

2014

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

Spring 2014

News & Events

Self-Help & Wellbeing Expo

Hosted by SHOUT

When: 10am to 3pm, Wednesday 3rd September

Where: Hellenic Club, Woden (Apollo Room)

Cost: Free, all welcome.

Recovering with Yoga

Hosted by the RSI Association

Speaker: Lynnette Dickinson, yoga instructor

When: 12.15pm, Monday 8th September

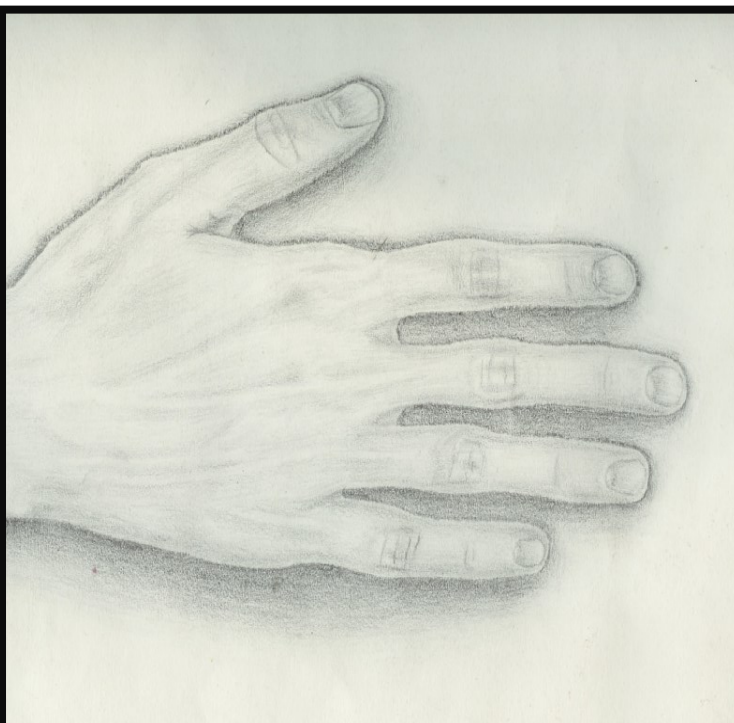
Where: Griffin Centre

Cost: Free, all welcome

Lynnette will be speaking from personal experience about how to recover from a chronic illness through yoga.

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



New ideas on tendinopathy, p13

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SELF-HELP & WELLBEING EXPO

This National Awareness Day, Self Help Organisations United Together (SHOUT) will be hosting the Self-Help and Wellbeing Expo. There will be lots of stalls representing different organisations in Canberra that can help with chronic conditions as well as demonstrations and displays. This is a fantastic opportunity to find out what Canberra has to offer.

Our Association will have a stall at the Expo, and we hope you'll come along and have a chat with us!

This event will be held on Wednesday September 3rd in the Olympus/Apollo room at the Hellenic Club Woden, from 10am to 3pm. For more information contact SHOUT on (02) 6290 1984.

LETTERS TO THE EDITOR

I was most interested in reading Judith's story regarding her learning experience with Dragon. My workplace has forced me into learning Dragon and I have been trying to explain to them how I feel about it all and the pressure it's putting me under. My workplace are not interested in how I'm feeling.

Judith has explained it so well and at least I don't feel I'm going crazy and it's just me having these feelings. I have 40 years' experience at a keyboard and adapting to Dragon is not only challenging, but the pressure it puts on you increases your pain.

Thank you for the story.

— K

Thank you for your Association. I look forward to receiving your newsletter. I really do find it so helpful. I've been battling RSI since 1996, and have come a long way in learning how to manage it. I still go through periods when I am in a lot of pain, however, and it really helps to read about the latest treatments and the experiences of others.

By the way, I'm writing this e-mail with Dragon Naturally Speaking, which I have been using for years. I have worked part time since 1996 and would not have been able to work at all without Dragon!

— M

I want to pass on that I have had such success with acupuncture that I am back to almost normal use of my arm. I had severe pain in my right arm and wrist, and have taught myself to use my left hand for all computer mouse activity.

The acupuncturist used a gentle electrical impulse with the needles and a few short months later I feel occasional pain which is brought on by hammering and other strenuous activities which I largely try to avoid.

But overall very happy.

— S

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.

BITS & PIECES

BEYOND BLUE NEW ACCESS PROGRAM

Of the nearly three million Australians who suffer from depression and anxiety, only 35 per cent seek help whilst the other 65 per cent remain silent due to cost, stigma, location or not knowing which step to take next. The New Access program aims to assist these individuals in taking the next step and seeking help. It is an early intervention program aimed at providing free, high quality assistance for people over 18 who suffer from moderate depression and/or anxiety who are otherwise not receiving the help they need. Each individual has access to six free sessions in collaboration with a trained coach on the phone or in person.

To find out more, contact your GP, phone (02) 6287 8066 or visit: www.beyondblue.com.au/newaccess

CIT STUDENT MASSAGE CLINIC

The Student Massage Clinic at Canberra Institute of Technology (CIT) Bruce Campus is an option for people who want low-cost massage. Students employ soft tissue and remedial massage techniques to help relieve pain, muscular tension and postural problems. All students are supervised by qualified practitioners during sessions. An initial one-hour consultation and assessment is provided to ensure you receive the best techniques for your condition. The Clinic is open Tuesday, Wednesday and Thursday afternoons at a cost of \$30 per hour.

To find out more, or to book an appointment, contact CIT Fit & Well on (02) 6205 4727.

AUSTRALIAN NATIONAL HOME DOCTOR SERVICE

Australia's National Home Doctor Service works collaboratively with GPs and other health professionals to provide appropriate medical assistance after hours. This service caters to residents of Sydney, Melbourne, Geelong, Brisbane, Sunshine Coast, Gold Coast, Ipswich, Adelaide, and now Canberra, with 80 per cent of patients being visited within three hours of their call. All consultations and home visits are bulk billed and are available from 6pm to 8am weekdays, from 12pm Saturday to 8am the following Monday, and all public holidays.

To find out more, call 13 7425 or visit www.homedoctor.com.au

ALMOST 10% OF BABIES SAY TABLET AS THEIR FIRST WORD

A recent article published in the Daily Mail Australia revealed that more than one in eight parents claim their child's first word is 'tablet', replacing the traditional 'mama' or 'dada'. Over 3,500 parents took part in the July 2014 survey, with just over eight per cent further claiming that their child had broken their electronic devices by throwing them. Perhaps even more shocking, seven per cent of parents surveyed reported their child used a tablet for up to 4 hours per day! This research follows a UK study indicating that parents spend an estimate of £2.25 billion on electronics in any one year, with the average child owning at least four different devices – teenage girls and those less than five years old being spoilt the most.

You can read the article at www.dailymail.co.uk/sciencetech/article-2712213

RESEARCH IN BRIEF

CAN TYPING SPEED AGGRAVATE YOUR RSI?

Recently, a group of London researchers investigated the relationship between typing speed and severity of pain for workers with work-related upper-limb disorder. Fifty-nine individuals affected by the disorder were compared to a small control group of six to determine which of three speeds – slow, intermediate or fast – was related to the most discomfort. Individuals were categorised based on their typing speed (words per minute), and asked to rate their pain and discomfort levels on a scale out of 10. They were then required to type up a text document for 30 minutes at their own pace, or until their discomfort level reached five. After typing, pain ratings were taken again out of 10. Interestingly, the study concludes that although slower typists reported the highest levels of pain and discomfort before the exercise, the speed of typing did not influence the level of pain post exercise, and that ... “patients with statistically significant slower or faster typing speeds do not have statistically different levels of pain.”

B, Povlsen. (2012). Is typing speed proportional to the severity of pain in keyboard workers with work-related upper limb disorder? *Journal of the Royal Society of Medicine Short Reports*, 3(1), 3.

CERVICOBRACHIAL PAIN IN PRIMARY SCHOOL TEACHERS

One hundred and sixty public primary school teachers from the Brazilian city of Pato Branco were included in a well-organized study concerning job demands and cervico-brachial pain. Each participant was required to fill in a questionnaire describing the demands of their job as well as attend a physical examination including orthopaedic testing. Results showed that over 52% of participants experienced pain in the left trapezius muscle, whilst 50% also experienced pain in their right trapezius muscle. The study concludes that the pain reported by participants was strongly related to the amount of labour each participant performed. This demonstrates the need to reduce such job demands to preserve the integrity of teachers' health as well as the quality of education provided to their students.

Antonelli, B. A., de Paula Xavier, A. A., Oenning, P., Baumber, M. H., da Silva, T. F., & Pilatti, L. A. (2010). Prevalence of cervicobrachial discomforts in elementary school teachers. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 41, 5709 – 5714.

AGING TENDONS LACK ABILITY TO REPAIR THEMSELVES

Biomedical engineers at the Queen Mary University of London have recently published an article in the *Journal of Biological Chemistry* regarding new research on the cellular and molecular mechanisms of tendon repair. Proteins and protein fragments from uninjured horse tendons were analysed, as they are known to have similar properties to human tendons. Overuse injury in horses is a common phenomenon because of their heavy racing and training schedules. Racing horses are very expensive animals, so research on treatment of overuse injury in horses is a well-supported research area. “The analysis showed that young and old tendons have distinct protein profiles, with differences in levels of proteins involved in organising the tissue structure and regulating cell tension.” The study also suggests “maintenance and repair of tendon tissue may reduce with age. They may also explain why risk of tendon injury increases with age.”

Peffer, M. J., Thorpe, C. T., Collins, J. A., Eong, R., Wei, T. K. J., Screen, H. R. C., & Clegg, P. D. (2014). Proteomic analysis reveals age-related changes in tendon matrix composition, with age- and injury-specific matrix fragmentation. *Journal of Biological Chemistry*, published online 20 July, 2014.

EXPLAINING AN INVISIBLE ILLNESS

... "I hadn't tried to hide my RSI from anyone so people would often ask how I was going, though I quickly found they didn't necessarily want to hear an honest answer! If I said I was feeling low or in pain, they would look at me blankly or become uncomfortable. I started to pretend that everything was fine and I was coping. I stopped speaking to people on a deeper level because that would have focused on how I really felt ... I also realised that while I didn't want to be dependent on anyone, I could ask for help, something that I had rarely done before" ...



Talking about an illness that others can't see and don't understand, like RSI, can be difficult. You look perfectly well and your arms are not in plaster, but you may not be able to do perfectly ordinary things like hanging out clothes or cutting a slice of cheese. This problem is shared by people with many diseases, including rheumatoid arthritis, lupus, MS, allergies and chronic fatigue syndrome.

Frankie Campling has been living with chronic fatigue for a number of years and has some excellent ideas on talking about your illness. The first point she makes is that one shouldn't assume that other people are being critical or callous when they aren't being sympathetic. "It may well be that they genuinely don't realise what you are experiencing and why sympathy or help would be more appropriate. Don't expect them to understand what you haven't told them."

We've incorporated some of her ideas in the following suggestions on how to communicate about your illness:

- Try to stay calm. "There is something about strong emotion that makes people discount much of what you say," Frankie observes. Choose a time when you feel calm and you're not upset.
- You can choose to say different things in different situations. One of our members says: "I am very frank about my RSI at work, but if I'm having problems in a situation with people I don't really know, I explain my difficulties by saying things like "I'm sorry, I have a problem with my arms – can you help?" Sometimes I even tell people I have arthritis because I don't want to get into a long discussion of what RSI is and how I got it."
- Keep it short and simple; long-winded explanations often make people lose interest.
- Do your best to be consistent, even though your condition may fluctuate. Don't turn down help one day and

then feel upset because it isn't offered another time.

- Be specific about what people can do to help. For example, "I would really appreciate it if you could hang the washing on the line" instead of "I need help with the washing".
- Tap into the experience of the person you are talking to, if possible. Frankie suggests that if you're talking to someone about your fatigue, remind them of how it felt when they had flu recently. Point out the differences between their experience and yours: "It doesn't take much to get me exhausted and a good night's sleep probably won't make me feel any better."
- If you are really upset about what's happening to you, try to get a referral to a psychologist or counsellor. Don't overburden other people with your problems.
- Be clear in your own mind about what you want in a particular situation. Do you want the other person to help you solve a problem or do you want someone to listen and give you feedback? Or do you want to unload? Unloading might be best done with a paid counsellor!

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

You may feel doubtful about talking about your RSI because of the stigma that work injury can involve. Some ideas for dealing with stigma are:

- Make sure it doesn't get to you and create doubt and shame. If you feel this could be happening, get help.
- Don't stay with any therapist who makes you feel bad about your condition. There are plenty of good people around who won't do that!
- Don't isolate yourself because of possible stigma. It's really important for your mental health to stay in touch with friends and family.
- You have a choice about who to talk to about your illness and how much you say. If you do decide to talk about how you feel, try to be frank but brief: "Sorry, I wasn't up to cooking today. Let's go to a coffee shop!"
- Don't apologise too much – your condition is a fact that you can't do a lot about. Being apologetic will not help your relationships or make you feel good!

If you'd like to read more, there is a website for people with invisible illnesses with lots of ideas for what to say, how to manage at work and how other people can be more helpful. Take a look at <http://www.mollysfund.org/2013/04/invisible-illness-but-you-look-so-good/>

Frankie Campling is the author of '*Chronic Fatigue Syndrome: the Facts*'.

TIPS & TOOLS

BREAK SOFTWARE

Over the past few months I've been trialling some break software programs that aim to encourage regular breaks and stretching in order to reduce hand, neck and shoulder strain. Here's what I've been looking for whilst trialling these programs:

THE INSTALLATION PROCESS

I'm an impatient person, and if the installation of a program takes longer than five (to a toe-tapping 10) minutes, then it probably involves too much clicking and is more complicated than it needs to be.

CUSTOMISATION

It's useful to know that a program can suit your changing needs. I may need more regular breaks when typing up an article than if I were reading through online resources. The ideal break software program needs to be easily customisable to your tasks.

CLICKLESS SOFTWARE OPTIONS

Preventing an overuse injury means aiming to reduce unnecessary hand work, which includes clicking! So, the ideal break program needs to work alongside clickless software.

DELAY OPTIONS

Sometimes a short break is all it takes to forget your train of thought, which is why I think it's important for break programs to have a delay option. This is an option that allows you to postpone your break for the desired (or preset) period, usually a couple of minutes. Wonderful for allowing you to finish that last sentence before you rest your fingers.

EXERCISES AND STRETCHES

Whilst just removing your hands from the keyboard and taking your eyes off the screen is a step in the right direction, stretching and exercising during your break can be even more beneficial! If a break program includes stretches or exercises that you can complete during your break – it's not just procrastination, it's prevention!

Here's the verdict on five of the well known break programs I've trialled over the past few months.



PC-WORK BREAK

System requirements: Compatible with Windows 2000, 2003, XP, Vista, 7 and 8.

Space used: 2.16MB

Best feature: Quick installation.

PC-Work Break is a free program that aims to reduce your risk of RSI by

providing you with break reminders like 'micro-break', 'stretch', 'eye exercises' and 'walk'. It claims to have flexible settings that are easy to adjust in order to tailor the program to your individual work needs. It even allows you to adjust the image that pops up during your break reminder. Downloading and installing this program took less than five minutes, but unfortunately things became a little tricky from then.

The settings on this program – in particular the length of, and intervals between, breaks – were difficult to adjust, and when adjusted did not appear at the appropriate times. However, when the break window did eventually appear, a countdown timer showed that at least the break was for the appropriate duration. The window itself (as shown in the image) doesn't like to be minimized to the task bar and so becomes a hassle when trying to work. Overall, I'd say the program was a bit of an annoyance, and that what appears to be a simple program isn't always a better program.

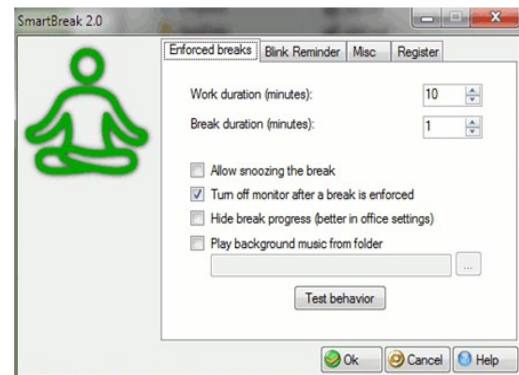
You can download PC-Work Break for free at:
<http://www.trisunsoft.com/pc-work-break/>

SMARTBREAK

System requirements: Windows 2003, 2008, XP, Vista, 7 and 8.

Space used: 2.1MB

Best feature: Stress bar that tracks your stress level as you work.



SmartBreak is an excellent break software program that is easy to install and adjust. This clever program displays a "stress bar" on your screen to indicate how stressed your hands and fingers are from computer use (taking into consideration clicking and typing). When this bar reaches its maximum, a break begins. All breaks with this program can be delayed, and you even have the option to play music during your break!

Unlike PC-Work Break, the SmartBreak window minimizes easily to the task bar and stays put! The stress bar remains on the screen and is moveable, so that (to me) it was hardly even noticeable! Messages such as "rest your wrists", "stand up and look around", "breathe deep and exhale slowly" and "blink your eyes" or even others that you can add yourself alternate appearances during breaks. The program even comes with the ability to turn on a child-lock password to prevent younger children from prolonged use of computers. Overall, I am very impressed with this program.

You can download a free 30 day trial, or a single license for \$9.99 at:
<http://www.inchwest.com/smartbreak.htm>



WORKRAVE

System requirements: Windows operating systems; currently unavailable for Mac.

Space used: 14.3MB

Best feature: Stretch animations that you can perform in real time. Plus, it's free!

Workrave is a free break software program which claims to "assist in the recovery and prevention of Repetitive Strain Injury (RSI)" by "frequently alerting you to take micro-pauses, rest breaks and restricting you to your daily limit". So far I am impressed with this program. Although the icon cannot be minimized to the task bar, it is as small as the recycling bin icon on your desktop, so you hardly even notice it as you type! The duration and time between all micro-pauses and rest breaks is easy to customise, as is the daily limit.

Workrave combines the best two features of both PC-Workbreak and Smart Break. A count-down timer tells you how long until your next break, and (perhaps my favourite feature) during rest breaks animated stretch videos pop up so that you can perform the easy stretches in real time, whilst sitting at your desk!

You can download Workrave for free at: <http://www.workrave.org/>

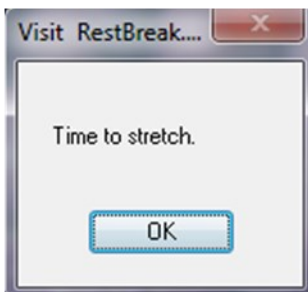
REST BREAK

System requirements: Windows Vista, XP, 7 or 8

Space used: 3MB

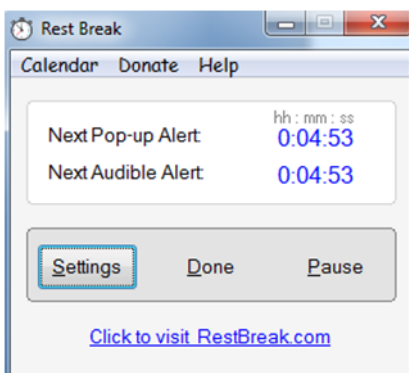
Best feature: List of keyboard shortcuts in help guide.

Rest Break is another free program targeted at reducing overuse injuries. Installation was extremely quick, and is followed by a user guide that is written in plain English! One of my favourite things about this guide is that it includes a list of helpful keyboard shortcuts when typing up documents.



Although it doesn't look as flashy as some of the others, the program itself only performs a simple task. This break program behaves more like a countdown timer, which can be easily skipped by clicking the 'OK' button on the popup window. This program has no stretch messages or animations, no daily limit, and no fancy images. There is no limit to how many times you can delay the break, as the program does not lock you out of your computer for the break duration. It's the perfect program if you're just as forgetful as I am, as all it does is remind you to break!

RSI GUARD (STRETCH EDITION)



System requirements: Compatible with all Windows systems

Space used: 20MB

Best feature: Are you sure you want to skip your break?

RSI Guard is a program that has featured in our previous newsletters, and has even earned itself a permanent place on my home computer. Although it is the most expensive program mentioned here, it is in my opinion the most effective, combining most of my favourite features from the above-mentioned programs.

This program took the longest time to install at around 10 minutes – but with good reason. Initial set up takes you through a series of steps to understand your computer usage. This includes questions such as how likely you are to postpone breaks, what type of equipment you use and if you'd like to try out their accompanying clickless software. You can even select the option for a shared workspace to minimise distraction for your co-workers.

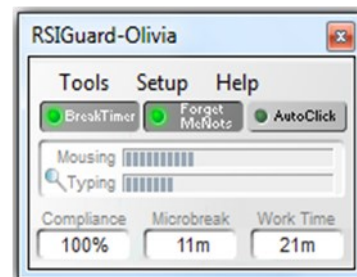
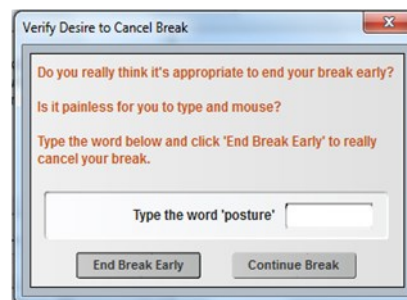
During breaks a small window appears describing stretches that you can also perform along with the moving image. You have the option to postpone breaks for two or ten minutes, or even skip the break entirely. If you select to postpone or skip your break, another small window appears asking if you're really sure! It requires you to type a word into a textbox to determine just how tired your fingers really are. This is an excellent feature for those who have a "work now, break later" attitude to computer use. Remember, the whole idea behind break software is to prevent the need for long periods of discomfort that you may experience later on!

Although I have trialled many more than the five mentioned programs, those mentioned each provide an example of a feature that may appeal to you. Or, in the case of PC-Work Break, a warning that free and quick isn't always the best.

A SUMMARY OF PROGRAMS

Product	Price	Installation Time (including setup time)	Customisable	Click less Software	Delay setting	Exercise and Stretch Reminders
PC-Work Break	FREE	10 minutes	Difficult	✓	✓	✓
Smart Break	Free 30 day trial, \$9.99	Less than 5 minutes	Easy	✓	✓	✓
Workrave	FREE	5 minutes	Easy	X	✓	✓
Rest Break	FREE	Less than 5 minutes	Easy	✓	✓	X
RSI Guard (Stretch Edition)	Free 45 day trial	10 minutes	Difficult	✓	Optional	✓

For more information on how you can reduce your risk of developing an overuse injury whilst computing, email us and ask for a copy of our free Helping Hand Sheets 'Getting on top of your Emails' and 'Your Posture at the Computer'.



THE RSI ASSOCIATION IS ON FACEBOOK!

Why? That's the question you might be asking yourself when we tell you that we've started a Facebook page. After all, many of our members are quite disabled and minimise their use of a computer. However, if you can manage it – maybe with the help of something like click less software – we think Facebook has some worthwhile things to offer.

It's a great way for us to communicate with you on a day-to-day basis. We put up all kinds of information we think might interest you: events, tools, recipes, things we come across on the Internet, like useful stretches and news about medical research. There is far too much stuff we come across to put it all in our newsletter and we don't want to overload your email inbox! And unlike our newsletters and regular emails to you, Facebook is open to everyone who is interested in RSI.

You **don't need to join** Facebook to keep up with our Facebook page. All you need to do is go to www.facebook.com/RSIACT, make it a favourite, and go there with one click whenever you like. We generally post on Mondays and Thursdays, so those are good days to have a look.

Facebook is also a great way for people with RSI to communicate with each other and share good ideas about how to manage their condition. If you want to communicate on our Facebook page, you will need to join Facebook.

Here's how you do it – it's not that hard! (And you definitely don't need to put up a photo.)

HOW TO JOIN FACEBOOK

1. Go to Facebook (www.facebook.com). You can find the link by searching for Facebook in your search engine. It will be the first result.
2. On the right will be the words *Sign up* in big letters. Underneath they are requesting some information (name, email, password, date of birth, gender). Enter this information.
3. Click on Sign up.
4. You will be sent an email to confirm that the email is correct. Read the email and click on the link. Facebook will ask for more information. You may provide it or you can just ignore it and leave the page.
5. You are now a member of Facebook. You can now go to our page on <https://www.facebook.com/RSIACT> and comment on anything you wish.

Dragon software works very well on Facebook, so that's a good way for people with RSI to contribute. You can make your personal Facebook page a favourite on your computer, to make it easier to go to if you want.

"LIKING" AND "SHARING"

We encourage you to "like" and "share" items on our Facebook page. "Liking" doesn't mean that you actually

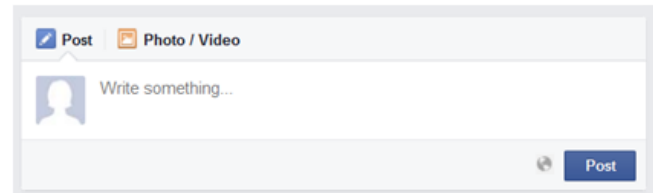
felt good after reading a particular item; it could be a piece of depressing medical research, but one that's worth reading and sharing!

"Sharing" a post means that your Facebook friends can see our post too, a particularly good option when you find a post worth letting other people know about – it's also great publicity for our page! To "share" something you think is worth letting other people know about, you need to be a Facebook member.

The more people who "like" our page and "share" items, the more people we can reach.

YOU CAN ALSO "WRITE SOMETHING..." ON OUR WALL

When you load the RSI Association's Facebook page you have the option to 'write something...' on our wall. Here's your opportunity to share a tip with other RSI'ers or comment on the Association's work!



WHAT'S HAPPENING ON OUR FACEBOOK PAGE?

- YouTube stretch video links — massage balls
- Dr Andrew Moore — a short video on effective drugs for pain
- Quick reviews of pens, break software, kitchen gadgets
- Links to the HealthDirect Symptom Checker
- Stem cell research for tennis elbow
- New book-holders you might like to try
- How to handle anger
- Low-cost Tai Chi classes



YouTube stretch video
massage ball link



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RIGHT TREATMENT, RIGHT TIME?

Recently, experts in the field of overuse injury or "tendinopathy" have published papers which aim to provoke a major rethink on the nature and treatment of this condition. In a 2013 paper entitled "Tendons – Time to Revisit Inflammation", researchers Rees, Stride and Scott question the current view that tendinopathy is solely degenerative without evidence of inflammation.

"The evidence for non-inflammatory degenerative processes alone as the cause of tendinopathy is surprisingly weak," they say. "Tendinopathy remains both an extremely common condition and a condition with few truly effective treatments." They go on to argue that there is convincing evidence that the inflammatory response is a key component of chronic tendinopathy.

Unfortunately, however, this paper has little to offer in the way of evidence-based treatments. The authors acknowledge that corticosteroids "can be effective in chronic tendinopathy at relieving pain ... in the short term – although at the expense of greater risk of long-term recurrence". They add "the benefits are generally short term, and there is the potential for weakening the structural integrity of tendons in the long term."

Non-steroidal anti-inflammatory drugs also have their problems: "concerns remain in relation to the use of NSAIDS both in terms of systemic effects and the potential to affect tendon healing."

In a 2008 paper, Australian tendon researchers Jill Cook and Craig Purdam presented a new model of tendon pathology.

They start by noting that "treatment for a first-time presentation of tendinopathy in a young athlete is often the same as that offered to postmenopausal women with chronic tendinopathy." In their view, this is a mistake and treatments need to be tailored for the different stages of the condition.

They propose that there is a continuum of tendon pathology that has three stages: reactive tendinopathy, tendon disrepair or failed healing, and degenerative tendinopathy. While this might suggest three distinct stages, they emphasise that there is continuity between the three.

1. Reactive tendinopathy

This is a response to excessive load in conjunction with individual factors. It is a "short-term adaptation to overload that thickens the tendon, reduces stress and increases stiffness. The tendon has the potential to revert to normal if the overload is sufficiently reduced or if there is sufficient time between loading sessions."

The authors go on to give a fairly detailed picture of what a tendon in this stage will look like under ultrasound and magnetic resonance imaging and the common clinical picture.

2. Tendon disrepair

"Tendon disrepair describes attempts at tendon healing, similar to reactive tendinopathy but with greater matrix breakdown." Tendons are thick with more localised changes in one area of the tendon and "some reversibility of the pathology is still possible with load management and exercise to stimulate matrix structure."

3. Degenerative tendinopathy

"Individuals with degenerative changes often have a history of repeated bouts of tendon pain, often resolving but returning as the tendon load changes." The authors give a description of what this stage looks like, with "areas of cell death due to apoptosis, trauma or tenocyte exhaustion ... apparent". Unfortunately, they point out that at this stage tendons do not appear to return to normal size or morphology, but function can be improved.

WHICH TREATMENT FOR WHICH STAGE?

For the first stage, Cook and Purdam suggest that the appropriate treatments may be specific anti-inflammatory drugs (for example, ibuprofen) and a reduction in the frequency and intensity of the tendon load.

For the later two stages, "late tendon disrepair/degeneration", appropriate treatments include prolotherapy, glyceryl trinitrate and sclerosing therapy. Appropriate physical management includes extracorporeal shock wave therapy, ultrasound, and exercise with an eccentric component.

The authors are supportive of eccentric exercise as a treatment, but only in the degenerative stage of injury. Before that, they believe it is not helpful and can do harm. They write: "Eccentric exercise is beneficial for pain, function and return to activity. Eccentric exercise has been shown to improve tendon structure in both the short term and the longer term ... it is an effective pain-relieving treatment, with pain changing in the first 4 to 6 weeks ... In degenerative tendinopathy, exercise appears to be a positive stimulus for cell activity and matrix restructuring."

What is the take-away message for the ordinary patient from what is a fairly technical discussion? It's apparent that tendinopathy is not a well-understood condition and for this reason, appropriate treatment is debatable. However, rest and anti-inflammatories may be the appropriate treatments for the early stage of the condition, with specific exercises reserved for conditions that become chronic.

Rees, J. R., Stride, M., & Scott, A. (2013). Tendons—time to revisit inflammation. *British Journal of Sports Medicine*, 47(9), e2 .

Cook, J. L., & Purdam, C. R. (2009). Is tendon pathology a continuum? A pathology model to explain the clinical presentation of load-induced tendinopathy. *British Journal of Sports Medicine*, 43, 409-416.

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