RSI & Overuse Injury Association of the ACT, Inc.

Newsletter

Summer 2012

February

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

News & Events

How to stay Motivated

Marion Swetenham, Clinical Psychologist, will talk about how to keep your New Year's Resolutions.

When: Thursday 16 February
Time: 7.00 pm – 8.30 pm
Where: Shout, Collett Place in Pearce
Cost: Free

Assisted Tour of "Renaissance"

Special-access viewing of the exhibition for people with disabilities and their carers.

When: Wednesday 22 February
Time: 9.30 am
Where: National Gallery of Australia
Cost: Free; Booking essential (02) 6240 6519

Lessons Learned from Fibromyalgia regarding treatment of chronic pain

Dr Kathleen Tymms, Consultant Rheumatologist, visiting medical officer at Canberra Hospital and lecturer at the ANU Medical School. Organised by ACT ME/CFS Society.

When: Saturday 25 February
Time: 1.30 pm – 4.00 pm
Where: Pilgrim House Conference Centre
Cost: Free

Free underground parking off Rudd St with disabled parking in the Plaza

For more info call SHOUT: (02)6290 1984

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

In this issue

Opening Hours: Mondays and Thursdays 10.00 am – 2.30 pm

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LETTERS TO THE EDITOR

FREE UNIVERSITY PROGRAM

Hi,
Clemente is a free university program offered by the Saint Vincent de Paul Society in partnership with the Australian Catholic University. It's a wonderful opportunity for those people who would like to make new friends, and to study towards a university qualification in order to open doors and create new opportunities in their lives.

You need to be 18, and priority is given to those who have suffered trauma or major setback in their life (caused by mental illness, disability, addiction, unemployment, homelessness, family breakdown, and so on). We are now recruiting students for 2012. The next Clemente course starts on 6 January 2012 and two other Clemente courses will commence on 17 February 2012.

For more information or to enrol, please contact Robyn Keech, the Clemente Canberra Coordinator at St Vincent de Paul Society, Mobile: 0418 714 835

RSI SMARTPHONE APP

Hello,

I have developed a Smartphone app for the treatment and prevention of repetitive stress, carpal tunnel and text message injuries. It's called "AcheBreak" and can be downloaded on all Android, iPhone, iTouch and iPad devices.

Individuals customize the frequency of break notifications, push notifications, child, youth, teen and adult version. This is a great, inexpensive, addition to any preventive health program. www.AcheBreak.com or follow on Twitter, Facebook, YouTube by searching "AcheBreak"

Cheers,

Lita Van Wagenen

EVOLUENT VERTICAL MOUSE

Dear Editor,

Reading your Winter 2011 Newsletter, page 3, I noticed you let your readers know about the new 'Evoluent Vertical Mouse Version 3'.

FYI, the 'Version 3' is only available in a right hand wireless. The new 'Version 4' is current USB corded model in Australia, available in 'Left' or 'Right' hand.
They have also released a small size in the 'Right' hand USB model, which is great for people who find the standard 'Evoluent' a bit too big for their hand size.
For more information please visit;
Http://www.ergonomicoffice.com.au/catalogue_list.asp?catID=1&nav=workstationessentials

Regards,

Matt Dunn
Ergonomicoffice
matt@ergonomicoffice.com.au
http://www.ergonomicoffice.com.au
Phone 1300 555 930

TRAVELLING TIPS

Hi,
After the article on travel, I saw a Crumpler light carryon bag when I was in Melbourne.
You can see it on the web at;
http://www.crumpler.com/AU/Travel-Bags/Wheeled-Luggage/Dry-Red-No-3.html?SKU=DR3001-R00T55
Its on my wish list now.

Cheers,
Valerie

BITS & PIECES

WANT TO LEARN HOW TO MEDITATE?

A free online meditation course is available at freemeditation.com.au This course is in 10 parts and includes video demonstrations, instructions and homework suggestions as well as a choice of music to meditate by.

FINDING FINANCIAL COUNSELLORS ONLINE TOOL NOW AVAILABLE

Parliamentary Secretary to the Treasurer, David Bradbury, and Parliamentary Secretary for Community Services, Julie Collins,have launched an online map to help people in financial difficulty find their nearest financial counsellor.

The online map, which is found on the MoneySmart website, shows the locations of 400 financial counselling services across the country and can be searched by town, suburb or postcode.

www.moneysmart.gov.au

RSI IN NHS PODIATRISTS– SINGLE USE INSTRUMENTS

The UK RSI Association has recently been contacted by a podiatrist in the NHS, where precision instruments used in foot care have now been replaced by single–use instruments. Whilst precision instruments are ergonomically designed, single–use instruments place much more stress on the podiatrist's upper limbs.

She said "I started to experience pain in both my elbows, which I self–diagnosed as bilateral epicondylitis. The pain intensified, and I continued to work with the help of pain relief, and tennis elbow supports, which I bought myself. I was referred to occupational therapy, and workplace modifications were suggested, including the trial of instruments from another manufacturer, but as time went on, the long drive to work, stress at work and increasing caseloads found me less able to cope as pain levels escalated, and I was referred to a physiotherapist, whilst continuing to work. He referred me for further investigations. As a parent with heavy financial commitments I felt obliged to keep on working, and I have a profession in which I am committed to my patients and their care."

Article in the UK "RSI Action" Newsletter Issue 16, October 2011

NEED INFO ON CPRS?

For a very clear explanation of complex regional pain syndrome, its causes, symptoms and treatments, go to;

http://tinyurl.com/6emgb57

This is the site of the "Body and Mind" Institute, a collaboration of Australian researchers in a number of universities, and it has some great links to help anyone with the condition.

LOW COST PHYSIOTHERAPY

University of Canberra physiotherapy students return on 9 January 2012 to provide concession rates to community members suffering joint, back and neck problems.

If you are a student or concession card holder the charge is $20.00. Non-concession card holders will be charged $30.00. All assessments and treatments are supervised as they are a mandatory part of physiotherapy students' courses. Please call 02 6201 5843 to make an appointment.

NHS STAFF SUFFER RSI FROM OBESE MOTHERS-TO-BE

Ultrasound scan operators are suffering from "fat mother syndrome", a repetitive strain injury caused by constantly having to press hard on the stomachs of overweight women. In many cases, this is the only way they can get a clear image of a foetus they are trying to monitor.

They may have to perform up to 20 scans a day. A shocking statistic quoted at a recent conference on obesity in pregnancy puts the number of hospital sonographers off work at any given time at one in 10.

Richard Evans (CE of the Society of Radiographers), advised that there is already a shortage of trained sonographers in the health service, so when a large percentage are off work this just puts more pressure on those still working. "We did a general survey of our members and found that 28.3 per cent of them have been off work because of what we call Work Related Upper Limb Disorder. For a very few people it becomes so bad that they have to leave the profession and find other work.

"There are a number of issues one of which is having to press down hard to get a good image where there is obesity and that is a very significant causal effect."

Article in The UK "RSI Action" Newsletter Issue 15, May 2011

SOCIAL NETWORKS—

THE IMPORTANCE OF FRIENDS

In one of the most famous experiments on health and social life, Sheldon Cohen at Carnegie Mellon University exposed hundreds of healthy volunteers to the common cold virus, then quarantined them for several days. Cohen showed that the study participants with more social connections and with more diverse social networks—that is, with friends from a variety of social contexts, such as work, sports teams and church—were less likely to develop a cold than the more socially isolated study participants. The immune systems of people with lots of friends simply worked better, fighting off the cold virus often without symptoms. Studies suggest that the immune response may be affected by stress hormones and that a strong social life aids it by helping people keep physiological stress in check.

More recent research has supported this connection. For example, researchers at Brigham Young University and the University of North Carolina at Chapel Hill pooled data from 148 studies on health outcomes and social relationships—every research paper on the topic they could find, involving more than 300,000 men and women across the developed world—and found that those with poor social connections had on average 50% higher odds of death in the study's follow-up period (an average of 7.5 years) than people with more robust social ties.

That boost in longevity is about as large as the mortality difference observed between smokers and non-smokers, the study's authors say, and it's larger than differences in the risk of death associated with many other well-known lifestyle factors, including lack of exercise and obesity.

Another recent study (Andrology Australia Newsletter, Issue 37, Summer 2010) indicates that having a poor social network is just as bad for your health as heavy smoking and drinking and twice as bad as being obese, while a social network of friends and family can contribute to good health. The support of others may help reduce the harmful effects of stress and their influence can also encourage behaviour that contributes to good health. Australia's recently released National Male Health Policy recognises the impact of social isolation on health. For example, the policy encourages a move towards social connectedness with the support of Men's Sheds.

What exactly is a "social network"?
Social networks may include other family members, neighbours, members of church congregations, services clubs, leisure and recreation groups, support workers, or teachers and classmates if these are appropriate.

The primary role of a network member is to be a friend. This may include: keeping in touch by phone or email, stopping by or meeting for coffee or sharing a meal, arranging regular and one-off outings, supporting in times of sadness and disappointment, celebrating good outcomes and achievements, listening, helping to solve problems, sharing experiences and having fun.

The unique experience and knowledge of individual network members means that they may also contribute by: mentoring and advising, providing expertise, advocating, monitoring services and connecting with the community.

But if it's true that we get by with a little help from our friends, then how, exactly, do our friends do it? That is, how does "social integration"—measured by surveys and questionnaires about friends, family size, marital status and the number of household residents—influence long life? The short answer is that we don't really know yet. "The truth of the matter is that the critical evidence on psychosocial processes and health has come about only within the last 10 to 15 years—even though there's been a lot of theory on it since the 1970s," says psychology professor, Bert Uchino, at the University of Utah. That may help to explain why doctors, for the most part, have yet to embrace social support as a factor in good health, on a par with smoking habits, diet or exercise. Without a good sense of the physiological mechanisms that may link feelings of loneliness, for instance, to biological markers like blood pressure and resting heart rate, it has been easy to dismiss the power of social connections as nothing more than an artefact of the data or, worse, as touchy-feely pseudoscience.

'Having a poor social network is just as bad for your health as heavy smoking and drinking and twice as bad as being obese, while a social network of friends and family can contribute to good health.'

We turn to family and friends for obvious tangible support when we're sick—from help preparing meals to keeping track of pills, appointments and insurance forms—but the influence of social ties may also help our bodies help themselves. Recent lab studies have shown that, in a stressful situation, blood pressure and heart rate will increase less when people are accompanied by a person who is close to them.

Relationships provide a sense of meaning and purpose in people's lives which in turn encourages better self-care and less risk-taking. They also have a direct influence on physiological processes linked to health including blood pressure and immune functioning. Research has found that the health benefits of social relationships were consistent across age groups and both genders.

The question has been asked whether virtual social networks such as Facebook and MySpace contribute to better health the way real networks do. It has been suggested that Facebook is particularly valuable for those who are less mobile and therefore represents an excellent way to avoid social isolation. However, a study by researchers at Brigham Young University found that the most frequent users reported being less involved in the communities around them than the least frequent users. This assessment suggests that virtual-world networking can become a substitute for real-world engagement. But turning such research into full-fledged medical advice isn't easy. "It's hard to legislate social relationships," Julianne Holt-Lunstad of Brigham Young University says. "And we all know that some relationships are better than others, and not all relationships are entirely positive." Since her new study reviewed the statistical association between mortality risk and relationship quantity, rather than perceived quality, she wonders whether we wouldn't see even stronger benefits if we focused only on the good relationships. Bolstering these connections may ultimately help people stay healthier than trying to build connections between complete strangers, as in, say, a cancer support group. (Studies on the physical health benefits of support groups show mixed results.) "We need to pay better attention to naturally occurring relationships and to fostering those," she says.

For those who develop RSI there are not just the physical effects of the disease to manage but the many personal challenges that may follow. Changes at work, such as moving to part-time status, working at a different level, moving to a different job or even being unable to work at all, can have a profound impact on people's social networks and feelings of belonging.

Being unable to work can be the most challenging of all, because, for many people, work is their main source of friends and losing that network is more than an emotional loss—it has been shown that it can have negative effects on your health.

People with RSI fare better when they have a number of close friends, strong family relationships and good interactions in the community. You don't need to have **lots** of friends, you need **good** friends.

How people **perceive** the quality of their relationships is **more important** than the absolute number of friends and relationships they have.

Identify your most supportive relationships and nurture and develop those as your first priority. If you have been accustomed to inviting people to your home and have been admired for your cooking skills, don't worry about being unable to continue being a "great host"—friends don't care if your house is untidy and you can't produce your noted recipes. If this really bothers you, however, arrange to meet elsewhere such as at a café or in the local park. And don't wait for people to call you—make the first move. They may be unable to accept your invitation but do think positively, friends are sometimes very busy.

It is very important not to use your friends as counsellors. If you need advice or assistance with managing your RSI, get professional help. It is just as important to avoid making your RSI or your court case the only topic of conversation.

If you need more friends, joining with like-minded people is a potential source of achieving this. Some possibilities are:

- a book group
- U3A
- a special interest group (e.g. bushwalking)
- volunteering for an organisation (many don't need you to use your hands)
- joining a choir (e.g. Local radio 666 Community Choir welcomes everyone)
- dancing (try line-dancing or belly-dancing if you don't have a partner)

A very useful source of information about community groups in Canberra is the Contact Guide which is issued annually. It is published by the Citizens Advice Bureau ACT and is a Directory of Community Services. The web address is www.citizensadvice.org.au
A hard copy can be bought for $16.50.

Finally—and most important of all—make a plan of action and take the first step.

Irene Turpie

With grateful thanks to and acknowledgement of http://www.time.com/time/health/article/0,8599,2006938,00.html

RSI HITS THE TAX OFFICE

Australian Government
Australian Taxation Office

Faced with a 25% increase in its compensation premium because of the high number of its employees suffering from musculoskeletal disorders, the ATO has responded by putting out a call for a software solution. "The proposed introduction of pause software is one of the prevention strategies to enable our employees to effectively manage their health and well-being in the IT environment," an ATO spokesperson said.
It is hoped that this will help employees change their computing behaviour and manage their own safety within the screen-based environment.
The proposed software will not only deliver safety messages to users but also track users' keystrokes and mouse clicks to give the organisation more information about computing demands in the workplace.
However, software that enables managers to track workers' keying rate has been shown in the past to increase rates of musculoskeletal disorders because staff feel under pressure to key faster. Moreover, when it identifies workers who are keying slowly, this may be because they are already managing a musculoskeletal disorder in this way; it may thus indicate a high-risk workplace rather than one that is low-risk.

*ASTERISK **

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DOES REST WORK FOR OVERUSE INJURY?–NEW EVIDENCE

Rest has been a very common treatment for overuse injuries for a long time, and one that is consistently evaluated by patients as highly effective. Surprisingly, though, there's relatively little scientific evidence on whether it works.

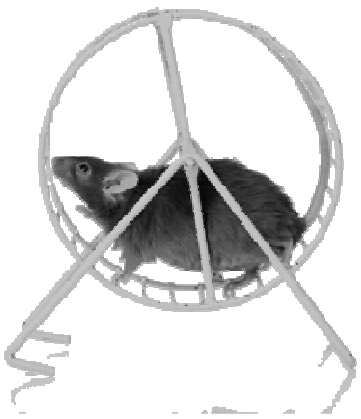
US researchers recently published a paper which provides important new evidence that rest may well be highly effective. They subjected rats to two or four weeks of intensive running on a treadmill, exercise which they had previously established as sufficient to cause an overuse injury.

In their previous studies, they found changes at a structural and cellular level which included

- collagen fibre disorganisation
- hyper cellularity
- changing cell morphology from elongated spindle-shaped cells to more round and plump cells.

They also profiled the genes which were expressed during and after overuse. Compared to the genes of rats who had not been subjected to intensive exercise, 86 genes were upregulated following the exercise period, and 110 genes were downregulated. Some of these changes suggested that the tendon becomes more like cartilage and less like tendon as a result of overuse, as the "overuse protocol increases the expression of cartilage-specific genes and reduces the expressions of tendon-specific genes in the supraspinatus tendon in a systematic manner".

The most recent experiment was designed to find out whether these genes would return to normal levels after two weeks of rest and also whether the biochemical changes would be reversed.



One hundred and ninety-six genes had been previously identified as regulated by overuse. After just two weeks of rest, gene expression levels returned to near baseline levels. However, not all of the rats responded in the same way: three of the twenty-four animals in the 'overuse plus rest' group had gene expression levels which did not recover. The authors comment that this "highlights the potential impact of genetic factors, biologic variation and multifactorial considerations in the response of tendons to overuse and rest".

The authors also point out that "the composition and function of the tissue may still be ordered from normal as a result of the initial overuse stimulus. For example, although the DNA and G HD content return to normal levels after rest, the collagen content of the tendons had not returned to normal levels despite the imposed rest period."

These scientists are fully aware that this is a relatively short period of overuse.

Now, you know about genes, but you're probably wondering what gene expression is. We often think of genes as instruction manuals for living creatures, with no role to play once the creature is fully formed. In fact, genes play a role through our entire lives and can be switched on and off, influencing biochemical reactions within and between cells.

According to Wikipedia, gene expression is the process by which information from a gene is used in the synthesis of a functional gene product, often proteins. The process of gene expression is used by all known life. Gene regulation gives the cell control over structure and function, and is the basis for cellular differentiation, morphogenesis and the versatility and adaptability of any organism.

Downregulation is the process by which a cell decreases the quantity of a cellular component, such as RNA or protein, in response to an external variable. An increase of a cellular component is called **upregulation.**

Article continues page 8

They say "it is unknown whether a similar rest period will also cause recovery for animals subjected to a longer period of overuse or whether recovery would be possible at all for those animals even with a long rest period. The study will need to evaluate the effect of rest on longer-term overuse in this model."

"Our findings suggest there is a scientific basis for the use of rest as at least one component of treatment for tendinopathy."

The authors conclude that, although collagen content was slightly decreased in the group of rats subjected to overuse plus rest, most measures of biochemical content demonstrated recovery to normal levels. Although this study indicates beneficial effects with rest, they write that "future work is needed to evaluate other measures of tendon properties (for example, protein levels and mechanical properties) to fully understand the effect of rest on tendon injury and repair."

Ann Thomson

Scott A. Jelinsky, Spencer P. Lake et al. *"Gene Expression in Rat Supraspinatus Tendon Recovers from Overuse With Rest'*
Clinical Orthopaedics and Related Research. 2008 July; 466(7): 1612-1617
Published online 2008 May 6. doi: 10.1007/s11999-008-0270-z

"WAIT AND SEE" OR "GET IN FAST"–

WHAT'S BEST FOR SURGERY IN CARPAL TUNNEL SYNDROME?

Sometimes a "wait and see" approach seems to be the best way to deal with an overuse injury, particularly if you're thinking about surgery. But recent research indicates waiting may not be a good idea when it comes to carpal tunnel and cubital tunnel syndromes.

"Any decision to conduct surgery more than six months after filing (a claim) should probably only be considered with great caution."

"There's a clock ticking, and if you're too late, the muscle cannot be functionally reactivated," said Clifford Woolf, investigator and Director of the program in neurobiology at the F. M. Kirby Neurobiology Centre at Children's Hospital Boston.

His team studied mice with sciatic nerve injury and found that there was a window of about five weeks for recovering function. Outside this time, axons are unable to regenerate and extend towards the muscle, reforming the junction known as the synapse.

How long this window is for humans is not known, but a recent review of 136 patients with carpal tunnel syndrome and 20 with cubital tunnel syndrome (in the elbow) showed that the sooner patients had surgery after the onset of symptoms, the greater the degree of motor recovery. On a zero to five functional scale, patients with cubital tunnel syndrome who had surgery more than 10 months after injury scored an average of 0.5, while those who had surgery sooner had an average functional score of four—a huge difference.

A much larger sample of 8,224 workers who had filed workers compensation claims for carpal tunnel syndrome gives an even shorter time frame for successful surgery. Almost half of these claimants used surgery at some stage. Claimants who filed between 1990 and 1994 were followed up in 2000, providing a minimum of five years of follow-up.

In most claims, the main condition initially reported (51%) was carpal tunnel syndrome; 23% had another hand or wrist condition, 12% another arm or shoulder condition, while the rest had other conditions.

These researchers looked at the relationship between when carpal tunnel syndrome was first diagnosed, surgery, and outcome. Surgery was more likely to be used the earlier the diagnosis was made: 76% of patients who had a diagnosis one month before filing a claim had surgery, whereas only 38% who were diagnosed three months after filing underwent surgery.

The researchers found that "individuals who underwent carpal tunnel syndrome surgery had significantly better clinical outcomes and greater likelihood of successful return to work". The total duration of lost work was generally shorter for those who

had surgery, but this difference disappeared for workers with more than six months of compensation. "The favourable association between carpal tunnel surgery and duration of lost work was most evident for workers whose carpal tunnel syndrome was diagnosed by the time their claim was filed, particularly if their surgery occurred no later than six months after filing."

Outcomes of surgery were better if both the diagnosing doctor and the operating surgeon (but not just one or the other) had more experience with carpal tunnel claims, underlining the importance of both an accurate diagnosis and an experienced surgeon. They conclude that to minimise disability from carpal tunnel syndrome, it's essential to establish the diagnosis as early as possible and to minimise delays before surgery. Another finding of this research which is worth noting is that workers were less likely to return to work when they were employed in an industry with a high incidence of carpal tunnel injury. The authors also warn that, "for an individual with surgically treated carpal tunnel syndrome, the several months after surgery are probably a critical window of time for maximising efforts to restore function and facilitate return to work".

Interestingly, another study showed that there were much longer delays between diagnosis of carpal tunnel syndrome and surgery for workers compensation claimants than there were for other patients: an astonishing 126 days versus just 26 days! There were some other interesting results from this study: even with surgery, claimants earned no more than about 60% of what they had earned previously, 41% of workers received a permanent partial disability settlement (generally quite small), and only 30 workers received a pension.

Ann Thomson

Chi Him Eddie Ma. *"In reversing motor nerve damage, time is of the essence."* PR Newswire United Business Media. Boston, October 3, 2011

Charles S. Day, Eric C. Makhni et al. *"Carpal and Cubital Tunnel Syndrome: Who gets Surgery?".* Clin Orthop Relat Res. 2010 July; 468 (7): 1796-1803. Published online 2010 January 5. doi: 10.1007/s11999-009-1210-2

William E. Daniell, Deborah Fulton-Kehoe et al. *"Work–related Carpal Tunnel Syndrome in Washington State Workers' Compensation: Utilization of surgery and the duration of lost work."* American Journal of Medicine 52:931–942(2009)

TIPS & TOOLS—GETTING ON TOP OF YOUR EMAILS

Does your email control you? Learn to be its master.

Set a time frame
This is very important. It is easy to lose track of time while checking your mail. In between deleting and replying you can get carried away and find that several hours have slipped by, so it is a good idea to set aside a couple of specific time slots, say one in the morning and one in the afternoon to deal with your messages.

Be precise
Be precise and to the point when answering emails. You could even skip 'Hello' and 'Regards' if you want. I don't think anyone will mind. This benefits you and the person on the receiving end of your email, particularly if that person is busy like you.

Learn to use one-liners effectively. Cut out unnecessary words and sentences. Address the essential: not everything warrants a response. Break your text into lots of paragraphs. It's easier to read and makes your email more approachable.

Delete ruthlessly
You can easily conclude from the subject line of an email if it's worth reading. If it isn't, delete it without thinking twice. If you don't, thinking that you probably might read it later, then believe me, that email will remain there as unread until you finally decide to do away with it. Act upon the email the first time you see it by either responding immediately, deleting it, or setting it as a task to accomplish at a specific time.

Don't leave it for the next day
Try to finish replying to emails and clearing your inbox within the time frame you have allocated. It's not always possible, especially if you get more than 100 messages a day, but if the emails aren't dealt with, then the next day it becomes much more difficult for you to sift through your inbox. Think of your inbox as a snowball, the more it rolls, the larger it gets.

Prioritise using labels/folders
You can make folders named 'Friends' or 'Reply today' etc. and when you open your inbox, immediately start shifting messages to their respective folders.

Read it, answer it
Many people have the habit of reading all their emails before actually replying to them. Sometimes they might even wait for a couple of hours before getting back to these previously-read messages. This method is ineffective for two reasons.

First of all you might forget about some emails altogether. Once they are marked as "read" on your inbox, they will get mixed with all the others you have already replied to.
Secondly, this process will also consume more time since you will probably need to read each email a second time before remembering what you will need to say in the reply. What would be a better approach? Simple, whenever you read an email, answer it right away.

Re-read once
You can go back and edit typos in a blog post or article but you only get one chance with emails. It's important that your meaning and expression is clear. Also, remember that spell-checking is not enough. Typos and mistakes that form other valid words will not be corrected by the spell checker. Proofreading is essential.

If you are using Microsoft Outlook, some of the following options will help you to maintain control.

Some of your emails need to be looked at straight away, others should only be looked at when you have time. Outlook can move emails to different folders based on certain criteria, such as who it is from.

To help you prioritise, first create the folders:

1. Right click on Inbox, a menu will appear.
2. Select new folder, a dialogue box will open.
3. Give the folder a name. Click ok.

4. Repeat steps 1-3 as required.

Then create the rules you want:

1. Click on Tools/Rules and Alerts, a dialogue box appears.
2. Click on new rules. Another dialogue box opens.
3. At the top of the box there are several choices. You probably want the first one (move messages from someone to a folder). This option is already selected. If that is not what you want then click on the one you do want.
4. Click next. A new dialogue box opens asking what conditions you want to check. The first one (from people or distribution list) is ticked.
5. At the bottom of the dialogue box there is Step 2. Certain text is in blue underlined. These are links. Click on the first one (people and distribution list). Another dialogue box opens where a list of your contacts is given.
6. Click on the first name that you want to include in the rule, then click on the from button.
7. Repeat for all the other names that you want to include in the rule.
8. Click ok. The box closes. You can see the previous dialogue box.
9. If there are any other conditions that need to be included then tick these and specify the required conditions.
10. Click next. The dialogue box changes. This specifies what you want to do with the message.
11. Click on the link marked specified (in the line move to the specified folder). Another dialogue box opens.
12. Click on the folder you want the emails to be moved to.
13. Click ok. The box closes.
14. If you would like to be notified of these emails then go to the bottom of the select action(s) and tick the box marked "display specific message" in the New Items Alert window. Click on the link specific message and type in a few words. Click ok.
15. If there are any other conditions you want then tick these as well.
16. Click next. Now you can specify any exceptions. If there are none (the usual case) then you can ignore this.
17. Click next. The dialogue box changes.
18. This step now names the rule. A name is suggested. If you do not like it then change it.
19. Click finish.
20. Click ok. The boxes all close.

If you already have emails in your inbox that you want moved, then here is what you do:

1. Click on Tools/Rules and Alerts, a dialogue box appears.
2. Click on Run Rules now, a dialogue box appears.
3. Click on the rule that you want to run.
4. Check that the bottom half of the box is correct.
5. Click on run now. The rule will now run and any impacted emails will be moved.
6. Click on close.
7. Check the result.

Notification of emails

There are options that tell Outlook to do various things when new emails arrive. To change these:

1. Click on Tools / Options. A dialogue box opens.
2. Ensure the Preferences tab is selected.
3. Click on email options. A dialogue box opens
4. Click on "Advanced email options" button. A dialogue box opens.
5. Part of this says "When new emails arrive in my Inbox." Below that are some tick boxes. Which ones are best depends on you, but you might want to uncheck all the boxes so that you're not reminded about new emails.
6. Click on ok. The dialogue box closes.

Colour your emails

Sometimes you just want emails sent from certain people or sent just to you personally to stand out in the inbox. You can do this by giving them another colour.

Click on Tools/Organise, a 'Ways to organise' box opens.

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CHANGES TO DISABILITY SUPPORT PENSION—

WE'VE BEEN BUSY ADVOCATING ON YOUR BEHALF—AND WE'VE SUCCEEDED!

In Britain, thousands of disabled people blocked central London as they demonstrated against changes to eligibility for disability support. In Australia, in spite of similar cuts, nothing. At the end of 2011, there were drastic cuts to eligibility for disability support pension (DSP), cuts that will mean that between 30 and 50% of people who would have previously been eligible for DSP will now be ineligible. And, surprisingly, there's been almost no discussion of, and certainly no demonstrations against, these changes—ones that will lead to poverty for many people with a disability.

We first became aware of the full extent of these changes in October last year, and although it was rather late in the process of consultation, we decided to do our best to advocate for improvements. Although we were concerned with many aspects of the new scheme (see summary on the next page), our main issue was the change to the disability impairment tables, particularly for upper limb function.

To get the disability pension, an applicant has to score 20 points on the "impairment tables". Under the **old disability pension rules**, a person with an upper limb disability had to satisfy the following standard to get 20 points:

Demonstrable evidence of major loss of strength, mobility, coordination, dexterity and/or sensation of dominant upper limb which causes significant interference with hand function or manual handling or Unable to use non-dominant upper limb at all.

The **suggested change** was as follows:

*There is a **severe** functional impact on activities using hands and arms. Most of the following apply:*

The person has limited movement and/or coordination in both arms and/or hands, or is an amputee affecting a complete hand.

The person is unable to handle, move or carry most objects even when using or wearing any prosthesis or assistive device that they have.

The person has difficulty using a computer keyboard despite appropriate adaptations.

The person is unable to hold a pen or pencil.

The person is unable to turn the pages of a book without assistance.

Frankly, we were astounded! The disability pension is meant to be available to people with a range of disabilities, from those who are totally unable to work to those who can work for up to 15 hours a week. We just could not see how anyone who satisfied the new criteria could possibly work at all. What employer would give a

The rationale for these changes is that the new approach to evaluating disability is more "functional" and that the government wants to encourage people with a disability to work. Work is good for you, they say. But as Anglicare said in a submission to the government:

If it has been unclear up to this point, let us clarify—there are no jobs! Moving to a positive functional approach is a positive move by Government, only in so far as it is not used as a tool to manipulate and force individuals into a job market which at the moment is disinclined and unprepared to take on employees with a disability. The Government has measures in train to support jobseekers but it is oddly timed with this rollout and whether it will be sufficient to ward off 'unintended consequences' which potentially have dire outcomes for those concerned, remains to be seen. Forcing people into circumstances, such as living on the [NewstartAllowance] is undignified, unkind not to mention unjust. Beyond that, the trap that potentially awaits people with a disability in the administrative tangle is setting them up to fail. Anglicare Australia would like to see policies from Government that provide genuine support to people to seek, obtain and sustain work, not trick them into untenable circumstances in order to meet a hard bottom line.

job to someone who could not hold a pen (let alone lift it and use it to write) or turn a single page? The new criteria described a person so severely disabled that they would not be able to live independently without a full-time carer.

So one of our members and I put together a submission and began to meet with various members of Parliament, bureaucrats and ministerial staff. We were really busy, visiting parliament house almost every day for a week or so. And amazingly, we succeeded.

The **final version** of the 20 point level for upper limb function in the impairment table is now as follows:

*There is a **severe** functional impact on activities using hands or arms.*

(1) Most of the following apply to the person:

*(a) the person has limited movement or coordination in both arms or both hands, or has an **amputation rendering a hand or arm nonfunctional;***

*(b) the person has **severe difficulty** handling, moving or carrying most objects even when using or wearing any prosthesis or assistive device that they have and usually use;*

(c) the person has difficulty using a computer keyboard despite appropriate adaptations;

*(d) the person has **severe difficulty using** a pen or pencil;*

*(e) the person has **severe difficulty** turning the pages of a book without assistance.*

Moreover, a reference to the ability to repeat tasks has been included in the tables as we requested.

However, we are still very concerned by the high level of disability that is required to get a pension as well as the many other changes that have been made by the government. In our view, these changes will mean that the government will save a great deal of money at the expense of people with a disability. They were passed with the support of the opposition and the independents, but not the Greens. We hope that these policies will be changed as their deleterious impact becomes obvious, but without more activism from disabled people and the groups that represent them, that hope may not be well-founded.

Here is an a bridged version of the letter outlining our concerns that we sent to a range of organisations, parliamentarians, bureaucrats and the Minister. See page 14.

If you are a current pension recipient you might be wondering whether these changes will apply to you. Unfortunately, the answer is that they could. Every year, a small proportion of disability pension recipients are called up for a re-evaluation. If you have the bad luck to be one of these people, your eligibility will be assessed under the new table.

However, there is one change that will benefit recipients: they will be allowed to work more hours. Currently, if you were granted DSP on or after 11 May 2005, your DSP would be suspended when you started working for 15 hours or more a week at the minimum wage. Now, you will be able to work up to 30 hours a week for up to two years and keep receiving a part pension. This is provided your level of income does not reduce your payment to zero because of the income test. For more information visit;

work hours page on www.humanservices.gov.au

or call Centrelink on 13 2717.

Tips & Tools continued from pg 11

1. On the left hand side of this there are three tabs. The second one is "using colours". Click on this tab.
2. The first option is "colour messages from" and then it has a name. To change the name click on an email that was sent from that person.
3. You can also specify the colour the emails should be.
4. Click on Apply Colour.
5. If you want to colour emails sent only to you then change the colour on the line "Show messages sent only to me in" then click on the button "Turn on".
6. To close this box, click on the cross located at the top right corner of the box.

Irene Turpie
Robert Hawes

Concerns about the New Impairment Tables for the Disability Support Pension

We are concerned that people with severe upper limb disabilities who are unable to work more than 15 hours a week will not be able to claim disability pension.

1. The level of disability required for eligibility is too high.

The new impairment tables for upper limb function require a disability that is so severe that the person who gets 20 points and thereby qualifies for a pension would not be able to work at all. We are concerned that people who can do some work, but less than 15 hours, are completely excluded from the disability pension under the new tables.

Under the new tables, a person with the required 20 points for a disability pension would be unable to sign an employment contract or even read a document of more than one page, as they have to be unable to hold a pen or turn pages without assistance. Such a person would not even be able to fill in the form to apply for a disability pension and sign it. Moreover, this person must be unable to handle, move or carry most objects even with an assistive device and would therefore be unable to live independently, let alone work even one hour a week.

Below this extreme level of disability, a person is considered to be able to work more than 15 hours a week and is therefore ineligible for disability pension. A person who, for example, has difficulty holding and using a pen or pencil or even doing up their buttons and tying their shoelaces to go to work gets only 10 points, and must therefore go on to Newstart or unemployment benefit.

Even a person who has only one workable arm would not qualify for a disability pension.

Moreover, there appears to be no practical difference between the 'severe' and 'extreme' levels of disability under the tables.

2. The level of disability required for a pension is much higher than in the old tables.

3. The ability to repeat tasks is not taken into account.

If upper limb disability is to be defined in functional terms, the ability to carry out tasks repeatedly for a length of time is crucial and should be taken into account. After all, all work requires activity for a length of time, not just an action performed once as in the proposed revised table. This is taken account of in the old tables under table 20, which accounts for a person's ability to "persist with work-related tasks".

4. Widespread poverty, increased isolation and social exclusion for people with a disability will be the result of the application of these tables.

These new definitions of disability will lead to widespread impoverishment of people with a genuine and severe disability that makes them unable to work more than 15 hours a week. The consequences will include:

- inability to access home assistance, for which a disability pension is required
- inability to pay for the assistive devices, medicines and medical care necessary for many people with a disability (for example, people with a disability are 3.5 times more likely to visit a specialist in any 12 months)
- being forced to look for work which one is unable to carry out
- having to use up any savings over $3000 before they can access Newstart

As you will be aware, the current unemployment benefit in Australia is considered by experts to be inadequate. The baseline Newstart income single person of $486.80 a fortnight is $202.20 below the baseline disability pension income of $689.00, with less access to additional payments like the pension supplement of $59.80 a fortnight and the pension education supplement of $62.40.

5. Groups that are already disadvantaged in the employment market—women, older people and recent migrants—will be badly affected by these changes.

There is considerable evidence that these groups not only suffer from work-related upper limb disorders at greater rates than other groups but also are less likely to apply for workers compensation. In particular, it is widely recognised that older people find it very difficult to access employment, but over three quarters of people in receipt of the disability pension for a musculoskeletal disorder are over 45, with more than half over 55. The prospect of these people gaining employment is very low. Moreover, they will be forced to divest themselves of any "nest egg" they have acquired before they can access a Newstart pension.

6. There appears to be no expertise on musculoskeletal disorders on the panel.

We are concerned that the medical members of the advisory committee appear to have no special expertise or published papers on musculoskeletal disorders. Since people with musculoskeletal disorders are the largest group of disability pension recipients at 29.2%, it's vital that the panel have expertise in this area.

Considering the above, we request that:

- the new tables be revised in order to include a level of upper limb disability that would enable applicants to work for up to 15 hours a week
- experts on musculoskeletal conditions be appointed to the panel.
- the Association be included in consultations on such revision.

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