

Newsletter

**Summer
2011**

February

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

News & Events

THURSDAY 17 FEBRUARY

‘PAIN MANAGEMENT’

The presenter will be Randolph Sparks, a psychologist from Capital Rehabilitation and Pain Management Centre, who gave a very helpful and interesting talk on mindfulness last year which we published in our newsletter.

Time: 7– 8:30pm

Where: The Pearce Centre, Collett Pl, Pearce

Cost: FREE

THURSDAY 17 MARCH

‘DEALING WITH DEPRESSION’

Professor Kathy Griffiths from the Centre for Mental Health Research at the Australian National University will present this talk. She has a special interest in depression as Director of the [Depression & Anxiety Consumer Research Unit](#) and co-Director of ehub: e-mental health research and development unit.

These talks are presented by the Chronic Conditions Alliance, a coalition of self-help health support groups in the ACT.

Time: 7– 8:30pm

Where: The Pearce Centre, Collett Pl, Pearce

Cost: FREE

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

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Opening Hours: Mondays and Thursdays
10am-2.30pm

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

LETTERS TO THE EDITOR

Alexander Technique & GOOGLE groups

Respond to S.M letter in the spring 2010 newsletter.

Hello,

I'm writing in reply to SM, diagnosed with RSI 4 months ago. In SM's letter, s/he says that all her medical professionals "shouted her down" when she wanted to try the Alexander Technique. I don't know why they felt so strongly about this, but I would like to point to one highly successful and well-documented (<http://bit.ly/aL0Ud6>) example of using the Alexander Technique for repetitive strain injuries.

When an employee of Victorinox, maker of Swiss Army Knives, went to see her local Alexander Technique teacher, she was so impressed by the results that she convinced the company to give Alexander lessons to all 1000 of their employees. The result was a 42% increase in productivity including a huge reduction in the amount of time off sick.

I had a repetitive strain injury for 8 years in the 1990s, losing 2 jobs as a direct result. These days I'm a teacher of the Alexander Technique because the Alexander Technique eradicated my RSI in a few months, after I'd been suffering for years. I teach in Castlemaine, Newstead and on-site at businesses in Melbourne

I've recently moved to Australia, and for many years was a member of SOREHAND and RSI-UK mailing lists, where people share stories and advice about repetitive strain injuries.

Having arrived here, I've started RSI-AU (<http://groups.google.com/group/rsi-au>) with a similar resource and sharing of experience for Australia.

Nick Mellor www.back-pain-self-help.com

OVER TO YOU...

One member shares his coping mechanism for mousing... with a difference!

For thirty years I have been involved in all facets of computers, including many hours (Sometimes 14 to 16 hours a day), graphic artwork and publishing. Working long hours using the conventional computer mouse I started to get RSI in the right arm and shoulder. My shoulder, arm, and wrist became very painful. I would have to stop my computer work for several days just to get some relief from the pain. I tried using my left hand but found it to difficult and awkward especially when doing fine work such as electronic diagrams and wiring layout design. So after some thought I simply reversed the mouse so the click buttons were facing me.

This instantly resolved the problem as by holding the mouse with my thumb and middle finger and using my first finger to click the (left mouse button), which in the reverse position is on the right hand side of the mouse.

The only movement is by bending the fingers, forwards or backwards for up or down movement and bending one finger whilst keeping the other finger straight in a swiveling action to move the mouse cursor from side to side. A combination of both movements moves the cursor around the screen. Just a slight wrist movement sometimes, with practically no movement of the arm, elbow or shoulder. Thus the area of RSI never again gets any further injury from mouse use.

On the down side your brain will have to undergo readjustment as everything on the screen is in reverse. Still after a few days of usage in the reverse mode you will quickly adapt. Even your body will appreciate the cure from the curse of the dreaded RSI pain.

Peter.

BITS & PIECES

DONATIONS ARE TAX-DEDUCTABLE

Thanks to members who added a donation to their renewal this year.

When you make a donation to the Association you get a deduction on your annual tax return - good for you and very good for us!

Donations, even small ones, make a big difference to the service we can offer.

They are much appreciated!

*Give us a hand, please, and
think about becoming a*

COMMITTEE MEMBER FOR THE RSI & OVERUSE INJURY ASSO- CIATION OF THE ACT

Our committee really needs new members. We meet once a month in our office at the Griffin Centre for about an hour.

If you have any ideas you'd like to contribute, and would like to join a friendly group of people who support the work of the organisation in a really important way, please phone Ann on 6262 5011 or email us at rsi@cyberone.com.au.

Dental hygienists suffer from high rates of RSI

A new study has looked at rates of musculoskeletal disorders of the neck and shoulder in the dental professions. Dentists had high rates of neck and shoulder problems, with 26-73% having experienced symptoms over the previous year, but dental hygienists were even more seriously affected.

The researchers report that the historic shift from working in a standing posture to working seated may have moved risk from the lower back to the upper body. Symptoms began to appear early in workers' careers and increased after they started clinical practice. There were significant social and economic consequences, with some having to leave the profession and others reducing their hours.

Advertisement



Are Computers Causing Your RSI?

You may also think they are causing your back, neck, arm pain and even headaches.

Tired and sore neck, shoulders, arms and wrists appear to be the result of hours bent over a computer screen. But had you stopped to think "Why me and not Betty? She does just as much work/study as I do." The answer is often that you may have a problem in your spine which 'Betty' doesn't. Once corrected, nerve communication to the muscles will improve and the tendency towards malfunction can be eliminated. This usually will reduce any stiffness, weakness and/or muscle pain that you are experiencing.

Please visit www.optimalhealthact.com for more details.

Dr Jason Barritt, Braddon Chiropractic Optimal Health Centre, 6162 2919

INJECTIONS FOR RSI

THE EVIDENCE ON SODIUM HYALURONATE, CORTISONE AND PRP

What is hyaluronic acid (HA)?

- ✎ Also called hyaluronan or hyaluronate, it's a naturally occurring biological substance distributed throughout the body in the connective, epithelial and neural tissues.
- ✎ It maintains the visco-elastic structural and functional characteristics of the synovial fluid (lubricating fluid) to keep joints strong and flexible.
- ✎ The average 70 kg person has roughly 15 grams of hyaluronic acid in the body, one-third of which is turned over (degraded and synthesized) everyday.

Supplementing joints with HA has been shown to decrease pain and improve the functional range of arthritic as well as soft tissue injuries, with high patient satisfaction and few adverse effects. Injections into or adjacent to soft tissue structures, including muscle, tendon, bursa and fascia, for pain relief and an earlier return to play have become common in the field of sports medicine.

Four Canadian researchers designed a study to find out if HA would work for tennis elbow or epicondylitis. They followed patients who were administered sodium hyaluronate for treatment of tennis elbow in clinical practise.

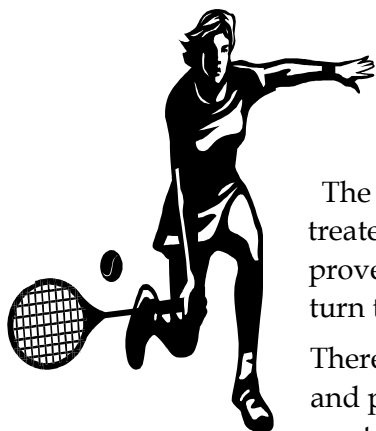
Over 300 competitive racket sports athletes who had had tennis elbow for at least three months were followed in this study.

The patients were divided into two groups, one of which was given HA, while the other served as a control group. None of the patients received NSAIDs, corticosteroids or topical analgesics.

The HA group were given two hyaluronic acid injections, the first injection at the beginning of the study and the second a week later. They were followed up regularly for a year and assessed on a number of measures, including whether they managed to return to sport, achieved return to pain-free normal function, and suffered any adverse events.

The results were quite striking. The treated group achieved significant improvements in grip, elbow injury and return to normal functions.

There was a high degree of both patient and physician satisfaction with the treatment. Return to pain-free and disability-



TENNIS ELBOW

- Tennis elbow or lateral epicondylitis produces pain and functional disability and is the most common cause of elbow pain and wrist extensor dysfunction in adults. It affects 1-3% of the general population each year.

- Tennis players have been reported to account for 5-8% of all cases. Forty to fifty percent of all tennis players will be afflicted with the condition at some point in their sporting careers.

- It is prevalent in the fourth decade of life. It is rarely seen in those under the age of 30.

- On average, a typical episode of lateral epicondylitis lasts for 6-12 months.

- Typical treatments include R.I.C.E (rest, ice, compression and elevation) for acute episodes as well as oral or topical NSAIDs, bracing and physical therapy. There is no consensus on treatment while the effectiveness of existing treatments is poor.

- The best available scientific evidence suggests that topical and possibly oral non-steroidal anti-inflammatory drugs may be the most useful for short-term relief.

- Corticosteroid injections may be beneficial but carry the risk of possible adverse effects.

- Recent studies have not found any significant evidence of inflammatory processes for tennis elbow. The term epicondylitis as been suggested as a more appropriate term than epicondylitis which suggests inflammation wrongly.

free sport was just eighteen days in the HA group. In contrast, this was not achieved in the control group. Long-term follow-up continued to show favourable results for those in the treatment group.

The Canadian researchers think that this treatment has great potential, as it's well-tolerated with few adverse effects and results in improved clinical pain and function outcomes. Chronic tennis elbow sufferers benefit from a more rapid alleviation of symptoms, while still achieving the longer term benefits of HA that have been reported in other soft tissue applications. They note that side effects appear to be very limited.

We'll be watching out for other studies on this treatment to see whether they support these encouraging early results!

Rema Devi Nair

' Management of Tennis Elbow with Sodium Hyaluronate Periarticular injections'

Petrella, Cogliano, Decaria, Mohamed and Lee

Sports Medicine, Arthroscopy, Rehabilitation, Therapy & Technology; Volume 2; 2010

CORTISONE INJECTIONS FOR OVERUSE INJURIES

Cortisone injections looked like a miracle treatment for overuse injuries in the late 1940s, when the drug was first synthesised. They're extremely effective for quickly relieving the pain of epicondylitis, carpal tunnel syndrome and shoulder injuries and much used in the treatment of sports injury. But even early clinical trials raised doubts about how effective they were in the long term. And now a recent article in the Lancet has confirmed those doubts by looking at over 40 trials of cortisone injections, mainly for rotator cuff (shoulder injury) and tennis elbow.

All of these were good quality studies which compared thousands of people who received a cortisone shot with others with the same injury who were either not treated or followed different treatments. Yes, cortisone is effective for fast pain relief that may last weeks -- but when patients are followed up at six or 12 months afterwards, it's a different story. Their chance of a relapse was 63% higher than people who received no treatment, and they had a much lower rate of complete recovery.

People who had more than one injection had even worse results: "an average of four injections resulted in a 57% worse outcome when compared to one injection," according to the lead author, Dr Bill Vicenzino of the University of Queensland.

In a commentary accompanying the article, Dr Karim Khan from the University of British Columbia said that the use of cortisone is a result of a misunderstanding of the fundamental nature of overuse injuries. They are not inflammatory injuries, but rather degenerative. Cortisone, as an anti-inflammatory medication, is not appropriate for a degenerative injury. He points out that the evidence for exercise therapy "is more encouraging than the evidence for corticosteroid injection."

Dr Vicenzino commented that sodium hyaluronate "demonstrated vastly superior results across all time points" and he believes it's worth further study (see above).

' Efficacy and safety cortico steroid injections and other injections for management for tendinopathy: a systematic of randomised controlled trials.'

Coombes, B K Bisset, Dr B Vicenzino

The Lancet; vol 376; issue 9754.

MORE EVIDENCE ON PLATELET-RICH PLASMA

There's lots of hype in the sports injury field about platelet-rich plasma, but as we showed in a recent newsletter, there's not much evidence to back up all the excitement. A recent study on these treatment for chronic Achilles tendinopathy (an overuse injury) was designed to evaluate the effect of a PRP injection over a period of one year. (continued on page 13)

From Slicer to Screen

Suzanne (age 31) had a nice job in a butcher's shop. "I used a knife or the bacon slicer to cut up the meat, and I had to stretch to get it out of the display case for customers." One day while out cycling, she felt tingling in her right hand for the first time -- the first symptoms of RSI, it turned out later.

"Later on my shoulder and right arm started to hurt from time to time, but only a bit, and by the next day the pain was gone. I sometimes mentioned it to my employer, but she just shrugged it off. Within a few months the pain in my shoulder and arm got so bad I found it harder and harder to do my work. I mentioned it to my employer again, but she always changed the subject, and in any case they couldn't manage without me. So I persevered. Sometimes my eyes were watering from the pain as I sliced the meat. After many more weeks, and a lot more pain, I finally went to my doctor, who immediately told me I had RSI.

Worse and worse

"My doctor referred me to a physiotherapist. During the first session he just straightened out my neck bones a bit and we talked a bit. When I got home I felt sick and dizzy, and I had headache. The next day the symptoms still hadn't cleared up. Now I simply had to report sick. At first the symptoms just got worse. Sometimes I was in agony, and I had no strength left in my arms. The months passed, and some days

were better than others, but I certainly wasn't recovering."

Sacked

"All that time I didn't hear a thing from my employer, which really upset me. Then, six months after I reported sick, she phoned me and said we should talk. The next day she came round together with her husband. They had brought a big bunch of flowers -- and a letter of dismissal! After the initial shock, I recovered quickly. I told her she couldn't sack me while I was on sick leave, and anyway I had a fixed contract, which she denied. The next day I phoned the employment office, the union and my legal insurance company. It turned out my employer could get away with it. I had been promised the fixed contract by word-of-mouth, but that's only legally valid if there are witnesses -- and there weren't any. The union advised me to hold my employer liable than my symptoms. But it could take several years for the case to come to court. The medical examiner said I was fit to do light office work I was labelled "occupationally disabled" and I signed up with the job reintegration agency. By now my symptoms were so much better I was really looking forward to getting back to work!"

From display case to desk

"I was very keen to get started, and within three months I found myself an employer who was prepared to take me on. My new office job was really nice. During the



first week my symptoms got a bit worse, but I didn't panic -- after all, I'd hardly been putting a strain on my arm and shoulder for the past 15 months. I varied my work as much as possible, and paid attention to my posture. Then in the fifth week my symptoms got so much worse that I didn't recover even after a night's sleep. Luckily I had two weeks holiday. Then I was able to rest my arm, and after that the symptoms simply got worse again! A week after the holiday I had to stop working. The pain was starting to spread to my elbow, forearm and hand again. Now I'm back on sick leave, but fortunately my new employer is very understanding. They want to keep me, and they're giving me another chance. Once the worst symptoms are over, I'm going to get together with my physiotherapist and redesign my workplace. I'm also going to work part-time and install work-break software on my computer. With any luck I'll soon be back at work."

This article is from " Taking Things in Hand " the Dutch RSI Association's information brochure. Obviously, the legal system is different in the Netherlands, but the story itself is similar to that of many of our members.

30 INJURED WORKERS TELL THEIR STORIES!

What happens to injured workers in the workers' compensation system?

In our last issue, we brought you an article on the human experience of workplace injury, based on in-depth interviews with six injured workers. Now we bring you the results of a larger study, also carried out in New South Wales.

You might find these studies rather depressing. After all, the picture they paint is one of "humiliation, dehumanisation and abuse... systematic discrimination and prejudice". These are the words used by researchers Margarita Parish and Toni Schofield to describe the experiences of the 30 injured workers they interviewed. But viewed in another light, this research can be empowering to people in the workers' compensation system. It shows that bad experiences happen to most people and have nothing to do with the reality of their injury or with them as individuals. It's much easier to deal with discrimination if you realise it's about the system and not you. It's also easier to take precautions, like making sure to take someone with you to a medicolegal interview, if you're warned in advance of tactics that might be used to put you at a disadvantage.

So let's have a look at what happened to the research participants in the study. They all came from western Sydney and two-thirds of them had long-term injuries, while the other third were short-term claimants. Twenty-eight of the injured workers suffered "sprains and strains", i.e. back and upper limb injuries.

Seven major themes were identified by the researchers:

✎ lack of information about rights and entitle-

ments

✎ delays

✎ irregular, inconsistent and missed payments

✎ deception, hostility, inefficiency and miscommunication from claims officers

✎ the invisibility of Work Cover services

✎ workers' inability to participate in treatment decisions

✎ abuse by therapeutic professionals employed by insurance companies

While these themes obviously overlap with those described in our last issue, the researchers have some interesting additional points to make.

One respondent summed it up this way: "the insurance company is a business and I'm just a number as far as they're concerned. They don't have any compassion for the injured worker! Its profits!"

Lack of information about rights and entitlements "I found out recently that I'm entitled at any time to change my rehab provider. If I had have known that then I would have changed it and that would have made things different." Generally, the workers reported that it was really difficult to find the right information, especially when they didn't know what questions to ask.

In New South Wales, it's now possible to be paid an interim amount of \$5,000 for treatment costs before liability is accepted or denied. Surprisingly not one of the participants knew about this.

Delays "I had to keep ringing and waiting. Every time I rang, the person I had to speak to wasn't in and I would leave a message and that person wouldn't get back. So weeks would go by..." Treatment approval, diagnostic testing, wages, notification of acceptance or denial of claim -- delays incurred in every aspect of the process. As one participant said, "my frustration! I wanted

treatment." Unfortunately for him, his employer failed to send the right forms to the insurance company for over a month.

Deception, hostility, inefficiency, miscommunication Not only did participants have a lot of trouble contacting their claims officers, but when they did, they were lied to and treated with hostility and contempt. The lies often concerned money: "they said the money would be sent out straight away but it never came.... whatever they said never happened!"



People lost trust in the system: "I cannot tell you a truthful word that comes out of their mouths because it's all lies". Insurance companies repeatedly lost documentation and the workers developed strategies to deal with this, such as sending everything by registered post.

Workers felt they were treated with complete disrespect: "I felt like a criminal the whole way through", "I felt that I was being treated like I'd done something wrong," " she talked to you like you were just a piece of garbage and that." One respondent summed it up this way: "the insurance company is a business and I'm just a number as far as they're concerned. They don't have any compassion for the injured worker! Its profits!"

Abuse by therapeutic professionals The researchers report what they call "a particularly worrying finding" -- abuse by therapeutic professionals towards claimants with long-term injuries. Some of these amounted to sexual harassment in the view of the female claimants. They experienced not been given a gown to cover them during a medical examination and being expected to change in front of the doctor without a changing room.

Another issue was the use of unnecessary force during medicolegal examinations: "he just got my leg and threw it over and I just felt immobilised with fear. I was so fearful and I was so degraded... they should have had two Panadeine Forte waiting... the amount of pain they put you through."

Another worker describes her experience: "without warning he just got out of his seat and came around and just grabbed me by the hand and just started shaking my head and swinging it around and around in circles. I grabbed my head and I said 'please don't do that, it's hurting me!' Incredibly, another female worker was asked to bend over naked in front of a doctor so he could assess her back injury.

The researchers conclude that "the responses of injured workers interviewed for the study indicates an alarming degree of distress and dissatisfaction with the claims management process."

This is despite recent reforms designed to eliminate such problems. They see the humiliation and ill-treatment of injured workers as intrinsic features of the workers compensation system. "For insurance companies engaged in workers compensation, their business involves the sale of a specific service -- in this case, managing and resolving "the problem" of injured workers by returning them to employment. Clearly, injured workers are not their customers. Employers are." And this is surely the root of the problem.

Ann Thomson

Margarita Parrish, Toni Schofield.

Workplace Health, Volume 14, Issue 1

Technical Aid to the Disabled

TADACT

Technical Aid to the Disabled ACT (TADACT) assists people of any age with any type of disability by designing and making innovative equipment which is otherwise unavailable. TADACT can also modify commercially available equipment to make it better suit the client's needs, repair equipment, or provide specialized advice. The equipment is made or modified by volunteers who donate their time and skill to providing innovative solutions to problems. They can also provide advice if they are unable to help or can refer you to other services.

TADACT aims to help people of all ages with any kind of disability, as well as the elderly, to live independently.

TADACT is committed to providing a minimal cost 'design and make' service. The volunteer's labour, ingenuity and creativity are provided free. The charge for the service is based

on the cost of the materials, the volunteer's incidental expenses

including travel to the client's home or workplace, and a small administrative fee.

TADACT has helped many of the Associations

members. For example this stroller was modified by TADACT for one of our members. A motor was attached so she could take her baby for walks without having to use her arms to push – an adaptation that made a big difference to her life, providing mobility, freedom and fresh air.

If you or someone you care for is having trouble with a task of daily living why not contact TADACT to see if they can provide a solution?

Phone 02 6287 4290 or email tadact@tadaust.org.au



Photo from our booklet; 'Pregnancy & Parenting or other arm problems

PAIN SUPPORT ACT GETS GOING

This new group held its first meeting on 28 October. Fifteen people attended and there were a number of apologies. We got to know each other and talked about the kind of activities the group might undertake. These were quite broad-ranging and we will be starting off with self-help activities, information gathering and hearing from speakers of interest.

The new group came about because there appeared to be no broadly based support group or coordinated source of information for people grappling with persistent pain and its impacts on our lives. Some existing groups deal with specific conditions causing pain (such as cancer or RSI), but many people in pain have no diagnosed overarching condition. Nevertheless, they face considerable challenges and have much to gain from a self-help style of group. All people with pain, and/or family and carers are welcome at PS ACT. Pain Support ACT is structurally a support group within Arthritis ACT incorporating Osteoporosis ACT. We hope to work closely also with the RSI and Overuse Injury Association and will keep in touch to share information about events and speakers.

For further information contact Margaret McCulloch on 02 62811036.

Making life easier - **HANDLES**

You're pulling out drawers, opening cabinets and the fridge, going through doors and filling the kettle many times a day – and each time you're using a handle.

Good design here can make a big difference to your RSI symptoms. You're looking for handles that can be gripped easily by one or both hands, or sometimes operated with an elbow or forearm.



For doors, a push-down lever handle is the most flexible. You can easily use your elbow or arm when your hands are sore or otherwise occupied.

For cabinets, fridges and drawers, look for a D-handle. A long one is excellent, as you can use both hands to reduce the load on each arm to increase your pulling power.

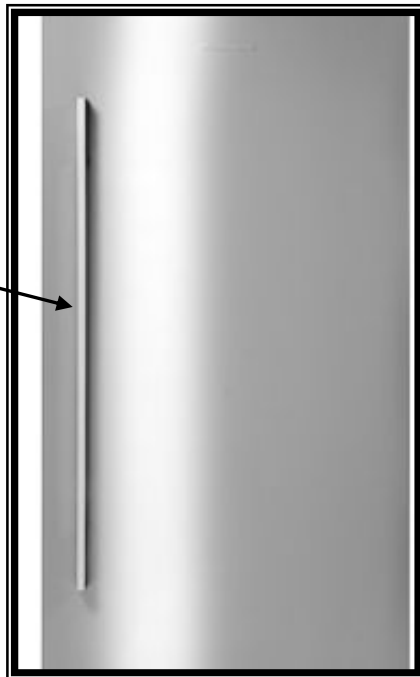


For kettles, again look for something where you can use both hands and get a really good grip. A thick handle on top works well.



For fridges, look for something close to a D-handle where you can use both hands.

This is an example of a handle where you have to crook your fingers.



Avoid opening mechanisms where you have to crook your fingers into a tiny gap hard on the hands and fingers, and you can't use the full strength of your upper arm and shoulder.



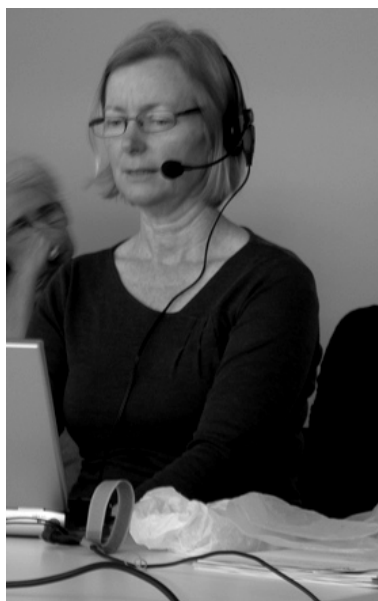
For most people with RSI, lever taps are the easiest to use. However, if you prefer an old fashioned tap, choose the style below with a tick; taps with a cross are examples of shapes which give you a poor grip.



SUE WOODWARD

- on Dragon NaturallySpeaking at our AGM, Part 1

At the Association's AGM on November 5, Dragon NaturallySpeaking trainer Sue Woodward gave members a talk on Dragon's latest version, number 11, and some tips on how to access the Internet and e-mail by voice. In this newsletter, Sue gives her preliminary assessment of version 11 and instructions on voice commands for Outlook. In our next newsletter, we'll bring you voice commands for the Internet from Sue as well as ideas from the question and answer session which followed her talk.



Sue Woodward demonstrating the latest version of Dragon Natural Speaking v.11

instances of word that you want to capitalise. One of the most useful commands is the switch between programs: 'list programs', then, for example, choose 3'.

If you have version 10 or earlier in the preferred edition, you don't have special commands for Outlook. But in Dragon NaturallySpeaking version 11, "premium" edition (the new equivalent of "preferred") you have a number of commands which work well." For more information, have a look at

Sue's website:

www.viva-voce.com.au

"My impression so far of Dragon NaturallySpeaking, version 11 is that it is slightly more accurate than previous versions and perhaps a little quicker as well, depending on the capabilities of your computer, its memory and processor speed.

One of the advantages of Version 11 is that it has a few new commands that allow you to switch windows by voice and also allows you to format directly. In earlier versions when you want to, for example, bold a word, you say "select (word)" and then "bold that". In version 10, you can do it directly: you just say "bold (word)". Version 11 takes you a step further: when you say bold (word), it will number them. You say "choose all" or choose (number). You can say "delete all" or "capitalize all". This is particularly useful when you have several

E-mails in Microsoft Outlook

(Note from Ann: I use Dragon version 10, preferred. I've added some notes in italics on what works in Outlook for me. It's worth playing around with various commands to find out what will work for you.)

Mail format

If you have any problems dictating in Microsoft Office, consider changing mail format to plain text. You won't have all the formatting functions available in rich text or HTML, but Dragon is likely to work better. Plain text is best for Dragon, rich text is second best, HTML worst.

To change the mail format, go to Microsoft Office | tools menu | options | mail format tab and choose 'plain text' or 'rich text' from the 'compose in this message format' drop-down list. Uncheck 'use Microsoft Word to edit e-mails'.

E-mails

Navigating in the inbox

"move up/down number " e.g. "move up 3"

"page up/down " | "go to top/ bottom "

Moving between inbox calendar etc

"switch to/ go to inbox/contacts/calendar/
sent items " e.g. "go to inbox", "go to calen-
dar", "go to sent items" or just try "sent
items"

Opening and closing e-mails etc.

" open/ new/ send/ delete/ reply to/ for-
ward/ print/ close + message/ e-mail "
e.g. "new message", "reply to message",
"print mail"

try just one word, for example, "reply"

"reply to all"

"attach a file"

"check names" (will do same as Ctrl+K i.e. re-
trieve contact from address book)

Moving between fields in an e-mail

"to/ cc/ bcc/ subject/ body field" e.g. "subject
field", "body field"; or "press tab"

" go to/ move to to/ cc/ bcc/ subject/ body
field" e.g. "go to body field", "Move to
field"

Tip: Put frequently used phrases like "Hello Sue",
"Hi John" in Dragon's vocabulary

Folders

"move message to folder" or "press control
shift v"

To go to a folder say "press control y"

Opening attachments

To save attachments without opening the e-mail,
highlight the e-mail, then say "File" then "save at-

tachments", then "press arrow"

If you want to open the attachment, rather than
save it, you have the following options:

With the e-mail open, move the mouse
pointer over the attachment and say
"mouse double-click", then "open it" or
"move up one", then "ok"

With the e-mail closed and selected in the in-
box, say "press shift key F10". This is
equivalent to a right mouse click and will
bring up the context menu. Say "press shift
key F10", then "view attachments", "press
arrow, press enter". Alternatively, move the
mouse pointer over the closed e-mail and
say "mouse right click". Then "view at-
tachments" or "type h", then "press en-
ter", "open it", "ok".

Addressing an e-mail

Method 1: Accessing the address book from an e-
mail:

When in the 'To', 'Cc' or 'Bcc' fields of an e-mail,
say "address book", or "click to", then in the
'select names' dialogue box, dictate the name of
the addressee. If misrecognised, say "correct
that". Alternatively, if you do not think Dragon
will recognise the name, say "spell" then start to
spell the name. This will bring you close to the
name in the list. You can then say, e.g. "move
down 2".

Consider putting the name in Dragon's vocabu-
lary if it's one you use frequently.

Method 2: Simply dictate the addressee's name
into the 'To' or 'Cc' field of an e-mail. In Sue's
opinion, this is the simplest way to address e-
mails to people you contact frequently.

For this method to work successfully you will

ARTICLES CONTINUED.....

DRAGON NATURAL SPEAKING *Continued...*

need to ensure that Dragon will recognise the name by adding it to the vocabulary (say "edit vocabulary").

Ensure that Microsoft Office will recognise the name by adding external contacts to Microsoft Office Contacts. Anyone inside your organisation will already be in the address book.

Simply dictate the name into the 'To' field of an e-mail, then say "check names".

Outlook Contacts

"Go to contact" | "new contact" | "delete contact"

for a new contact, "address book, file, new entry, okay"

Tip: When you have received an e-mail from someone outside your organisation and want to add their e-mail address to Outlook Contacts:

With the e-mail open, hover the mouse pointer over their address in the 'from' field. Say "mouse right click" then "add to contacts". The name and e-mail address will automatically be added to the 'new contact' dialog. You will then need to say 'save and close'. If this does not work, say "press alt key s" or "press alt key sierra".

For Dragon 10, try hovering the mouse over the "to" field when replying. Then follow the instructions above, but say "add to outlook contacts".

If you'd like us to e-mail you the above instructions for using Dragon commands with Outlook, just get in touch with your e-mail address.

PLATELET-RICH PLASMA

Continued...

In this high-quality study, patients were randomised into two groups: while both groups received an eccentric exercise training program, one received an injection containing PRP and the other an injection containing saline (the placebo group). Both groups improved, but there was no significant difference

between them. The authors conclude "one-year follow-up analysis of the world's first randomised controlled trial showed no evidence for the use of platelet-rich plasma injection in chronic Achilles tendinopathy."

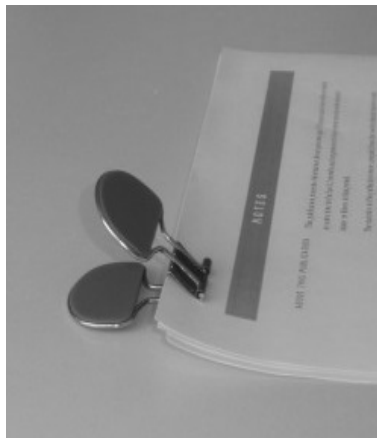
'Platelet-rich plasma for chronic Achilles tendinopathy: a double-blind randomised controlled trial with one year follow-up'

S de Jonge, RJ de Vos, A Weir, British Journal of Sports Medicine 2011, 45.

CLEVER CLIPS

Bulldog clips can be a real struggle for people with RSI. But these new clips give you much more leverage and make the job of fastening paper together easy.

They come in blue and white and are available from Office Works at \$5.00 a box



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Review: Clickless software & Short-Keys	
Preventing Voice Overuse	
Sewing & RSI	
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Neck pain: prevalence, causes, treatment	
Review of Tennis Elbow Research.	
How to win and keep a Comcare claim [NEW]	
Choosing a keyboard [NEW]	

BOOKLETS AVAILABLE:

The RSI Association Self-Help Guide

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

\$20

Moving on with RSI

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

\$10

Pregnancy & Parenting with RSI

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

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

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

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

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What causes RSI at the computer?



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*preventing overuse injury,
reducing its impact*



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