

# RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.

# Newsletter

**Autumn  
2011**

**May**

Produced with the assistance of ACT Health & the Southern Cross Club

## News & Events

**WEDNESDAY 18 MAY**

### CHRONIC CONDITIONS SELF MANAGEMENT EXPO

**'LIVING A HEALTHY LIFE - SEE, FEEL, TOUCH, DO'**

Drop in and see us - we'll have a range of key-boards, mice and other tools for managing your computing, for you to try out. You'll also be able to chat to both staff and Committee members.

**WE LOOK FORWARD SEEING YOU THERE!**

**Time:** 10 am - 3 pm  
**Where:** Orion Room, Canberra Southern Cross Club, Woden.  
**Cost:** FREE

**THURSDAY 19 MAY**

### 'ALTERNATIVE THERAPIES TO REDUCE PAIN AND DISABILITY'

Speakers Dr Jason Barritt, chiropractor, Avinashi Sarasvati, yoga teacher, and Noel Cauchi, osteopath, will each give a short talk on how their specialty can help with pain & disability. This talk is free and everyone's welcome

**Time:** 7pm - 8pm  
**Where:** The Pearce Centre, Collett Pl, Pearce  
**Cost:** FREE

## In this issue

|  |    |
|--|----|
| Letters to the Editor                            | 2  |
| Bits & Pieces                                    | 3  |
| Is the Right Angle really Right??                | 4  |
| Independent Living Centre                        | 5  |
| Sue Woodward speaking about Dragon v 11 - Part 2 | 6  |
| CARRYING   | 8  |
| Living a Healthy Life                            | 10 |
| Manufacturing work and RSI                       | 11 |
| The Impact of Disbelief                          | 12 |

**Opening Hours:** Mondays and Thursdays  
10am-2.30pm

**Phone:** 02 6262 5011 **Fax:** 02 6249 6700

**Email:** rsi@cyberone.com.au

**Mail:** RSI Association and Overuse Injury  
Association of the ACT, Inc.  
Room 2.08, Griffin Centre,  
20 Genge St., Canberra City, 2601.

[www.rsi.org.au](http://www.rsi.org.au)

**Do you have an asterisk before your name on the mailing label?**  
If so, your subscription has expired - to re-subscribe, see p.15

The contents of this newsletter do not necessarily represent the opinions of the Association.  
Whilst all care has been taken in the preparation of the newsletter, we do not accept responsibility for its accuracy  
and advise you to seek medical, legal or other advice before acting on any of the information within.

# LETTERS TO THE EDITOR

## PAIN CONCERN(UK)



Pain Concern has a new website, [www.painconcern.org.uk](http://www.painconcern.org.uk), which includes details of and links to 'Airing Pain', a series of podcasts for people living in pain.

Every fortnight, Airing Pain brings together the top pain specialists in the country to talk about the issues that matter. For our members in chronic pain, this website will be very useful.

## PAIN SUPPORT GROUP

**Date:** Wednesday 8 June

**Venue:** SHOUT, Building 1,  
Pearce Community Centre, Collett  
Place, Pearce (phone 6290 1984)

**Time:** 12.30 to 2.00pm.

*Come early to get a cuppa.  
Bring your lunch if you like.*

**Speaker/practitioner:** Suzanne Newnham  
and Katrina Muir

**Topic:** Relaxation and meditation

**Cost:** Gold coin optional donation to help  
with room hire, postage etc.

**Date:** July Meeting

**Venue:** TBA

**Time:** 12.30 to 2.00pm.

**Speaker/practitioner:** A social and discussion  
get-together.

**What:** LUNCH TOGETHER:

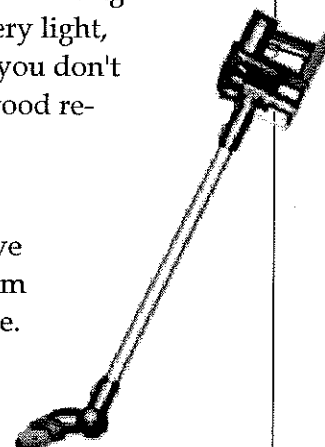
*The "Christmas in July" lunch.  
Festive wear and wee pressies .*

**Cost:** Choose and pay for your own meal.

## One member's recommendation of helpful appliances...

I'd like to recommend a couple of appliances I have found really helpful. The first is the Dyson Stick vacuum cleaner, which is hand-held and cordless. I managed to pick mine up at the very cheap price of \$375 at Harvey Norman. It's great for cleaning carpets and getting up pet hair and is very light and easy to manoeuvre. No back-bending either! I find it helpful to use on my stairs. The only fault I can find with that is the charge lasts just 15 minutes, but that's also an advantage for someone with RSI as you can't use it for too long. Another problem is that you have to hold your finger on the button to use it, but I've fixed that with a piece of gaffer tape. I'd also like to recommend the Fiskars Lopper for cutting branches in the garden, as it is very light, has a smooth cutting action and you don't need to use much force to get a good result.

**editor's note:** other members have also recommended Dyson vacuum cleaners as being very easy-to-use.



## BITS & PIECES

### "GIVE SILENT PAIN A VOICE"

Do you want to speak out about chronic pain? If you live in Sydney, you may be interested in Chronic Pain Australia's "Give Silent Pain a Voice" Program. On 7 May 2011, people who want to tell their story to community groups will meet in Parramatta for a workshop which will prepare them to deliver high quality presentations to community.

Read about the "Give Silent Pain a Voice" program on

<http://chronicpainaustralia.org/gspay>.

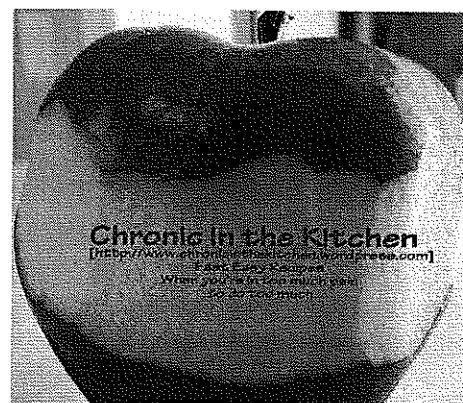
If you are interested in being involved, contact Deidre via

[national.office@](mailto:national.office@chronicpainaustralia.org)

[chronicpainaustralia.org](http://chronicpainaustralia.org).

### WEEVILS IN THE APPLE ?

Next time you think about buying an Apple product, you might like to take into consideration the way its workers are treated. In 2010 only 32% of its suppliers meet Apple's requirement of a maximum 60-hour working week with one day off, while only 57% complied with its code on preventing working injuries. 91 children were found to be working in their factories. While Apple has a freedom of association requirement, the Chinese government does not allow independent unions and the Hong Kong organisation China Labour bulletin said; "is Henry Ford-style freedom of association. You can have any union as long as it is in the Associated Federation of Trade Unions".



### BLOGGING ABOUT RSI

An online resource that could be useful for our members is a recipe blog created by someone with chronic pain and fatigue,

Chronic in the Kitchen. [www.chronicinthekitchen.wordpress.com](http://www.chronicinthekitchen.wordpress.com) While this blog is American and therefore contains some ingredients that are not common in Australia, the emphasis on easy, healthy and time-saving food is useful for people with overuse injuries.

Advertisement



### Why Did Computer Work Cause Your RSI?

Tired, tight, painful or tingling neck, shoulders, arms and wrists appear to be the result of hours bent over a computer screen. But had you stopped to wonder: "Why me and not Betty, Mary or John? They work in the same office and do just as much computer work as I do." The answer could be that you have a problem in your spine which they don't have. These problems cause nerves to malfunction. Once identified, these problems can often be corrected. This can then result in better nerve communication to the effected parts of your body. When that occurs it will usually reduce or eliminate any stiffness, weakness and/or pain that you are experiencing; whether it be from RSI, a sports injury, garden work or a car accident. This can be especially useful if other treatments have not worked and the condition is now chronic.

Visit [www.optimalhealthcanberra.com.au](http://www.optimalhealthcanberra.com.au) for more details about a neuroplastic treatment method that can retrain parts of the nervous system so it can achieve the above objectives. In fact, you'll be able to read about one medical school research project whose lead scientist said it can help the body to develop "...a strategy of self correction".

## IS THE RIGHT ANGLE ....REALLY RIGHT?

The calves are at a right angle to the thighs, the thighs at a right angle to the trunk, the forearms at a right angle to the upper arms; most of us are familiar with the standard diagram showing the correct posture at a computer, where everything is at right angles. But is this really the best way for a human being to sit and work at the computer? These days, some experts say no.

Although promulgation of this posture is widespread, it appears to have gained its near universal acceptance without epidemiological evidence of its efficacy."

For example, a very high quality study was carried out in 2002 which, despite its age, has much to offer computer users. The researchers followed 632 newly-hired computer users who were just starting work in eight large organisations in Atlanta, USA. None of them had any prior musculoskeletal symptoms and all of them anticipated using a computer for at least 15 hours a week. Over that year, more than half of the participants developed musculoskeletal symptoms related to their work.

During the study, the researchers collected data on participants' posture and computer setup, while participants themselves kept a diary on how many hours they used a computer each week, other hand-intensive activities and their symptoms. In this way, it was possible to work out which postures and ways of using the computer led to musculoskeletal symptoms.

### Neck and shoulder symptoms

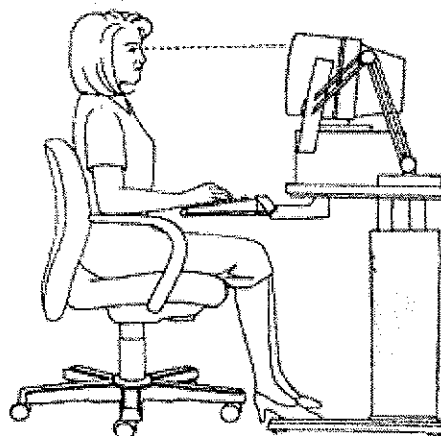
To avoid pain in this area, elbow position was important – participants whose elbows were below the keyboard were more likely to suffer from musculoskeletal symptoms of the neck and shoulders. The ideal angle at the elbows was more than 120°, with arms sloping downwards to the keyboard.

Twisting the shoulder out more than 25° to reach the mouse was also associated with increased symptoms. Using chairs with armrests was associated with fewer symptoms, while using a shoulder telephone rest caused more problems.

### Hand and arm symptoms

Here, the position of the keyboard was crucial. People whose keyboards were higher were at greater risk, as were those whose keyboards were closer to the edge of the table. Having the "J" key on the keyboard more than 12 cm from the table edge was related to fewer symptoms. Using more force on the keys was associated with an increased risk of disorders, as was turning the wrist inwards to use the mouse. Surprisingly, using a keyboard wrist rest was a definite risk factor. Monitor height made a difference, with fewer symptoms for those whose heads tilted downwards to look at the monitor.

The authors conclude "in the light of the results of the current study, the seated position traditionally recommended for computer users – upper arms perpendicular to the floor, elbows kept at a right angle, forearms parallel to the floor and the keyboard at or above elbow height and near the edge of the disk tray – may not be the lowest risk posture. Although promulgation of this posture is



widespread, it appears to have gained its near universal acceptance without epidemiological evidence of its efficacy."

It is important to note that this study was of particularly high quality. It followed people who were initially without any symptoms, it had a large number of participants whose posture and keyboard use were independently assessed and it lasted for over a year. We are not aware of any other studies of similar quality.

What about the traditional advice to sit with your back at 90° to the chair seat? According to Cornell University ergonomics web, this kind of erect sitting is "NOT relaxed or sustainable". They recommend a posture of 100 to 110°, in which "the chair starts to work for the body and there are significant decreases in postural muscle activity and in intervertebral disc pressure in the lumbar spine."

Ann Thomson

1) <http://ergo.human.cornell.edu/ergoguide.html>

2) Marcus . M, Gerr. F, et al,  
"A prospective study of computer users: II. Postural risk factors of Musculoskeletal symptoms and disorders"

American Journal of Industrial Medicine, 2002, 41:236-249

## INDEPENDENT LIVING CENTRE

The Independent Living Centre is an information resource centre that provides an:

- Equipment display
- Equipment reference library
- Assessment and advisory service.

The Independent Living Centre has a large range of equipment on display for people to try and compare.

Equipment is not available for purchase or hire, but staff can assist with information about products, where to buy them, approximate prices and other services and resources.

### HOW THEY CAN HELP

#### 1. Information Advisory Line

Health professionals are available to answer most enquiries. Where an answer cannot be provided immediately, details of your enquiry will be taken and you call returned as soon as possible.

Information, including product descriptions and suppliers can be provided over the phone or sent by mail, email or fax. You can also look up product information at [www.ilcaustralia.org](http://www.ilcaustralia.org)

#### 2. Drop-in Time

If you would like to look around by yourself, perhaps to find out what the ILC offers, you are welcome to 'drop-in' between 12 noon and 2.00 pm only Monday to Friday. Only limited assistance is available at Drop-in Time.

#### 3. Appointments

The Independent Living Centre offers appointments with a health professional between 9.00am and 4.30pm Monday to Friday (except public holidays).

#### FEES

Most services are free; however fees apply for appointments for clients with compensable injury or illness.

#### THEY CAN HELP WITH

- household, eating and drinking equipment
- back supports
- office and communication equipment
- clothing and dressing equipment
- recreation and leisure

#### HOW TO CONTACT THEM:

Independent Living Centre

24 Parkinson Street

Weston ACT 2611

Phone (02) 6205 1900

Fax (02) 6205 1906

Email [ilcact@act.gov.au/ilc](mailto:ilcact@act.gov.au/ilc)

Web: [www.health.act.gov.au/ilc](http://www.health.act.gov.au/ilc)

[www.iclaustralia.org](http://www.iclaustralia.org)

# SUE WOODWARD

## - on Dragon NaturallySpeaking at our AGM, Part 2

In our last newsletter, we brought you the first part of Sue Woodward's talk on using Dragon for e-mails and the Internet. Here's the second part of her talk, which includes some of the very useful questions and comments from audience members and Sue's answers, as well as her instructions for navigating the Internet.

### Q and A

Q: In e-mails, I have trouble sometimes to get Dragon to move to the "to" field .

A: Try saying "go to to field "; if it chooses the 'to' button then say 'press tab'. 'Tab & Shift + Tab' will move around the subject 'to' and 'bcc' fields..

Q: My microphone is so sensitive that even when I don't have it switched on, the cursor is moving all around the screen.

A: A good idea would be to do an audio check every day. For most people, it's a good idea to do an audio check when you start up at least once every few days. For Dragon to recognise your voice as accurately as possible, it needs to check the quality of your audio system and microphone. Make sure to speak into the microphone as clearly as possible.

Q: Can you recommend a good desktop microphone?

A: When you use a microphone every day, you get a maximum of two years out of it. It is better to use a headset microphone rather than a desktop microphone, because of the distance between the mouth and the microphone. There is a good desktop microphone on the market called " Buddy " but I still recommend using a headset. This is because a headset microphone follows your head as opposed to the desktop ones, where you might turn your head and they might not pick up your voice as well. If you have a desktop microphone, it can obscure your vision of the screen and also impede use of the keyboard. Even when you are working in your home office, I recommend a

headset; you are free to move at least at your desk. Dragon needs very good, consistent quality speech.

Q: How is Dragon to use on Mac computers?

A: That's a very interesting question as I now have a Mac computer, and Dragon really doesn't work well on it. There's a version of Dragon

NaturallySpeaking designed for Macintosh computers which Nuance have just released called 'Dictate 2', but there are quite a few problems. If you partition your Mac, then you can use Dragon on Windows 7; you can buy an application called 'Parallels' which allows you to switch between the different operating systems (PC and Mac) thus enabling you to use Dragon and Windows.

I believe this software will become better and more like 'Dragon', now that 'Dictate 2' is owned by the same owner, but it still has got a few years until it will be as good as 'Dragon'. Some features that 'Dragon' has had a decade to improve have a long way to go. For example, you can't delete built-in vocabulary, which makes customizing recognition very difficult. While the speech recognition is as good as 'Dragon' because it uses the same box, Mac 'Dictate 2' is not as trainable as 'Dragon'

Q: If you have got 'Dragon' at home, can you train it to more than one person?

A: Technically you can, but it is a licensing issue. It is supposed to be one license per person.

Q: What about compatibilities?

A: If you are using Microsoft Office 2010, you will need Dragon 11 to work in that, but if you use Office 2003, version 8 or earlier is fine. If you use Windows 7,



you need at least version 10.1 and at least 9.5 or higher to work with Office 2007. You can find all compatibilities on Sue's website, [www.viva-voce.com.au](http://www.viva-voce.com.au).

**Q:** Are other web browsers ok to use besides Internet Explorer?

**A:** I'm not sure about Google Chrome, but Mozilla Firefox it is not as good, although it will have some functionality. Even with Internet Explorer, the program doesn't have the same functionality with all websites, depending on how they are set up. Some sites are better set up for integrating with technologies like Dragon. The more professional websites, such as those of big companies and government departments tend to be fine, but more amateurish websites might not be as friendly towards Dragon.

#### **Audience comments:**

- You can actually use Dragon v10 with Skype in the message part, and you can write in the writing field and send SMS to mobile phones. For people that have problems with texting, this is very useful.
- There will be a free Dragon "App" available in Australian for iPhones soon. It is already available in the UK and the US. You download it from the site where you get other apps at iTunes.
- In e-mail, get the message sorted out first before addressing the email, because sometimes if you linger when you use the word "send" in the body of the e-mail, the message might be sent.
- Sue's comment: An extra precaution when saying 'send' in text is to say- "I am going to 'no cap' send you some documents"; when you say 'no cap' it forces Dragon to recognise it as text.

For any further questions, visit Sue's website or email her and she will try to help.

[www.viva-voce.com.au](http://www.viva-voce.com.au) ; [info@viva-voce.com.au](mailto:info@viva-voce.com.au)

## **INTERNET EXPLORER**

### **To open Internet Explorer**

- "Start Internet explorer" or use open desktop shortcut

### **To go to a web page**

- "Go back", "to forward", "go home", "go to the home page".
- "Go to address", or "go to address bar"
- Press F4" or press function 4" will go to the address bar and show the drop-down list
- "favourites" to go to the favourites menu
- To add a page to your favourites say "favourites", then "add to favourites". Choose names that Dragon will easily recognise.
- "View history".

### **To move in a web page**

- "Move up / down number" e.g. "Move up 5".
- "Page up / down".
- "Start scrolling up / down". "Stop scrolling"
- "Speed up" / "Slow down".

### **To search the web**

- "Search the web" / "open search".
- Dictate the search terms then say "press enter" or "search".

### **To go to an active link**

- Say the name of the link (providing the name is recognizable to Dragon) OR "click" then the name of the link.
- If the name of the text link is long, just say the first two or three words - enough to distinguish it from other links.
- Alternatively, say "text" or "click text link". This will number all the links that are a word or phrase. Then say "choose number" e.g. "choose 5" or simply "5".
- If a link or icon does not have a visible label, try hovering the mouse pointer over it - if a label appears you can try to voice it. Alternatively, you could say "click image", to number the image. *Article continued on pg 9*

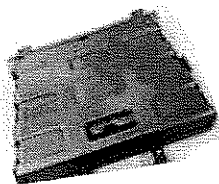


## Tools & Tips -

# CARRYING

Shopping, going to the library, looking after a baby – these are tasks that used to be easy, but can be difficult when you have RSI. There are ways to make it easier, though, and we start with the good old 'nanna trolley', somewhat updated.

This trolley from Howards Storage World is light and easy to pull, with the advantage over old-style trolleys that it folds flat to fit into your car boot very neatly (or for storage).

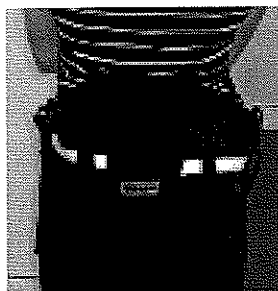


Some of our members find cane baskets very helpful for carrying, as they're so versatile. You can hold them in your hands, loop the handle over an arm, or hold them close to your body with both arms (always a good strategy for people with RSI when carrying).



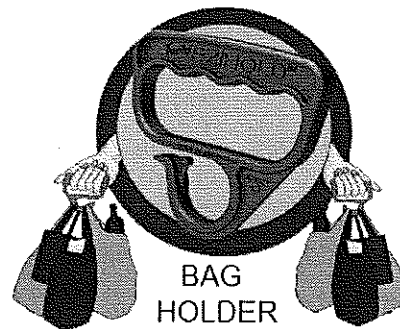
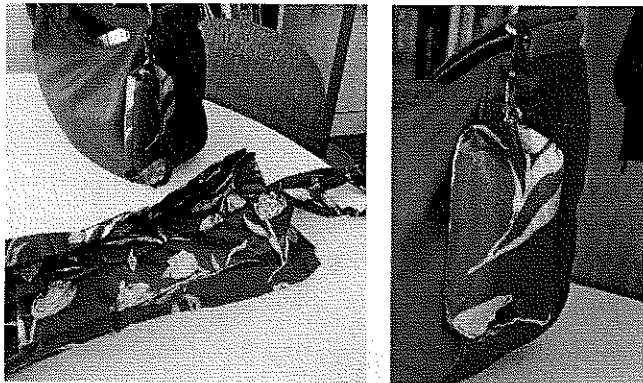
When carrying a bag, use the straight-arm grip below to minimise strain on the wrist, fingers and forearm. For carrying plastic bags, a bag holder or grip is useful.

If you're carrying a smaller amount, a waist-pack can be really useful. Buy them at cycle or outdoor shops; they come in different sizes and shapes.





Plastic bags are being phased out in some places soon (the ACT for one) so a light bag you can take with you is very useful, like this fold-up version that clips onto your bag.



There is quite a variety of easy carrying tools to be found on the internet. Search under "easy bag holder", "grocery bag holder".

Ann Thomson

## Dragon Natural Speaking *continued* ....

### To open an image

- "Click image", or "image" will number the images then say "choose number e.g. "choose 5".

### To go to the first text box, e.g. a search box

- "Text" / "type text" / "edit box" / "text field" / "click edit box" / "click text field".

### To click a check box, list box or radio button

- "Check box" / "list box" / "radio button" to number the buttons, then choose the number you want.

### To print a web page

- "Print page".

File Edit View Favorites Tools Help

Favorites Welcome PayPal RSI-005 Association - Aust... Suggested Sites Get More Add-ons

Repetitive Strain and Overuse Injury - RSI and Overu...

- product reviews.
- ideas on ways to make life easier.
- the latest medical research

[View a sample newsletter](#)

PLUS membership brings you:

- regular speakers and events.
- referrals to helpful therapists and agencies.
- borrow books and tools
- try out clickless software and ergonomic devices

100 pages of incredibly useful information on treatments, safer computing, chronic pain, and managing at home and at work

- MOVING ON WITH RSI - only \$9.50 and includes stories of people who have learnt to live with serious RSI with lots of ideas on how to survive emotionally and move forward in life
- PREGNANCY AND PARENTING WITH RSI - only \$9.50 and includes help for parents with an overuse injury to manage the challenges they face

Back to top

| DAILY LIFE                   | DAILY LIFE CONT.        | TREATMENTS              | KIDS/COMPUTERS          |
|------------------------------|-------------------------|-------------------------|-------------------------|
| Strategies to use everyday   | Sleep                   | Finding a treatment     | For Teachers            |
| Reading and TV               | Telephone               | Choosing a doctor       | For Parents             |
| Driving and Public Transport | Housework               | Strengthening exercises | For Kids                |
| Doors and carrying           | Personal Care           |                         | Safer computing checkdi |
| Shaking hands and clapping   | Sex                     |                         | Using Laptops safely    |
| Using a computer             | Gardening               |                         |                         |
| Writing                      | Easy recipes            |                         |                         |
| Travelling                   | Pregnancy and Parenting |                         |                         |

Do you have an... See our...

DragonBar

NaturallySpeaking Tools

Correction...

Microphone is off

Our sponsors

Site designed and develop... Overdrive Developments

Done Internet 100%

## ASTERISK \*

Have you got an asterisk \* on your address label? This is a signal to tell you your subscription is overdue. We recently wrote to all our overdue members and our thanks go to those who renewed. If you didn't, and you'd like to renew, then you can pay using a credit card via Pay Pal at our website or send us a cheque, cash or postal order (see p15).

*We do appreciate your support!*



ACT  
Health



ACT Division of  
General Practice



Australian  
National  
University

### Come and be part of **Living a Healthy Life — See, Feel, Touch, & Do EXPO**

**Chronic Conditions Self Management Expo  
Canberra Southern Cross Club, Woden A.C.T.  
Wednesday 18 May 2011 from 10am – 3pm**



Photo kindly provided

### It is a chance to:

- Talk to a podiatrist, nurse practitioner, dietician or exercise physiologist
- Have a free remedial massage

## and it's free!

please contact

**Amanda Plowright**

at SHOUT Inc.

on **02 6290 1984.**

# RSI CAUSED BY - MANUFACTURING WORK

Marieke (aged 37) works in a factory that makes force transducers for scales. She spent four months working as a data processor, and was then transferred to a section where she prepared products for welding. This involved keeping a button pressed down hard. After a year she developed pain in her thumb.

**The crunch came while I was away on a weekend course for scouting leaders. I tried to pick up a plastic cup, but my thumb hurt so much I couldn't keep hold of it.**

'The work involved removing adhesive residue with a rotary polisher. I had to keep a button pressed down hard to make sure all residue came off. I also had to polish small round components with a scouring pad, making the same twisting movement with my hands, wrists and thumbs over and over again. After I'd been doing this for a year, I developed pain in my right thumbs. I carried on working for two more weeks despite the nagging pain. The crunch came while I was away on a weekend course for scouting leaders. I tried to pick up a plastic cup, but my thumb hurt so much I couldn't keep hold of it. At that point I went to see my doctor. He thought I had an inflamed tendon at the base of my thumb and prescribed two weeks' rest, which of course didn't help'.

## Different jobs, all of them painful

'Two weeks later he gave me anti-inflammatory injections in my tendon, but that didn't help either. Then he taped my thumb to my index finger. I couldn't do a thing with my thumb, and even that didn't help. By now I'd been on sick leave for several months, and they needed me back at work, so I started again part-time. With my secretarial experience I was able to work in the office where two other

people were already off sick with RSI symptoms.

It was stressful work, and I soon started having problems with my neck and shoulders. I immediately told my supervisor. The two of us looked round for other jobs in the firm that I would be able to manage, and eventually we decided on soldering. I now had to work six hours a day, and eventually full-time again.

However, the symptoms soon started again, and I went home weeping from the pain. This time my doctor referred me to an orthopaedist, who didn't even bother to look at my hands, so I got another orthopaedist to give me a second opinion. He couldn't do anything specific for me either, but prescribed a removable thumb splint. My thumb was completely encased in the splint, so I couldn't move it at all. As long as I had the splint on there was no pain, but I couldn't work any more, as I needed my thumb for everything. I went back on sick leave, this time for six months. Then I was given a new splint which left the top joint free to move, so I could get back to work.

## Dr Quervain's syndrome

'Eventually I was declared 80-100% incapacitated. I did three hours' work a day by way of occupational therapy. That was the most I could manage. But the last time I was assessed they decided I could go back to full-time work, and my incapacity benefit was stopped. I lodged an appeal, and they sent me my medical file, which wasn't exactly cheering. In the very first assessment report I found the name of the condition I'm almost certainly suffering from: Dr Quervain's Syndrome. That's an inflammation of the thumb extensor and abductor tendons.

At least six other people in the manufacturing section have similar symptoms. It isn't just office workers that get RSI."

*"Taking things in hand"*

*The Dutch RSI Association's information brochure*

## THE IMPACT OF DISBELIEF

"Pain is whatever the experiencing person says it is, existing whenever he says it does": that's a famous definition by Margot McCaffery, a pioneer in the field of pain management nursing. But what happens when a patient's pain is disbelieved, or ascribed to a mental disorder? That's the question explored in a review article titled "A Narrative Review of the Impact of Disbelief in Chronic Pain".

Disbelief is damaging, according to these authors. Its consequences can be severe, and include isolation, emotional distress, stigma, anger and depression.

One of the reasons that people go to the doctor is to get an explanation for their symptoms, and an acceptable explanation at that. In many cases, people want a medical label for their problem, one that legitimises their condition. If they don't get that, they may feel that they are disbelieved or labelled as mentally ill. This can lead to a number of undesirable consequences.

Firstly, without a medical label, people can be reluctant to reveal their pain to others. According to this research, "this lack of diagnosis or label for a chronic pain patient becomes the cloak of invisibility that hides chronic pain from the outside world. People suffer not only the pain itself, but also the isolation caused by its hidden nature"; a chronic pain sufferer explains

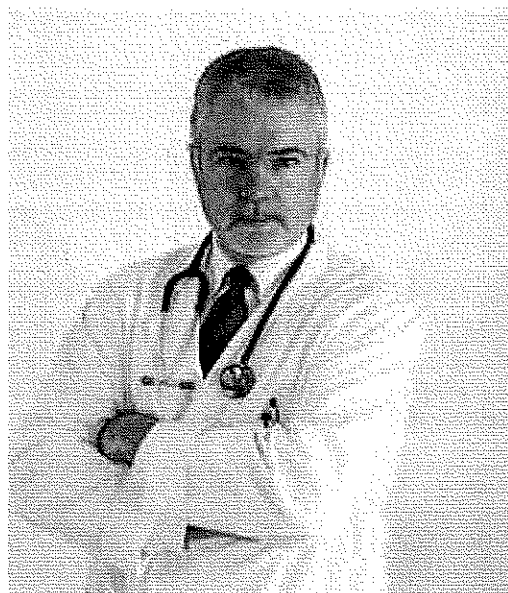
"It had also come to affect my personal relationships because I felt so uncomfortable having to explain my RSI to anyone... I became afraid of telling other people in case they reacted in the same way (as a sceptical friend). I became isolated because I didn't talk to anyone or see anyone. At one point, I wouldn't even answer the phone,"\* another says.

"My social life suffered with RSI. I lost touch with friends and acquaintances because I withdrew from people. I didn't want constant sympathy nor did I want to be seen as a victim. It was easier to avoid the issue by not having to talk about it."\*

Isolation can both physical and emotional. A

physical disability can lead to social isolation through restricted mobility, for example, inability to drive. People may be fearful about how others will react to them and impose isolation on themselves as a strategy to avoid negative judgements. Or they may be unable to offer hospitality in the way that they did before and that they consider right and proper, and so cut themselves off. "You are stuck at home, you become a prisoner in your own home. Your life is the pain in your cell." One participant even lost his relationship with his wife: "My wife even turned on me, thinking it was all put on... from that point on I just lived on my own."

Sometimes the label itself is the problem. Patients can see some labels as inherently stigmatising, for example, fibromyalgia, and any pain that is labelled as psychosomatic. People with such diagnoses might hide their medical label from others in order to avoid stigma and disbelief, but in doing so, they may shut themselves off from others, both emotionally and physically.



Secondly, disbelief can also lead to severe emotional distress. Many chronic pain patients interviewed by researchers felt that they had been

"discredited" -- they felt helpless at being unable to prove their pain. "The lack of explanation, the absence of physical science to prove the pain narrative, and the feelings of being disbelieved by healthcare professionals caused great distress".

This distress can lead to depression, but it can also lead to anger and opposition, possibly a healthier response. Responding to a doctor who, in their opinion, has already made up his or her mind, patients can become angry and even combative. This of course can be counter-productive, with doctors reacting badly to what they perceive as hostility, doctor-shopping and overuse of medical services. Patients very often persist in believing that the illness has a physical basis, even when unsupported by the medical profession. This persistence, however, can lead to fatigue, and the fatigue can exacerbate their condition.

The negative stereotypes around women and illness may lead to particular problems for women. Women can be seen as histrionic, overly emotional and talking too much about their pain. Women can be left in a bind, between underplaying their illness experience and risking not being taken seriously, or complaining too much and risking their credibility. The authors of this paper reported that "negative stereotypes (of women) certainly abound within the research literature." This is particularly so when it comes to RSI, for example, Dr Yolande Lucire's famous quote on women with RSI who are "like a Victorian cripple with the vapours" and therefore "looking for legitimization of their desire for the sick role."

Stigma can come from many sources including medical professionals, employers, the general public and even spouses. When symptoms are minimised or dismissed, people experienced humiliation and shame in one survey. "This shame is the shame of being wrong about the nature of reality". Patients often interpret a challenge about the cause of symptoms as a challenge to their own personal integrity, and this can affect the way individuals see themselves.

"I didn't speak to anyone else about it. There was such a stigma attached to RSI and so much disbelief surrounding it that I just didn't talk about my experience."\*

According to the author, "healthcare professionals need to be aware of the tension patients face between adequately describing their pain to be understood and not overplaying their symptoms to avoid the accusation of complaining about their pain." He suggests that therapists should use a structured assessment of the patient's pain to avoid this difficulty, and that pain should be seen as the fifth vital sign. In the UK, the Chronic Pain Policy Coalition champions regular structured pain assessments, but a 2009 Chief Medical Officer's report says that only 15% of patients actually complete a simple pain assessment based on a scoring system.

**"Pain is whatever the experiencing person says it is, existing whenever he says it does"**

These themes are further touched upon in a paper on how physiotherapists perceive patient pain and how it affects their management of the patient. The authors interviewed 46 physiotherapists with at least two years experience in pain management clinics, outpatient clinics or sports medicine.

If the physiotherapists had personal experience of pain, it seemed to make them more sympathetic: "I have had personal experience with back pain, just occasionally, nothing major. But it really puts into perspective how scary it can be when something is minor and is really painful... it really makes you appreciate what some other people are going through... it makes me understand better what they are feeling... I'm probably a little bit more sympathetic."

Others were careful about how their own experiences affected the treatment of patients: "I can put some of my own personal experience in, always being active in my youth and so forth. I think I was probably one of these guys who blew off pain, kind of worked through it. So when I'm working with my patients I have to be careful not to take the pain lightly." *Article continued on pg14*

## ARTICLES CONTINUED.....

*"Impact of disbelief" continued...*

Sadly, the idea of secondary gain is quite powerful among about 43% of the therapists who were interviewed. Their attitude was summarised in the following way: "if patients have potential reasons for not wanting to get better, such as motor vehicle accident, workmen's compensation, these issues will affect the perception of pain." One therapist took into account factors like: "is this person comfortable sitting at home and getting paid workmen's compensation... are they motivated to get back to work... we get a lot of other information including whether this person has an attorney."

Some physiotherapists had quite a patronising attitude to patients in chronic pain: "a lot of the chronic pain patients are passive dependent personalities and they really want to put everything back on you. They really don't want to take responsibility for their pain and getting better." Others were much more understanding: "when you're in a lot of pain everything changes, nothing feels good, you don't feel good, your whole world changes. Because they feel so lousy, they may report an intolerable amount of pain... for them they can't stand it any more. They've reached the maximum tolerance, 10 out of 10." When physiotherapist believed patients, they were found to be more empathetic, more involved and more thorough in their care.

More experienced physiotherapists thought about their own practice and how to improve it more often than less experienced therapists. "I think a lot of times, particularly with young therapists starting out, they're too quick to blame the patient for not getting better... it may be that you're not providing an appropriate treatment. Sometimes it's not the patient, but it's you."

When physiotherapists were asked what three things they would tell a new therapist about helping a patient in pain, their advice was to:

- develop rapport
- perform a thorough initial evaluation
- use a variety of treatment approaches.

Other important factors were patient education, psychosocial factors and using therapeutic touch.

Interestingly, physiotherapists who worked in pain clinics generally took a more holistic and multidisciplinary approach, while those who practised in outpatient and sports medicine facilities were more likely to become frustrated with unresponsive patients and consider "secondary gain". The authors note "such negatively biased judgements on the part of the service provider can have a powerful influence on the outcome and can help to maintain disability."

Not considered in these two articles are other possible effects of disbelief on patients. For example, people who are disbelieved by doctors might be much less willing to visit a doctor with symptoms that are vague or unusual. They might, in fact, let a serious disease such as cancer progress much further than other patients before they seek a diagnosis because of their experience of medical disbelief. They might hesitate about going to a hospital with the early symptoms of a heart attack and thus suffer much more severe consequences. The decision to send a workers' compensation claimant to a medico-legal doctor whose mind has already been made up about the unreality of the condition has much wider ramifications than just gathering opinions to make a claim go away; it could have far-reaching effects on that person's future life.

\*: Quotes from members of the RSI Association

1) Newton B J, Southall J.L, et al, "A narrative review of the impact of disbelief in chronic pain", American Society for Pain Management Nursing, 2010; 1524-9042

2) Askew R, Kibelstis C, "Physical therapists' perception of patients' pain and its affection on management", Whurr Publishers Ltd, Physiotherapy Research International, 1998; 3(1)



| Info Sheets                               | Tick: |
|---|-------|
| Hydrotherapy                              |       |
| Swimming for RSI                          |       |
| RSI & Stress: what it is & how to cope    |       |
| Cream, Rubs & Herbs for RSI               |       |
| Worker's Compensation in the ACT          |       |
| Medical & Medico-legal appointments       |       |
| Assistance through Medicare               |       |
| Member's story: Invalidity Retirement     |       |
| Managing your Finances with RSI           |       |
| Review: Clickless software & Short-Keys   |       |
| Preventing Voice Overuse                  |       |
| Sewing & RSI                              |       |
| Pillows & RSI                             |       |
| Neck pain: prevalence, causes, treatment  |       |
| Review of Tennis Elbow Research.          |       |
| How to win and keep a Comcare claim [NEW] |       |
| Choosing a keyboard [NEW]                 |       |
| Injections for RSI [NEW]                  |       |

## BOOKLETS AVAILABLE:

## The RSI Association Self-Help Guide

This booklet contains 120 pages of really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

\$20

## Moving on with RSI

This booklet covers the stories of people who have learnt to live with serious RSI. It contains many ideas on how to survive emotionally and successfully manage the condition.

\$10

## Pregnancy &amp; Parenting with RSI

This booklet includes 20 pages of information designed to help parents with an overuse injury to manage the specific challenges they face.

\$10

\*To order an electronic copy of any of the above info sheets, please email us at [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au)

\*\*To order a hard copy of any of the above info sheets please tick the appropriate boxes on this form and mail it to us (see address on front page). Please include one local stamp per info sheet to cover printing costs, and a large self-addressed envelope.

\* Booklets can be purchased online ([www.rsi.org.au](http://www.rsi.org.au)), requested by email, or ordered by mail using the form below. Please make cheques payable to the RSI & Overuse Injury Association of the ACT.

## RENEWAL/APPLICATION FOR MEMBERSHIP &amp; ORDER FORM

If your name has an asterisk on the address label, your annual subscription is due.

Please renew ASAP to maintain your membership.

PLEASE NOTE: If your details on the back of this form are correct, you don't need to rewrite your address.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

☐ I would like to receive my newsletter by email

## I enclose:

Annual membership: ☐ \$10 (low income) ☐ \$20 (standard) ☐ \$40 (high income/organisation\*)

Special Offer: ☐ 2 years' membership \$30

Booklets available (details back page): ☐ Info Kit \$20 ☐ Moving on with RSI \$10 ☐ Pregnancy & Parenting with RSI \$10

DONATION \$\_\_\_\_\_ (all donations are tax deductible)

TOTAL \$\_\_\_\_\_

Please make cheques or money orders payable to the RSI and Overuse Injury Association of the ACT, Inc.

\*Organisational membership is open to organisations sharing our aims. Minimum rate is \$40 with additional donations gratefully received.



## Coming Soon:



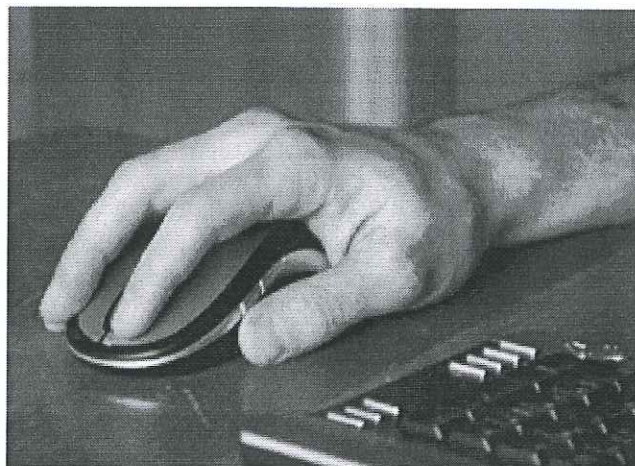
Neck pain: Does laser therapy help?



Workers comp: does it affect your health?



New therapies that work.



RSI & OVERUSE INJURY  
ASSOCIATION OF THE ACT, INC

Room 2.08  
Griffin Centre  
20 Genge St  
Canberra City  
ACT 2601

Phone: (02) 6262 5011  
Fax: (02) 6249 6700  
E-mail: [rsi@cyberone.com.au](mailto:rsi@cyberone.com.au)

The Director RSI patientenvereniging  
Postbus 133 3860 AC NIJKERK  
THE NETHERLANDS

POSTAGE PAID  
AUSTRALIA

SURFACE  
MAIL

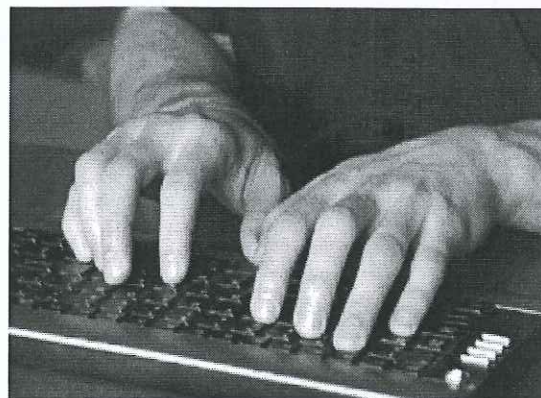
ACT RSI NEWS Autumn 2011  
Print Post Approved  
PP 229219.00118



## RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.



*preventing overuse injury,  
reducing its impact*



[www.rsi.org.au](http://www.rsi.org.au)