

Newsletter

**Autumn
2012**

May

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

News & Events

MANAGING DEPRESSION

Professor Kathy Griffiths from the ANU Centre for Mental Health Research will talk about evidence-based treatments for depression.

WHEN: WEDNESDAY 30 MAY, 12.00 PM—1.00 PM
WHERE: ROOM 6, GRIFFIN CENTRE, 20 GENG STREET
CANBERRA CITY
COST: FREE, LIGHT LUNCH PROVIDED FROM 1—2PM

EVIDENCE-BASED RSI TREATMENT

Dr Deepak Sharan is a consultant in Orthopedic Surgery and Rehabilitation at the RECOUP centre in Bangalore, which specialises in the rehabilitation of musculoskeletal disorders including RSI and other chronic pain conditions.

He is currently in Australia and will be giving a talk on RSI treatment to our members on June 5. He will also be available after the talk for individual consultations with people who may be interested in attending his clinic in India.

Please book for these consultations by phoning or e-mailing us.

WHEN: TUESDAY 5 JUNE, 1.00 PM-2.00 PM
WHERE: ROOM 9, GRIFFIN CENTRE, 20 GENG STREET
CANBERRA CITY
COST: FREE

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Opening Hours: Mondays and Thursdays
10.00 am – 2.30 pm

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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

OVERUSE INJURY AND RATS

Dear Editor,

I was upset to read that rats were being forced to exercise until they had overuse problems. It is just not ethical to treat animals like that. Otherwise very good newsletter as always. I still have severe problems after 28 years, my RSI hasn't improved at all.

Name and address supplied

Editor's Response:

We agree with you that these experiments are cruel. However, we have no influence over whether they are carried out or not – we are just letting you know about them. In fact, they do tend to help people with RSI by showing that the condition is 'real', not psychosomatic. They also reveal the underlying biology of the condition and thereby suggest appropriate treatments.

CLICKLESS SOFTWARE

I'm surprised there aren't more clickless software options available, given how prevalent RSI is likely to be.

I'm grateful for your organisation. It was a real godsend when I was first injured in 2008 and largely incapacitated, to not feel so alone and 'crippled'.

It was a terrible time not knowing if I'd be able to work again and to be in so much pain.

Name and address supplied

Editor's Note:

Clickless software is really useful for people with RSI. Some clickless software programs don't seem to be entirely reliable; we recommend 'RSI Guard', a break program that includes an optional clickless feature.

RSI WEBSITE

I wanted to provide some positive feedback for your web page. I'm a librarian and found it very helpful. We're always looking for great new sites.

I couldn't have found it at a more perfect time; my student interns and I are updating our site to include a new section with information on

computer usage. I plan to add a few of your links in there for our members to check out – so thank you!

Best Wishes,
Marylyn Brooks

MANAGING PAIN WITH RANDOLPH SPARKS

Dear Sir/Madam

I have attended the public seminar on Pain Management which was fantastic. I am a war survivor, I have PTSD which includes chronic pain, depression, stress anxiety, flashbacks, nightmares and so on. I am very grateful that in this town there are such helpful and useful activities like your agency provides. They are free, on top of that the organisers provide something to eat and drink. That is just wonderful. I do not take it for granted, I value it so much.

Name and address supplied

PHYSIOTHERAPY CLINIC AT UNIVERSITY OF CANBERRA

Dear Editor,

Thanks so much for the information on the physiotherapy student clinics at the University of Canberra. I found them very professional and useful, as well as cheap.

All the best,

Name and address supplied

Editor's Note

The student-run physiotherapy clinics are designed for patients with musculoskeletal conditions, and those who may experience difficulty in accessing private or public physiotherapy services.

The Faculty of Health clinics also run psychology clinics provided by Master of Clinical Psychology interns, and nutrition and dietetic clinics provided by Master of Nutrition and Dietetic students. All clinics are supervised.

Appointments are available at both the university campus in Bruce, and at the rooms in Garran. For more information contact the Faculty of Health Clinics, University of Canberra on (02) 6201 5843.

BITS & PIECES

'STAGGERING' COST OF BACK PAIN IN THE EUROPEAN UNION

Muscle and joint pain is costing the economies of EU member states up to €240 billion a year, a conference in the EU Parliament was told last October. Former Polish president and Nobel Peace Prize Winner Lech Walesa urged the conference to "fight internationally to improve the lives of those living and working with pain".

According to Walesa, one hundred million Europeans suffer from chronic MSD (musculoskeletal disorders), 40 million of whom are workers. Forty percent of these sufferers have had to give up work due to their condition. More research presented at the conference showed the growing impact of MSDs in Europe's ageing population. The data shows that nearly 49 per cent of all absences from work and 60 percent of permanent work incapacity in the EU is caused by MSDs.

NINETY PERCENT OF WORK FROM HOME ENVIRONMENTS UNSAFE

A study conducted by ergonomic consulting firm, Ergoworks, has found that around 90 percent of Australians working from home do so in unsafe conditions.

Assessments were conducted in 1000 home workplaces over 5 years, and nine out of ten workstations failed to meet acceptable standards of safety. Ergoworks director, Marnie Douglas, said, "employers cannot shirk their obligation to provide a safe working environment for employees, even if the work is not being carried out on their official

premises." She cites the problem that many employers are unaware of the home setup of their employees, and that it is not uncommon for home workers to be using kitchen bench tops, bedside tables or their laps when working.

POOR QUALITY OF LIFE FOR AUSTRALIANS LIVING WITH A DISABILITY

A new report has found that Australians living with a disability have the worst quality of life in the developed world. Ranked last out of 27 OECD countries, Australia has more than half of its disabled population living in or near a state of poverty. The report, *Disability Expectations – Investing In A Better Life, A Stronger Australia* showed only 39.8 per cent of people with a disability were employed, compared to 79.4 per cent of those without a disability. In a message of support for the report, Governor-General Quentin Bryce said it highlighted the need "for a cultural shift in attitudes towards Australians living with a disability, from passive sympathy and understanding to actively encouraging and championing a better quality of life".

PAIN TOOLKIT

The *pain toolkit* is an information booklet providing handy tips and skills to support people living with persistent pain. Since 2009, 200,000 copies have been printed and circulated throughout the UK. The kit is co-authored by GP Dr Frances Cole and Peter Moore, internationally recognised creator of the Persistent Pain Program.

The toolkit can be downloaded for free at www.paintoolkit.org

SOCIABILITY: SOCIAL NETWORKING FOR PEOPLE WITH A DISABILITY

Media Access Australia (MAA) has released *SociABILITY: Social Media for People with a Disability*, a review of how people with disabilities can best use social media tools. The review offers guides for the use of major social media platforms such as Facebook, LinkedIn, YouTube, Twitter, Skype and blogging. For each platform, the guide provides a review of what it is, what accessibility issues it poses to people with a disability, and how best to overcome these issues. The MAA is an independent not-for-profit organisation that focuses on improving media access for people with disabilities.

NEW ACT WEBSITE FOR LIVING ASSISTANCE

The ACT Government has developed a new one-stop website called ACT Assistance for clients needing support to help with cost of living pressures. ACT Assistance is one source of ACT and Commonwealth funded programs. It helps people discover what's available and where they can find further details. The website was developed for use by the community and has been designed to be used as a tool for community sector workers when supporting clients in financial stress.

More Information: Visit www.assistance.act.gov.au

A NEW APPROACH TO MANAGING CHRONIC PAIN

WITH DR RANDOLPH SPARKS

Dr Randolph Sparks is a psychologist specialising in chronic pain at the Capital Rehabilitation Clinic and a guest lecturer at the School of Psychology at the Australian National University. In April this year, Dr Sparks gave a public seminar on a new practical approach to managing chronic pain. This is an edited version of his talk.



Approaches to pain have changed a lot over the last few years in response to new scientific evidence on the body's responses to injury. These new conceptualisations of pain look at the effects of pain on the nervous system, in which pain messages are interpreted as danger signals. When pain becomes chronic, danger signals are continually pumped into the body, and the operation of the nervous system is fundamentally changed. Chronic pain therefore "rewires" the nervous system.

This gives rise to a new approach in managing chronic pain. Just as pain can "rewire" the nervous system, you can attempt and succeed in "rewiring" your nervous system to better manage pain.

To understand chronic pain, it's important to look at the immune system. The role of the immune system is to immobilise the body when in danger. For example, when a person has the flu, they become more sensitive to pain, their mood deteriorates and they experience stiffness, fatigue and changes in temperature. This is an immune response to the flu. The immune system has immobilised the body to aid healing and allow it to safely increase the body's temperature to deal with the virus.

Similarly, after an acute injury like a broken arm, the body responds with pain, a deteriorated mood, stiffness and fatigue. There may also be slight changes in temperature. We also immobilise the injured body part. This is an appropriate and

helpful response to a short-term injury. However, we also tend to respond in a similar way when an injury becomes chronic.

Are you immobilising when you don't need to?

People with chronic pain often immobilise the areas that are giving them pain, and are often not even aware they are doing it. Movement is painful, they think and therefore dangerous, and that part of the body should be immobilised. For acute pain, immobilisation is necessary, but for chronic pain, it is not.

If you are already immobilising part of the body, you are already enacting the beginning of an immunological response, which means the full-blown response is primed and ready to kick in at any time.

You need to start moving.

A new approach to chronic pain employs feedback loops to start "rewiring" the body to better deal with pain. For people with chronic pain, the feedback loop is simple. You immobilise because you are in pain, but immobilisation, in turn, tells your body you are in pain. This is an automatic immunological response. You need to consciously and deliberately "rewire" the body to reduce your suffering.

If immobilisation demonstrates that pain is necessary, then movement demonstrates that pain is unnecessary. You need to start moving. Movement is key to the functioning of our nervous system. While stretches and exercises are good, you need to start moving in a conscious and deliberate way, to start "rewiring" the nervous system. "*Nerves that fire together, wire together.*" Once nerves fire together in a particular direction, they keep firing together in that direction.

You need to do two things when it comes to movement. You need to:

1. Normalise movement

Immobilisation rarely relieves chronic pain. If immobilisation is not relieving your pain, then

start moving more normally. If you do this, it demonstrates to the body that pain is unnecessary. This will start to "rewire" the body.

2. Increase movement

While too **much** movement will cause pain, too **little** movement will also do the same. When you start moving, do not move too much or too little. You need to activate the nervous system in an adaptive way.

Do you fear movement?

Many people with chronic pain fear movement, and rightly so, as movement has caused them pain, and pain is dangerous.

The danger reaction is the natural "fight or flight" reaction when a person is facing imminent danger. This is the sympathetic nervous response: adrenalin kicks in, breathing goes to the upper chest, blood flows out to the extremities, the digestive system stops working, heart rate increases. This is great for immediate danger, but not so good if it goes on for a long time.

Just as pain can "rewire" the nervous system, you can attempt and succeed in "rewiring" your nervous system to better manage pain.

You need to learn to relax.

The body is always trying to achieve homeostasis, or balance. Following a sympathetic nervous response (the alert system), the nervous system then activates the parasympathetic response and relaxes the body and the person often becomes tired. This is also called the relaxation response, and is the body's way of restoring balance. For people with chronic pain, however, their nervous system is continually bombarded with danger signals, stimulating a constant sympathetic nervous response. They do not experience the usual parasympathetic response that follows.

The nervous system needs to be "rewired" back into experiencing the parasympathetic response. Relaxation techniques are essential here. Fear of movement is a conditioned response; you need to override the condition of fear of a situation that can cause you pain. You need to pair movement with a relaxation response instead. If you can trigger the nervous system to relax when you have pain, then you remove the message of danger and can avoid going into the full-blown immune response.

Breathing is key.

There are other relaxation methods but learning to relax through breathing is a simple and easy technique to start practicing. The aim is to practice breathing until you can think "breathe" and you relax.

When we breathe in, we activate the sympathetic system, and when we breathe out, we activate the parasympathetic system. When facing imminent danger, breathing goes to the upper chest, taking long breaths in and short breaths out. A person in pain will often breathe like this.

You need to train your breathing to do the opposite. Breathe in for a count of one, and out for a count of two. You will activate the sympathetic system slightly, but the parasympathetic system more, and you will relax. You need to practice this technique all the time, not just when you are desperate, but

when you have little to no pain at all. You need to practice until you can employ this technique automatically, calming your system and bringing you out of the danger response automatically.

How do you know when to stop when you are in pain?

For people with chronic pain, certain activities will often cause pain. For these people, pain becomes their "stop" signal. Sometimes pain can be delayed, so a person will often stop "just in case" of pain the next time around. If pain says stop, and you have chronic pain, then pain is telling you to stop *all* the time. Lack of pain, or manageable pain, therefore, indicates that it is safe to continue with the activity.

Generally, a person with chronic pain will always check their pain before undertaking an activity. They are restricted by a binary operating system which is pain driven. Pain says "stop", and no pain says "go".

For people who do not experience chronic pain, "go" is normal. There is no need to check for pain. Pain has an acute function in this basic operating system; a person will stop if they are injured to allow time for their injury to heal. In general, however, pain is not important. For these people, their basic operating system is a quota system based on **choice**.

A choice is made when to stop, usually based on distance, time or repetitions. For example, at the gym a person may decide to do 20 push ups, and even though it may start to hurt after five push ups, the person will not stop. The pain is not important because they made a decision to do 20 push-ups. But for a person in chronic pain, this system is defunct. They have lost their choice and are restricted by a binary operating system **driven by pain**. Pain is functional because it is in control. If you have chronic pain, you rely on pain to know when it is safe to go or stop. You need to rewire your nervous system, remove pain from the equation and return to a system based on choice.

You need to start pacing.

You need to start with time, and use an accurate stop watch. Select an activity. In fact, choose as many as you want because the more you train, the more you **can** train and the more effective pacing is.

For example, you might choose walking. You will have a baseline of pain. Start your activity and note the time when the pain starts or increases, not where it becomes overwhelming. For example, after 10 minutes of walking, your pain begins to increase.

Take a number of readings and then work out the average. Reduce this time by 30%. You have effectively taken pain out of the equation. With this 30% buffer, you can do the activity with confidence and by choice.

For example, you walk for seven minutes with confidence and then you stop by choice. Continue to practice the activity with your 30% buffer until you are bored with that timeframe. Increase the timeframe by 10% and practice again until you are bored. Continue to increase by 10%.

It is a long process to “rewire” the nervous system, but if you stay with the program then your baseline of pain will eventually increase. Do not be overconfident when increasing the time frame. You

can also work with repetition and distance, but always be planned and accurate.

Three Practical Interventions:

- movement
- relaxation
- pacing

These interventions will help you to start “rewiring” your nervous system.



Attendees had fun trying out 'mirror therapy' after the talk.

Remember to allow yourself to feel accomplishment and deliberately acknowledge your achievements. You are successfully “rewiring” your nervous system to better manage your pain and achieve a better quality of life.

If you want to read more about this approach to pain, we recommend *Paintracking* by Deborah Barrett and *Explain Pain* by David Butler and Lorimer Moseley.

This seminar is part of a series of three seminars organised by the RSI and Overuse Injury Association of the ACT, Inc. The seminars are supported by the ACT Government under the ACT Health Promotion Grants Program.

The next seminar is “Managing Depression” with Professor Kathy Griffiths, on Wednesday 30 May at 12 pm, at the Griffin Centre, 20 Genge Street, Canberra City. (See the front page for more details.)

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MEDICINES UPON MEDICINES: THE PRESCRIBING CASCADE

A prescribing cascade occurs when a new medicine is prescribed to treat the side effects of another medicine in the mistaken belief that a new medical condition has developed, according to an article in the December edition of [Australian Prescriber](#).

Lisa Kalisch and colleagues from the University of South Australia write that recognising and preventing all types of side effects is a priority, especially given that 10% of patients visiting general practices will have had side effects in the previous six months.

“Failure to recognise side effects can make poor health worse, particularly when the patient's reaction is mistaken for a symptom of a new health problem,” write the authors.

“More than 1.5 million people are affected by an adverse reaction to a medicine each year in Australia, and this results in at least 190,000 hospital admissions annually.

“If the side effects of a medicine are subsequently treated with another medicine, a prescribing cascade results, which can make the original side effect even more difficult to recognise and puts the patient at further risk of potentially harmful effects.

“The key to preventing a prescribing cascade lies in avoiding and quickly detecting adverse reactions, and an increased awareness and recognition of the potential for these to happen,” write the authors.

Some patients, particularly the elderly, take multiple medicines and in some cases not all of these medicines may be appropriate or needed. A home medicines review by a pharmacist should be considered for those patients who take multiple medicines and for those at high risk of having an adverse reaction, where there is the potential for a prescribing cascade.

Many adverse reactions go unrecognised and unreported, so it is important to be 'medicinewise': that is, know what medicines you are taking and why, ask questions of your health professional and tell them what else you are taking.

The National Prescribing Service provides a phone service for people to report and discuss side effects that might be related to their medicine – the Adverse Medicine Events line (AME). Any possible



side effects reported through the AME Line are reported to the Therapeutic Goods Administration (TGA).

The AME Line is 1300 134 237.

The National Prescribing Service

Ben has had RSI for a very long time, and he has been treated with oral anti-inflammatories (NSAIDs). As a result of this, he developed stomach problems which are treated with another medication. Oral anti-inflammatories are well-known to cause gastro-intestinal side effects, and there is considerable evidence that they are not the best treatment for overuse injuries over the long-term. Moreover, they are just as effective for pain when applied on the skin. Unfortunately for Ben, the damage is probably permanent and he will have to take the second drug over the long-term.

Maria was suffering from stomach problems and was prescribed a popular drug that suppresses the production of stomach acids. Unfortunately, she suffered from a relatively unusual side effect – sleeplessness. Luckily, this was not the start of a drug cascade as her doctor quickly recognised the connection between her medicine and her inability to sleep, and was able to prescribe another drug that worked and that she could tolerate.

WHAT IS THE PBS SAFETY NET?

The PBS Safety Net entitles people to free or cheaper medicines if they spend more than a certain amount on PBS (prescription) medicines in a calendar year. Once you spend this amount, you reach the Safety Net threshold and

- if you normally pay the general rate, your payments will be reduced to the concessional rate for the rest of the calendar year. If you normally pay the concessional rate, PBS medicines will be free for the rest of the year. The 2012 Safety Net threshold is \$1,363.30 if you do not have a concession card, and \$348 if you do. These thresholds apply to family units, and are the same regardless of whether the unit consists of one person, a couple, or a family with dependent children.

How do I know when I have reached the Safety Net threshold?

Before you can become eligible for free or cheaper medicines under the PBS Safety Net scheme, you must have a record of how much you have spent on PBS medicines that year. If you always use the same pharmacy, ask your pharmacy to record your spending on their computer. You can ask for a print-out of your spending from the pharmacy at any time. If you use different pharmacies, you can:

- obtain a print-out of your spending from each, or
- record all your spending on a prescription record form, which can be obtained from any pharmacy.

The Safety Net applies to a calendar year, so ask for a form the first time you buy a PBS medicine in the new year. Hand your prescription record form to the pharmacist each time you have a prescription filled that year. The pharmacist will record the medicine and its cost on the form.

If you have a family, ask your pharmacy to combine the amounts spent on each person's medicines into one Safety Net total or use one prescription record form for the entire family. An eligible family can be made up of you, your spouse (including de facto spouse), dependent children under 16 years and dependent students under 25 years.

The National Prescribing Service

HOW CAN I KEEP MY MEDICINE COSTS DOWN?

Medicines can take up a substantial chunk of your budget, especially if you're taking more than one. However, there are ways to reduce your spending on medicines without compromising your health.

How can I keep my medicine costs down?

If you or your family use a lot of medicines each year, the cost can really eat into your budget. It is worth knowing about the Government programs that are there to help, such as the Pharmaceutical Benefits Scheme (PBS) Safety Net, as well as prescribing options you can discuss with your doctor. Choosing the brand of your medicine when you have a prescription filled at the pharmacy is another opportunity to save yourself money. See the tips below to get started.

Eight ways to save money on your medicines

- Consider your choice of medicine brands; some with the same active ingredient are much cheaper.
- Make sure your pharmacy has your Medicare number on file so you get the PBS subsidised price for your prescription medicines.
- Use the Pharmaceutical Benefits Scheme (PBS) Safety Net.
- Have your medicines reviewed by your doctor or pharmacist if you take several medicines.
- If you use a lot of one particular non-prescription medicine, ask your doctor whether getting it on prescription will cost you less (this is more likely to apply to concession card holders).
- If you take a higher dose of a medicine than the usual PBS prescription allows, ask your doctor if an authority prescription could reduce your costs. With an *authority prescription*, you may only pay the same amount as someone on the standard dose.
- Ask your doctor if a different strength of your medicine could save you money; for example, by allowing you to take one higher strength tablet rather than two tablets of a lower strength.
- For a few medicines, where there is a less expensive medicine that does the same job, you are charged a therapeutic group premium if you use a more expensive medicine. If this applies to you, talk to your doctor to see if you can get an exemption for medical reasons.

The National Prescribing Service

DR YOLANDE LUCIRE REPRIMANDED BY MEDICAL PROFESSIONAL STANDARDS COMMITTEE

Those of you who've been interested in RSI since the 1980s may well remember Dr Yolande Lucire, a psychiatrist who represented insurance companies in many cases against RSI patients. She claimed that their condition was "psychosomatic", a view which she repeated in her 2002 book *Constructing RSI: Belief and Desire*. In her book she suggests, "occupational tasks, keyboards, posture, overwork and overuse do not cause RSI", instead it is "caused by the belief that all or some of these have the capacity to harm the body".

Readers will be interested to hear the latest news about Dr Lucire, and some may even allow themselves to feel a little schadenfreude!

The Health Care Complaints Commission (HCCC) recently prosecuted her before a Medical Professional Standards Committee. Dr Lucire's registration is now subject to conditions which restrict her practice to the provision of medico-legal reports only. This means Dr Lucire is not permitted to treat, manage or advise patients.

The prosecution related to Dr Lucire's failure to provide information to the HCCC regarding complaints made against her about her treatment of a patient.

Dr Lucire submitted that, for the following reasons, her failure to respond to the notice amounted to a reasonable excuse.

- She had left the response to her lawyers who failed to respond.
- The complainant had withdrawn their complaint.
- She was confused regarding other unrelated complaints.
- She disputed the content of the complaints.

The Committee found Dr Lucire guilty of unsatisfactory professional conduct. In its decision of 1 March 2012, the Committee reprimanded Dr Lucire and commented that "non-compliance with a notice issued by the HCCC is not a trivial matter and any penalty imposed should reflect the seriousness of the conduct."

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 affected 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 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".

TIPS & TOOLS—GADGETS TO HELP WITH MEDICINES

Many gadgets are available to help you take your medicines. Some are designed for a specific task, such as cutting or crushing tablets. Others are designed to help overcome difficulties such as arthritic or weak hands.

The products shown here represent just a few of the many that are available. Your pharmacist will probably stock some, such as pill cutters and crushers, but they won't usually stock the more specialised ones that are designed to overcome specific disabilities.

CRUSHING AND CUTTING TABLETS



Pill crushers (left) grind tablets into small particles. They also hold the particles in a compartment, so you don't lose any medicine.

tablets in half if you only need half a tablet or have difficulty swallowing large tablets.

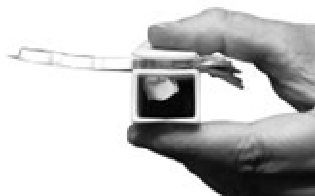
Before cutting or crushing any tablet, always check with your pharmacist that you can do so. Some tablets don't work properly if cut or crushed.



Pill cutters (below) make it easier to break

REMOVING TABLETS

Pill removers help you to remove tablets from blister packaging. They are useful for people who have difficulty using their hands or have poor sight. The tablet drops into the device, so you don't drop or lose it.



The Homecraft Poppet (left) can be used with any blister packaging.

The **Pil-Bob** (right) is designed to be used with a weekly medication organiser, such as a Webster-pak, that is filled by a pharmacist.



ADMINISTERING EYE DROPS

Eye drop dispensers help you to put eye drops into your eyes by accurately positioning the bottle over the eye. The two devices shown here also make it easier to squeeze the bottle.



The Opticare Eye Drop Dispenser (left) requires very little pressure to squeeze

the bottle, so it can be used by people with weak hands. The Opticare Arthro Eye Drop Dispenser (right) allows you to squeeze the bottle by pushing a pair of long arms together. It is designed for people with arthritic hands or limited shoulder movement.



ACTIVATING ASTHMA INHALERS

The **Haleraid** is used with an asthma inhaler. It allows you to use a squeezing action to activate the inhaler instead of a pressing action. It is suitable for some people who have difficulty using the inhaler mechanism due to weakness or poor hand coordination.



For advice about these products, call the Independent Living Centre Infoline in your state on 1300 885 886 or, visit www.ilcaustralia.org The centres don't sell any products, but they can help you choose a suitable product and tell you where to buy it.

DO CETYLATED FATTY ACIDS (CFAs)

HELP WITH NECK PAIN?

Recent research from Dr Deepak Sharan

Cetylated fatty esters are naturally-occurring forms of fatty acids that have been esterified to leave them stable in the presence of oxygen, to make them suitable for use in both capsules and creams. In this form, fatty acids can be speedily absorbed into the body and their beneficial effects may even be experienced within 30 minutes of use, according to some studies.

How do they work?

Scientists are not sure what the exact mechanisms of action of CFAs are in treating musculoskeletal conditions, but one idea is that they have a lubricant effect on joints. In theory, they enhance the production of chemicals called prostaglandins, rather like the action of fish oils. (Prostaglandins are hormone-like substances that regulate your immune system and fight inflammation in your joints.) In addition, the cetylated forms of fatty acids seem to be very effective at keeping certain inflammatory processes within the body in check.

They are considered a relatively safe medicine, as no serious side-effects have been reported. Dr Deepak Sharan and his colleagues at the Recoup Centre in India recently carried out a study testing the effect of CFAs on people with myofascial pain syndrome in the neck. Patients were divided into two groups; both groups received a range of physical therapies including deep pressure trigger point massage and myofascial release techniques. One group were given CFA cream for application on the skin while the other group were given a placebo (fake) cream.

Seventy-four participants took part in the study which was carried out at the Recoup Neuromusculoskeletal Rehabilitation Centre in Bangalore, India. All of the participants had had myofascial pain syndrome for at least two weeks, and about 60% had a chronic condition lasting more

than three months. The cream was applied liberally to painful areas of the body twice a day throughout the study, which lasted for four weeks.

While both groups benefited from the treatments offered, the group that were given CFAs improved most. This group improved especially in the areas of pain, physical function and the ability to carry out their working roles. One of the patients treated with CFAs did develop a hypersensitivity rash, which quickly resolved after treatment was discontinued. Otherwise, there were no clinically significant adverse events.

"The body pain index indicated that participant pain was reduced over the treatment period by both the treatments. CFA provided better and statistically significant pain management."

Dr Sharan and his colleagues concluded that *"CFA topical treatment can aid in the treatment of myofascial pain syndrome by reducing debilitating symptoms. The inclusion of*

CFA topical applications with physical therapy resulted in significant increase in pain reduction, improved neck disability assessment, reductions in trigger point sensitivity and improvements in cervical range of motion."

Dr Sharan has not only written many research papers on the treatment and diagnosis of repetitive injuries, but also runs a treatment clinic in India which has successfully treated hundreds of people with RSI. We included a story from one of his international patients, Janneke of the Dutch RSI Association, in our Winter 2011 newsletter. This was a great success story -- Janneke went from being unable to work or take part in most leisure activities to being an active participant in work and home life after treatment.

Dr Deepak Sharan is currently in Australia and will be speaking about his treatment regime for overuse injuries at a meeting for the RSI Association on June 5 (for more details, see front page). We look forward to seeing you there!

Ann Thomson

"The Effect Of Cetylated Fatty Esters And Physical Therapy On

CALL CENTRES—WOULD YOU LIKE TO WORK IN ONE?

The call centre industry is a major employer in Australia and an integral part of our nation's economy. It carries out business in such areas as travel, transport, airlines, utilities, government, finance and banking, membership organisations and not-for-profit community organisations.

Research into call centres published by the Australian Services Union (ASU) in November 2009 revealed a fast-growing industry which employed nearly one in forty working Australians.

The following have been identified as problems for workers:

- repetitive strain injuries
- stress
- job insecurity
- lack of variety
- excessive monitoring
- difficulty in accessing leave
- lack of training and support
- inadequate staffing levels
- poor ergonomics
- insufficient breaks
- pressure to meet performance targets

Rest breaks are of the utmost importance to call centre workers in preventing RSI, eyestrain and stress. They also give workers a chance to socialise with their colleagues, which is important in demanding jobs. There is also evidence to suggest that missing toilet breaks can lead to bladder infections and long-term kidney damage.

It is common for call centre workers to be subjected to a variety of personal and group surveillance and monitoring mechanisms. Calls can be taped, key strokes recorded, quality of work assessed, and what is said—and how it is said—noted. Also, many companies require workers to meet targeted numbers of calls, sometimes with absolutely no time between each call. Some centres have a screen showing the rate of calls being processed which can identify slower workers to their colleagues and/or supervisors. They may also have computer

programs which push for more work to be done by displaying messages on individual workers' screens.

A forced pace of work can lead to stress, repetitive strain injuries and other ill-health.

For example, people who are sitting at computer workstations for long periods of time are at risk of developing back problems.

Sight disorders such as soreness or dryness of the eyes, blurred vision, light sensitivity, and headaches can arise for those who work for hours in front of a computer screen.

Also, call centre workers' voices are under great

pressure because of the nature of their work. Conditions affecting the voice can be short or long term, but some can be permanent.

Problems can also be caused by the use of headsets. It is very important that these be lightweight and have adjustable volume controls. Some employers operate a pool of

headsets where workers put them in a box at the end of the day and pick one up when they return the next morning. This system creates a serious risk of ear infections—some of which can lead to serious hearing disorders—being passed around a workplace.

Also, noise isn't just a hazard for factory workers using heavy machinery. A survey in Britain carried out by the Trade Union Council found that noise and hearing damage was a problem in call centres. More than a quarter of the workers surveyed said there were sometimes sudden loud outbursts of noise through headphones and several reported going home with dullness of hearing. With some call centres having 100 or more workers in one room, background noise is also a problem.

A paper on occupational health and safety in the New Zealand call centre industry, presented at an AIRAANZ (Association of Industrial Relations Academics of Australia and New Zealand) conference in 2005, reported that although there had



been a great deal written on the poor working conditions within the call centre industry, there had been little discussion about the impact that such conditions have on the health and safety of the workers. For this report two workplaces had been surveyed, one employing 160 people and the other 34 people, all of whom were casuals.

Although fatigue was not a predominant issue for those in the larger organisation, it was a significant problem for most of the employees in the smaller one. The latter drew a strong association between the unconventional working hours and long shifts required in their core business, which was market research. Hours

regularly stretched beyond midnight, although peak times often featured shifts that ran back-to-back from 5.00 pm to 2.00 am. These late night shifts were identified as a source of dissatisfaction amongst employees and supervisors alike. Some employees stated that the eight-hour day shifts were also too long, particularly given the nature of the work.

Employees from both organisations indicated they had experienced emotional stress on the job because of abusive customers, experiences that often negatively affected their morale and spilled over into their non-work hours. Another cause of emotional stress was associated with how employees perceived their work. All the call centre workers interviewed described the work as "boring," "monotonous" or "repetitive" and most indicated their only reason for being in the job was the lack of opportunities elsewhere.

A significant number of employees reported experiencing strain, fatigue and pain in their fingers, hands, arms, backs and necks as a result of using a keyboard and remaining seated for long periods of time. Employees blamed the highly repetitive nature of the work and the absence of ergonomically designed workstations for their muscle strain and discomfort. When questioned about workstations, the field manager and supervisors at the smaller organisation

acknowledged that their call centre "only has the basics" in terms of equipment, however, it was still considered adequate "for getting the job done". Management dismissed the notion that the working environment could play any part in diminishing the health of employees, stating that shifts were too short and irregular for employees to be disadvantaged. The manager also stated that few employees had complained about the workstations, an indication that the 'one-size-fits-all' equipment was "sufficient".

On the other hand, management and supervisors from the larger organisation stated they were aware

of a few cases of RSI but felt they had good OHS practices in place. They did, however, acknowledge that the workstations were outdated and needed improvement. This subsequently happened and the call centre was upgraded

"Hello, my name is Claire Varley. I have a confession to make ... It's been over a year and only now can I talk about it. I worked in a call centre. I'm sorry. I'm especially sorry if you're the person in Western Australia I woke at 7am when the automatic dialler malfunctioned and didn't block calls to the out-of-daylight-saving west coast."

with ergonomically designed workstations.

Employees reacted positively to these changes, claiming the new equipment increased the level of adjustability, support and comfort.

"It's the inevitable, unenviable blight of youth: jobs that make you feel bad about yourself. These jobs exist in a parallel universe. To the person on the other end of the phone I am a mere annoyance. To me, every call is crucial to my pride, confidence and pay packet. Each night I would go home and ponder the fact that this had been a day I would never get back, and I had achieved nothing. The absolute monotony and mindless tick-tick-ticking of the clock made every day unbearable. While I've now moved on from the world of call centres, I actually *feel* for phone workers. Consequently, I will answer every question and embark on every long-winded phone survey imaginable, because I have been there. And for all those who hang up on us mid-sentence: please don't. Remember, we are just like you, only a little sadder.

The Big Issue, No 329 May 19—June 1, 2009

Many people are under the impression that listing their phone number on the government's "Do Not Call" Register will stop all calls. This is not so. The register allows you to greatly reduce the number of unwanted telemarketing calls you receive as telemarketers are required by law to stop contacting you once you're on the register. However, some public interest organisations (e.g. charities, political parties and educational institutions) can still call numbers listed on the register. The FAQs on the Do Not Call website state "This ensures these organisations can continue to provide valuable services to the community."

Hello, this is Isabella Fels. I have something to tell you ... I started telemarketing thinking I could reach the heavens and make more money than I ever dreamed of. How wrong I was. No matter how smooth, well rehearsed and confident I sounded, I was interrupted, ignored or hung up on. I began to dread each call. It was really hard to keep going with people being as rude, unpleasant and abusive as possible. All this took its toll upon me. I hated feeling like a nuisance and pushing things onto people who could not afford it or were vulnerable. This was especially the case with dodgy shopping vouchers, subscriptions to gyms and exorbitant advertising space for small or struggling businesses. Sometimes I got so nervous that I began to stutter. Of course, with the boss standing over me I would become even more uneasy. In many ways I felt like I was continually opening myself up to abuse.

The Big Issue, No 329 May 19—June 1,

Although call centres are involved in many areas of business they impinge on our lives mostly when we receive a call from an organisation wanting to sell us something—raffle tickets for "a good cause" or a "free" holiday. Sometimes it is a request for our help in completing a survey of some sort or, lately, telling us that there is a terrible problem with our computers that leaves us open to viruses and we must have it attended to immediately (by them). We all know that many calls are made when it is most inconvenient for us to answer them. The evening meal-time seems to be one of the most preferred as that is when you are most likely to be at home, but it is also the time when you are most unlikely to be receptive to these calls and, therefore, you may be tempted to take out your annoyance on the call centre employee. Since undertaking research for this article I have become much more sympathetic in my dealings with those who are just trying their best in what is often a thankless task.

Irene Turpie

COMMONWEALTH REHABILITATION SERVICE

The Commonwealth Rehabilitation Service (CRS) provides government-funded vocational rehabilitation services for people on income support, including single parent and disability pensions or workers' compensation. CRS works with job seekers to develop skills and strengths and reduce barriers to work. This includes modifying the workplace. CRS's disability management services assess a person's rehabilitation and employment assistance needs and develops and manages individually tailored programs. CRS creates a written plan with clients, and works with them to maximise their participation and employability.

The service takes place for a period of six to 12 months that is focused on short-term interventions to reduce the impact of barriers and build on people's skills and strengths to assist them to reach their goals at the end of the program.

CRS Services include:

- initial rehabilitation assessment
- functional education and capacity evaluation
- physical conditioning assessment/program
- vocational assessment and counselling
- workplace assessment
- on-the-job training
- job search and placement
- recruitment
- return to work program
- workplace modifications
- psychological services
- ergonomics training and assessment for office and home

For more information visit
<http://www.crsaustalia.gov.au/>

Info Sheets	Tick:
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Treatments for Carpal Tunnel Syndrome [NEW]	
How to win and keep a Comcare claim	
Choosing a keyboard	
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 & Parenting with RSI

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

\$10

Booklets can be purchased online (www.rsi.org.au), requested by email, or ordered by mail using the form below.

To order an electronic copy of any of the above info sheets, please email us at rsi@cyberone.com.au or for a hard copy of any of the above 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.

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

Coming Soon:



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*preventing overuse injury,
reducing its impact*



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