

IN HAND



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

Summer 2013/14

News & Events

Annual General Meeting — 3rd Dec

“Getting the most out of Medicare and the PBS” with Suzanne Eastwood

When: Tuesday 3rd December

Where: Room 9, Griffin Centre, Civic

Time: 12:15 pm

Cost: Free

Our cards now on sale at the Charity Card Shop!

When: 28th October to 12th December

Where: Pilgrim House, Northbourne Avenue, Civic

Time: 10 am to 3:30 pm, Monday to Friday

Cost: Cards from 60c

Helping people with RSI:

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



Massage for RSI treatment, see page 9

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You're invited to our AGM!

You're invited to our Annual General Meeting on Tuesday, December 3rd in room 9 of the Griffin Centre, from 12.15 to 1.30 pm.

Our guest speaker will be Suzanne Eastwood from Healthcare Consumers ACT. Suzanne will talk about how you can get the most out of Medicare and the Pharmaceutical Benefits Scheme. She will unravel the mysteries of chronic disease care plans, which allow you up to five Medicare-funded sessions of osteopathy, chiropractic or physiotherapy, and talk you through some of the ways you can save money on your medical and psychology bills.

Suzanne's talk will be **followed by a light lunch**, so please let us know if you are coming by calling 6262 5011 or emailing us at admin@rsi.org.au

Letters to the Editor

Thanks to those members who've contacted us recently with ideas that could help other members!



Di strongly recommends the pain coach app from Web MD. To download this free app, go to Web MD, click "pain" and then find 'pain coach'. Di says this app has enabled her to track her pain levels, work out triggers and generate reports to her doctor. It also helps to keep a record of treatments and track sleep patterns. All of these can be graphed so that you can see trends over time at a glance. She likes

its goal-setting feature as well, and feels that it's helped her manage her pain. It's also very easy to use.

M wrote to tell us about Feldenkrais classes on the Southside:

Hi Ann,

I thought your members might be interested in Feldenkrais classes on the Southside with Mark Gleeson. Feldenkrais is a gentle method and definitely for people managing chronic pain/RSI. Southside has been missing classes for a while! I did it last night and it was great! Mark will most likely have others on there as well.

For more information about classes you can contact:

Mark Gleeson (Performance Management & Development)

M: 0417 334 223

E: mark_gleeson@mac.com

T got in touch to recommend the Haaga 255 sweeper for paving and outdoor use. It's pretty expensive at \$349, but moves very easily, does a good job and doesn't require much effort.

Then we had a call to tell us about the larger-size Braun "multiquick" stick mixer, which H had found very helpful in food preparation; she says it's very easy to use for slicing, grating and blending and can be used for making pastry as well.

Bits & Pieces

Wheelchairs and RSI

Unsuitable wheelchairs are causing RSIs in users — 35 per cent of manual wheelchair users suffer from shoulder pain, and between 49 and 73 per cent of manual wheelchair users report symptoms of carpal tunnel syndrome.

An unadjusted wheelchair that requires its operator to make short movements to progress is more likely to cause injury than an adjusted wheelchair. A wheelchair that is too heavy for its owner – and thus harder to push – is also likely to cause injury. A seat that is too wide requires the user to stretch further than necessary, causing injury. A seat too narrow, long or short may also cause discomfort. Experts at the University of Pittsburgh stress that wheelchairs should be properly fitted and adjusted where possible to reduce the chances of injury.



Wheelchairs may cause repetitive strain injury, 21 July 2013, www.newsfix.ca/2013/07/21/wheelchairs-may-cause-repetitive-strain-injuries/

Musculoskeletal Pain and Adolescence

Is there a relationship between adolescent lifestyle and musculoskeletal pain? Recently, a study with 1773 participants aged between 16 and 18 was conducted to determine exactly that. The study considered how certain factors in adolescent life are associated with pain in the neck, shoulders, lower back and limbs. The lifestyle factors included levels of sleep, exercise, alcohol consumption, smoking, body mass index, as well as emotional and behavioural factors.

It was found that an adolescent was more likely to report musculoskeletal pain when emotional and behavioural problems were high. For males, pain levels were higher when there was a lack of sleep and too much time spent sitting. For females, pain levels were higher when large amounts of alcohol were consumed. This study doesn't show which way the cause-effect relationship goes.

Jussila, L., Paananen, M., Nayha, S., Taimela, S., Tammelin, T., Auvinen, J., Karppinen, J. 2013. Psychosocial and lifestyle correlates of musculoskeletal pain patterns in adolescence: A 2-year follow up study. *European Journal of Pain*, DOI: 10.1002/j.1532-2149.2013.00353.x

Codeine could increase sensitivity to pain

Using large and frequent doses of the painkiller codeine can actually increase sensitivity to pain, without giving the same relief as morphine, according to new research from the University of Adelaide.

The University's Professor Paul Rolan, who is also a headache specialist at the Royal Adelaide Hospital, says codeine has been widely used as pain relief for more than 100 years but its effectiveness has not been tested in this way before. "In the clinical setting, patients have complained that their headaches became worse after using regular codeine, not better," Professor Rolan said.

The studies found codeine provided much less pain relief than morphine, but resulted in the same level of increased sensitivity to pain, and researchers think headache patients may be more sensitive to this effect than others.



Professor Rolan says the laboratory findings suggest a potential problem for anyone with chronic pain who needs ongoing medication. "People who take codeine every now and then should have nothing to worry about, but heavy and ongoing codeine use could be detrimental for those patients who have chronic pain and headache," he said. "This can be a very difficult issue for many people experiencing pain, and it creates difficulties for clinicians who are trying to find strategies to improve people's pain."

Research in Brief

Sonographers and Pain

A whopping ninety-six percent of female sonographers at a tertiary medical centre reported some form of musculoskeletal symptoms within the past year, according to a study conducted by researchers at Yale University. One possible reason is that they usually work in environments where the demands are high and the level of control they have over their work is low.

Evans, K., Roll, S., Baker, J. 2009. Work-Related Musculoskeletal Disorders (WRMSD) Among Registered Diagnostic Medical Sonographers and Vascular Technologists. *Journal of Diagnostic Medical Sonography*, 25, 287-299.

Widespread pain in epicondylitis

An American study has found that 45 per cent of people with chronic epicondylitis suffer from widespread pain. This pain is associated with being female, having decreased grip strength and a lower pain threshold. Researchers also found that pain occurs regardless of the presence of other disease. A total of 190 patients with chronic epicondylitis participated in the study, conducted by the International Association for the Study of Pain.

Pienimäkil, T., Siiral, P., Vanharantal, H. 2011. Widespread pain in chronic epicondylitis. *European Journal of Pain*, 15, 921-927.

Helping women but hurting themselves?

Forty-nine percent of midwifery nursing students experience musculoskeletal symptoms in the neck, and 28.2 per cent have symptoms in the upper back – a similar rate to physicians and nurses generally. This finding resulted from a study of Australian midwives at The School of Nursing and Midwifery at the Royal Brisbane and Women's Hospital. Working shifts and being more physically active reduced the likelihood of symptoms, while working in awkward postures and caring for adult dependents were risk factors. Those with symptoms in one part of the body had four times the risk of having symptoms in an adjacent area.

Long, M., Johnston, V., Bogossian, F. 2013. Helping women but hurting ourselves? Neck and upper back musculoskeletal symptoms in a cohort of Australian Midwives. *Journal of Midwifery*, 28, 359-367.

Hand-held devices and pain

Are you using hand-held devices to text, schedule appointments, browse the internet, make phone calls or play games? A recent small study suggests that you should limit your time on such devices, as the more time spent using a device on any typical day, the more likely it is that you will experience severe pain. Eighty-five per cent of users reported pain in their hands, neck or shoulder areas associated with the use of hand-helds. "The results suggest that hand-held devices may contribute to musculoskeletal symptoms or disorders," said Dr Benjamin Amick, Scientific Director of the Institute for Work & Health. A total of 137 hand-held device users participated in the study.

At Work, Issue 63, Winter 2011: Institute for Work & Health, Toronto

Librarians and Upper Limb Disorders

A recent study demonstrates that library work may be a cause of upper-limb disorders. Almost half of a group of female librarians reported upper limb pain within the previous seven days. This proportion rose to 65 per cent of participants experiencing pain in the previous year. The reported levels of wrist and hand pain increased as the librarians did more work that involved using a wider thumb-index finger span.

Pandy, R. 2013. Prevalence of upper limb disorders among female librarians. *Journal of Occupational Medicine (London)*, 63, 432.



Pain in the Tech

The RSI & Overuse Injury Association of the ACT recently featured in a front-page article in Sydney's Daily Telegraph. Headlined "Pain In The Tech", it focuses on the "future epidemic of overuse injury" if children are not taught to use technology wisely.

"Health professionals are treating kids as young as five who have developed chronic back pain and early signs of curvature of the spine from hunching over their tablets and Smartphones, carpal tunnel syndrome from overusing their thumbs, and headaches and temporarily blurred vision from staring for too long at screens often too close to their faces," says the article.

Ann Thomson from the RSI and Overuse Injury Association said the number of such injuries in youngsters was rising. "A major prevention program is required to stop a future epidemic of overuse injury," she said.

She said many children had ended up with "really severe problems" in their arms, neck and shoulders, and the injuries were worsened because children became so engulphed in what they were doing that they ignored any pain to continue. Often the injuries could be treated but there was the risk of long-term issues, she said.

This damage can even extend to the eyes: Optometrist Liz Jackson says that there is an increasing number of reported headaches and blurred vision because children are focused on fixed distances (screens) for long periods of time.

In an accompanying editorial, the newspaper called on parents to limit their children's screen time.

Repetitive strain injuries are not the only problem for young children who use touch screens. A recent article in Atlantic magazine draws attention to other issues with these devices. It seems that even the people who develop "educational" applications for young children are not too sure about how much time children should really be spending in front of the screen.



Educational apps for kids: do as I say or do as I do?

Journalist Hannah Rosin has both a personal and professional interest in educational apps for children. She recently attended a conference in California, meeting with dozens of app developers and their children to understand what it is about the use of touch screen technology that has young users in such a trance. As a mother herself, Rosin wanted to understand how to best use touch devices with her kids. In an article entitled "The Touch Screen Generation" in a recent issue of the *Atlantic* magazine, she reports that "I decided to ask some of the other developers who were also parents what their domestic ground rules for screen time were."

Perhaps the most startling response of all came from the developer of an app called Montessori Letter Sounds, who said that her children "don't play all that much ... because I don't allow it ... I give them a limit of half an hour and then stop. Enough. It can be too addictive, too stimulating for the brain".

It's difficult to fully understand the effects of this technology on children because of the lack of research. Devices like iPads have been on the market for less than 3 years, which as Rosin puts it is "not much more than the time it takes some academics to find funding".

Developmental psychologist Georgene Troseth's body of research has led to the belief that young children experience what is called a video deficit – their ability to take information from a screen and make it relevant is poor compared to information from a real person.

On the other hand, Rosin points out that infants are quite capable of tuning out the information that is not socially relevant to them. So, while the instinctive reaction to touch screen technology is to worry about its potential addictiveness, it should be understood that the same technology stimulates brain activity and trains infants to ignore information that is not important.

However, the American Association of Paediatrics recommends that parents establish "screen-free" zones at home by making sure there are no televisions, computers or video games in children's bedrooms, and by turning off the TV during dinner. They advise that "Children and teens should engage with entertainment media for no more than one or two hours per day, and that should be high-quality content. It is important for kids to spend time on outdoor play, reading, hobbies,



One developer said "only on airplanes and long car rides."

Another said "Wednesday and weekends, for half an hour." The most permissive said half an hour a day ..."

and using their imaginations in free play."

Importantly, they recommend no screen usage whatsoever for children under two: "Television and other entertainment media should be avoided for infants and children under age 2. A child's brain develops rapidly during these first years, and young children learn best by interacting with people, not screens."

Holiday Closing Dates

The RSI & Overuse Injury Associations office in the Griffin Centre will be closed from Monday the 23rd of December 2013, until 13th January 2014 .

We will be checking our phone, so feel free to leave a message if you need urgent help. PH: (02) 6262 5011

Demographic Divide on Ergonomic Office Tools

We know that there's a big difference in outcomes between manual and professional workers when it comes to overuse injuries. Quite simply, manual workers are a lot more likely to end up out of a job! Some recent research adds to this picture. A survey conducted by Jabra and YouGov found there is a large demographic divide between different groups of workers when it comes to the equipment on offer within the office. The survey highlights how different sectors of the workforce get priority access to different ergonomic tools.

For instance, if you are working in either management or the IT department you are more likely to receive an ergonomic mouse and if you're an engineer, you are more likely to get an adjustable table than any other group within the workforce. On the other hand, however, finance departments have a much lower ergonomic 'score' with a mere 16 per cent having an adjustable table. This is in comparison to a high 32 per cent in the IT and Support department. As a matter of fact, it is the IT and Support department that offers the majority of ergonomic office benefits.

Interestingly, the survey also reveals a strong correlation between your level of education and having the correct equipment to fit your ergonomic needs. For example, if you hold a research degree, you are twice as likely to have an ergonomic mouse as someone with a more general education. This survey also found there is a direct link between education and the use of headsets, with 70 per cent of more highly-educated employees receiving a wireless headset compared to just 50 per cent of those without a degree. Thus, the higher your qualification, the more likely you are to receive an ergonomic device.

Although there is a positive relationship between your level of education, the sector you work in and the ergonomic equipment you receive, this divide is also country-related. For example, if you work in the UK, there is a 20 per cent chance of receiving an ergonomic keyboard or adjustable chair. If you work in Japan, you only have a 7 per cent chance of getting that equipment!

From this survey, it is clear that companies are more willing to pay for expensive ergonomic tools for their more educated staff. However, this choice may prevent other staff members from staying injury-free and recovering when they do get an injury.



IT workers get the majority of ergonomic office equipment



Engineers are more likely to have adjustable tables than other professions



Graduates are twice as likely to have an ergonomic mouse and a better chance of a headset

"It's vital to support all staff members' ergonomic needs ... It's not only the IT department or the Ph.D. researcher who can benefit from a wireless headset... Being able to move around while on a call means a much greater ability to multi-task and less physical discomfort originating from trying to manage a handset, a mouse and a keyboard at the same time."

Andrew Doyle, managing director of Jabra UK & Ireland Business

Fear, Disability, Chickens and Eggs

Is the Fear Avoidance Model supported by research?

Even if you've never heard of the "fear avoidance model", you've probably come across it. It's very popular with rehabilitation providers, medico-legal doctors and caseworkers as a convenient way of explaining a worker's failure to recover. It places the blame squarely on the worker, and it goes like this: in the early stages of your injury, you learnt to be afraid of movement because of the pain. Consequently, this fear has led to "catastrophising", complete avoidance of movement, consequent disability and depression. "Change the way you think and you'll be better," is the mantra.

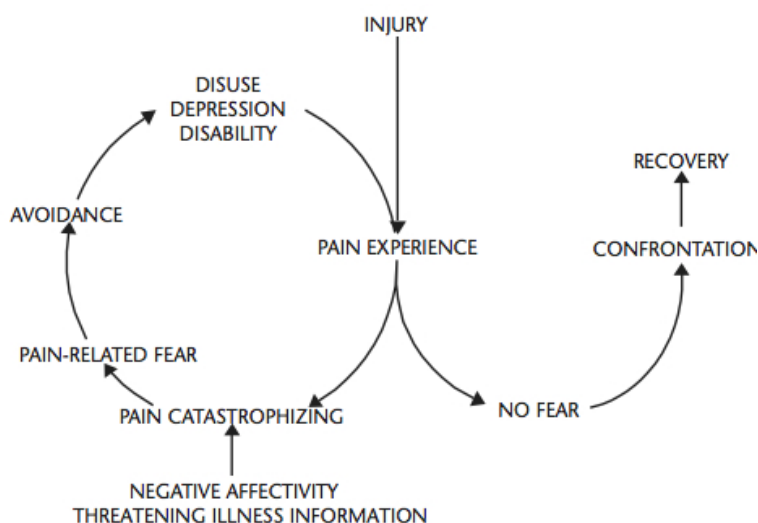
Emily Zale and her colleagues recently published a systematic review in the *Journal of Pain* which investigated the relationship between fear and pain. They concluded that there is definitely a relationship — people in pain do indeed fear movement.

But the question is – which comes first? Is it the fear, or is it the disability? It is possible that fear causes disability, but it is even more likely that severe pain associated with movement would cause fear of those very movements. Frankly, it would be strange if it didn't.

Neil O'Connor – a researcher for the Centre for Rehabilitation located in the UK, undertook the task of reviewing 46 different studies of the relationship between fear of pain and disability which included information from a total of 9579 participants. He looked at studies that looked at patients over time, to see whether fear came first or was a result of pain.

The results were "wildly inconsistent", but the higher the quality of the study, the smaller the effect of fear as a driver of disability. He concluded that "it is far from proven that fear is an important player in the development of chronic disability". That is, the mere presence of fear can't be said to cause disability.

Another study supports this conclusion for those with back pain. Pincus and his colleagues, after reviewing nine studies of this relationship, concluded that "despite the prevalent focus on fear of pain at early stages ... there is little evidence to link such fear states with a poor prognosis". So next time someone helpfully tells that you just need to stop being so fearful and your pain will go away, you might ask them to have a look at the evidence!



"This new review confirms that fear and disability regularly enjoy each other's company. But whether one drives the other, or are they just passengers in the same bargain bucket is not so clear."

"This new review confirms that fear and disability regularly enjoy each other's company. But whether one drives the other, or are they just passengers in the same bargain bucket is not so clear" – Lorimer Moseley (Professor of Neurosciences; University of SA).

Zale, E., Lange, K., Fields, S., Ditte, J. (2013). The Relation Between Pain-Related Fear and Disability: A Meta-Analysis. *Journal of Pain*, 14, 1019-1030.

Fear, disability, chickens and eggs, 26 July 2013, <http://www.bodyinmind.org/fear-avoidance-model-evidence/>

Massage for repetition strain injuries: is there any scientific evidence?



... classic or Swedish massage is a standard therapy in many chronic pain conditions such as low-back pain or shoulder-neck syndrome ...

From previous surveys of our members, we know that many find massage a very helpful therapy with few, if any, harmful effects. An obvious problem in evaluating massage as a treatment is that there are so many different kinds of massage and every therapist seems to work a little differently.

Because it's seen as an "alternative" therapy, doctors in Australia can be reluctant to recommend massage. However, the situation is somewhat different in parts of Europe. In Germany as well as the Scandinavian countries, "classic or Swedish massage is a standard therapy in many chronic pain conditions such as low-back pain or shoulder-neck syndrome", writes Harold Walach from the University of Freiburg in Germany.

The thinking behind this tradition, which goes back to the last century, sees massage as a way of mobilising, stretching and activating muscles and "thereby enhancing blood flow and metabolism, reducing tension and enabling a reduction of substances involved in the generation and prolongation of pain."

Walach and his colleagues at the University of Freiburg carried out a small trial with 29 participants to compare massage with

standard medical care. Because of the small size of this study, its results are only indicative – but they do show a significant advantage for massage. While pain, depression and anxiety improved significantly in both groups, they were only maintained in the massage group when followed up three months later.

The Ottawa panel, a group of academics which scientifically evaluates physical therapies, recently developed clinical practice guidelines on therapeutic massage for neck pain and low back pain. They found there was enough data to demonstrate that massage was effective for relieving neck pain symptoms in the short term, but there wasn't enough evidence to show any long-term effects. They found the same results for back pain.

The Cochrane Collaboration, an international government-supported effort to identify evidence-based treatment, also looked at massage for neck disorders. Unfortunately, the quality of the studies they looked at was, overall, very low. For example, only four out of fifteen trials adequately explained which massage technique was being used. However, they did conclude that there was low level evidence that certain massage techniques (traditional Chinese massage, classical massage, and modified strain/counterstrain technique) "may have been more effective than control or placebo treatment in improving function and tenderness".

When it came to side effects, pain after treatment was common and one study showed that about one fifth of participants experienced low blood pressure following treatment.

Walach, H., Konig, M. 2003. Efficacy of massage therapy in chronic pain: a pragmatic randomised trial. *Journal of Alternative and Complementary Medicine*, 9, 837-846.

Brossea, L., Wells, G.A., Tugwell, P., Casimiro, L., Novikov, M., Loew, L., Sredoc, D., Clement, S., Gravelle, A., Hua, K., Kresic, D., Lakic, A., Menard, G., Cote, P., Leblanc, G., Sonier, M., Cloutier, A., McEwan, J., Poitras, S., Furlan, A., Gross, A., Dryden, T., Muckenheim, R., Cote, R., Pare, V., Rouhani, A., Leonard, G., Finestone, H.M., Laferriere, L., Dagenais, S., De Angelis, G., Cohoon, C. Ottawa Panel evidence-based clinical practice guidelines on therapeutic massage for neck pain. *Journal of Bodywork and Movement Therapies*, 16, 300-325.

Overuse Injuries: No Longer About Ergonomics

In the 1980s it was assumed that repetitive strain and other overuse injuries were being impacted by poor workstation design and posture. Since that time, there has been a widespread focus on getting the ergonomics of office desks right. However, it now seems that whilst ergonomic factors are important, there is more to it.

A recent study of Australian Public Service staff by Karin Griffiths and others at the University of Sydney found that increased computer use, high workloads and tight deadlines were the main causes of neck and back pain. These factors, she found, were almost negating the effects of improved workstation design and posture.

"When you have staff doing a job that is already computer based, then give them higher workloads, tighter time constraints and more deadlines, the evidence suggests that you substantially increase the risk of musculoskeletal symptoms," Ms Griffiths said.

This stress and pressure is impacted again by the amount of time we actually spend in front of the computer. Ms Griffiths commented that "advances in technology have created a sedentary environment in our working lives. Instead of getting up to go to the library, consult a manual or even talk to a colleague, it's all done from our desks."

Managers and senior staff were found to be most at risk because they spend the most time at their computers. The study suggested that spending six or more hours per day in front of a computer was related to a 230 per cent increase in the chance of back and neck problems, while working eight or more hours increased the risk by up to 500 per cent.

The solution for this problem is yet to be found. Whilst it might be thought that exercise would help, the study found that exercising a few times a week did not reverse the effects of sitting for long periods of time. Moreover, it is suggested that management has become more and more reactive, rather than proactive, in changing the work environment.

Dr Gilson, a lecturer from the University of Queensland, recently studied standing desks. Employees were given the choice of sitting or standing with information provided on the benefits of standing. However, at the end of a trial period, there proved to be little change in the number of hours that the employees spent sitting down.

"My main observation is that we typically deal with the important issues [that] research like this raises in a

reactive way," Dr Gilson said. "Workers get these symptoms, then we try to treat the symptoms through the individual allocation of things like sit-stand desks. But we need to radically change the way we operate at work."

Dr Gilson, like Ms Griffiths, understands the impact of sitting for long periods of time. To discourage this, suggestions

from researchers include holding meetings while standing or walking, and work systems that require frequent standing breaks, such as when telephones are located on a standing bench.

"Workers need environmental opportunities to frequently change posture from sitting to standing and moving in work tasks," Dr Gilson said. "This is not only going to benefit musculoskeletal issues, but also risk factors associated with chronic disease and in all likelihood, productivity and job satisfaction."

The new information coming out now suggests that the problem is much deeper than ergonomics and is, instead, embedded in our working culture. Whilst it seems that being able to get up and move a lot more is the best preventative measure, a real change in work culture is also necessary if we are to combat musculoskeletal problems and overuse injuries.



... the problem is much deeper than ergonomics and is embedded in our working culture.

Monique Williams

Karin Griffiths study was published in 2012 in *Work: A Journal of Prevention, Assessment and Rehabilitation*.

New study links muscle soreness to workload, 28 April 2009, cpsu.org.au/issues/news/12970.html

Computer Workers : Beware Of Chair Diseases, 4 September 2012, www.jollyqa.com/computer-workers-beware-of-chair-diseases

Chair disease' outstrips workplace design, 28 August 2012, www.brisbanetimes.com.au/it-pro/business-it/chair-disease-outstrips-workplace-design-20120828-24xxr.html

Invisible problems are less likely to be claimed

New Data on Workers' Compensation and GP visits

In spite of the important role GPs play in our medical system, until recently there's been little data on what conditions they treat. This has been remedied by the BEACH study, which has collected a wide range of information on general practitioners' work from a random sample of 1000 GPs across Australia.

The BEACH data shows that a large number of GP consultations for work-related injuries are **never claimed** on workers' compensation, according to a study conducted by the Institute for Safety Compensation and Recovery Research.

The four major conclusions of this study were:

- ◆ GPs are an important 'gatekeeper' in workers' compensation cases.
- ◆ Nearly a quarter of GP-treated work-related problems do not result in a workers' compensation claim.
- ◆ "Invisible" problems managed by GPs are less likely to be claimed on workers' compensation.
- ◆ Jurisdictional and geographic differences have an impact on claiming behaviour.

The findings include:

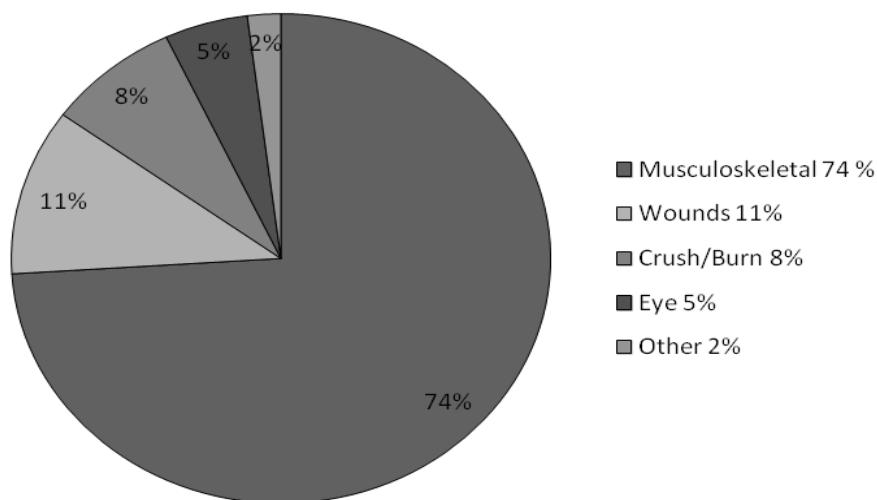
- 2.5 per cent of GP consultations examined – 12,580 – were work-related encounters. Of these, nearly a quarter, 22.6 per cent, were not claimed on workers' compensation.
- **Pain and problems that are not physically obvious** are less likely to be claimed on workers' compensation. Possible reasons include workers:
 1. anticipating negative consequences after claiming,
 2. thinking they were not eligible for compensation and/or
 3. being unaware of eligibility for claiming workers compensation. (The 2005-06 Work Related Injury Survey (WRIS) showed that nine per cent of participants did not apply for workers' compensation for this reason.)
- Musculoskeletal problems were the **most common** work-related problems managed at unclaimed encounters, however, they involved fewer GP visits.
- Work-related injuries occurring in rural and remote areas were less likely to be claimed on workers' compensation than those in major cities and inner regional areas.

"There are a number of reasons we are seeing work-related conditions not being claimed ... workers may be unaware they can make a workers' compensation claim". Dr Alex Collie (ISCRR's Chief Research Officer)



Dr Alex Collie – the study's Chief Research Officer – said that 22 per cent of workers didn't make a compensation claim even though their GP had determined the problem to be work-related.

GP Treated Injuries in Australia



Tips & Tools – New Gadgets

The HandShoe Mouse

"Hand shoe" means "glove" in Dutch and the "HandShoe mouse" has been designed by university researchers in the Netherlands to fit your hand just like your favourite glove. It comes in three sizes – small, medium and large – and is designed to reduce the gripping and pinching actions of the standard conventional mouse. Like a vertical mouse, it encourages you to use your forearm in the ergonomically correct sideways rather than palms-down position. On its website, you will find many favourable reviews. Unfortunately, however, our two triallists gave it a go – and the thumbs-down!

Our first triallist said "the HandShoe mouse comes in three sizes and the one I borrowed was a little big – however this was not an issue for me. I found it very easy to use when it was still and when I was clicking. It was very comfortable and supportive for the

hand with minimal movement for clicking. However when it came to moving the mouse, I found it quite a strain on my shoulder. I have carpal tunnel syndrome and I found the mouse very easy on my wrist. I wouldn't use it though, because it was just too hard to move easily."



Our second triallist was also not a fan. "I have RSI in my shoulders and neck. I bought the correct size of the HandShoe mouse and found that my hand rested in it very comfortably. It certainly felt very relaxed. However, moving the mouse was hard on my shoulders and I certainly wouldn't choose to use it as my everyday mouse. I much prefer the Evoluent vertical mouse for easy movement."

On the basis of comments from just two members, we'd be reluctant to advise against buying this mouse. It does seem a good idea, though, to give it a try before investing over \$150. We have a HandShoe mouse in our office for members to try out – please give us a ring to make an appointment.



ACCUPUNCTURE, CHINESE HERBS & MASSAGE

We specialise in the treatment of:

- RSI & overuse injury
- Neck & lumbar pain
- Shoulder pain
- Sports injury
- Frozen shoulder
- Tennis elbow
- Depression & anxiety
- Chronic pain



www.chinesetreatmentcentre.com.au

Suite 4 Professional Centre, 5 McKay Gardens, Turner ACT

Benefit-Finding: Does it help?

"There are stages you have to live through as with any life changing event. You go through anger, denial and fighting it—hurting yourself more—and depression. Then you start to be realistic and accept the changes. You start to work your way around it. I have had many positive experiences in the last few years. Mainly I am thankful for all the lovely and caring therapists I have encountered. Their kindness and understanding were invaluable to me and it has opened my mind about different healing approaches."

There is overwhelming evidence that traumatic events can produce many negative physical and psychological consequences.

Although researchers have extensively studied the negative effects of trauma, there has been much less attention paid to the possibility of a positive impact from negative events.

However, there is a body of literature suggesting that people exposed to even the most traumatic events may perceive at least some good emerging from their struggle with challenging circumstances.

Richard Tedeschi and Lawrence Calhoun in their 1996 article *The posttraumatic growth inventory: Measuring the positive legacy of trauma* wrote that at least three broad categories of perceived benefits have been identified:

- changes in self-perception
- changes in interpersonal relationships and
- a changed philosophy of life

"Life philosophies may also change," according to *The Encyclopaedia of Positive Psychology*, "Some people cite an enhanced appreciation of 'the little things in life' and redirected priorities. Some individuals note a new openness to spiritual experience or religious activities."

"Succinctly, benefit finding is akin to the adage 'When life hands you lemons, make lemonade'. By focusing on well-being instead of pathology, the study of benefit finding and growth has articulated people's positive adaptation to stressful, traumatic, and negative life events."

"I was young when RSI happened to me and there have been some benefits. I am kinder to myself these days and take much better care of myself. I am far more assertive than I used to be and it's because I believe I'm worth it now. I consider these to be good things that have come from my RSI. Life is much less predictable than I thought it was before RSI and I now focus on the journey rather than the destination."

"These days I think about how, or even if, I am going to get there and ask what the rush is anyway."

"How I view my RSI now is very different than it was in the beginning. I can see that it was a big wake-up call and that it led me to finding out what I really wanted to do with my life. I don't believe in coincidence, I believe that I was led to my talent – massage and helping people with this."

"For the past 10 years I have run my own massage business from home, and worked as a volunteer masseur for various organisations."

"Once I accepted I would no longer get fulfilment from my career, I started to see that the changes caused by my RSI, which I fought against in the beginning, were actually bringing some good things into my life. I had sold my family home and bought a lower maintenance townhouse. Through moving I have not only made new friends, whom I admire greatly, I have organised, fought and won a case for my neighbours against the government. It was not only rewarding to win the case, I was helping people who were unaware of what I couldn't do: they simply accepted me for what I could. There was a lot of kudos for me. It took almost a year and a lot of hard work and the satisfaction at the end was well worth it. Winning the case gave me renewed hope in myself and the skills I have. It made me see that I could persevere."

These quotes are from the RSI Association's booklet, *Moving on with RSI*, containing the personal accounts of seven people who have experienced RSI. In these accounts, they share how they worked through the stages of denial, doubt and loss associated with their subsequent disability and found ways to lead fulfilling and satisfying lives.

"Following adverse life events, many people report positive outcomes, sometimes referred to as benefit finding and growth (or BFG). Some people experience a new appreciation of their own strength and resilience or an increased self-reliance. Others describe strengthened relationships and increased closeness with others, greater compassion or altruism, a heightened sense of the fragility of life, or changes in life philosophies and spirituality."
- Oxford Handbook of Positive Psychology.

Is positive thinking always a good thing?

Unfortunately, the current emphasis on the power of positive thinking can have detrimental effects on those who have suffered devastating outcomes from trauma or illness and find no benefit whatsoever from those experiences.

A recent article in the Sunday Life section of the *Sydney Morning Herald* gave an example of a woman who was hit by a car during early pregnancy leaving her temporarily wheelchair-bound. She found the pressure to stay positive was intense. "Family and friends pushed me to remain positive, thinking that they were helping me to keep on track," she said. "But really it just pushed the uncertain, sad and negative thoughts further inward where I had to deal with them myself. But you need a balanced approach and that can only happen if you consider the positives and the negatives."

An alternative approach to this push for positivity and the refusal to accept or even acknowledge the negative aspects of illness and trauma is provided by the Eastern philosophy of mindfulness. Lifecare counsellor Susan de Campo says, "Mindfulness is about moment-to-moment awareness of present events and not resisting the reality of what 'is' at any given time. It is an attitude of 'it is what it is'. This awareness is thought to lead to an ability to process challenging or unpleasant feelings in an effective and more functional way."

Overall, the evidence suggests that it does help to look for benefits that are real and to appreciate them.



For many sufferers of RSI, some positive aspects have been:

- meeting people they wouldn't have otherwise, such as people who have helped them;
- accepting that what they saw as a "normal life" was gone but appreciating what they've still got;
- taking things for granted a lot less;
- realising that the prospect of a fulfilling and rewarding career was no longer achievable but having more time to do things for others;
- being able to help fellow-sufferers because they understand what it's like and what the problems are and
- finding the inner strength to resist the pressure not to admit that you are dealing with the difficulties caused by RSI.

However, if the experience has, in truth, been mostly a wholly negative one, struggling to find an imaginary benefit won't help, and may even hurt.

Volunteering ACT Expo

Are you interested in finding a satisfying volunteering position?



The Volunteering A CAPITAL Experience EXPO will be opening on International Volunteer Day with over 50 organisations involved in the event.

Where: Albert Hall, Yarralumla
 When: 5th December, 4pm to 7pm
 6th December, 10am to 3pm
 Cost: Free!

Come and take a look at our stall and many others for a chance to discover the many volunteering opportunities available to you.

To find out more, visit: <http://www.volunteeringact.org.au/events-in-the-centenary/volunteering-expo>

Information Sheets Available:

Hydrotherapy
 Swimming for RSI
 Injections for RSI
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 Assistance through Medicare
 Member's story: Invalidity Retirement
 Managing your Finances with RSI
 Review: Clickless software & Short-Keys
 You don't have to live with depression

How to sit at your computer
 Massage - why and how it helps with RSI
 Members' story - Studying with RSI
 Managing stress in your life
 Neck pain: prevalence, causes, treatment
 A new approach to pain
 Treatments for Carpal Tunnel Syndrome
 How to win and keep a Comcare claim
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Tips & Tools Sheets Available:

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Sewing	Gadgets to help with medicines
Driving	Emails using MS Outlook
In the Garden	Book Holders
In the Laundry	
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To order an electronic copy of any of the above info sheets, please email us at admin@rsi.org.au

Save with our two year membership for just \$30.00

Booklets Available:

The RSI Association Self-Help Guide **\$20**
 130+ pages of 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**
 20+ pages of information designed to help parents with an overuse injury to manage the specific challenges they face.

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

Renewal for Membership & Order Form

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

Name: _____

Address: _____

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Email: _____

I would like to receive my newsletter by email: ☐

I enclose:

Annual Membership:	Cost:	
Low Income	\$10	<input type="checkbox"/>
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Organisation*	\$60	<input type="checkbox"/>

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*Organisational membership is open to organisations sharing our aims.

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Preventing overuse injury, reducing its impact

**RSI & Overuse Injury Association of
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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,
10am to 2pm

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