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IN HAND

www.rsi.org.au



The Newsletter of the RSI and Overuse Injury Association of the ACT
Supported by ACT Health and the Southern Cross Club

Autumn 2017

News & Events

Medications for Pain

Hosted by the RSI Association

Speaker: Ben Gilbert

When: 12:30 - 1:30pm, Monday 22nd May

Where: Room 2.09, Floor 2, The Griffin Centre
40 Genge St, Canberra City

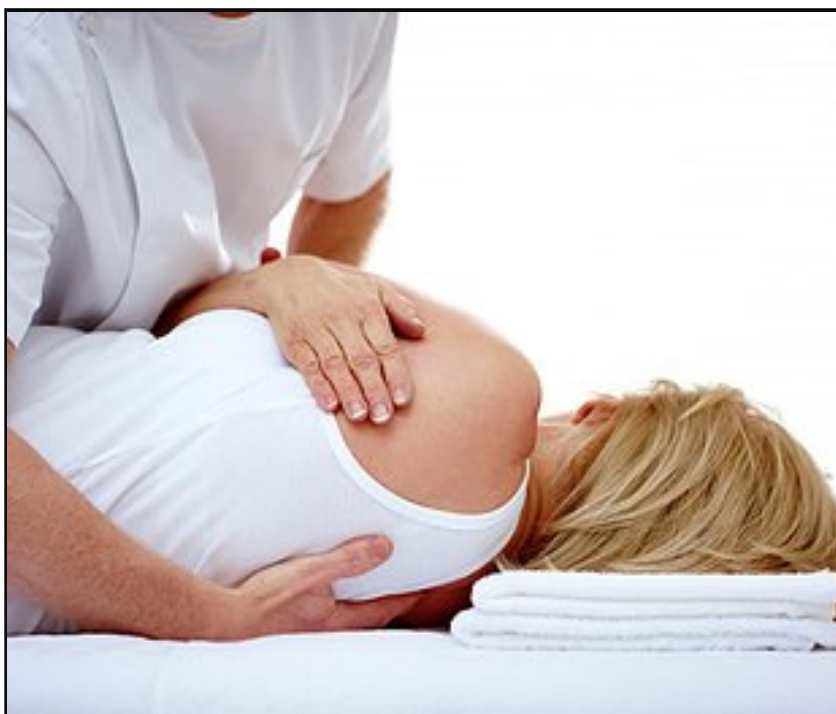
Cost: Free, all welcome. Tea, coffee and light refreshments provided.

Ben Gilbert is the pharmacist at the Capital Chemist on the University of Canberra campus. The recipient of a grant from the Bill and Melinda Gates Foundation, he is a popular speaker at community events and will be able to answer all your questions about pain and medication.



Helping people with RSI:

- Telephone information service
- Referrals
- Guest speakers
- Events and social gatherings
- Treatment options
- Ergonomic devices
- Voice-operated computing
- Workers' compensation
- Tips and tools for daily life



Massage: What's the evidence? page 11

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LETTERS TO THE EDITOR

Dear Ann,

“Eco pain-eze” patches recently caught my eye at my local discount pharmacist. Six patches for \$8.95 looked like a real bargain next to the large Elastoplast patch at \$7.95 that I usually buy. I use these large capsaicin-infused patches for serious muscle pain and spasm, and find them incredibly useful. One warning though – they’re very hot!

The cheaper patches actually contain a mix of active ingredients including camphor, menthol, capsaicum and eucalyptus, so they’re not as hot. They’re quite a bit smaller, about a quarter of the A4-sized Elastoplast patch. For pain in the shoulders and neck, having a smaller patch could definitely be an advantage. However, they don’t last nearly as long as the Elastoplast patches, which keep going for 24 hours against 2 or 3 hours at the most for the Eco pain-eze, though they claim 8 hours.

I definitely won’t be using them for severe pain or spasm, as they’re not strong enough and they don’t really last long enough to compete with ordinary heat patches. It’s worth noting that both patches are very flat and won’t be noticed under clothing.

Dear Ann,

I’m just getting in touch to let you know about my new phone: a Google Nexus 6P. It’s a great phone and the voice recognition is almost perfect – I’m finding it very easy to use with minimal swiping and tapping. No problem dictating my emails and texts on it! I recommend it to other members.

Check it out at https://www.google.com.au/intl/en_au/nexus/6p/ or google 'Nexus 6P'

Coming up in the Chronic Conditions Seminar Series

This month, a local pharmacist will be giving a presentation on *Traditional and Complementary Medicine*. As usual, it is a free event open to all members of the public.

When: 7pm, Thursday 19th May
Where: SHOUT, Collett Place, Pearce
Cost: Free, all welcome

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.

FROM THE DIRECTOR

Dear Members,

We've been busy lately. We've been working hard with Pain Support ACT to organise a great program for our symposium on pain management, Thursday July 21. You'll be hearing from some experienced and knowledgeable pain experts who are also great communicators. Have a look at page 12 for more information and we'll be in touch closer to the date on how to book a seat.

I also met recently with ACT Minister for Disabilities, Rachel Stephen-Smith, to discuss issues around accessibility for Dragon users in the ACT Public Service. I was accompanied by Robert Altamore from People with Disabilities ACT, as blind people have the same issues. We hope there'll be some action on this one!

And finally, pharmacist Ben Gilbert will be speaking on 'Medications for pain' on May 22. I look forward to seeing you there. I'd love to hear your suggestions for future speakers and events - we want to make our meetings as relevant as possible to all our members.



Ann

Flexible Bus Service

The ACT Government is providing a free bus service for people with disabilities. It can be booked to take you from your home to a local hospital or shopping centre. You have to book at least two days in advance; bookings can be made by calling **(02) 6205 3555**. The bus doesn't run on weekends or public holidays.

Injured Worker Support Network—Comcare Handbook

The IWSN has released the 2016 Comcare Workers Compensation Handbook which has heaps of helpful information about Comcare and how to file successful Comcare claims. The handbook includes advice on making a claim, available benefits, the claims process and appealing Comcare decisions, as well as advice on coping with your injury and managing your return to the workforce after an injury.

The entire handbook is available at this address:

<https://www.injuredworkerssupport.org.au/iwsn-comcare-workers-compensation-handbook-2016/> or can be easily found on the Injured Workers Support Network website.

Adjusting your sit/stand workplace

Do you adjust your sit-stand computer set-up when you switch between sitting and standing? A recent study monitored how workers adjusted their workstation from a standard set-up both sitting and standing up. They found that not only did each worker have a unique set-up, but also the way they adjusted their workstation differed significantly between sitting and standing. When they were standing, the workers' desk and monitor were lower and the mouse and keyboard were closer to the body. Dennerlin, a professor at North-eastern University said, "We know that workstation setup is important for reducing discomfort of seated computer workers ... It was unclear to us if the user configurations would be different for standing ... [They] are indeed different."

RESEARCH IN BRIEF

HOW MUCH DOES KINESIO TAPE HELP TENNIS ELBOW?

Kinesio Tape is a commercially available elastic adhesive tape that pulls on the upper layers of the skin and creates more space between the skin and the muscle. According to Jayson Goo from the University of Hawaii, “Kinesio Taping is currently being used by therapists to change muscle tone, move lymphatic fluids, correct movement patterns, and improve posture.”



A recent study investigated the efficacy of Kinesio Tape by comparing it with a placebo on thirty women with tennis elbow. They found that the women with the real Kinesio Tape had both less pain and better function in their elbows than the women who received the placebo tape. However, according to another study from the British Journal of Sports Medicine, while Kinesio Tape does provide some pain relief, it isn't very effective as a long-term treatment. Nonetheless, it is simple and non-invasive and can perhaps be useful when used in combination with other treatments as a way of reducing pain in the short term.

Shakeri H., Soleimanifa M., Arab A., Hammenshin B., The effects of KinesioTape on the treatment of lateral epicondylitis

SVF VERSUS PRP – WHICH WORKS BEST?

Platelet-rich-plasma (PRP) is a common treatment for tendinopathy, particularly in sports medicine, despite very little good evidence that it is effective. It involves injecting the patient's own platelets from their red blood cells into the affected muscles in the hope that these then secrete growth factors (proteins that encourage cell growth and healing) and help heal the tendon.

However, there is now a new treatment which is similar using what is called “Stromal Vascular Fraction (SVF)” – a mixture of stem cells and growth factors harvested from fat tissue. In a recent study, 23 patients were treated with PRP and 21 with SVF. For the first two follow-ups at 15 and 30 days, the SVF patients scored significantly better in their pain assessments, but following that, the two groups scored approximately the same. While both treatments provided pain relief, the SVF injections resulted in faster relief than the PRP injections.

Usuelli .F, et al, Intratendinous adipose-derived stromal vascular fraction (SVF) injection provides a safe, efficacious treatment for Achilles tendinopathy: results of a randomized controlled clinical trial at a 6-month follow-up

REPLICEL LIFE SCIENCES

RepliCel Life Sciences is a company that is developing a new treatment for tendinosis, using collagen-expressing fibroblasts derived from hair follicles. They've been carrying out quite a few clinical trials to try and establish the safety and efficacy of this new treatment and, in a recent announcement to the stock market, claimed to be doing well. They say that in their most recent trial “several ultrasound measures clearly demonstrated a marked improvement in tendon structure; something rarely seen in patients with this condition.” They claim that “this new technology could represent a cutting-edge advancement in kickstarting a healing process that results in tendon regeneration. For the first time, we may have a treatment that shows signs of reversing the underlying problem, versus just treating the symptoms.” There is still a long way to go before treatments like this are on the market, but we've got our fingers crossed that one of them proves to be safe and efficacious before too long.

A TRANSLATOR'S STORY

From the Dutch RSI Magazine

"I did everything to prevent it ... and yet I still developed RSI!"

Annet (52, not her real name) is a translator. Fourteen years ago she started having pains in her hands. "My first thought was that it must be something else causing the pain – because I was doing everything I could to avoid RSI."

"The weird thing is that I actually knew a lot about RSI: how it could develop, what it is and what to do in order to avoid it. I'd already taken measures to stop myself from getting RSI. Because as a translator I spend a lot of time in front of the computer, I made sure my furniture was well set up with an ergonomic mouse, and I took care to pay attention to my posture. At my home workstation, everything was arranged according to the prescribed guidelines – so of course when the first pain in my hands started, RSI was the last thing I suspected. I thought it had to be something else. RSI seemed impossible because I was doing everything to prevent RSI. So I continued working, until in the end the pain did not go away and I eventually had to conclude I had developed RSI after all."



Know yourself

"I searched the Internet looking for information about RSI and also became a member of the RSI Association. According to the criteria used at that time, I was in phase 3: RSI that will likely never get better. Looking back now, I know that this luckily wasn't the case.

"Once I realised it could be RSI, I went to my general practitioner for a diagnosis. After consulting the doctor I decided to go see a Caesar therapist* who was able to really help me. Not so much with my posture – which was actually quite good – but more as a coach. At that time I didn't work very much, I just did little bits and pieces of work here and there, which to me felt like I wasn't doing much at all. Because I did so little, I didn't understand why the pain wasn't going away. My therapist however coached me into understanding that even little things, like combing hair and brushing my teeth, put enormous strain on my hands at that time. She taught me to listen to my body and to rest when needed. Once I understood this and I had gotten over the first panic I really started improving.

"I did go to a physiotherapist as well to check if I had high muscular tension – diagnosed via myofeedback. This was indeed the case: even when I thought I was quite relaxed, the measuring equipment showed quite the contrary. Despite the pain, I consciously made the decision not to take any painkillers. In order to be able to listen to your body you have to be able to really feel what's happening in your body. I did – for some time at least – ease up on working a lot and started being more physically active: first I took up walking and Tai Chi, then I started Nordic walking (walking aided by ski poles) and finally running, orienteering and swimming."

The advantages of being self-employed

"One advantage I have is being self-employed. I can choose my own work hours and what amount of work I take on, so it was easier to plan my time and work. This helped a lot. When the pain first started, I only worked about an hour each day.

*Caesar Therapy is a form of posture training, similar to the Alexander Technique

"My kids, then nine and twelve years old, used to help me sometimes. I would translate and they would type at the same time. Everyone was happy: I had helpers and they made some extra pocket money.

"I initially also used speech recognition software, but stopped once the pain became less. It's so much nicer to be able to just type yourself. I never used break software, because you often have to stop mid-sentence and that doesn't work so well when translating. Slowly but surely I understood how to work with my body to feel more balanced."

Trust your body's ability to heal itself

"I am now back to working 36-hour weeks without any issues. During the day I often take breaks to do some sports – running or swimming. I work five days a week, but if necessary I can move some of that workload to the weekend. I do some type of physical activity at least six times a week, which creates a good balance between creating and releasing tension. In my opinion, it's easier for people that do a lot of computer-based work to be self-employed rather than being an employee: you have much more control over your own workload and how your body deals with it."

Sensitive to RSI? Yes. RSI patient? No

"I don't have any pain at the moment, but I do still have a certain sensitivity to RSI. For example, once the temperature in the Netherlands hits 26 degrees, some of the pain reappears temporarily. However when on holidays in Italy and it's 32 degrees that doesn't happen. I sometimes think it may have something to do with the humidity in the Netherlands – there really doesn't seem to be any other reason that could explain otherwise. If the temperature is above 26 degrees I cut my workload by 50%. I also never accept any jobs with really tight deadlines. My clients know that the extra time I need to complete the job will deliver great work – I've always remained a very reliable business partner to them."

Build up muscles

"I made the decision to build up muscle strength, and did this by regular and measured physical exercise. I exercise during my workday rather than at the end of the day. I started by running two or three times a week and slowly built that up to four or five times a week. That way I was able to build stronger muscles in the stomach area, back and hips, and those muscles are better able to support my spine. I also make sure I eat sufficient protein. I feel great with this structure of exercise and healthy eating. Before long I started to enjoy doing sports and now really love it. Because I do so much exercise now, I am able to work 36 hours per week without a problem.

"I also never really suffered from stress. Stress in my case wasn't the cause of RSI. My problem was not listening to what my body was telling me about putting too much strain on my hands."

Text by: Egbertien Martens, from the December 2016 Dutch RSI newsletter

We are very grateful to our volunteer, Nienke van der Veen, for translating this article.

ANNET'S ADVICE

- Manage your own recovery process, even if you're an employee. Design a plan that will benefit your recovery – and therefore also your work – and explain this plan to your employer. If necessary take a sabbatical or cut your hours for a while. When you're at work, make time to do some sports during the breaks, like walking or going for a run.
- Start a sport you will enjoy and slowly strengthen the muscles in the whole body. Try for at least 12 weeks to find out if it's really a sport you could keep up.
- At the same time as training your muscles, also consider eating healthily.
- Alter your workload when needed. For example in my case, I work less if the temperature is above 26 degrees.
- Myofeedback can provide valuable information about how your body is really behaving.
- Trust your body's ability to heal itself!

RSI IN ONE ARM AFFECTS BOTH

When people have RSI in just one part of the body, are the effects limited to that body part or are they more extensive than that? It's long been known that muscles affected by RSI have less blood flow and lower oxygen consumption. Researchers recently carried out a study to investigate whether people with RSI in one forearm get these same symptoms in the "unaffected" limb.

Twenty people with RSI in just one forearm participated in the study. The amount of oxygen in both forearm muscles was measured at rest and immediately after 60 seconds of exercise with a handgrip dynamometer. The resulting levels of oxygen were compared to that of a control group consisting of people without RSI symptoms.

The results were surprising. Researchers found that the patients who suffered from RSI in one forearm had significantly less blood flow and oxygen consumption in the RSI-affected forearm as well as their symptom-free, unaffected forearm.

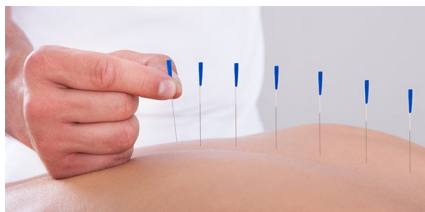
These results suggest that RSI is not just limited to one area, but causes systemic changes within the body. Unfortunately, this study cannot say whether this lack of blood flow and oxygen consumption in both arms is a precursor to the onset of RSI in the currently "unaffected" arm or is perhaps a predisposing factor in the development of RSI in general.

This study suggests that whole-body exercise training and a more systemic approach to treating RSI could be an important part of treating the condition.

Ann Thomson

NEW RESEARCH SHOWS WHAT ACUPUNCTURE CAN DO

Acupuncture has been used in China for thousands of years but many doctors have remained sceptical of its benefits. However, a new study this year has found that acupuncture can have long-term beneficial effects for patients with moderate carpal tunnel syndrome (CTS). In this study, 80 people with CTS were divided into three groups; the first received sham acupuncture in which the needles didn't actually pierce the skin, the



second received acupuncture on their wrist and the third received acupuncture on the ankle opposite the affected wrist.

To measure the effect of the acupuncture, MRIs were taken of the subjects at the beginning of the study and again at three months. While pain symptoms were reduced for all three groups at three months, the

MRIs showed that the two groups who had received real acupuncture had improved wrist function and their bodies had even repaired some damage caused by CTS to the somatosensory cortex, a part of the brain that plays a vital part in processing your sense of touch.

"I want to stress that we did not heal or cure anybody, but we did see improvements," says Vitaly Napadow, lead author and associate professor at the Martinos Center for Biomedical Imaging at Massachusetts General Hospital and Harvard Medical School. "The fact that the improvement was retained three months later—we think that's very interesting and very important."

He says acupuncture might not be a good option for people with serious carpal tunnel syndrome, but for people with more moderate cases it could be a treatment that provides long-term relief. "When performed by a trained professional, it's fairly safe and has a low risk of side effects," he says. "It's definitely something that could be tried before moving to something much more invasive and higher risk."

Researchers are also studying the benefits of electroacupuncture, a modern form of acupuncture that sends electric signals through acupuncture needles. A large study looked at research on the effects of electroacupuncture on human patients, mice and even horses that had been injured during training. Scientists found that the electric signals stimulated the hypothalamus, the part of the brain that controls involuntary actions such as body temperature regulation, hunger, thirst and sleep. This stimulation caused the release of mesenchymal stem cells (MSCs), stem cells that can help regenerate damaged tissue.

These stem cells were released into the blood stream within two hours of the electroacupuncture and researchers discovered that patients had increased pain tolerance as well as an increase in firstly, a collagen that promotes tendon repair and secondly, anti-inflammatory cells that indicate faster tendon healing. The authors write: "Electroacupuncture may serve as a way to facilitate tissue repair following injury by supplying high levels of circulating MSC into circulation and could be used to treat acute or chronic conditions associated with inflammation." The study also suggests that electroacupuncture could be used as a less invasive method of harvesting cells from a patient so they can be used to help heal later injuries or chronic pain.

Joseph Penington

Maeda. Y., Et al. Rewiring the primary somatosensory cortex in carpal tunnel syndrome with acupuncture

Salazar, T., Et al. Electroacupuncture Promotes CNS-Dependent Release of Mesenchymal Stem Cells

DAVID LANDER Q&A

Last November at our AGM, David Lander gave a talk about Comcare and the AAT. After the talk, he fielded questions from our members. Here is an edited transcript of the Q&A session.

Q: You said that you need a good lawyer; how do you tell if the lawyer you have is a good one?

A: I can't give you a formula for a good lawyer. However, if you are given advice, in writing, at the end of your first consultation that means something to you, you are on the way to a good lawyer. But you have to be willing, if you are going to a good lawyer, to let the lawyer take control. The first question a lawyer should ask in a personal injury claim is, "What is your deadline?" If you don't know if you have a deadline, then that is a problem that needs addressing straight away.



Q: Many people are self-represented at the AAT, because they can't afford a lawyer.

A: If you have a look at the figures of results for self-represented people in any legal system, they are awful. Occasionally a self-represented person has a win in a tribunal but you have to look at who it is they are appearing before. There are certain members who go out of their way, around Australia, to help them—in the sense that they do not hold it against them to be self-represented.

But in most cases, they are destroyed by barristers who cross-examine them and make them look silly. And the claimants often haven't got the key success factors they need to even appear there—the medical evidence that they need in the form they need it in and they might not understand the issues they need to run. They do not know how to cross-examine anybody. No one is doing it for them. It's not a level playing field. It's barely a level playing field now with a solicitor and barrister on both sides.

Q: I understand that you still manage to be successful in getting decisions overturned and treatments reinstated.

A: If you're going to the AAT on a dispute about on-going benefits, whether it's a particular form of treatments or incapacity, the first thing you need to know is Comcare won't settle to give back what they've taken off you. What Comcare might negotiate with your lawyer and you is something in between.

Q: What weight does a GP who has treated you for 20 years have against other medical people?

A: Very little. Comcare should be asking "Why shouldn't a GP know more about you than other people?" People might say that GPs are your advocate. Now some GPs are advocates in the sense that their job is to reassure you, keep you alive and functioning. Keep you coming back perhaps? But what is the sin in that? That is what medicine is. It is about pain relief. It is about caring. It is not doing harm. The specialists that are employed to get you off Comcare's books, what is their ethic? Is it harm minimisation? Is it commercial? Is it keeping their contract? Is it keeping the money flowing?

Q: How much do Medicolegal people get paid per consultation?

A: When we get reports for clients, it can cost anything from \$1100 to \$5500, depending on many factors including the volume of material. Some professionals on Comare's books are balanced and fair in their reports, but there are plenty who are not and it is the latter group who get most of the work.

We have to have integrity. We have to know our bodies, have the right doctors who will support us, know where and when to get help, how to get help and judge the people who give us help. If you can do all that, you will win your Comcare claim 99% of the time. Because generally integrity will prevail. But integrity comes at a cost. The cost is the energy, time, effort, money and commitment you have to make to your cause. And for some people it makes more sense to give up, rather than go on. The question we all have to ask is *"Do we have a life?"*

VIMPERATOR

There are heaps of great programs out there that help you reduce your reliance on your mouse and clicking, but what if you could browse the internet without having to touch your mouse at all?

That's the aim of Vimperator, an add-on for

Mozilla Firefox that allows you to browse the web from your keyboard. It's modelled on the popular text editor Vim and it essentially turns your keyboard into a large set of shortcuts that allow you to browse the web without having to reach for your mouse.

One of the main advantages of Vimperator is that by giving up your mouse, you aren't just saving yourself from pain, but you'll actually be able to browse the web much faster and more efficiently.

How does it work? While browsing the web normally, you can do whatever you need by using shortcuts on your key board. For example, move up (Ctrl-u), move down (Ctrl-d), go back (Shift – H), open a new tab (t), close a tab (d), reopen a tab you just closed (u).

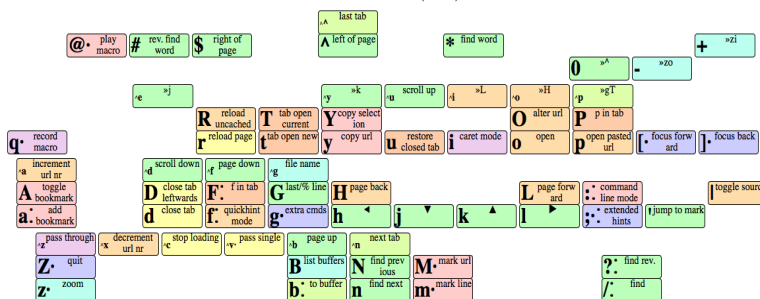
Don't get discouraged by how confusing this looks, as it takes some getting used to. It's easy to forget exactly which key does what and sometimes you'll reach for the mouse out of habit. It's probably best to practice using Vimperator at home before you try to use it in a professional environment because you'll need some time to learn all of its tricks. Once you do though, you'll be flying through web pages quickly and easily. I've only been using it for a few weeks and already I barely touch my mouse and don't miss it at all.

But how do you click on links? How do you type in text boxes if all your keys are shortcuts? This is all explained in the comprehensive and easy-to-understand guide that will open when you install Vimperator.

Vimperator is only available on Firefox, but you can use cVim on Google Chrome for a similar experience. If you use Safari, there is an extension called vimari but it is not as well designed as its Chrome and Firefox equivalents. I strongly recommend it to anyone who wants to cut down on their mousing. You can get it for free, but consider making a small donation to the developers.

Vimperator cheat sheet

normal mode (default)

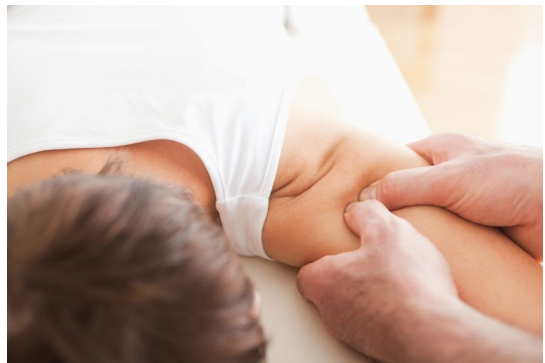


MASSAGE: WHAT'S THE EVIDENCE?

Massage is one of the most common treatments for overuse injuries and many members use it for short and long-term relief from pain. But what's the scientific evidence for massage as an effective treatment?

Massage can certainly stack up against other, more invasive treatments. Even surgery isn't necessarily a more effective treatment than massage, according to a 2017 study.

Researchers at a hospital in Madrid separated 100 women with carpal tunnel syndrome (CTS) into two groups: the first underwent surgery and the second were treated with manual therapy. The manual therapy treatment involved only thirty minutes a week of massage for three weeks. "The therapists focused on the neck and the median nerve. They also applied manual physical therapy to the shoulder, elbow, forearm, wrist and fingers. On their own, patients performed neck-stretching exercises at home."



Even this was enough to have significant results. After a month, the patients receiving manual therapy were actually reporting better results than those who underwent surgery. At later follow-ups, there was no significant difference between the two groups.

The women in the study had a range of severity in their CTS, with 38% having 'severe' CTS. "Manual physical therapy may be just as beneficial in improving function and symptom severity as surgery despite the severity of their condition," said co-author Joshua Cleland.

"These manual physical therapy techniques are commonly used here in the United States as well and should become standard practice for physical therapists working with patients who have carpal tunnel syndrome," says Cleland.

Massage has several other benefits over surgery. For a start, it's much cheaper. There's also significantly less risk involved.

Further research needs to be done, for example using men, but the results provide promising evidence that massage can be used as an effective treatment for CTS.

"We believe that physical therapy should be the first therapeutic option," says lead study author Cesar Fernandez de las Penas.

Another recent study published in the American Association for Hand Surgery compared the benefits of massage to steroid injections, with positive results for massage.

At six months, the control group, who received a splint, and the group who received steroid injections had benefited from their treatment, but the patients who received deep tissue massage showed the greatest improvements. This study suffered from a low number of respondents, however, and further studies are needed to verify its conclusions.

Even rats get relief from massage. In our autumn newsletter last year, we reported on a study where rats were given massage. To simulate repetitive work, rats reached through a shoulder height portal and pulled a handle in order to be given food. As soon as the rats showed signs of discomfort, they received massage five times a week. The rats that received massage showed far fewer signs of discomfort and were better at reaching and pulling the handle. The study recommended that further research be done into how massage could be used at the early stages of RSI to prevent a chronic condition from developing.

There are a limited number of good studies with large sample sizes that can provide good evidence for the effectiveness of massage, but with the evidence available, it certainly seems to be a worthwhile treatment. It provides similar, if not better, levels of relief as more invasive and risky treatments and it has minimal side effects.

References:

Fernandez-de-las-Penas, C., et al. The Effectiveness of Manual Therapy Versus Surgery on Self-reported Function, Cervical Range of Motion , and Pinch Grip Force in Carpal Tunnel Syndrome: A Randomized Clinical Trial

Bove G., Harris M., Zhao H., Barbe M. (2016) Manual therapy as an effective treatment for fibrosis in a rat model of upper extremity overuse injury

Rosemary, Y., Bratchenko, W., Tan, V. Deep Friction Massage Versus Steroid Injection in the Treatment of Lateral Epicondylitis

PAIN SYMPOSIUM: SAVE THE DATE!

To mark National Pain Week this July, the Association is joining with Pain Support ACT to host a symposium on pain:

Getting on Top of Pain

Our keynote speaker for the event will be Dr Romil Jain., Director of Canberra Hospital's Pain Management Unit. Other speakers will include:

- Dr Randolph Sparks, Pain Management Psychologist
- Tom McHugh, Psychologist at Capital Rehab

This seminar will help you gain a deeper understanding of effective pain management techniques.

When: Friday July 21 10:00am—3:00pm

Where: Belconnen Labor Club

WOULD YOU LIKE TO JOIN AN ONLINE RSI SUPPORT GROUP?

RSI : repetitive strain injury and musculoskeletal disorder support group is a closed group on Facebook with over 600 members who have RSI. Because it's a closed group, your Facebook friends won't be able to see anything you post on the group, but they may see that you've joined it. Members can ask questions and share advice on all kinds of things connected with RSI, including technology and treatments. To join, just type the name of the group into the search bar and click the green **Join Group** button. Here's a sample of recent conversations:



27 February

Do you guys tell friends or acquaintance about your rsi if it comes up in a conversation? I'm usually a straightforward person when I chat with people . But I find it very frustrating people think I'm exaggerating my rsi issue. I wonder if it's easier if I just make up something so I can avoid telling them about my rsi issues. thanks.



I'm hesitant to, unless I truly trust the person not to be judgmental. I've received a fair amount of judgment in my past from people including family, friends and former colleagues. Its a complex issue, differs from person to person and is an "invisible" condition. Generally speaking, I avoid talking about it. Sorry to be negative.



I feel split on this in several directions. Like  I probably have TOS in addition to RSI, and I have also gotten better reactions from saying "nerve damage" than "RSI." Most people seem to think RSI just means you have carpal tunnel, and need a little ibuprofen. On the other hand, "nerve damage" is an incomplete description of what's wrong with me. As to the broader question of whether or not to tell people, I again find it cuts both ways. I have mostly avoided telling people, but that has made me feel closeted, has required occasionally lying, and has meant that my public persona has drifted further and further away from my actual life. But I agree that judgmentalism on the part of others is a big issue.



I do tell people about my RSI issues when it's relevant (like, I'm currently not working because I have RSI) but usually without much elaboration unless they actually ask for more details. Like you, I never received much sympathy from anyone on RSI issues because they can't relate. Still, I wouldn't avoid bringing it up, it would be so unhealthy (mentally) to try to hide it as if it's something we're ashamed of or we did something wrong.



5 April at 16:57

How do you deal with the RSI issue during job interviews?



I had thought about this loads for the last few years, only had 1 interview a year ago, I did tell them I couldn't use a pc anymore or write and it didnt seem to faze them, but then I didn't get the job. I'm not currently looking for work, but had read in my old works guidance (hmrc) that you don't have to disclose any disability at all during interview, only if you are offered the job. I'm not sure that sits right with me, so be interested in others experience too.



I dont ever tell work, my counsellor told me that I do not have to disclose that information. I do however do gardening and I can do most jobs, and manage work tasks to make them suitable to me without telling anyone. I would definitely feel inclined to tell if it meant that my job description would be changed



Personally I would like to be open about it. On Tuesday I had a job interview and the first question was, please can you briefly summarise your life ever since student days. That's impossible to do honestly without talking about RSI, my life doesn't make any sense unless it's as a 25 year battle with RSI. But the question is how to do it without being negative or raising concerns that I will have a relapse and become unfit for work.

In Hand

Autumn 2017

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TIPS AND TOOLS

Electric Lawnmowers

Recent years have seen massive improvements in electric lawnmowers - especially in battery life - which have made them great alternatives to petrol lawnmowers. Battery-powered lawnmowers can be preferable to petrol alternatives because they do away with a lot of fumes and noise as well as the hassle of refuelling the mower. And they're much better for the environment.



Makita DLM431Z

If 30 minutes is enough time for you to mow your entire lawn, then there isn't a lot of difference between petrol and battery-powered lawnmowers. Choice Magazine recommends two electric lawnmowers, the Stihl RMA 410 C for \$814 and the Makita DLM431Z for \$545. Both of them are easy to use – they have comfortable grips and are easy to push and manoeuvre – and they'll both do a very good job at cutting your grass. The only downside is that neither lawnmower has a mulching mode.

Mulching mode “chops grass finely and forces the clippings back down between the blades of grass and back into the lawn, leaving your lawn tidy and clean when you're finished mowing.” Normal catcher-only mowers, such as the two electric ones recommended, can leave piles of grass on the lawn that need to be removed. If this bothers you, it may be worth sticking with petrol mowers for a little while longer until electric mowers catch up. You'll also probably want to use a petrol motor if you've got a really large lawn as they keep going for much longer.

You can also keep an eye out for self-propelled mowers. These mowers use their motors to help you push the mower along. This takes some of the strain out of pushing the mower around the yard and makes the task a lot easier.

You might also want to consider corded lawnmowers. They are dependent on having a yard where you have easy access to a power outlet. People tell us it's possible to work around the cord without tripping or running over it. And they're often a little cheaper.

When you're buying a mower, check with the salesperson whether the model you're considering has a 'dead man's grip'. This requires you to apply constant force to the handle to prevent it from stopping and is a common safety feature, but it can make mowing much more difficult for people with overuse injuries.

Meditation Apps

Mindfulness has been shown to be a great way to help manage pain, but it's not always easy to get started. To help out, we've put up a *Helping Hand* sheet on our website with reviews on five of the most popular meditation apps for Android and iPhone including Calm, Headspace and Buddhify. All five provide guided meditations and our guide will help you find the app that suits you best.

Thanks to our volunteer Daniel Stephens for his fantastic work writing this help sheet.



Information Sheets Available:

A New Approach to Pain
Assistance through Medicare
Clickless Software
How to Win and Keep a Comcare Claim
Hydrotherapy
Injections for RSI
Managing Stress in Your Life
Managing Your Finances
Massage
Medical & Medico-Legal Appointments
You don't have to live with depression
Neck Pain
Pillows & RSI
Sewing & RSI
Member's Story — Studying with RSI
Swimming with RSI
Treatments for Carpal Tunnel Syndrome
Voice Overuse
Member's Story — Invalidity Retirement

Helping Hand Sheets Available:

Driving	Getting on top of your emails
Sewing	Gadgets to help with medicines
In the Laundry	Writing and Pens
Handles	In the Garden
Book Holders	Sitting at the Computer
Cycling	Choosing a Keyboard
Holidaying	In the kitchen
Break software	Heat therapy for pain
Clickless software	Which keyboard?

To order an electronic copy of any of the above info sheets, please email us

Save with our two year membership for just \$40.00

Booklets Available:

The RSI Association Self-Help Guide **\$25**

Really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

Moving on with RSI **\$10**

Stories of people who have learnt to live with serious RSI, with many ideas on how to survive emotionally and successfully manage the condition.

Pregnancy & Parenting with RSI **\$20**

Information designed to help parents with an overuse injury to manage the specific challenges they face.

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

Renewal for Membership & Order Form

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

Name: _____

Address: _____

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I would like to receive my newsletter by email: ☐

Annual Membership:	I want to renew for 1 Year		Save money and renew for 2 years	
Low Income	\$15	<input type="checkbox"/>	\$25	<input type="checkbox"/>
Standard Income	\$25	<input type="checkbox"/>	\$40	<input type="checkbox"/>
Organisation*	\$60	<input type="checkbox"/>		
Booklets Available:	Cost:			
Self-Help Guide	\$25	<input type="checkbox"/>		
Moving on with RSI	\$10	<input type="checkbox"/>		
Pregnancy & Parenting	\$20	<input type="checkbox"/>		

I enclose:

Donation (tax-deductible): \$ _____

Total: \$ _____

**Organisational membership is open to organisations sharing our aims.*

Coming Soon:

The Doctor-Patient
Interview

The Top Computer Shortcuts

Medications and Pain Relief



Preventing overuse injury, reducing its impact

**RSI & Overuse Injury Association of
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Contact Us

Give us a call for more information about our services or drop in to our office during our opening hours.

Opening Hours: Mondays and Thursdays,
10.30am to 2.30pm

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