

IN HAND



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

Summer 2016/17

News & Events

What's going on with the National Disability Insurance Scheme

Hosted by the Chronic Conditions Seminar Series

Speaker: National Disability Insurance Agency

When: 7pm, Thursday 16th March

Where: SHOUT, Collett Place, Pearce

Cost: Free, all welcome

Stress Less and Live Healthy

Hosted by the Chronic Conditions Seminar Series

Speaker: Mental Health Foundation ACT

When: 7pm, Thursday 20th April

Where: SHOUT, Collett Place, Pearce

Cost: Free, all welcome

Helping people with RSI:

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



What's the best way to spend your break at work? pg 8

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LETTERS TO THE EDITOR

Dear Ann,

Researchers at the University of Sydney and Pain Management & Research Centre, Royal North Shore Hospital are looking for people with persistent pain to participate in a survey. They are researching how people manage their pain and the impact it has on their life.

To complete the online questionnaire, go to <http://tinyurl.com/usydpain>. A questionnaire can also be mailed to you to complete on paper if you prefer. Contact Ms Renata Hadzic at rhad7885@uni.sydney.edu.au and they'll send it to you.

A \$5.00 donation will be made to Chronic Pain Australia for each person that completes the study.

Dear Ann,

Most people use a petrol powered lawn mower. I think more people, like me, should be using electric powered lawn mowers. They have a number of advantages. They include

Cost - Ones with a cord (like mine) are significantly cheaper than petrol ones both to purchase and operate.

Weight - I can easily pick it up and carry it.

Ease of use - I just put it on the lawn, plug it in, turn it on and go. No worries about fuel; spark plugs or anything else. If it does not start first time then it is not plugged into a working power point.

Maintenance - Every few years I need to replace the blade. Just like any other lawn mower. Everything else is optional. If it has any serious problems I cannot fix myself then I know it is time for a new lawn mower.

Much less vibration - A petrol engine has a cylinder that goes back and forth producing vibration. An electric engine rotates - producing no vibration. And slightly less noise.

Dead man switch - Let go of an electric lawn mower and it will stop within seconds. A petrol one will keep going until the fuel runs out.

Pollution - I am not breathing in any pollutants such as carbon monoxide from the lawn mower.

The cord is not much of a problem. I just have to make sure that I do not run over it or I need a new cord! In 30 years of lawn mowing I have only done that once. A long cord is needed which can easily be purchased. The engine is powerful. Discovered I could even run while lawn mowing without problems. Try doing that with a petrol lawn mower! It can handle long grass easily. Holding onto the dead man's switch is not a problem. If you can comfortably keep your fingers bent then you can hold the switch.

Buying one is not an issue. You should be able to buy one from any shop that sells a decent range of lawn mowers. If you cannot see one, then ask!

Robert

If you're interested in buying an electric mower, we've reviewed some electric lawn mowers in our Tips & Tools section on page 14.

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

BITS & PIECES

FROM THE DIRECTOR

Dear Members,

Welcome to our first edition of 'In Hand' for 2017. We hope this newsletter will interest and inform you; remember we're always keen to hear your feedback and your suggestions.

This year we're planning to hold a pain event with Pain Support ACT in July, called "Getting on Top of Pain". Our keynote speaker will be Dr Richard Sullivan from Melbourne, formerly Head of Pain Services at Peter MacCallum Cancer Centre.

Another speaker will be Dr Romil Jain from Canberra Hospital's Pain Unit, which gives great support to people in pain around the ACT.

There'll be other speakers too and plenty of opportunities to ask questions and meet others like yourself. We think it'll be a great chance to learn more about the latest ideas and research on managing pain.

The Chronic Conditions Seminar Series is off to a good start, too. You may have wondered if you were eligible for the NDIS, so it's definitely worth going to the talk in March to find out more.

We wish you a Happy New Year!

Ann



Tennis elbow debate

In a letter to the Journal 'Hand', Dr Dimitris Stasinopoulos, the Director of Cyprus Musculoskeletal and Sports Trauma Research Centre (CYMUSTREC), responded to a recent study on treatment for lateral epicondylitis (tennis elbow). Stasinopoulos rejected the study's claim that tennis elbow only lasts six months to two years, saying,

"In contrast, recent reports have shown that symptoms may persist for many years and recurrence is common. Therefore, lateral epicondylitis is not self-limiting and is associated with ongoing pain and disability in a substantial proportion of sufferers."

This is part of a continuing debate about the nature of overuse injuries in the medical community.

Courses and Classes

The Arthritis Association across Australia is offering a variety of courses and classes promoting health. Some of these could be helpful for people with RSI. Courses include Tai Chi, yoga, warm water exercise and pain management.

For ACT residents, go to https://www.arthritisact.org.au/?page_id=1036 or Google 'Arthritis ACT Courses' to get more info. You can also call Arthritis ACT on 6288 4244.

Dealing with Key Rings

Getting keys on or off a key ring can be a real challenge for people with RSI. However, there is a solution if you have a staple remover. Look up 'Opening a Key Ring using the Staple Remover Trick' on YouTube for detailed instructions, or just look at the picture and give it a go.



RESEARCH IN BRIEF

SOME DOCTORS REFUSE PATIENTS IN THE COMPENSATION SYSTEM

A Victorian study has found that some doctors are reluctant to treat patients in the compensation system and refuse to treat them. Twenty-five doctors were interviewed, all of whom said that they knew of cases where their colleagues had refused to provide treatment to patients in the Comcare system. They also said that while they hadn't rejected patients, they were reluctant to take on Comcare patients because of the "time and financial burdens, in addition to the clinical complexities involved in compensable injury management."

With some doctors refusing treatment to Comcare patients, other doctors are forced to take them on, and the increased time and energy involved in treating them is spread across fewer doctors. This makes it even more difficult for the remaining doctors to continue to treat patients within the compensation system. The authors urge further research into the extent and implications of doctors refusing treatment in order to increase the efficacy and sustainability of the compensation system.

Is clinician refusal to treat an emerging problem in injury compensation systems? Brijnath B., Mazza D., Kosny A., Bunzli S., Singh N., Ruseckaite R., Collie A. 2016

A POTENTIAL NEW TREATMENT

A recent study compared healthy tendon tissue with tissue from patients being treated for tendinopathy in their shoulders to try to determine how inflammation affects tendon cells. "Growing evidence supports a key role for inflammation in the onset and progression of tendinopathy. However, the effect of the inflammatory infiltrate on tendon cells is poorly understood." They found that in the diseased tissues, there were increased markers of fibroblasts, a cell that plays a critical role in healing wounded tissue, and these markers persist for a long time. Diseased tendons appear to have specific numbers and types of fibroblasts and they could be part of the inflammation process in the tissue. These fibroblasts could be targeted to provide therapy to patients with tendinopathy.

Persistent stromal fibroblast activation is present in chronic tendinopathy. Dakin S., Buckley C., Al-Mossawi M., Hedley R., Martinez F., Wheway K., Watkins B., Carr A., 2017

PAIN AFTER SURGERY

A quarter of surgery patients develop chronic pain after their surgery. This isn't due to the surgery going badly or wrong, it can just be a side effect of normal surgery. Professor Stephan Schug from the University of Western Australia, an expert in post-surgical pain management says "It doesn't mean a surgeon has done something wrong, but it just illustrates that every time you cut into a human being you cause nerve injury."

If the pain isn't managed properly immediately after surgery, the acute pain can develop into chronic pain. It's essential, then, that the pain is adequately managed immediately after surgery, before it develops into a long-term problem. "The first two to three days after surgery, if you have poorly-controlled pain in this period, this might result in sensitisation," says Schug.

"One of the possibly easiest preventative strategies is to optimise the acute post-surgical pain treatment."

Pain Australia chief Lesley Brydon says "We do need much more research and we need much better training and education for doctors and for the patients themselves."

SHOULD YOU USE ALCOHOL TO FIGHT PAIN?

Injury and pain have long been treated with a stiff drink, but how well does it really stack up as a painkiller? According to studies, a few drinks can actually increase your tolerance for pain, though traditional drugs may be a better option. A blood alcohol content of about 0.08% resulted in a "moderate-to-large reduction in pain ratings". That's equivalent to about two large glasses of wine or beer, more than most countries' guidelines for safe drinking. So if alcohol is the only thing you have on hand, it can reduce some short-term pain, but it will probably increase your chances of doing something that will result in you hurting yourself even more.

STRESS MANAGEMENT FOR BEGINNERS

"Usually you recognize the first signs when it's just too late", says Gideon de Haan, a psychosomatic physiotherapist, when we asked him for advice on managing everyday stress. "Especially for people with RSI, the first signs are important: both to prevent RSI getting worse and to make sure it doesn't re-occur." He says that by 'listening' to your body you can prevent these things from happening.



"In any case it's important not to experience stress signals as 'bad', 'weak' or 'negative'. Stress is part of life. It's up to us how we deal with it in our daily lives", he says.

Angela, Maarten and Suzie provide examples of the importance of this attitude.

Angela (34) has a job as a lab technician. Due to staff cuts, four colleagues have been dismissed and not replaced. For her, this means that she has been working long days for three years and has the feeling that she cannot breathe when she sees that the list of incoming blood samples has grown again.

Maarten (42) always used to enjoy targets as a part of his job as a sales representative. Every day was an adventure and a challenge! The reports he'd send to the office were something to celebrate every time. This changed when his youngest daughter, now seven months, was born. His arms seem to cramp when he tries to 'just quickly' mail the day's reports to the office. When driving, his fingers tingle horribly these days.

Suzie (28) is a secretary. At least that's the job for which she was taken on. But now her job entails much more and she has become the 'nerve centre' of the organization. If you asked her how she experienced her work, she'd say "interesting, nice, demanding and heavy". It depends on the day of the week, though, which of these words she'd use. On Mondays her job is still 'interesting' and by Wednesday 'nice' keeps up her courage. But by Friday, when her direct superior thinks up a letter to be sent to their seven-thousand-plus clients, then she can only sigh that her job is just too much, and her superior demanding.

Angela, Maarten and Suzie all experience daily stress in a different way. What they have in common is that they receive a warning, both physically and mentally: it's no longer an option to adapt to the situation. The

signal they are getting is really — it's quite enough.

But let's be honest: if Angela decided not to worry anymore about the blood samples, this would have an immediate effect on the healing process of their patients. For Maarten, not sending off the reports would mean that the orders he had taken would not be delivered and unsatisfied clients would look for another supplier. Suzie cannot say, "I'll leave that task till Monday, when I feel like it again." Her superior would not accept this because it would have an immediate effect on the business.

For all three, they tend to ignore the stress signals they are experiencing and continue working. That is, until Angela realizes that she can no longer relax during her weekly yoga lesson and nearly every evening when she sits on her couch at home she is hyperventilating. Maarten, as well as getting tingling fingers in the car, begins to suffer from sleeplessness. And Suzie can only do one thing during the weekend: sleep. She is exhausted.

Let's start with the good news. All the bodily signals they get — Angela's, Maarten's and Suzie's — are actually natural, logical and good signals. And despite the fact that they cannot just stop what they're doing at work, they are forced to react to these first signals of stress.

But how do you do that in Angela's situation? If too much work comes your way and you feel responsible for the results? Gideon says, "Take your breaks at times when it is only slightly possible. That means that as soon as you have completed a task, first do something else for five minutes. Have a toilet break, a coffee or a tea, a chat with a colleague. If you are concerned that with this five minutes break strategy you will produce less work — the opposite is true! Since you are able to recharge repeatedly, you will be more effective while you carry out your work."

Gideon says that the first thing Maarten needs to do is speak up and discuss his work pressure with his superior rather than bottling it all up. Instead of saying, "I cannot do it", formulate a question: "My life has changed and I realize that I need a different approach. Can we discuss some changes?" Gideon also says it's important to speak up sooner rather than later: if you let a stressful situation become too much to handle and then react with disappointment, anger or frustration, you can probably expect much less sympathy.

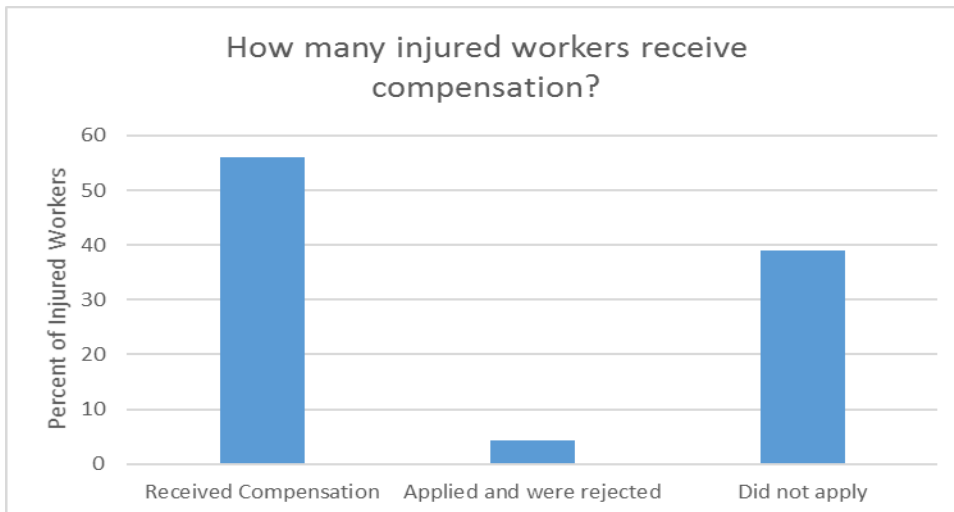
'Good is not good enough' and of course teams are delighted to have Suzie as a colleague, says Gideon. She is always prepared to help you think of a strategy and then carry it out, even if it's on Friday afternoon, just before a drink. And here is the problem: Suzie now has to behave in a way that no one expected from her. She needs to establish limits and that's easier said than done. "For Suzie it is important that she examines her

week carefully — which jobs are presented to her and by whom; and that together with each colleague she estimates how much work this will mean for her. In this way, she makes the amount of work she produces visible. Adding to that — and this may be the hardest thing — she really needs to weigh up how much quality she can provide in a given time stretch. Deliver a task at the last minute? That means that Suzie has less time available and that will automatically decrease the quality of the email, text or report. This way she leaves the responsibility with the task-giver and not with herself. That saves tons of energy!"

Original text: Marina van der Wal

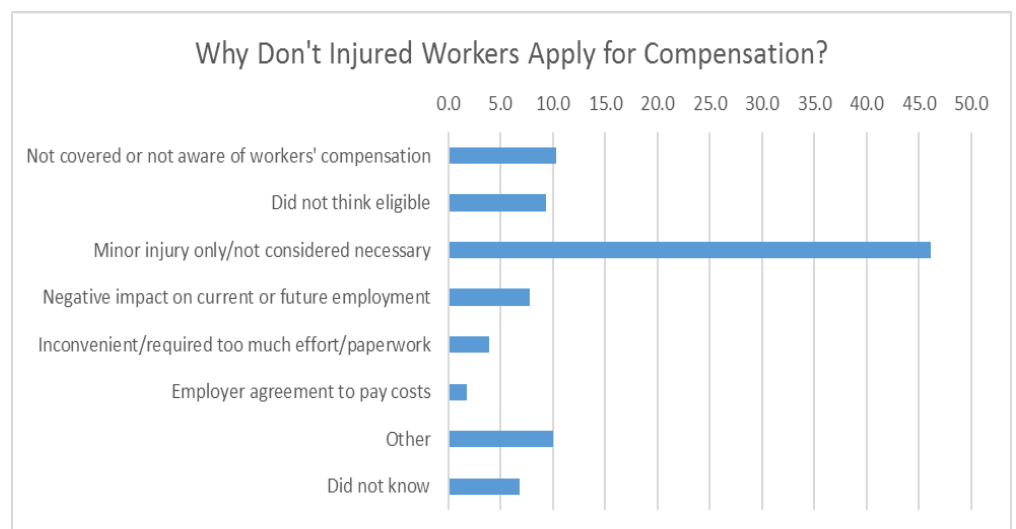
AT A GLANCE

Statistics from the Australian Bureau of Statistics provide some interesting insights into compensation rates in Australia. A surprising number of people eligible for compensation don't receive it because they simply don't apply, despite quite high success rates among those who do:



The reasons they don't apply are shown here, and an astonishing 46% don't apply simply because they don't think that their injury is bad enough to be entitled to any benefit.

Others are deterred by the paperwork involved and almost 10% are scared that it will affect their ability to keep their job or get hired in the future.



Australian Bureau of Statistics, 2013-14, Work-Related Injuries, Australia, July 2013 to June 2014

TAKING BREAKS AT WORK

You may not have thought about how you spend your break time at work, but it turns out that the way that you take a break can make a big difference to your productivity and how exhausted you feel at the end of the day.

A 2016 study looked at four different ways that people take breaks at work: relaxation (stretching, taking a walk, listening to music or just looking out the window), nutrition-intake (having a snack or getting a coffee), social (talking to co-workers or calling a friend) and cognitive activities (reading a newspaper, making personal plans or surfing the web).

The researchers found that social and relaxation breaks were the most effective. Taking breaks to have a snack didn't provide much benefit, unless the snack was caffeinated in which case the caffeine helped keep workers awake and alert. Cognitive activities not only had no benefit, but "aggravated the effects of work demands on end-of-workday negative effects." So if you want to feel better at the end of the day, don't use your breaks to browse the internet or read the paper.

You should also take breaks right from the start of the day rather than waiting until the afternoon when you're tired. This "[leads] workers to experience less somatic symptoms (e.g. headache, eyestrain, lower back pain) after the break, as well as increased job satisfaction ... and decreased emotional exhaustion at the personal level."

For more information about break software, Google 'RSI ACT Break Software' for our help sheet about break software that will help you install and set up software on your computer that can help you take regular breaks at work.

If you find it difficult to go for a walk, don't worry. According to one study it doesn't matter if your break is active or if you just sit back and relax. Going for a five-minute walk has about the same effect as tuning out while listening to a song or watching a video; it just depends on what you prefer. There is evidence, however, that getting into nature, or even just an urban park, can help you recover and refocus so it might be worth getting out of your office building and sitting outside for your break.

Joseph Penington

Micro-break activities at work to recover from daily work demands; Sooyeol Kim, YoungAh Park, Qikun Niu (2016)
Give me a better break: Choosing workday break activities to maximize resource recovery; Hunter EM, Wu C. (2016)
A Walk Down the Lane Gives Wings to Your Brain. Restorative Benefits of Rest Breaks on Cognition and Self-Control; Michael B. Steinborn, Lynn Huestegge (2016)

Free financial counselling

The Currie Crescent Community Centre, an initiative of the Canberra Baptist Church, is offering free financial counselling services.

If you need help with:

- understanding what you can save on income and expenses
- how to deal with creditors who ask you to pay more than you can afford
- legal action due to debt collection, including repossession
- understanding what your options are in managing your financial difficulties,

the Currie Centre can give you support and help you get a handle on your finances.

You can contact the Currie Crescent Community Centre at community@canbap.org or call to make an appointment with Glenn on 0402 116 865.

INFLAMMATION AND DEPRESSION

Millions of people could benefit from a better understanding of the connection between inflammation and depression.

"Nearly 30% to 40% of depressed patients have high levels of inflammation and in these people we think it is part of the process", says Carmine Pariante, a professor of biological psychiatry at King's College, London.

Pariante argues that high levels of inflammation can increase your risk of becoming depressed, even if you are perfectly well. The relationship between inflammation and depression is a complicated one, however. Pariante argues that traumatic events affect your immune system and increase your risk of depression later in life.

"We have some data showing adult individuals who have a history of early life trauma, even if they have never been depressed, have an activated immune system so they are in a state of risk."



Carmine Pariante

There is emerging evidence that treating patients with high levels of inflammation can effectively combat depression and reduce risk of depression in the future. At a clinic in Glasgow, Professor Iain McInnes found that when he gave anti-inflammatory drugs to patients with rheumatoid arthritis, a disease caused by the immune system attacking the joints, their mood improved.

"When we give these therapies, we see a fairly rapid increase in a sense of well-being, mood state improving quite remarkably, often disproportionately, given the amount of inflammation we can see in their joints and their skin."

The patients weren't just happier because they were in less pain, but something else was going on. "What we are starting to see when we give anti-inflammatory medicines is quite remarkable changes in the neuro-chemical circuitry in the brain."

But what's the pathway between inflammation and depression?

According to a 2010 study, part of the inflammatory process involves pro-inflammatory cytokines. These are proteins that deliver messages between cells and are created by your body to help you heal and recover. These in turn lead to 'sickness behaviours'. Sickness behaviours are the habits and moods that you have probably experienced when you've been sick - tiredness, lack of energy and reluctance to socialise and eat – and they are designed to help us get better. This is our bodies' way of prioritising rest so that we can recover, and is a healthy and productive response to disease and infection.

The same behaviour can be found in animals when they are injected with pro-inflammatory cytokines. In one study, animals were injected with IL-1 β and TNF- α , two pro-inflammatory cytokines. "Specifically, they show decreased motor activity, social withdrawal, reduced food and water intake, increased slow-wave sleep and altered cognition." These symptoms are very similar to those of depression. "In both cases there is a withdrawal from the physical and social environment that is accompanied by pain, malaise and decreased reactivity to reward (anhedonia)."

The difference between sickness and depression is that sickness behaviour is a response to infection and goes away once you've recovered from the infection. It's possible, however, that when there is inflammation for a long time, this process can be defective. Your body continues to produce pro-inflammatory cytokines and this can result in depression when it lasts unusually long or if you are vulnerable to depression.

Essentially, the sickness behaviours that are supposed to help us recover become an issue when we fail to get better and the body doesn't know how to adapt. With chronic pain, the body continues to produce pro-inflammatory cytokines for too long and the sickness behaviour can turn into depression.

There is still uncertainty about how inflammation and depression are connected but using anti-inflammatory medication to treat depression has provided relief to many people for whom previous medications were having little to no effect.

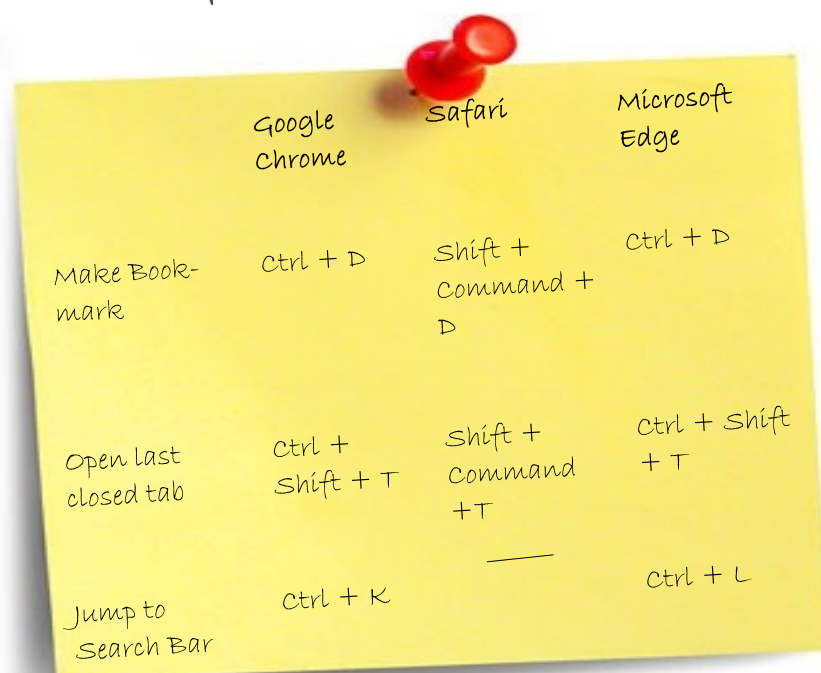
This research is also another step to removing the stigma around depression. Depression is notoriously difficult to explain to people and being able to point to a physical process that causes depression helps many people explain it to friends and relatives who don't quite understand why patients can't will themselves out of it.

Joseph Penington

WHAT'S ON OUR FACEBOOK PAGE?

- Research from ANU shows that working more than 39 hours a week (and less than that for women, with their busy home lives) is bad for your mental health. We're sure that cutting working hours could reduce rates of RSI too! <http://www.anu.edu.au/news/all-news/a-healthy-work-limit-is-39-hours-per-week>
- Injustice can be a big issue for people with RSI, especially if you're in the workers' compensation system. But feelings of anger over injustice can harm you over the long term, so what's the best way of dealing with these feelings? <https://www.psychologytoday.com/blog/less-pain-fewer-pills/201412/9-tips-stop-anger-and-injustice-hurting-you>

Some useful internet browser shortcuts



	Google Chrome	Safari	Microsoft Edge
Make Book-mark	Ctrl + D	Shift + Command + D	Ctrl + D
Open last closed tab	Ctrl + Shift + T	Shift + Command + T	Ctrl + Shift + T
Jump to Search Bar	Ctrl + K	—	Ctrl + L

IS IT TIME TO THINK ABOUT ... QUITTING?



"After years of so-called independent medicolegal examinations, AAT cases and all the stress that resulted, I decided to end my relationship with Comcare and with my employer. I was lucky enough to have a supportive partner who earned enough money to keep us both. I realised that my future would be insecure, but I did find a new job – admittedly, at much lower pay – and I feel it was a good decision for both my mental and physical health. Now I'm in charge of my condition and I decide about treatment. I can honestly say I don't regret my decision at all, even though it did come at a financial cost."

Persistence is a virtue, and one that is generally admired. After all, "when the going gets tough, the tough get going." We've all been brought up with stories about "the little engine that could". Persisting, we are told, eventually brings rewards. So people who don't persist are labelled "wusses" or "quitters". But this isn't necessarily true. Persistence can be overrated. Persisting in something without taking the time to think about its costs and benefits can mean that we stay in damaging situations, whether it's at work, with an insurer, a friend, or a partner.

Alan Bernstein and Peg Streep, the authors of a new book on quitting "Give up to Get on", maintain that "quitting frees the mind and spirit, and it's the act of quitting that permits growth and learning and promotes the ability to frame new goals." They claim that the most satisfied people are good at both quitting and persisting: "They know when it's time to stop persisting and start quitting. And vice versa. When they quit, they really quit. Then they shift gears, set a new goal, and start persisting all over again. They don't look back."

Why don't we quit? There are a few reasons. The first is fear of the unknown. "When people are stuck in a toxic or stressful situation ... they're much more likely to continue coping with the emotional pain they know and avoid taking on the emotional turmoil they don't".

Secondly, we may feel we've invested too much in our current path. We all know this one! We've studied for years to get this job or we've won cases at the AAT before. If you want to understand this one, imagine that you have a car that's past repairing. But you pay for new brake pads, a new transmission, each time thinking that this will be the last repair it needs and that makes us more committed to keeping the car.

Thirdly, we think we've almost succeeded. A near win encourages us to think that we might succeed next time if we only keep persisting. Think of the failing business that occasionally has a really good week, motivating the owner to keep going in the hope that the good week will become a good year.

And then there's fear of regret. In fact, though, "when people are asked about their biggest regrets in life, it seems they tend to focus on the things they **failed** to do." People are much more likely to regret failures to act, rather than actions they took.

There's also our strong desire for justice. If we quit, 'they' will have won. But if we persist, will we 'win' with all the stress we're under and the toll that takes?

And finally, some of us won't quit just because **they** want us to. We have a natural desire to be in control of our lives and we don't like being forced into a situation.

Just to be clear, we are not writing this article to encourage you to quit. But we do think it's worth thinking about quitting, about the costs and benefits of your current situation and possible future alternatives. When we asked members about their decision to quit or to stay, some of the following factors came up repeatedly:

- relationships with family and friends — *"The situation with Comcare was taking over my life and I talked about it all the time. I realised that it was affecting my relationships with the people I cared about."*
- physical and mental health — *"I was completely stressed out worrying about how I would cope at work. Most nights I slept badly. And then I worried about worrying so much! I started to worry that all this stress would affect my physical health as well!"*
- the effect on their RSI — *"I was struggling to stay on top of work every day and the pain was getting worse and reaching new parts of my body."*
- finances — *"Yes, I've thought about leaving but I really could not survive on a disability pension, even if I could get it."*
- the impact on home life — *"I was so exhausted and incapable when I got home each day, we were existing on takeaways and I didn't want to live like that."*
- *"I was becoming a person I didn't want to be, just obsessed with 'my case'"*
- worry about finding another job

So if you do decide that quitting is worth thinking about, how should you go about it? Tim Ferriss, author of "The 4-Hour Workweek" and the podcast of the same name, has a new approach called "fear setting". You will easily find lots of information about it on the Internet, but it boils down to a simple process of defining and dealing with the fears you experience when you think about a major change.

What you do is divide a piece of paper into three columns; in the first, you write down all the things that could go wrong if you take the step you're thinking of. It's important to be as specific as you can here. In the second column, write down ways that you could deal with or mitigate the problems that you've specified in the first column. And in the third column, plan how you would recover if your fears in the first column were realized.

Business columnist Catherine Robson gives the following example when you're thinking of quitting your job. In the first column you might write that you're afraid of being unable to pay your mortgage and losing your house. In the second, one response to this fear would be to get 12 months ahead on your mortgage payments before quitting and in the third column you might plan to move in with your parents temporarily while you rent out your house. Robson points out that it's also important to work out what it's costing you, financially and emotionally, to postpone action.

Economist, author and BBC presenter Tim Harford, says "the truth is that there are no fool-proof methods for knowing when to hold 'em and when to fold 'em" but he suggests that you view decisions as experiments. "Viewing a decision as an experiment gives us a useful perspective because experiments are always designed to teach us something. We can keep asking: what have I learned? And am I still learning? If a new project or activity keeps teaching us new things, it is probably worth continuing – even if the lessons are sometimes painful."

Ann Thomson

Mastering the art of quitting: Why it matters in life, love and work, Peg Streep and Alan B. Bernstein

The odds are you won't know when to quit, Tim Harford, (The undercover economist), 10/05/2016

Quit the dreaming and face your fears, Catherine Robson, The Canberra Times 25/01/2017

DAVID LANDER ON COMCARE AND THE AAT

At our AGM on November 22nd last year, lawyer David Lander spoke about what's currently happening with ComCare and the Administrative Appeals Tribunal. Here is an edited version of his talk.

"Most of you are aware that Comcare is under a policy-driven direction to save money; that means getting rid of existing claims and denying new claims. Comcare has a wide variety of people who work within it; some of them are sympathetic to claimants and some are not. Some of them are exhausted by doing their job for a long time and think they know everything there is to know and others are still learning. The inevitable outcome of the current climate is that it is extremely difficult to get or retain benefits.



Photo by Robert Hawes

"Comcare will say it's not, they say if you tick all the boxes and you qualify — you get the benefit. And if you have them, then you will retain them; but, in my experience, that is not the case. Large numbers of people who advise Comcare in relation to medical issues are hired guns. There is no other word for it.

"There are large numbers of doctors who are retained by insurance companies whose job it is in their own terms to keep the job and help Comcare to reject or cease or deny claims and benefits. You can see in the reports they write that that is part and parcel of their ideology. They rarely take proper histories and they rarely do proper diagnoses. They often shut people up and turn them off and people come away feeling they have not had a proper hearing. Now what that all means is if you are working in such a climate you need to do your homework. That means you

- need to have integrity and authenticity around who you are, what you're asking for and what you are saying about it.
- cannot have skeletons in your cupboard. You must err on the side of disclosure and forget about privacy and embarrassment.
- have to be prepared to get proper medical attention and find a doctor that listens to you and understands the paperwork and what it means to write a proper medical certificate.
- have to have an attribution to the workplace.
- have to have a proper diagnosis.
- have to have a mood disorder outside the bounds of normal function, if you are psychologically ill.
- have to have a proper treatment plan.
- need to understand your own diagnosis in order to delineate and write up the factors that caused your illness.

"The majority of people who deal with Comcare and deal with anyone focus on 'them'. They talk about 'them'. They do not talk about 'me'. And the only thing I've learnt about in my lifetime is that the only thing that I control is **what I do**; what I think and how I manage my reactions to the universe. I do not control anyone else. I may seek to influence them; I may seek to persuade them; I may seek to get them on side, but I do not control others. There is no point in worrying about 'them'. You have to focus on 'you'.

"You have to focus on the story you want to tell, and do it in writing. I find most people who have OOS or a physiological injury or even a straight trauma injury do not do that. They make assumptions about how the system works; they make assumptions about what they need to do; and they talk about 'them', rather than about 'me', what I need to do.

"So you need to document, which is difficult to do when you are traumatised, and be objective about yourself. So you need help. Even when people are confronted with denial of ongoing benefits, they need help. Even though they are familiar with the case, they need help. There is a winning and a losing way and there is a way of increasing the probability of success by watching what you do and how you do it.

"So that is why if you need a dentist you do not wait until your teeth are rotting to see them, you go when you have a toothache. If you need a lawyer you do not wait until you lose a case, you go early. And you have to be very careful about which lawyer you pick. I am very careful about what lawyers I pick when I need legal advice, I just do not pick up the phone book, or even talk to a friend. I want to know the person I am dealing with and I want to know that the person will have an understanding of the issue. When you go to a lawyer do not always expect the lawyer to always listen to you, patiently and politely, while you tell them what you think they need to know. Let **them** ask you what they feel they need to know to help you then what you need to do is do whatever they suggest is appropriate for the circumstances you confront. One of the first things you will hear from me is "Have you got that in a statement? Have you written up the particular factors that go to the benefit you are seeking? Or the benefit you are trying to retain? Or the case you are trying to make?" And very often, they have not. You need an understanding about who you are and an understanding of the problem. You need to get legal advice and very good medical advice and very good medical support. And you need to believe you can win until a lawyer tells you you cannot.

"I cannot tell you how many cases have ended up successfully when other lawyers have told my clients they cannot win. And, equally, there are cases where I will tell someone "I do not think we should do this, I do not think it is a good outcome for you." And other lawyers take them on. Sometimes they get a result and sometimes they do not.

"The other factor that is extremely depressing about ComCare is the number of gatekeepers we have on the AAT around Australia. A gatekeeper is a person who is appointed to a position of authority on the basis that they will reflect the Government's wishes. The High Court is a good example. The Supreme Court of America is an even better example. Do you think I would be appointed to the AAT? Of course not, I am too biased. I will not give ComCare the results they expect. So people are appointed to look after the Commonwealth's interests. Sometimes, after a period of time they change. They realize that their prevailing ideology is not the best ideology. Even judges have changed, but not often.

"So that is a framework, a very cynical one, maybe, but a realistic one that injured workers in the western world face. Not just with ComCare matters. The difference between ComCare and private insurers is that private insurers are commercial. They will almost always settle a claim unless they think the person is fraudulent. If they think the person is fraudulent, they shouldn't settle.

"Private insurers have an imperative to get the lawyers out of the way, to get the people off the books, with less administration and pay the minimal amount of money they can pay to do that. The lawyers who act for the injured worker know the ground rules and try to get an outcome that maximises the money the insurer has to pay. Sometimes you meet in the middle. Neither party knows what the other party's top or bottom line is.

"If you have had a relationship with ComCare for 10 or 20 years, it often is in your interests to end that relationship and move on. You may not necessarily be cured, you may never be cured-, but you will heal faster if you do not have to be exposed to surveillance, regular medical examinations, rehabilitation and people pretending they can get you back to a job. And then there's the whole of the industry that is set up to do rehabilitation, which is a story in itself."

Thanks to our volunteer Robert Hawes for transcribing David's talk

In our next issue, we will cover the Q&A session from David's talk.

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Coming Soon:

- Q&A with David Lander
- A translator's RSI story
- Does break software work?



Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

Room 2.08, Griffin Centre
20 Genge Street
Canberra City
ACT, 2601

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RSI & Overuse Injury Association of the ACT, Inc.

Room 2.08, Griffin Centre
20 Genge Street
Canberra City
ACT, 2601

Phone: (02) 6262 5011

Email: admin@rsi.org.au

Website: www.rsi.org.au