December 2015 www.rsi.org.au

IN HAND

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

Summer 2015-16

News & Events

AGM: Exercise Physiology

Speaker: Daniel O'Sullivan, exercise physiologist and massage therapist

When: Monday 30th November, 12-1.30pm

Where: Rod Driver Room, Dickson Tradies (2 Badham St)

Cost: Free and everyone's welcome
If you would like to stay for lunch at 1pm, please RSVP to us by Thursday 26th of November.

See page 2 for more details about Daniel and this event.

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*

Managing Christmas … see page 10

In This Issue

AGM—Exercise Physiology

Come along to our Annual General Meeting on Monday the 30th of November (from 12-1.30pm) to hear all about exercise physiology from our guest speaker Daniel O'Sullivan.

Thanks to the generosity of the Dickson Tradies Club we'll be able to provide you with a free lunch; but we need to know numbers! There are a limited number of spots available, so please RSVP by Thursday the 26th of November by calling us at (02) 6262 5011, or emailing us at admin@rsi.org.au.

The Tradies

2 Badham Street, Dickson

Who is Daniel O'Sullivan?

Daniel O'Sullivan is a highly qualified health professional with achievements and accolades in multiple fields including exercise physiology, massage therapy, personal training and sports science.

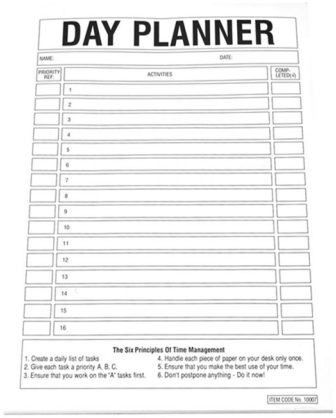
Daniel completed his Associated Diploma in Applied Science Fitness in Recreation at Canberra CIT before going on to obtain a Bachelor of Applied Science.

In addition to these impressive qualifications, Daniel was awarded personal trainer of the year in 2004 before continuing his studies to achieve a Diploma of Remedial Massage at the NSW School of Therapeutic Massage Sydney, and a Masters Degree in Exercise Science (majoring in Rehabilitation).

Daniel is knowledgeable about a wide range of conditions including carpal tunnel syndrome, common hand and wrist problems, neck and shoulder pain, tendinitis conditions, muscle strain and pain and many others.

If you'd like to hear more about Daniel's qualifications, experience and knowledge, come along to our AGM.

Letters to the Editor


DAY PLANNER

NAME: DATE:

PRIORITY REF	ACTIVITIES	COMP. LETTER(S)
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The Six Principles Of Time Management

1. Create a daily list of tasks
2. Give each task a priority A, B, C,
3. Ensure that you work on the 'A' tasks first.
4. Handle each piece of paper on your desk only once.
5. Ensure that you make the best use of your time.
6. Don't postpone anything - Do it now!

ITEM CODE No. 10067

I write to do lists every day to try to keep track of what I need to get done, and I find I get so overwhelmed with all the things to do, that I keep putting off doing my stretches and forgetting them entirely. I like this notepad, the *Quill Day Planner*, that I purchased from Officeworks over a normal to do list because you can allocate a priority to each task on your to do list. The idea is that you are motivated to do them in priority order. I find that if I put my stretches on as an A priority it forces me to do them before I can start on my B tasks. So really, it's a bit like the break software or reminders on my phone, but I can't press a button and put it off or ignore it, because it's written there in front of me all day, motivating me to do it and tick it off! *Christina*

BITS & PIECES

YOUNG AUSTRALIANS AND TOUCH SCREEN USE

A whopping 10.8 million Australians use smart tablets, and even more use smart phones–16 million! The prevalence in our daily lives of these devices is rapidly increasing, especially for the younger generation. Education authorities are now integrating the devices into the curriculum. However, current Australian activity guidelines set usage for 5–17year old children at a maximum of two hours per day. For children aged 2–5 years, the limit is just one hour a day, and it's not recommended that children under the age of two use smart devices at all. One nationwide survey of 159 parents has found that young children are exceeding these time limits by a lot, the most common reason rated by parents being to 'keep children calm and happy' (44%). Coming in second is the use of smart devices for educational purposes (37%), followed by communication (20%). Considering that 60% of device usage was at home (22% while travelling, 17% while out and about), use in schools could potentially double, even triple a child's daily limit. Given that such devices are known to promote awkward body postures and reduce physical activity behaviour, we should definitely be investigating stricter guidelines for touch screen use.

Coenen, P., Howie, E., Campbell, A., & Straker, L. (2015). Mobile touch screen device use among young Australian children – first results from a national survey. *Proceedings 19th Triennial Congress of the IEA, Melbourne, 9-14th August.*

CONTROVERSIAL US OPIOID USE GUIDELINES

The US Centers for Disease Control and Prevention (CDC) have recently proposed new guidelines for the prescribing of opioids in relation to chronic and acute pain. A panel of unnamed experts has advised that 16,000 Americans are killed annually by overdoses linked to pain medication and that the risks of addiction far outweigh the benefits of pain relief. Some of the recommendations include offering non-pharmacological therapy as first line of defence, a rather invasive urine drug test before opioid use (and for check-ups later), offering the lowest possible dose for a maximum of three days only, and strongly advising against the prescribing of benzodiazepines in combination (a drug often used to treat anxiety that is known to cause drug dependence). The proposal has caused great controversy among advocates of opioid use, some even questioning who were the 'experts' whose advice was sought, with National Institute of Health (US) statistics showing that only 5% of patients taking opioids as directed developed an addiction problem. What's more confusing is that the Food and Drug Administration (FDA) whose job it is to regulate drugs and drug guidelines was unaware that the CDC were drafting their own guidelines.

Anson, P. *CDC: Opioids not 'preferred' treatment for Chronic Pain*, September 16, 2015. http://www.painnewsnetwork.org/stories/2015/9/16/cdc-opioids-not-preferred-treatment-for-chronic-pain

PORTABLE MINDFULNESS—SMILING MIND APP

Smiling Mind is a FREE smart phone and tablet app available on both Apple and Android operating systems that guides you through a series of quick and helpful meditations. The program is separated into stages which you can progress through at your own pace, each stage containing a new method of meditation. You'll also find several tips that you can use when you don't have time to complete the full exercise. Search 'Smiling Mind' in your app store to find this app.

RESEARCH IN BRIEF

BIOMARKERS

Wouldn't it be great if a simple blood test could tell you if you had RSI? Biomarkers may just be the answer! Biomarkers are small naturally occurring molecules, lipids, genes or other substances in the body that can be detected via blood analysis. The presence of certain biomarkers can indicate a number of health conditions. A recent analysis of 87 studies has found that a number of biomarkers are related to musculoskeletal disorders (MSDs). **TIMP-1**, a substance associated with helping the growth of cells, is often decreased in fibroproliferative disorders. **Serotonin**, or 5-HT is increased in trapezius myalgia (chronic pain in the upper body). Finally, **triglycerides**, that is, about 95% of the dietary fat we consume, are also increased in a variety of MSDs. But don't go asking your doctor for a blood test just yet! These particular biomarkers aren't just related to MSDs. Serotonin is also found in relation to eating disorders, migraines, hypertension, anxiety and most commonly, depression. Until the exact role of these biomarkers can be narrowed down, it's not a reliable diagnosis tool.

Gold, J. E., Hallman, D., Hellström, F., & Björklund, M. (2015). Systematic review of biomarkers for upper extremity musculoskeletal disorders.

HEALING TENDON INJURIES WITH HUMAN FOETAL CELLS?

Tendon healing is a lengthy and imperfect process, "the natural structure is often never attained again…the scar tissue and adhesions remain and can lead to decreased mobility and rupture," according to Dr Lee Ann Laurent-Applegate from the University Hospital of Lausanne's Department of Musculoskeletal Medicine in Switzerland. For this reason, new methods have been proposed for tendon repair, most recently and rather controversially, the use of human foetal cells. One study trialling foetal cells in tendon repair used tissue from foetal organ donation and showed a faster tendon regeneration process. Further study is being conducted on the use of such cells in clinical practice for the treatment of tendinopathies.

http://www.eurekalert.org/pub_releases/2015-08/ctco-sre082015.php | Grognuz, A., Scaletta, C., Farron, A., Raffoul, W., Applegate, L. A. (2015). Human fetal progenitor tenocytes for regenerative medicine. *Cell Transplantation,* online publication.

JOB SATISFACTION, ABSENTEEISM AND WORK-RELATED MUSCULOSKELETAL DISORDERS

Does lower job satisfaction predict higher pain intensity and more days off work for people with MSDs? A recent study of 743 metropolitan newspaper office workers suggests not. However, those who felt they had greater control over their work expressed higher job satisfaction and lower pain intensity. Higher satisfaction was also related to higher social support and lower job insecurity.

Working paper: http://www.iwh.on.ca/working-paper/wp-112

POTENTIAL NEW TREATMENT FOR ELBOW TENDINOSIS

Scientists in Sydney recently carried out a study to discover if nitric oxide could help 86 patients who had been suffering with chronic epicondylitis (elbow tendinosis) for an average of 18 months. Participants were divided into two groups, both of whom were given their standard treatment of rest and bracing followed by graded exercises. In addition, one group was provided with a glyceryl trinitrate (GTN) skin patch to wear; the other group wore a placebo patch. After 24 weeks, 81% of the patients with GTN patches had no symptoms in activities of daily living compared to 60% of patients with standard treatment alone. They also did better on measurements of pain and ability to work. Some short-term side-effects of the patches included headaches and dermatitis. The authors conclude that GTN patches, in combination with a tendon rehabilitation program, appear to improve patient outcomes in epicondylitis.

Paoloni, J. A., et al. (2003). Topical Nitric Oxide Application in the Treatment of Chronic Extensor Tendinosis at the Elbow A Randomized, Double-Blinded, Placebo-Controlled Clinical Trial.

PANADOL FOR PAIN
DOES IT REALLY WORK?

Did you know?

Despite the $1.34 price difference (at our local Woolies) between standard Panadol and Panadol Rapid (supposedly twice as fast), they both have the same active ingredient (500mg of paracetamol). The more expensive option typically also comes with fewer tablets.

Considering that fancy names like 'Zavance' and 'Rapid' can boost product prices up to four or five times their cost in some stores, the difference can really add up.

Always read the label and find out exactly what you're paying for!

The Therapeutic Goods Administration recommends a maximum of 4 grams (4000mg) of paracetamol in any 24-hour period for adults and children over the age of 12.

Doses should be spread out over the day at four to six hourly intervals.

Paracetamol, the active ingredient in over the counter Panadol tablets, is the number one remedy for pain. But is it really that effective? Well, a recent analysis of 12 studies including over 5000 participants has found some results that might just surprise you.

Panadol Rapid, 40 Caplets
500mg paracetamol, $5.49

Panadol (Regular), 100 caplets
500mg paracetamol, $4.15

According to the analysis, paracetamol makes no significant difference to pain or quality of life for those suffering with lower back pain, osteoarthritis and similar conditions. And it's not harmless — three of the studies suggested that regular paracetamol users are four times more likely to show abnormal results on liver function tests compared to those taking a placebo pill. However, the authors of the analysis say that this claim doesn't add up: "the drug has been used extensively for decades for chronic musculoskeletal conditions, and there is scant evidence for clinically significant toxicity with regular doses of up to 4000 mg/day".

The analysis revealed that most patients who regularly took paracetamol for lower back pain only experienced a 3-point pain difference on a 100 point pain scale (that's a tiny 0.3 point difference on a 10 point scale). This difference is mostly undetectable for patients and hardly a difference for clinicians, at least not significant enough to recommend regular and prolonged use.

These results clearly question the regular use of paracetamol as an effective treatment for pain, but despite this, it still prevails as the most common treatment.

If you're interested in the research mentioned in this article, email us at admin@rsi.org.au for our list of references.

EXERCISE PHYSIOLOGY: TRYING IT OUT

Strengthening exercises are one of the few treatments for overuse injuries that really seem to work and have a good evidence base. But these exercises need to be designed and delivered in a carefully tailored way for each injured person. And that's where the new discipline of exercise physiology comes in! We talked to two of our members who've tried exercise physiology to help treat their condition and here's what they said.

First member:

> *I've had RSI for four years and tried quite a few different treatments. I finally decided to give exercise physiology a go and signed up for a free program with ACT Health. The only downside was that I had to wait 13 weeks to get a place.*
>
> *I then undertook a 12 week program at Canberra Hospital. The initial assessment lasted an hour; they took a medical history, gave me various tests to determine my flexibility and strength and asked me about my goals, which I thought was really important. They stressed that I should set goals which were meaningful to me.*
>
> *The program lasted 12 weeks. The exercise physiologist initially wrote up a program for me, and we went through it at the first session together and tweaked it a bit so that it worked for me. I went in two times a week for an hour each time and I was always greeted and asked if there were any issues and did I have any pain. If I did, they made changes to the program – they were very flexible. After six weeks, they did an assessment to see whether I had improved and then a final assessment after the end of the 12 week program.*
>
> *At the end of the program I definitely felt stronger and had more endurance. They wrote up a program for me to continue at home or at a gym but I haven't really kept it up and have gone backwards a bit. However, I would definitely recommend this program to anyone else with RSI.*

Second member:

> *I first tried an exercise program for my RSI several years ago at a gym that had a one-size-fits-all approach. I felt they weren't really interested in me and I didn't get much benefit from it.*
>
> *This year I started a strengthening program at a physiotherapy practice. In the beginning, we did a lot of goal-setting with the exercise physiologist – for example, I wanted to be able to drive to the coast and back; that was really important to me. I also wanted to be able to do some personal computing and sewing.*
>
> *It took a while to see the benefits but now, after a few months, I feel I really have made some progress. Recently I was able to move house without too much pain and I find when I do have a flare-up it's more manageable. I've definitely become stronger too. However, it did take time.*
>
> *I was surprised at the results and I think they made me feel more confident about managing life*

generally.

What made the difference between these two programs? In the second, I could really talk to the exercise physiologist and feel listened to. The advice I got was personalised and adapted to my capabilities. I also had a home program, which I do watching television. Overall, exercise physiology has made quite a difference to my ability to manage at work and at home.

To learn more about exercise physiology from an expert practitioner, come along to our AGM on Monday 30th November at the Dickson Tradies (12–1.30pm). Guest speaker Daniel O'Sullivan , exercise physiologist and massage therapist, will be there to answer all of your questions. See page 2 for more details.

RELAXATION CAN HELP YOU MANAGE PAIN

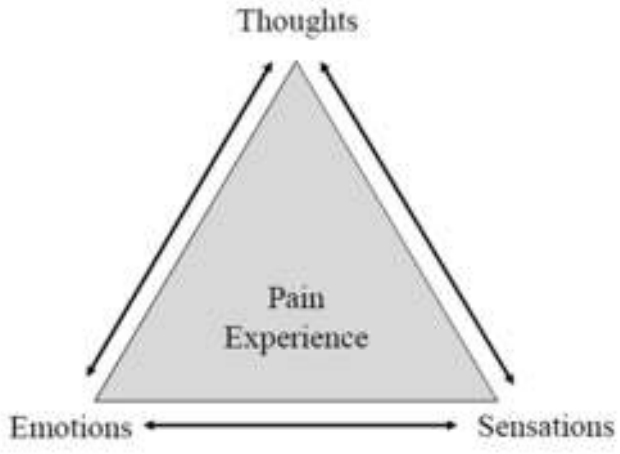
It might not surprise you to know that stress and pain both come from the *fight or flight* family of bodily responses. *Fight or flight* is an internal bodily mechanism that is used to prepare the body for action. It uses two sections of the nervous system.

Firstly, the **sympathetic nervous system** increases your heart rate, breathing, perspiration and muscle tension, whilst simultaneously slowing digestion and releasing sugars, cholesterols and fatty acids into the bloodstream. The idea is that energy taken from these processes is now devoted to taking in more oxygen to fuel the muscles in order to flee! It also helps to explain why stress can sometimes make you feel a bit nauseous. Then the **parasympathetic nervous system** kicks in and slows the *fight or flight* response down, returning the body back to normal processing, known as homeostasis. It's often this latter system that's out of tune when it comes to stress and chronic pain.

WHAT IS THIS STRESS RESPONSE DOING TO YOUR BODY?

The main hormones regulating the *fight or flight* system are adrenaline and cortisol. They are released in response to stressful stimuli (in this sense, anything that arouses the body) as well as in response to the perception and experience of pain. When the body interprets stress-related hormones it can sometimes interpret them as pain-related signals and thus increase the experience of pain itself. This pain can lead to emotional responses such as panic, distress, frustration and worry, which themselves produce further physical symptoms such as heavier breathing and tensed muscles. Do you notice the link yet? These emotional responses are very similar to those produced by the *fight or flight* response in reaction to stress.

In addition, the lipids, cholesterols and fatty acids released when the *fight or flight* process kicks into gear may have a role to play in tendinopathy in the first place. A meta-analysis of 17 studies including over 2600 participants was conducted this year by Dr Jill Cook and her colleagues. It revealed an association between increased lipid and cholesterol levels and tendinopathies; these substances are known to sustain low levels of



inflammation over long periods of time.

So, as you'll see from the diagram overleaf, stressing about pain leads to emotional reactions, which increase negative interpretations, which increase physical symptoms that your body interprets as pain. What's more, the energy your body devotes to prolonging this stress response is known to reduce your immune system function over time. And this explains why flare-ups can sometimes make you feel a bit under the weather.

Worse still, a systematic review of over 16 studies found that experiencing persistent tendon pain is related to increased sensitization in the nervous system; that means the greater the amount of tendon pain you feel over time, the lower your threshold to pain becomes. This is called hyperalgesia.

But what can you do about this maladaptive response, short of rewiring your biological circuitry?! The most obvious step is to learn how to manage the stress response.

TECHNIQUES FOR REDUCING YOUR STRESS AND MANAGING PAIN

Psychological management of pain is often stigmatised for ignoring the physical presence of pain; however this is not the case! One of the main advantages of a psychological approach to pain is psychoeducation – learning about how pain affects bodily processes (which you've just done!) and how you can adapt these processes to assist your recovery.

A BREATH OF FRESH AIR

For example, you've probably heard many times that deep breathing and relaxation are a great way to reduce pain. For some, *take a deep breath* is enough, for others it helps to know why you're doing it! The main benefit of breathing relaxation techniques is that they are a natural reversal of the *fight or flight* response. One of the main techniques is to lengthen the out breath, that is, breathe out longer than you breathe in. Pushing more oxygen out of your body physically slows the breathing and heart rate, which means there's less blood pumping to your muscles, thus reducing tension. Try sitting in a comfortable position and breathing in slightly deeper than you usually would for 3 counts, and breathing out for 4. You'll feel your heart rate slow and your muscles begin to relax. This technique can require a bit of practice, and it might help to follow a guided exercise. If you're interested, check out the 'Smiling Mind' app mentioned in our Bits and Pieces articles!

TENSE, AND RELAX

Another useful technique for stress and pain management is progressive muscle relaxation. It's a step up from relaxed breathing, so try getting used to that before moving on. This method targets muscle tension and aims to reduce the tense state of the body that usually accompanies chronic pain and stress.

It's easy to forget that a relaxed state isn't the same as *not in pain*, so the idea of this method is to purposely tense different parts of the body and then release. Again, try sitting or lying in a comfortable position and tensing the muscles in your feet. It's okay to notice the tension and effort it requires to do this. When you're ready, relax your feet. Notice that your feet feel less heavy, and it's less of an effort to hold this relaxed position. The same principle applies to other parts of the body, however, tensing should never cause pain. A good tip is to simply start elsewhere! If you experience tension in your neck and shoulders, start by trying this method with your feet and hands. When you feel confident enough, you can try tensing and relaxing other parts of the body. If you're feeling a little cautious about this exercise, stick to the relaxed breathing, or perhaps investigate performing it with the guidance of a psychologist.

The best part about the two methods mentioned above is that they actually work! A five year follow-up study of participants suffering from chronic musculoskeletal pain found that if participants continued to perform relaxation breathing techniques, their pain ratings decreased – and stayed that way! In addition to being more cost-effective, less difficult to incorporate into daily life, and easier to manage than other forms of pain management, participants rated themselves as happier for learning the new technique rather than relying solely on medication.

So, it's clear that managing stress is of critical importance when it comes to chronic pain management. Whilst the methods mentioned here won't completely cure your pain, they can teach you valuable skills in reducing stress and increasing quality of life.

Olivia Duczek

Jerath, R., Edry, J. W., Barnes, V. A., & Jerath, V. (2006). Physiology of long pranayamic breathing: Neural respiratory elements may provide a mechanism that explains how slow deep breathing shifts the autonomic nervous system. *Medical Hypotheses, 67*(3), 566-571. DOI: 10.1016/j.mehy.2006.02.042

Plinsinga, M. L., Brink, M. S., Vicenzino, B., & van Wilgen, P. (2015). Evidence of nervous system sensitization in commonly presenting and persistent painful tendinopathies: A systematic review. *Journal of Orthopaedic and Sports Physical Therapy, e-pub ahead of print*, 1-34. DOI: 10.2519/jospt.2015.5895

Sarafino, E. P., & Smith, T. W. (2014). *Health Psychology: Biopsychosocial Interactions* (8th eds). Wiley, USA.

Tilley, B. J., Cook, J. L., Docking, S. I. et al. (2015). Is higher serum cholesterol associated with altered tendon structure or tendon pain? A systematic review. *British Journal of Sports Medicine,e-pub ahead of print.DOI:* 10.1136/bjsports-2015-095100

MANAGING CHRISTMAS

Christmas *should* be a time of fun and joy, yet all too often we feel too rushed, stressed and overworked to enjoy it. And when you have RSI, it can be even harder to cope with. So we've put together a few ideas that we hope will help to make Christmas fun again.

Christmas means different things to different people and it can be worth spending a bit of time thinking about what's really important to you in this celebration. Then, focus on that and do what you can, not what you must! One member says "For me, it's ideally about giving (not necessarily presents), eating good food (not necessarily cooking), connecting with friends – particularly people I haven't seen for a while – and enjoying my family, while at the same time having fun. And it's also about thinking about others who don't have so much. So our family decided to do a Kris Kringle where we draw a name out of a hat and give just one well-chosen present. And I don't do much cooking – we all spend Christmas morning cooking together. It's actually a lot of fun!"

Another member always enjoyed making Christmas presents. "I used to knit and crochet things for people, but that's not possible now. Now I tend to cook things, recipes that are fun and fairly simple. I'll make spiced nuts and put them in pretty jars and I cook chilli jam (very easy – the food processor does it!) and fruit liqueurs. These look great and are easy."

When it comes to gifts, people actually enjoy experiences more than items. And experiences are a lot easier to wrap – a voucher in an envelope and you're done! Some 'experience' gift ideas include vouchers for: a manicure; a massage; a balloon ride; an annual membership, for example, to the zoo or a gallery; tickets to a play, the movies or an exhibition. Magazine subscriptions also make a good present; give the recipient a copy of the magazine and a note to say they now have a subscription. You can buy pretty envelopes at specialist stationery shops. You could also give your own vouchers: a promise to spend a night playing board games or reading a book aloud.

If you like to have a traditional Christmas dinner, quite a bit of it can be cooked and stored or frozen ahead. For example, stuffings and gravies can be successfully frozen while a Christmas pudding or Christmas cake only gets better the longer it is stored. Google "make-ahead Christmas" and you will find lots of good ideas.
To manage Christmas present wrapping, go to small shops when they're not too busy and ask if they will wrap what you buy. An alternative is to use the present-wrapping service (which is generally pretty cheap) at the big shopping malls. We'll let you know on our Facebook page when these services start.

Staying in touch, especially with relatives and friends who live far away, can be an important part of Christmas. "I start my Christmas cards in November and I write one each day – that's about as much as I can manage. Every year I swear to create a mailing list on the computer so that I can just print out mailing labels, but so far I haven't managed it. Some years I use Dragon Naturally Speaking to write a Christmas letter and I usually add a handwritten line or two to personalise the letter." If you can't manage cards, you could make a special effort to

make a seasonal phone call to say "Merry Christmas".

And finally, have you heard of the 'hundred dollar holiday'? It's a movement started by Americans who wanted to focus more on the religious significance of Christmas and also the name of a book by environmentalist Bill McKibben. He says:

Christmas had become something to endure at least as much as it had become something to enjoy—something to dread at least as much as something to look forward to. Instead of an island of peace amid a busy life, it was an island of bustle. The people we were talking to wanted so much more out of Christmas: more music, more companionship, more contemplation, more time outdoors, more love. And they realized that to get it, they needed less of some other things: not so many gifts, not so many obligatory parties, not so much hustle.

Once, after an evening program filled with carol-singing and kids' stories and general proselytizing for the idea of simpler Christmases, one woman said to me: "Thank you for giving me permission to celebrate Christmas the way I've always wanted to." What she meant, I decided, was that the message from the pulpit allowed her to stand up to the pressures of the advertisers, of the glossy magazines with their endless decorating tips—to stand up to the voice that had been planted in the back of her head that told her what Christmas should be.

So by making your Christmas simpler and more RSI–friendly, you may be making it more fun, more loving and more about people, not things!

For more ideas, have a look at our Facebook page as Christmas approaches – we'll be putting up ideas for easy recipes and things to make. And this website has a lot of good links: http://www.becomingminimalist.com/simple-christmas-links/

How to Make Fruit Liqueurs

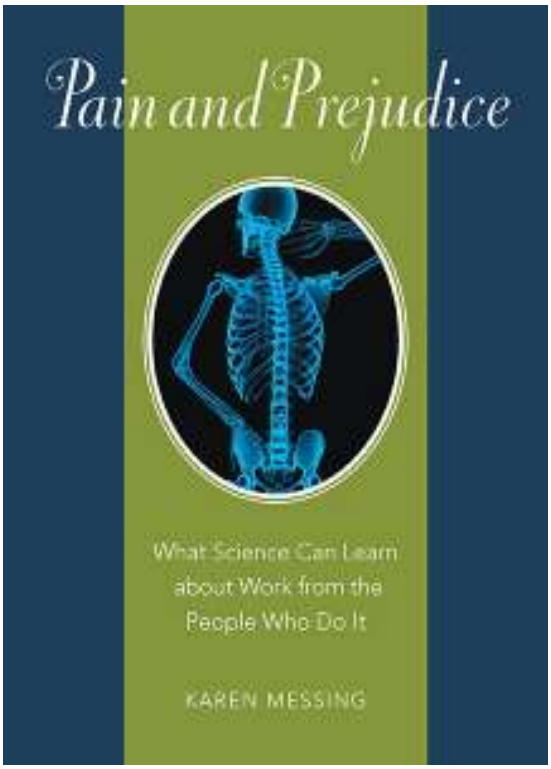
First, take a dishwasher-clean wide-mouthed glass jar, fill half full of fruit, top up to three-quarters full with granulated sugar (or more, if you prefer), then top up with alcohol.

The rest is a matter of taste. What's your favourite fruit? What do you have a glut of? Do you prefer a gin, vodka or a brandy base? Vodka has the least taste, gin is the most festive, and brandy the richest. I love rhubarb and orange vodka; plums and damsons in brandy with almond essence; ….blackberries and elderberries in whisky with a vanilla pod, and I've even tried making tiny holes in a squash, removing pith and pips and then draining a rum and sugar solution through it into a bowl – not recommended.

The jars are swirled occasionally, tasted regularly and kept in the larder for as long as possible (four to six weeks), strained through muslin and decanted into pretty bottles then labelled by hand, with Christmas list in mind.

Recipe from Francine Raymond, The Telegraph

PAIN & PREJUCIDE: BOOK REVIEW



Karen Messing is a researcher with decades of experience in the field of workers' health, especially the health of women workers' and people who do difficult manual work. For 15 years, she and her research team partnered with community women's committees and the health and safety committees of Québec's three largest trade union Confederations. This partnership included ergonomists, sociologists and legal scholars as well as union representatives in a project called "the invisible that hurts", referring to the fact that the dangers to the women in the workplace are often not as visible or as impressive as those that face men – but they can do just as much damage.

They created a book on ergonomics and women's work that was translated into six languages and wrote a United Nations policy paper on gender and occupational health. They managed to get "new laws passed and old ones respected". And then the funding for these projects disappeared.

Now Karen has written a book, a very powerful one. She uses her personal experiences in the world of academia to illustrate how scientists in the field of occupational health can fail to protect workers' health.

She writes about how sceptical some scientists are about workers' pain. "As researcher Bradley Evanoff put it in a letter sent to the occupational and environmental medicine listserv … "This constant … denial of the whole concept of WRMSD (work-related musculoskeletal disorders) continues to amaze me. I know practitioners who will confidently diagnose lateral epicondylitis … as the result of two hours of casual tennis, but who will not accept that six months of 50 hours per week of wire pulling and wire stripping … can lead to the exact same musculoskeletal disorder."

"In other words many medical scientists suffer from an empathy gap. They play tennis and go to museums so they can understand tennis elbows and museum fatigue. But they have gone to school for years and years so as to avoid doing repetitive physical labour at work – how can they sympathise with the problems of wire strippers? Often, they just don't believe in the stories."

This book is about the gulf between academics and workers: the "empathy gap" "when judges who decide on workers' compensation can't imagine conditions on the assembly line, they refuse workers' claims for compensation for work-related illness. When scientists don't understand why workers feet hurt they design studies with flaws that make them appear to show that workers feet don't hurt."

She writes "empathy, to some extent, can be bought and some international corporations have become expert in getting scientists to empathise with their point of view. I think it must be easier to force yourself to express a

scientific opinion without nuance if the army of high-ranking lawyers is on your side rather than being lined up against you."

According to Dr Messing, some scientific journals in this field are closely associated with employers and employer funding. However, in the study she carried out with a colleague, she found that most academic authors in occupational health were very cautious about expressing positive results showing a connection between work and health. That is, they were very reluctant to say that a work hazard was causing ill-health. But when it came to expressing negative results, showing **no connection** between a work hazard and health, they were a lot less cautious. This double standard has consequences – it stacks the cards against the workers.

You can find the book at: http://www.amazon.com/Pain-Prejudice-Karen-Messing/dp/1771131470

What's On Our Facebook Page?

- Can a pain course delivered over the internet help with pain and the stress and depression that goes with it? It looks like it can, according to Body in Mind: http://www.bodyinmind.org/internet-cbt-pain-management/
- Here's a good summary of the research on how to manage carpal tunnel syndrome - and some useful common sense ideas as well! http://www.everydayhealth.com/news/natural-ways-ease-carpal-tunnel-pain/
- Here's some good advice on how to increase your resilience to stress at work (and some good ideas for your manager as well!) http://www.abc.net.au/health/features/stories/2015/01/22/4165103.htm

www.facebook.com/RSIACT

Tips & Tools—Jokari Beverage Opener

This device claims to help you easily open twist off caps, pop-top caps and pull-tabs. And it really does work!

To open any kind of bottle or screw cap, you just place the can grippers around the cap and use the handles to open it. The grippers lock on very well and don't slip, while the handles provide excellent leverage.

Snib devices at the end of the handle work very well on pop-tops and pull tabs. It feels very solid and comfortable in the hand and appears to be very well made.

You can buy this for around $10 from Amazon. For more information, check out this link: http://www.jokari.com/products/g_06042.html

TIPS & TOOLS — THE OYSTER MOUSE

The Oyster mouse is an unusual variant on the vertical mouse. Its stand-out feature is its ability to ratchet into a range of horizontal to vertical positions, all of them nicely curved to fit your hand. It's very easy to change these positions, although you won't need to once you find the right degree of slope. I found it a very comfortable mouse to use and it felt good in my hand.

Its other big feature is its ability to be used in either hand. If you have the wireless version, which I recommend, all you need to do to switch from one hand to the other is to toggle a small switch underneath the mouse. (The version with a cord is around $60 cheaper and okay if you intend to use it with just one hand.)

There are two double-click switches on the side of the mouse which are very easy to use. Lower down, there are two small switches for cut and paste. These are awkward to use and best forgotten. There's also a scrollbar set into the middle of the mouse which is very comfortable to use. Also set in are two large right and left-click bars which work very well. It all sounds a bit complicated, but in practice is very easy to learn!

I generally use the Evoluent vertical mouse with clickless software. While the Evoluent is not quite as comfortable in the hand, it seems to slide more smoothly on the desk so, overall, I find it easier to use. However, I would definitely settle for the Oyster mouse, especially if I wanted to switch hands frequently.

Incidentally, it comes in two sizes, standard and large, but the standard seems to fit most people.

Comments from another user:

> *I like the shape of the Oyster mouse in my hand and the fact that the angle can be adjusted.*
>
> *If you use the corded version, it is a bit hard re-routing the cord, although in my case I only ever use it on one side. I found the switch underneath to shift from left to right-handed use a little small and tricky – at least for me. By the way, I would recommend using a wooden spoon to push the cord into the groove, which makes it a bit easier.*

Information Sheets Available:

- A New Approach to Pain
- Assistance through Medicare
- Clickless Software
- How to Win and Keep a Comcare Claim
- Hydrotherapy
- Injections for RSI
- Managing Stress in Your Life
- Managing Your Finances
- Massage
- Medical & Medico-Legal Appointments
- You don't have to live with depression
- Neck Pain
- Pillows & RSI
- Sewing & RSI
- Members Story — Studying with RSI
- Swimming with RSI
- Treatments for Carpal Tunnel Syndrome
- Voice Overuse
- Member's Story — Invalidity Retirement

Helping Hand Sheets Available:

Driving	Getting on top of your emails
Sewing	Gadgets to help with medicines
In the Laundry	Writing and Pens
Handles	In the Garden
Book Holders	Sitting at the Computer
Cycling	Choosing a Keyboard
Holidaying	In the kitchen
Break software	Heat therapy for pain
Clickless software	Which keyboard?

To order an electronic copy of any of the above info sheets, please email us

Save with our two year membership for just $40.00

Booklets Available:

The RSI Association Self-Help Guide **$25**
Really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

Moving on with RSI **$10**
Stories of people who have learnt to live with serious RSI, with many ideas on how to survive emotionally and successfully manage the condition.

Pregnancy & Parenting with RSI **$10**
Information designed to help parents with an overuse injury to manage the specific challenges they face.

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

Renewal for Membership & Order Form

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

Name: _____

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

Coming Soon

How Thermography Can Help

RSI & Left-Handers

How Much Does RSI Cost?

Book Review: RSI: 'Personal Story & Treatment Options'

Preventing overuse injury, reducing its impact

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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, 10.30am to 2.30pm

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