAIGHT, PALM UP, PUSH FINGERS DOWNWARD WITH OPPOSITE HAND (WRIST SHOULD BEND BACKWARD). REPEAT

5 TIMES WITH FIVE SECOND HOLD. CHANGE HANDS.

REMEMBER, IF AN EXERCISE OR ACTIVITY CAUSES PAIN. . . OMIT IT!!!!!!!!!!!!!!!!!!!!!!!!!

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