September 2015

www.rsi.org.au

IN HAND

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

Spring 2015

News & Events

Pain, Shame, and New Ways Psychologists Can Help

Hosted by the Chronic Conditions Seminar Series

Speaker: Marion Swetenham, Clinical Psychologist
When: Thursday, 15th October, 7pm
Where: SHOUT, Collett Place, Pearce
Cost: Free, all welcome

Managing Depression

Hosted by the Chronic Conditions Seminar Series

Speaker: Julia Reynolds, Clinical Manager, National Institute for Mental Health Research
When: Thursday, 19th November, 7pm
Where: SHOUT, Collett Place, Pearce
Cost: Free, all welcome

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*

Low Level Laser Therapy … see page 5

In This Issue

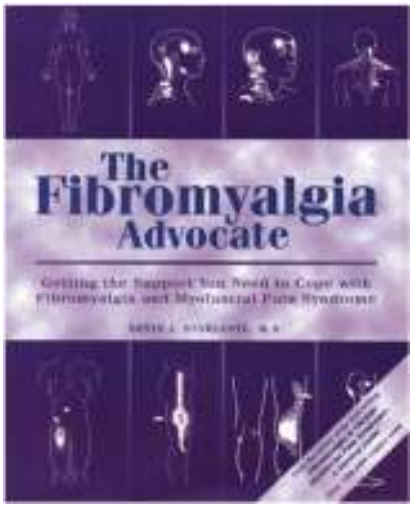
PAIN, SHAME AND NEW WAYS PSYCHOLOGISTS CAN HELP

The next **free** event is the Chronic Conditions Seminar Series will be held on Thursday the 17th of September at 7pm (SHOUT, Collett Place, Pearce). This talk will be presented by Marion Swetenham.

MARION SWETENHAM

Marion completed her Masters in Clinical Psychology at the ANU and went on to gain her Graduate Diploma in Pain Management at the Faculty of Medicine at Sydney University. Marion has also worked at the Canberra Hospital Pain Management Unit where she helped many to manage their pain and related stress and distress. She is a highly qualified health professional with a lot of experience in pain management, return to work assistance and occupational stress management.

LETTERS TO THE EDITOR



The Fibromyalgia Advocate is a fantastic book that I'd love to recommend to other members. It really helped me to understand what Fibromyalgia really is and what I can do to help myself. It contains a lot of great information on pain management, carer advice, treatments and ways to find both physical and mental support. It really validates your experience seeing in words what symptoms you're experiencing, and the misunderstandings that others also encounter with 'invisible' illnesses such as fibromyalgia. Having this book really helped me to communicate these things with others, including my family, friends and doctor who sometimes don't understand the difficulty. This book gets two thumbs up from me!

You can purchase a copy of *The Fibromyalgia Advocate* by Devin J. Starlanyl on Amazon for $40 (paperback).
http://www.amazon.com/The-Fibromyalgia-Advocate-Myofascial-Syndrome/dp/1572241217

WOULD YOU LIKE TO JOIN OUR COMMITTEE?

You're invited to join our committee!

It's not a very big commitment — we meet once every six weeks for about an hour to discuss ways to keep the organisation's work vibrant, interesting and most importantly, relevant! Meetings are very informal and friendly, but we get a lot done. Anyone is welcome to join!

If you'd like more information, please call us on (02) 6262 5011, or email us as admin@rsi.org.au

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

Aids for Daily Living

The aidsfordailyliving website is a good way to hear about (and purchase) items that can help you out in day-to-day life. There's a range of categories from *turners, grippers and openers* including hands free electric can openers to *household helpers* including Easy Keys plastic grip holders (see picture to the left). Take a look at their website for more products and information: www.aidsfordailyliving.com.au or call 1300 311 568 between 8.30am and 4.30pm on weekdays.

Children's Posture at the Computer

Young primary school children often use computers at school to assist their education, but is it hurting their health? According to researchers, "the schools are clueless, so they invest in computers, software and network infrastructure; but pay no attention to the ergonomic design issues and the needs of students." The computers themselves are often set up on ill-fitting adult-sized workstations with table and chair combinations that are not height-adjustable. This leaves children sitting in awkward, uncomfortable and unhealthy postures. Such habits are carried with them through adolescence and into adulthood, by which time the damage may be irreversible.

Patel, P., Bhatnagar, A., & Chauhan, M. K. (2015). Postural assessment of primary school children working on computer and the associated risk. *International Journal of English Language, Literature and Humanities, 3*(3), 346-362.

'If it Bleeds, It Leads!' What Exactly is an Injured Worker?

An interesting paper recently published in the International Journal of Occupational and Environmental Health has demonstrated that the media plays a big role in what the general public thinks an injured worker is. By comparing media accounts of workplace injury and workers' compensation case details, researchers found that newspapers often over-report:

- fatal accidents,
- injuries to men rather than women,
- injuries that occur in mining, oil or quarrying industries,
- injuries from contact with equipment,
- injuries as a result of fires or explosions,
- and injuries that result in acute damage such as burns, fractures, intracranial damage and trauma.

Journalists are looking for drama and they rely on government representatives, police officers, fire-fighters and employer accounts of workplace injuries, rather than seeking out the perspective of the injured workers themselves. It's no wonder that the media doesn't represent the average injured worker.

So not only does the media exclude workplace-related overuse injuries, but they provide an unrealistic 'it's got to be seen to be believed' issue for the injured workers seeking help.

Barnetson, B. & Foster, J. (2015). If it bleeds, it leads: the construction of workplace injury in Canadian newspapers, 2009-2014. *International Journal of Occupational and Environmental Health*. Epub, ahead of print.

RESEARCH IN BRIEF

PAIN RATINGS PREDICT TREATMENT FAILURE IN OCCUPATIONAL MUSCULOSKELETAL DISORDERS

Can your level of pain predict the success of rehabilitation and recovery programs? In this study, over three thousand participants suffering from chronic occupational musculoskeletal disorders were divided into four groups: low, mild, moderate and high pain. This was based on responses to a 10-point pain rating scale. Each participant was interviewed about their work status, health-care use, recurrent injury and whether workers' compensation or third-party financial disputes had been resolved both before and after a one-year rehabilitation program was completed.

Not surprisingly, those who had rated their pain as 'high' reported more depressive symptoms and more disability after rehabilitation. They were more likely than others to drop out of their rehabilitation program, seek surgical treatment, or persist in seeking health care from new providers. They were least likely to return to work and twice as likely to claim a new injury to the same site. They were also less successful in resolving workers' compensation and other financial disputes.

McGeary, D. D., Mayer, T. G., & Gatchel, R. J. (2006). High pain ratings predict treatment failure in chronic occupational musculoskeletal disorders. *Journal of Bone and Joint Surgery, 88*(2), 317-325.

THE EFFECTIVENESS OF CORTICOSTEROID INJECTIONS

A recent article published in the American Journal of Sports Medicine reports on the potential harms of the repeated use of corticosteroid hormones for rotator cuff and similar injuries. In this study, half of a sample of rats were injected with a placebo (a simple saline solution) for a duration of three weeks. The other half were injected with methylprednisolone acetate (MTA), a corticosteroid often used on humans in an effort to boost immune system function in order to reduce pain and swelling. After three weeks, bone quality and swelling of the tendon at the injection site was investigated using biomechanical and radiographic imaging methods. Not surprisingly, those injected with the corticosteroid MTA had significantly **worse** bone quality and **more** tendon deterioration compared to those receiving the placebo.

Maman, E., Yehuda, C., Pritsch, T., Morag, G., Brosh, T., Sharfman, Z., & Dolkart, O. (2015). Detrimental effect of repeated and single subacromial corticosteroid injections on the intact and injured rotator cuff. A biomechanical and imaging study in rats. *American Journal of ports Medicine,* e-publication ahead of print. DOI: 10.1177/0363546515591266

PAINFUL COMPUTING

Researchers at the PECT University of Technology have shown how poor posture at the computer is linked to chronic pain in the neck and shoulders. A whopping 40 per cent of their sample of adolescents reported using their computers for seven or more hours a day. Worse still, 11 per cent reported using their computers 12 or more hours a day. Researchers found that increased computer use was associated with worse posture with the head, neck and shoulders all bent forward. Because of this, nearly 85 per cent of all participants reported suffering from neck and shoulder pain, and 32 per cent reported their symptoms as chronic. This study highlights the dangers not only of increased computer use, but tablet and phone use also.

If you'd like to know how to reduce neck and shoulder pain at the computer, contact us for a copy of our Helping Hand sheet on 'Your Posture at the Computer'.

Jaidka, G., Kant, S., Goyal, A., & Kaushik, A. (2015). Effects of texting on neck. *International Journal for Technological Research in Engineering, 2*(11), 2852-2856.

THERAPIES TO THINK TWICE ABOUT
PART THREE

LOW LEVEL LASER THERAPY

Low-Level Laser Therapy Machine

Also Known As: low-power laser, soft laser, cold laser, biostimulation laser, therapeutic laser and laser acupuncture.

WHAT IS IT?

Low level laser therapy (LLLT) is a non-invasive method of pain relief that uses light to stimulate cells. It's very different from high power lasers that ablate or kill cells. Instead, LLLT uses near infrared light to painlessly emit light particles (known as photons) through the layers of the skin in order to promote cell healing.

WHEN IS IT USEFUL?

Because LLLT is effective on various types of cells including those found in ligaments, cartilage, tendons, nerves and muscles, it is effective in the treatment of acute and chronic pain, caused by various conditions such as rheumatoid arthritis, osteoarthritis, acute and chronic neck pain, tendinopathy and some chronic joint disorders. One Cochrane review has also found it to be effective in the treatment of frozen shoulder.

WHAT DOES THE RESEARCH SAY?

There's quite a lot of controversy around the effectiveness for LLLT in the treatment of tendinopathy. One systematic review of twenty-five different studies showed twelve in favour of the treatment, leaving thirteen inconclusive or no-effect studies. However, another systematic review of seventeen studies found that LLLT can be effective (and slightly faster than other therapies) in the treatment of shoulder tendinopathy if the laser was strong enough to suit the injury and performed in combination with physiotherapy sessions.

WHO DOES IT?

LLLT is performed by a trained doctor, physiotherapist, chiropractor or osteopath (you'll have to check if yours offers this treatment) by using a device that looks much like a flashlight. It's held on the skin above the injured or painful area for at least 30 seconds, and up to a few minutes (depending on the severity of your injury and the doctor's recommendation). Because the method uses light only, there is no pain, no heat, no tingling … nothing! You'll need an initial consultation of around 30 to 40 minutes so the doctor can get to know your injury, and each follow up session lasts around 15 minutes.

PROS:

This is a non-invasive method that uses light instead of heat or vibration, so there's no risk of scarring or any

*Did you know that 'laser' is actually an acronym for '**L**ight **A**mplification by the **S**timulated **E**mission of **R**adiation'?*

need for an incision. Apart from the initial consultation, treatment sessions are quick, and there's no need to set aside time for recovery.

CONS:

To be effective at reducing pain you'll need much more than just one session. In fact, depending on the severity of your injury, you'll need anywhere between 8 and 30 sessions. It's best if sessions are quite close together, so this could mean visiting your GP's office between 2 to 4 times a week! Whilst we can't give you an exact estimate of the cost of a session (as individual practices vary) we can tell you that our investigation has shown prices ranging from $95 to $175 (with initial consultations somewhere in the range of $135 to $240) for any one session, so the cost can add up quite quickly.

Some patients report that their injuries are aggravated before they feel any relief, the discomfort or painful sensation taking a few days to subside. If you require repeat sessions, this could potentially mean a few weeks of pain before you feel any relief!

Page, M. J., Green, S., Kramer, S., Johnston, R. V., McBain, B., & Buchbinder, R. (2014). Electrotherapy modalities for adhesive capsulitis (frozen shoulder). Cochrane Database of Systematic Reviews 2014, Issue 10. http://www.cochrane.org/CD011324/MUSKEL_electrotherapy-modalities-for-adhesive-capsulitis-frozen-shoulder

Tumilty, S., Munn, J., McDonough, S. , Hurley, D. A., Basford, J. R., Baxter, G. D. (2010). Low level laser treatment of tendinopathy: a systematic review with meta-analysis. *Journal of Photomedicine and Laser Surgery, 28*(1), 3-16.

Haslerud, S., Magnussen, L. H., Joensen, J., Lopes-Martins, R. A., & Bjordal, J. M. (2015). The efficacy of low-level laser therapy for shoulder tendinopathy: a systematic review and meta-analysis of randomised controlled trials. *Physiotherapy research international: the journal for researchers and clinicians in physical therapy, 20*(2), 108-125.

Posture & Flexibility Stretching Classes

Using the Contact/Relax stretching method, an hour of careful stretching is perfect for rehab or maintaining flexibility. Classes are held in North and South Canberra.

Tues	5.30-6.30pm (Woden)
	6.35-7.35pm (Woden)
Thurs	12.30-1.30pm (Griffin Centre)
	5.30-6.30pm (Griffin Centre)
Fri	12.45-1.45pm (Woden)

The next 10 week term commences 15th October.

Very careful, very mindful, very successful.

Davidjheap@gmail.com 0437 135 474

COPING WITH FLARE-UPS

You've been feeling good lately. For the last little while, you've been able to manage at work reasonably well and you can do a bit more at home too. You've even started to feel that maybe you're on top of this RSI thing and you might recover. And then, with no warning, the pain hits you again! It's depressing and frightening. You think "Am I right back where I began? What am I going to do?"

You are not alone. Everyone with a chronic pain condition has flare-ups. They do happen, and they're hard to cope with. However, they are manageable!

To help you cope, we've got together some ideas from our members.

The first thing is to work out whether it's an aggravation or a flare-up. Answering "yes" to the following questions might indicate an aggravation:

1. Do you have symptoms in a new area?
2. Do you have new symptoms?
3. Are your symptoms out of control?

If it **is** an aggravation, then you will need to visit your doctor and work out what is going on. You may need to really pull back on activities in order to give your body a chance to recover. Your doctor might be able to suggest a new therapeutic approach for an aggravation.

Deciding that it’s a flare-up can be pretty discouraging too. You may start to feel anxious and panicky because life has suddenly become unpredictable again.

However, there are things you can do. The first is to work out what caused the flare-up:

- Have you been doing more than you should – taking a "crash through or crash" approach?
- Have you been more stressed than usual?
- Have people been pushing you to do too much?
- Have you been too conscientious or too hard on yourself?
- Is there a new tool or activity in your life, or have you been doing something in a different way?

A useful way to narrow down the cause of your flare-up can be to keep a pain diary. It’s a useful tool that both you and your doctor can use to monitor your condition. This doesn’t have to be anything fancy; you could even use a voice memo function on your phone to record the details such as – the date, time/duration, location, severity, treatment (and results) and impact of your symptoms. If you’d like to try this out, there’s a printable pain diary you can find at: http://www.nps.org.au/health-professionals/for-your-patients/treatment-plans/pain-diary

Of course, it may just not be possible to work out what caused the flare-up at this stage. In that case, keep it as an open question at the back of your mind and an answer will most likely come to you.

Once you've worked out the cause, then you know what to change and you can develop a plan of action. Your

plan should include strategies to both physically and emotionally manage your flare-ups.

For some people, a flare-up can cause panic. Others prefer to ignore it in the hope that it will all be okay. Generally, neither of these approaches work. Instead, you need to see your flare-up as a problem you can solve. That is, you need to change from ‘panic’ mode or ‘it will all turn out alright eventually’ mode into ‘investigating and finding solutions’ mode.

PHYSICAL SOLUTIONS

Sometimes we can get back on the road to recovery (or at least the road to well-being) by just changing what we do. Pacing, varying and cutting back on activities – especially those that are most aggravating – are really important.

You should also think about your current treatments. Some of them may be further aggravating your injury during a flare-up. You might need to modify treatments like stretching and strengthening until you start to feel better. This could be a good time to treat yourself to a massage!

> *"I frequently get flare ups across my shoulders. The things that help me manage the pain include doing small shoulder movements as much as possible to loosen them up, using heat packs and paying for a massage. If they don't work, then I use a strong painkiller as a last resort."*

You can also use strategies like using heat or cold (whatever works for you) to dampen down pain. Other things that can help include Epsom salts in a long hot bath to relax your muscles or a brisk walk to keep up your spirits.

EMOTIONAL SOLUTIONS

When we are in pain, we often don't want to talk about it and withdraw from the people around us. Taking some time out might work for some of us, but for many, it's better to stay in touch with the people who make us feel good and care about us. Instead of spending a lot of time talking about how depressing it is to be in pain again, plan to do something enjoyable together, like seeing a funny movie, going for a walk or watching your favourite sport.

If you feel you need counselling or help with pain management, you may be able to get a referral under Medicare from your doctor under the Better Access Scheme.

RELAXATION

Learning to relax can be a very helpful way of coping with pain. Yoga classes often teach this but you can also download some really good relaxation scripts from the web. For example, you can find a helpful script here: http://www.traumacenter.org/resources/pdf_files/relaxation_exercises.pdf

Another useful technique for both relaxation and chronic pain management is practicing mindfulness. Mindfulness is a popular psychological technique which teaches you to become consciously aware of your

thoughts, feelings, sensations and behaviour without being weighed down by them. Your doctor can refer you to a psychologist who specialises in teaching this technique for those with chronic pain, or you can learn mindfulness from a class at low cost. There are also excellent mindfulness scripts to download; you can find a good one here:

http://www.meditationinschools.org/wp-content/uploads/2013/06/Mindfulness-Relaxation-Exercise-Script.pdf

If you start feeling panicky, there's a technique called '5-4-3-2-1' that some people find very helpful. The aim is to 'ground' yourself by stopping, slowing, naming and noticing:

1. Five things you can see.
2. Four things you can hear.
3. Three things you can feel, like your feet on the ground and your hands on your lap.
4. Two things you can smell (or would like to).
5. One long slow breath.

Focusing on your breathing is another quick and useful technique to help yourself calm and relax. Focus on slowing your breathing and lengthening your outbreaths. There is a scientific basis behind this: when you breathe out slowly, your parasympathetic nervous system kicks in. The parasympathetic nervous system (nicknamed the 'rest and digest' system) functions to relax and slow the body down. It does this by decreasing your heart rate and reducing muscle tension so you don't notice as many physical signs of panic or pain.

COMMUNICATION

You may need to change the way you communicate to cope well with a flare-up. This could be a good time to practice asking for help. Are you too independent to ask for help from people who in fact would be very willing to

give it? Do you feel shy about asking for help?

At work

If the cause of your flare-up is connected with work, you may need to think about changing the way you communicate. For example, do you need to learn to say no? Or maybe allow yourself to be less independent than you want to be and ask for help? Do you need to develop skills in prioritising work?

In practice, these skills can be hard to learn and quite threatening to try out in a difficult workplace situation. You could try talking over and practicing these strategies with friends or with a professional counsellor or psychologist.

Be Careful!

In order to cope with the sadness that a flare-up can make us feel, it's common to reach out for that extra glass of wine, box of chocolates or packet of chips – whatever comfort food is available. Don't go overboard on these – they're only a short-term fix, if that.

Avoid making any big decisions while you're feeling bad and put off any discussions that could turn difficult. You won't be at your best and it can be hard to think clearly and stay calm.

Applying these Ideas

When you're in pain it can be hard to step back and develop a plan of action. So, you can (mentally) prepare a pain flare-up toolkit. This could be just a list on the fridge that reminds you that there are things you can do that will help, things that you enjoy and help to distract you from the pain. Some suggestions include:

- People who cheer you up,
- DVDs of your favourite comedies,
- an MP3 or CD player with some guided relaxation or mindfulness scripts,
- some bath salts for a long relaxing bath,
- heat packs or heat rubs,
- pain medication (if you use this too often, it won't be as effective when you really need it – like during your flare-ups!)
- a lovely place outdoors to walk or sit,
- some money set aside for a massage, sauna or jet-spa,
- our self-massage links (contact us for a copy of this hand-out),
- books that make you feel good,
- easy recipes or frozen meals

Keep hold of the fact that your flare-up is only temporary and that it **will** pass and when it does pass, you've probably learnt some useful skills for avoiding—or at least postponing—the next one!

For more information about 'Heat Therapy for Pain' contact us for our Helping Hand Sheet.

Is Stretching Good for the Tendons? Maybe Not!

Tendinitis is the name given to inflamed or irritated tendons, whereas tendinosis is the name given to tiny tears in the tendon tissue. Often, the two are lumped together as 'tendinopathy'.

Does stretching before you exercise *really* prevent tendon injury? Recent research suggests, that in fact, stretching before exercise may do absolutely nothing to prevent tendon injuries such as tendinitis and tendinosis.

An analysis of 10 recent studies investigated the effectiveness of stretching before exercise and sporting performance and found that there was no difference between stretching and not stretching in terms of preventing tendinopathy. Surprisingly, of the ten different preventative methods evaluated in this meta-analysis, the three most effective methods of tendon injury prevention had nothing to do with stretching at all! These were shock-absorbing insoles, hormone replacement therapy (for postmenopausal women) and 'soccer-specific balance training'.

But don't quit your warm-up routine just yet! A separate study of 96 office workers aimed to explore if neck and shoulder stretching could be effective in reducing and preventing neck pain. Half of the participants simply received a brochure showing the most ergonomic positions for daily work. The other half of the participants, however, were provided with explicit and guided instructions on how to perform the appropriate neck and shoulder stretches (twice a day, for five days a week). Both groups improved over the four weeks that the study ran, but those who received explicit instruction showed the most improvement in neck function and reduced pain. They even rated their quality of life as much higher than those who simply received a pamphlet. It should be noted though, that this improvement may have been due to the breaks interspersed throughout the working day. So remember to take regular breaks!

So what's the conclusion? Whilst stretching before you exercise may have little to do with preventing tendon injury, it doesn't hurt to limber up in order to help reduce neck and shoulder pain. (Psst, check out David Heap's Posture and Flexibility Stretching Classes on page 6).

Peters, J. A., Zwerver, J., Diercks, R. L., Elferink-Gemser, M. T., & van den Akker-Scheek, I. (2014). Preventive interventions for tendinopathy: A systematic review. *Journal of Science and Medicine in Sport.*

Nelson, R. *Stretching won't prevent tendon injuries.* (April 17, 2015). http://www.reuters.com/article/2015/04/17/us-health-tendons-pain-idUSKBN0N81XM20150417

Stretching May Not Prevent Tendon Injuries. (April 18, 2015). http://www.youthhealthmag.com/articles/14209/20150418/stretching-exercise-tendinopathy.htm

Tunwattanapong, P., Kongkasuwan, R., & Kuptniratsaikul, V. (2015). The effectiveness of a neck and shoulder stretching exercise program among office workers with neck pain: a randomised controlled trial [with consumer summary]. *Clinical Rehabilitation, Epub ahead of print.*

TIPS & TOOLS — GARDENING TOOLS

Spring at last – a time to get out into the garden and start working! You want to get out there, fill up the dead spots with new plants and get rid of those weeds, without paying the price of days in pain. Here are just a few ideas to help!

Radius Pro Stainless Weeder

Before you start gardening, make sure to warm up. Go for a brisk walk around the block and do a few arms swings to get the circulation going. As usual, switch between tasks as much as you can.

To make sure you don't overdo any one activity, set yourself limits. You could decide to pull out just one weed or 10 – whatever you think you can do – and put time limits on any one activity before you take a break or switch to another. A timer can be really useful here.

As much as you can, work with your feet and legs, and the big muscles in your upper body. Lightweight spades and diggers like the Fiskars Garden Light range can help to break up the soil so that weeds come out easily. For weeds with a long taproot, a tool like the Radius ergonomic weeder is very useful (see picture to the left).

If you have to work with your hands, switch between different tools with different actions. For example, the Ho Mi (pictured on the next page) has a kind of chopping motion, while the Fiskars "lawn and garden weeder" has a lever motion which is quite different. Switching between these will mean you are less likely to injure yourself and can get more done. You can also get garden tools with right-angled handles, making it possible to use the stronger and easier power grip, like the Peta fist- grip cultivator.

For pruning, ratchet pruners which enable you to make several less-powerful movements to cut through thicker branches can be very useful.

And here is some advice from Elizabeth on our Facebook page:

"I found an electronic hedge trimmer was useful – providing you don't use it for too long, and keep a close watch on where the cord is and where you are moving your arms and hands. I find with an overuse injury, it is so easy to be extra clumsy, with arms and hands not doing what you want.

I also used to do a lot of pruning with a pair of hedge clippers, as the big wide grip was easier to hold than secateurs. I made a lot of small adjustments to what I did, how I held things, how long I snipped for (ten minutes every day for a few days, instead of trying to do a lot at once).

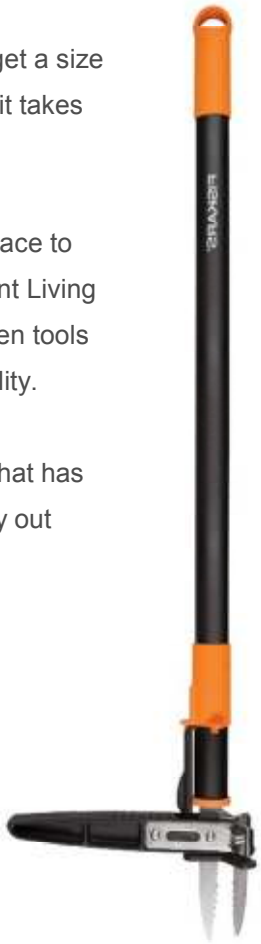
I find, like knives, keep tools sharp. With secateurs, get a size that fits your hand easily and check how much effort it takes to close – small ones are easier to push shut."

For members in Canberra, Floriade can be a great place to find interesting new ergonomic tools. The Independent Living Centre in your state is also worth visiting to find garden tools and get advice on what will suit your particular disability.

I can also recommend an excellent English website that has a special section to help people with weak arms carry out gardening tasks:
http://www.carryongardening.org.uk/default.aspx

Ratchet Pruner

Ho Mi



Fiskars Lawn and Garden Weeder

Peta Fist Grip Cultivator

Peta Fist Grip Trowel

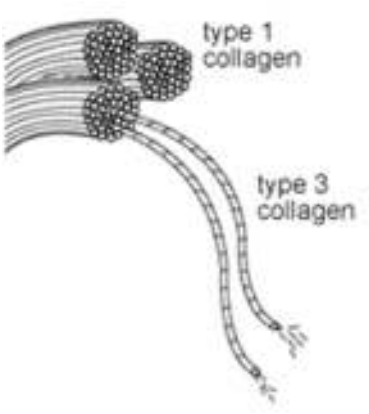
Peta Fist Grip Fork

WHAT'S ON OUR FACEBOOK PAGE?

- To treat tendinopathy effectively, it's important to understand it. A fundamental question that's been the subject of debate for at least the last 15 years is whether the condition is inflammatory or note — and the consensus seems to be swinging back to the view that it is. Here's the latest findings on this — and the latest call for good quality research to understand this incredibly painful and debilitating condition! http://www.ncbi.nlm.nih.gov/pubmed?cmd=search&term=26246419
- Here's an interesting RSI story — you'll identify with much of it, groan at some of it and you'll definitely have a few questions by the time you reach the end. Love to know what you think! http://www.thewristguy.com/
- Voice-operated computing can be a life-saver for people with RSI — as long as workers are provided with sufficient training and software that's compatible. Too often, these conditions are not met - and that can be a factor in compensation, as this case shows: http://www.canberratimes.com.au/national/public-service/industry-department-public-servant-wins-compensation-lack-of-dictation-technology-noted-20150624-ghw7ee.html

www.facebook.com/RSIACT

NOVEL TENDON TREATMENT



Our tendons are primarily made up of a strong and flexible protein called type-1 collagen. However, when exposed to extreme stretching or trauma, the body tries to repair as quickly as possible by replacing the damaged type-1 collagen with weaker type-3 collagen. During normal recovery from injury, the body slowly replaces this temporary type-3 collagen with type-1 collagen. However, repetitive damage to the site means that there is a constant supply of the quick-fix type-3 collagen, and no time to create or replace it with the more durable type -1 collagen. It is this process that results in scar tissue, reduced mobility, increased pain and tendinopathies.

Last year researchers discovered that tissue implants and stem cells are stable and effective ways of promoting the production of type1 collagen in order to speed up healthy tendon repair. In fact, the researchers were so confident that they patented this method as 'CollaFix^{TM}' and claim that their braids of collagen are "strong enough to carry loads right after surgery and to have the right mechanical properties … equivalent to tendons, so that repair cells would receive the correct signals to regenerate tendon tissue."

Whilst this is promising stuff, researchers at the University of Glasgow are going one step further by taking advantage of the body's already existing biological process of microRNA replication (molecules that 'clone' genes). Their method, known as 'TenoMiR', involves injecting small amounts of altered microRNA to help reduce the production of type-3 and promote the production of type-1 collagen. It's already proven successful on lab mice, and the next step is to trial the treatment on sporting horses (who are extremely prone to tendon injuries from overuse).

Don't get too excited though. This therapy is still in the early stages of research and is yet to be trialled on human participants. Like many novel treatments, it may lead us nowhere!

Millar, N. L., Gilchrist, D. S., Akbar, M., Reilly, J. H., Kerr, S. C., Campbell, A. L., Murrell, G. A. C., Liew, F. Y., Kurowska-Stolarska, M., & McInnes, I. B. (2015). MicroRNA29a regulates IL-33-mediated tissue remodelling in tendon disease. *Nature Communications, 6.*

Qiu, Y., Lei, J., Koob, T. J., & Temenoff, J. S. Cyclic tension promotes fibroblastic differentiation of human MSCs cultured on collagen-fibre scaffolds. *Journal of Tissue Engineering and Regenerative Medicine.*

MiMedx announces publication on CollaFix^{TM} the company's next technology platform to be commercialized (2015). *http://www.prnewswire.com/news-releases/mimedx-announces-publication-on-collafix-the-companys-next-technology-platform-to-be-commercialized-300082891.html*

CHRONIC CONDITONS SEMINAR SERIES EVENTS 2015

All talks are held at SHOUT, Collett Place, Pearce (Opposite Pearce Shops) at 7pm .

- **ORAL HEALTH AND CHRONIC ILLNESS**
  17 September, Dr Rob Witherspoon, Oral-Maxillofacial Surgeon
- **PAIN, SHAME AND NEW WAYS PSYCHOLOGISTS CAN HELP**
  15 October, Marion Swetenham, Clinical Psychologist
- **MANAGING DEPRESSION**
  19 November, Julia Reynolds, Clinical Services Manager, National Institute for Mental Health Research, ANU

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
- Members 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 **$10**
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: _____

_____

Phone: _____

Email: _____

I would like to receive my newsletter by email: ☐

I enclose:

Annual Membership:	**I want to renew for 1 Year**		**Save money and renew for 2 years**	
Low Income	$15	☐	$25	☐
Standard Income	$25	☐	$40	☐
Organisation*	$60	☐		
Booklets Available:	**Cost:**			
Self-Help Guide	$25	☐		
Moving on with RSI	$10	☐		
Pregnancy & Parenting	$10	☐		
Donation (tax-deductible):	$			
Total:	**$**			

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

Coming Soon

Is RSI inflammatory? — the debate

Pain and Prejudice

Exercise Physiology — What our members say

Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.
Room 2.08, Griffin Centre
20 Genge Street
Canberra City
ACT, 2601

ACT RSI Newsletter, Spring 2015
Print Post Approved
PP 229219.00118

POSTAGE PAID AUSTRALIA

SURFACE MAIL

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

RSI & Overuse Injury Association of the ACT, Inc.
Room 2.08, Griffin Centre
20 Genge Street
Canberra City
ACT, 2601

Phone: (02) 6262 5011

Email: admin@rsi.org.au

Website: www.rsi.org.au