RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.

Newsletter

Winter 2011

August

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

News & Events

THURSDAY 18TH AUGUST

MONEY AND FINANCES – WHERE TO GET HELP

This talk is part of the Chronic Conditions Alliance series and the guest speaker will be from CARE Financial Service. It's free and everyone's welcome.

Time: 7.00 - 8.30 pm

Where: SHOUT, Collett Pl Pearce (opposite Pearce shops)

Cost: FREE

WEDNESDAY 31ST AUGUST

FRED WILLIAMS – A RETROSPECTIVE TOUR AT THE NATIONAL GALLERY

Join us for a free guided tour of this exhibition & morning tea afterwards

Time: 10.30 am – meet at the information desk

Where: National Gallery of Australia.

Cost: FREE tour, pay for morning tea

WEDNESDAY 28TH SEPTEMBER

FLORIADE GET-TOGETHER

Join us for a picnic at Floriade. This is a great chance to meet other members and share a picnic in the beautiful surroundings of Floriade.

Time: 12.15

Where: By the foot bridge from Allara St (next to Civic Pool) at Floriade.

Cost: FREE – bring your own picnic lunch

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

In this issue

Opening Hours: Mondays and Thursdays 10am-2.30pm

Phone: 02 6262 5011 **Fax:** 02 6249 6700

Email: rsi@cyberone.com.au

Mail: RSI Association and Overuse Injury Association of the ACT, Inc.
Room 2.08, Griffin Centre,
20 Genge St., Canberra City, 2601.

www.rsi.org.au

LETTERS TO THE EDITOR

TROLLEYS

Hi,
Regarding the article on "carrying" in the Autumn 2011 Newsletter, I keep a few blocks of polystyrene in the car with my granny trolley. If I only plan to put a few items in it, I put the polystyrene in the bottom first. Then I don't have to reach right down to the bottom of the trolley to get my things out.
Regards,
Shirley

IMPACT OF DISBELIF

Hi Ann,
Thanks for this great newsletter. There's an excellent article in here about the impact of disbelief. I'm wondering if I could share this with the Pain Support Group in some way since it's a major issue for us? For example I could email your newsletter to them as a whole or just the article, or reproduce some of it in one of ours? What do you think?

Margret
PAIN SUPPORT ACT

Interestingly, this article is also being translated into Dutch for the next issue of 'Het Handvat', the journal of the Dutch RSI Association. It's clearly a topic that resonates for many readers.

Editor

WALKING YOUR DOG

Hi,
When I walk my friend's dog I hold the lead a different way to most people. I do not depend on using my fingers to hold the lead. The way I do it is to put my arm through the loop that is at the end of the lead. The loop then goes around my wrist (see picture). Then when the dog pulls on the lead I am using my arm muscles to pull him back, not my finger muscles. I can even hold the lead by spreading my fingers. This is important to me as the dog is very big, strong, not very well trained and likes to chase things. If you have weak fingers you could try this technique.

Regards,
Robert

BITS & PIECES

MSDs ARE BIG IN IRELAND

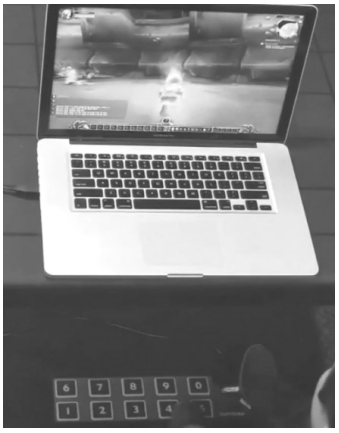
In Ireland, musculoskeletal disorders account for half of sickness absence and are consistently the most commonly reported work-related illness. The president of the Irish Society of Chartered Physiotherapists, Annette Shanahan, said in her address launching their annual conference, that sickness and injury absence could be reduced by as much as 25% if proper rehabilitation programmes were put in place. She noted that similar programmes in the UK had shown a return of five pounds for every one pound invested.

"*Physiotherapy intervention has been proven to reduce sickness absence in the first place by making workers more safety aware, but also by reducing the length of time off work by identifying and facilitating uptake of modified restricted duties options within the workplace*", she added.

YOU USE YOUR FOOT TO DRIVE - SO HOW ABOUT USING IT TO OPERATE A MOUSE?

A US company has now designed a controller for your computer you can operate with your feet, integrating 10 keys and a navigation pad. Weighing just 600 grams it's easy to carry and allows you to transfer many tasks to your feet. The "Soft Step Foot Controller" takes many hours to learn, but according to its developer, could help to reduce carpal tunnel syndrome and other repetitive strain injuries. It's compatible with both Macintosh and PC computers and costs $AU273. Some of our members have tried using a foot to operate a normal mouse and have ended up with pain in their feet as well as their arms; however, a device that's specially designed for use by the foot could be worth a try. For more information, go to

www.tgdaily.com/hardware-brief/56771-how-to-control-your-computer-with-feet



NEW VERSION FOR POPULAR MOUSE

The "Evoluent vertical mouse" has helped many people with RSI to use a mouse more easily. A new version of this mouse incorporates a number of improvements: buttons that are lighter and easier to click, an auto click feature, a speed toggle, and a new lip to protect the little finger from dragging on the desk surface. The shape has also been changed to fit the hand better according to the makers.

If you've used the "Evoluent vertical mouse 3", let us know what you think and we'll pass your comments on to other users.

UNIVERSITY STUDENTS' NOTEBOOK COMPUTER USE

Recent evidence suggests that university students report musculoskeletal discomfort from computer use similar to the levels that are reported by adult workers. In order to investigate this, a group of academics from several American universities devised the following study to investigate the conditions in which a group of students were using their computers.

In spring 2007, 223 undergraduates from a single college dormitory at a private university in New England participated in a three-month-long study to determine how they were using their notebook computers and to determine what ergonomic strategies – such as encouraging students to find their comfort zone and to safely arrange and adjust their notebook computer work areas – might be effective in reducing musculoskeletal discomfort in this population.

Before the study began, each student completed an ergonomics quiz and the College Computing and Health Survey. They were all photographed using their computers as they normally did and had their measurements taken to ensure that they were comparable in size. Participants were then divided into three groups.

All three groups had software installed which recorded:

- time using computer
- time using keyboard
- time using mouse
- time of first use
- time of last use
- number of keystrokes for each key and total number of keystrokes
- number of mouse clicks
- number of mouse movements
- number of micro-pauses and breaks
- work–rest profile and patterns of usage.

Group 1 was the control group and received nothing further.

Group 2 received an external keyboard, external mouse and notebook riser and had a second computer usage monitor software program installed on their notebook computer.

Group 3 received the same equipment as Group 2 plus 30 minutes of participatory ergonomics training. At the end of the training these students were asked to write a personal goal for promoting a safe and comfortable workstation environment. During the three months of the study they corresponded monthly with the primary investigator.

There were two methods of data collection: self-report and direct measurement.

The students repeated the tests (the ergonomics quiz and the College Computing and Health Survey) they had taken before the study began. The 10-statement true/false ergonomics quiz was composed of content from the participatory ergonomics training. The College Computing and Health Survey was used to record demographic information and document physical change, behavioural change, and discomfort associated with computer usage.

Participants who used external notebook computer accessories (notebook riser, external keyboard and mouse) reported **less** notebook computer-related discomfort. Participants who used external notebook computer accessories and participated in ergonomics training with follow-up also reported less discomfort using a notebook computer as compared to the beginning of the study.

Article continued on page 14 …

THE BIGGEST LOSER

Musculoskeletal disorders (MSDs) are common in both professional and manual workers, men and women, but when it comes to long-term consequences, which group loses the most?

This question has been addressed by a number of studies. For example, research in Britain has shown that less-skilled workers with MSDs are less likely to keep working than those with more training.

In Sweden, every patient has a personal identification number which makes it easy to follow up people over the longer term. This helped a group of researchers who looked at people with a range of musculoskeletal disorders including rheumatoid arthritis, arthritis, overuse injuries and back injuries. They followed up a group of people who were treated in Stockholm county in 1994/5 over five years later in 2001 to see whether their employment status had changed.

The researchers were interested in this question because musculoskeletal disorders are the leading cause of work absence, long-term disability and early retirement in Sweden: in 2001, 60% of people receiving disability pension or taking long-term sick leave had a diagnosed musculoskeletal disorder.

At the beginning of the study, people with a musculoskeletal disorder had an employment rate of 58%, as against 63% of the general population. Looking just at those who were employed at the beginning of the study, five years later 91% of the general population were still employed, as against only 76% of patients with a musculoskeletal disorder.

Employment fell by twice as much among manual workers as it did among the rest of the population.

The same figure applies to women: women with musculoskeletal disorders were almost twice as likely to leave employment than their male peers.

People with musculoskeletal disorders were three times more likely to leave employment each year than people without an injury. In order, the people who were most likely to lose their jobs were:

- semi-skilled and unskilled workers
- skilled manual workers
- professional and managerial workers.

Why is it so much easier for professionals than manual workers to stay in employment?

Obviously, manual work requires physical strength and agility and the pace of work is often non-negotiable. It is difficult to find other work that's less physically demanding or to change one's workload. With less training involved, manual workers are often seen as highly replaceable, and therefore their employers may be less willing to negotiate reduced hours or change conditions to suit the worker.

What this suggests is that those workers with the poorest pay and the fewest resources suffer the worst consequences when they get a musculoskeletal injury. Being less well-educated, they also have less chance of retraining for another occupation. This is one more reason why the prevention of overuse injuries is vital to ensure continuing employment and participation in society for our most disadvantaged citizens.

Ann Thomson

P.Holland, B Burstrom, et al

"Gender and socio-economic variations in employment among patients with a diagnosed musculoskeletal disorder: a longitudinal record linkage study on Sweden"

Rheumatology 2006;45:1016–1022, Advance Access publication 2006

Tools & Tips—

MAKING DRIVING EASIER

For many people, driving used to be second nature – something they didn't have to think about. But once you have an overuse injury, it can be something you avoid or even have to give up. Difficulty turning your neck to reverse, problems holding the steering wheel and hauling the car around corners, the constant irritation of the seatbelt against your shoulder – these can all make driving a real chore. However, there are ways to adapt your existing car to make driving easier and, if you can afford a new car, features worth looking out for.

ADAPTING YOUR CAR

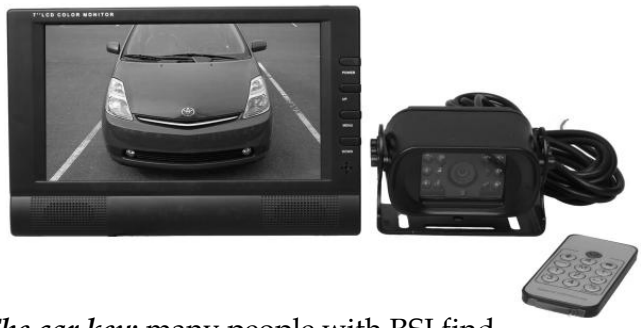
The steering wheel: a steering wheel cover will make the wheel thicker and easier to hold.

Sheepskin cover $16.00 and 'Grip cover' $23.00 at Super Cheap Auto

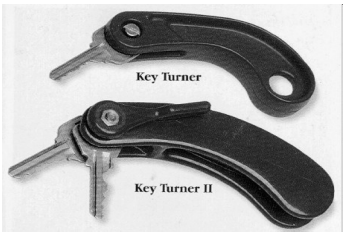
The seat belts: the seatbelt can be really irritating on the shoulder for a person with an overuse injury. If you can't move it high enough to skim over your shoulder, try covering it with a sheepskin cover.

Sheepskin seat belt covers $16.99/pair at Super Cheap Auto

Reversing: a reversing camera can be installed on any car and will cost about $ 600.00. You will still have to turn your neck to reverse out of a parking place, but it will make the job easier and safer.



The car key: many people with RSI find a key is difficult to insert and operate. A specially-designed key-holder can make this task much easier



Single key-holder $15.40 and double key-holder $17.60. Available at Able Rehabilitation Equipment

The turn signal wand: you can buy a turn signal extension that will make using this much easier.

A spinner knob on the steering wheel: this will enable you to steer with just one hand. This is not a " do-it-yourself" item; it needs to be fitted by a workshop that specialises in mobility adaptations for cars.

The car doors: for approx. $86 you can get a 'car door opener'. For more info see, www.iclaustralia.org

For other devices that make gripping the steering wheel easier have a look at the ***Quad Fork*** and the ***Quad C*** on www.ilcaustralia.org.au

FEATURES TO LOOK FOR IN A NEW CAR

Remote locking: this feature enables you to open your car, turn the engine on and off, and lock it when you leave without touching your key, which stays in your bag or pocket. You open the car simply by approaching it and lock it by touching the door handle as you leave. Couldn't be easier!

Dash-mounted gear change: a gear change mounted on the floor can be quite difficult to operate for many people with RSI, even when the car is an automatic. However, some cars have a button on the dashboard that operates the gears and is extremely easy to manipulate. In the accompanying picture we show the gear change on the Prius I-tech hybrid.

Seatbelt extender: these were originally designed for very heavy people who couldn't fit into a normal seatbelt. However, for people with limited strength or mobility in the arms and shoulders, they're a great way to make gripping and fastening your seatbelt easier. If you're buying a new car, ask to have them included. The 'seat belt easy reach' device also helps with this.

Integrated reversing camera: this will make reversing both easier and safer.

Foot-mounted parking brake: not a common feature, but one that makes parking much easier. You simply press down the parking brake with your foot both to engage and disengage it -- much easier than holding in a button with your thumb while you strain your arms pulling on a normal parking brake.

See-through headrests: again, you don't have to twist your neck as much if you can see through the headrests.

Don't forget the Driver Rehabilitation Service, an ACT Health service which helps people with injuries to find adaptations that will make driving easier. Phone them on (02) 6207 0477 to make an appointment for a consultation. For other ideas on driving, have a look at our website, www.rsi.org au

In 'Tips and Tools' in forthcoming newsletters we'll be covering ways to make **holidays** and **cycling** easier. Let us know if you have any ideas on how to make these easier that you'd like to pass on to other readers.

Leave a message on our answering machine by phoning **(02) 6262 5011** or drop us a quick e-mail at **rsi@cyberone.com.au**

DR SHARAN IN HOLLAND

Dr Deepak Sharan recently visited Holland and spoke to a meeting of the Dutch RSI Association. In discussing his treatment regime for RSI, he said that he could cure more than 95% of RSI cases even after many years of chronicity. In the May 2010 edition of the Dutch RSI Association magazine, *Handvat*, two Dutch experts on RSI commented on his talk.

The first was Dr Judith Sluiter from the Coronel Institute for Work and Health:

"Dr. Sharan has never published any studies. If you only look at your own population of patients, and you have no control group with which to compare them, then you are not getting objective data. Having treated some 55,000 patients, when is he going to publish something?

"Of course people say they have been cured – you go there for two months, you are well looked after, your complaints are taken seriously, and you get all kinds of treatment; one of them might work.

"Dr. Sharan is not offering one specific treatment – it's a scattergun approach. One of the treatments might be successful but you don't know which one. The reasons for his success lie in the bio-psycho-social approach he takes to tackle the problem, although that is also being done here in Holland in re-integration centres. He uses trigger point therapy aimed at specific neural points, which does have a short-term effect: It irritates and stimulates the trigger point and it can have a curative effect but with a number of people it doesn't work. It would be a good thing if we could hear of an experience of one of his patients."

The second comment was from Maaike Huysmans, a musculoskeletal therapist.

"The talks sounded like a free commercial. And what does his success rate mean? When do you get rid of the pain? How much pain? How much less pain do you have and how long does it last?

"It calls forth all these questions which can't be answered for lack of objective research."

JANNEKE'S STORY

Well, one of the committee members of the Dutch RSI Association took the brave step of going to India to have her RSI treated and her story was written up in the November 2010 edition of their newsletter. Thanks to translator Betty Kat, we're able to bring you the following account of her experiences in India.

Our first question to Janneke was "how is your RSI now?"

"It's going very well. I can go out with friends, take part in sports, tend to the garden, do my shopping and I can now push my own shopping trolley. I can put away the shopping when I get home. I still have to get used to the fact that there is nothing stopping me from doing things. I can do anything. I should think about it more, it's such a huge difference."

Janneke lives on a farm in Holland with her husband; they have two children, and their business involves agisting horses as well as looking after their own four horses.

For 10 years, Janneke has suffered from RSI. She was treated at a Dutch rehabilitation centre where she progressed very slowly and the advice she was given was to accept her disability; this was her future. All she did was sit at home on the sofa and, as she says, *"if everything you do costs energy then you have to make a choice – to clean up around the house is out of the question. My social life had reduced, I didn't telephone or text anyone any more and could no longer take part in any sports. When going on a holiday with my family to Crete, I could not share in any of the activities – the family was climbing a mountain and I would just sit on a bench."*

When she heard about Dr. Sharan through the Dutch RSI Association for a second time at a Health Expo, she thought, *"that sounds right, the way he goes about it sounds as if it could be successful – it makes sense to me. He first examines you and tries to work out which complaints are not caused by RSI; for instance, he does tests to exclude the possibility that you are rheumatic or have diabetes – I'd never had these tests before.*

"Dr. Sharan carries out lots of treatments in the one day, one after the other and that sounded much more logical than two sessions a week of therapy in Holland. Moreover, he works with trigger points, which I'd never heard of but I felt that sort of treatment explained why I hadn't improved before.

"After the lecture, I e-mailed Dr. Sharan. After quite a few e-mails had passed between us, I began to feel that I could have trust in his methods. His message to me was 'I don't know whether I can cure you but I can improve things for you physically.

.

"I was still rather doubtful about the whole thing, especially as my husband thought it wouldn't work, but I decided to take it one step at a time and actually got on the plane to India."

During her stay in Dr. Sharan's clinic in India, she became pain-free within a few weeks. In her blog, she writes that in the beginning the treatments were very painful. But day by day the pain became less and she could do more. Now that she's back in Holland she can do anything she likes, a huge difference from the person she was in 2009 before she went to India.

"The clinic is called "Recoup" and it not only treats people with RSI but also children with cerebral palsy. There were several other RSI patients there with whom I'd been in contact by e-mail before I went. I received several treatments a day during the first few weeks and at first they were very painful. After a little while the trigger points disappeared, and after a few weeks so did the pain."

Unfortunately, the clinic is rather remotely situated, so some of the patients found it rather claustrophobic but Janneke didn't have any trouble; she had brought lots of books with her, the temperature was pleasant and she found it interesting being in a developing country.

She really liked the atmosphere in the clinic – the staff knew what it was like to be so far from home and were very helpful.

"They also offer pain relief sessions, connective tissue massage and ultrasound, if you ask for it they do it. The atmosphere really helps with the success of the treatment.

"This atmosphere had something to do with the way Indians look at the world – their religion which goes much further than it does with us. They're very friendly religions. Because of this they make sure that other people also feel good. The approach to body and soul is different in India. They see the body more as being fluid – we have emerged from water and you see it

EXTRACT'S FROM JANNEKE'S BLOG

My Room (written 21 Jan)

My first couple of days here were terrible. Everything was so different to how I had imagined it would be. I was so tired and India was so different. I couldn't understand anybody properly and felt terribly homesick. I took some photos of my room and the view. It's about 2.8m square. I found the landscape pretty barren looking. This is the view I would have from my bathroom if it didn't have frosted glass windows. I removed one window to take the picture. 😀

20 January 2010

Another scrumptious breakfast. An Indian version of a pancake. Yum.

First Jerrish and then a double session with Jeena. That takes us to 1.30pm. Then at 6pm my second session with Ajeesh. I'm not looking forward to this because the last one hurt. Oh no, he wants to treat that same arm again. Yesterday the pain made tears run down my cheeks and on a scale of 1 – 10 I'd have rated it 9. Today Ajeesh also managed to find plenty of sensitive spots and it was extremely difficult to relax. However, after a while it became less painful and it turned out he was treating exactly the same spots as the previous day. He declared that they were 50% less sensitive today and that I must have faith in the treatment as it would benefit me in the end.

Of course I have faith in the treatment! I wouldn't have flown half way round the world for it otherwise …

in their movements, which are much more flowing. Life is a stream which never stops. You have to have an open attitude, keep your mind open to other things."

She has a special admiration for Dr. Sharan, who has five clinics which he visits regularly. She had a consultation with him every week and, initially, every day.

"He is one of those rare people of whom there are not many – he gives an impression of being somewhat stand-offish and aloof but he is actually very caring and interested in your progress. When there are sick children in some families he does not charge anything and operates for free. He sends his team out into the villages to help children who need treatment. In the clinic, there is a large medical library which anyone can use and I sat there often reading the literature about my treatment."

Janneke regards her trip to India as successful. Would she recommend Dr. Sharan to others?

"I would advise other patients with RSI to go, absolutely without reservation. However, you have to seriously consider whether you could adapt to life in India – it's so very different – people move, smell, and do everything differently. If you have an appointment, well, don't expect them to be there on time. If you're waiting for a parcel, it takes some effort to trace it. It's all very lackadaisical but it was a very good experience. You have to believe in your treatment, you have to open your mind to it and have confidence; you must be prepared to accept pain and believe that the staff do have the best intentions for you."

Janneke is almost without pain now and is active in many fields. Actually, she needs to think about what she would like to do in the future and is currently active in yoga and sports. She warns that,

"It's not that it's all over in three months; you feel much better but you've got to continue when you get home to keep it that way. If the pain is gone, you must not think it will never come back again. You have to keep on taking good care of your body."

Janneke finished her treatment in India a year ago now, and she continues to reap the benefits. With self-management of her condition, she has been able to maintain the improvement she experienced as a result of her treatment regime.

"Last weekend I went to Berlin and had no trouble with the travelling or the many walks I made there, while before treatment I could not sit for more than half an hour or walk for more than 100 metres without experiencing pain".

If you would like to contact Janneke, her e-mail is jtvasse@xs4all.nl She can write in English.

Ajeesh's treatment is as follows: he pinches my arm really hard until it hurts and then he pinches it some more. It reminds me of giving (and getting) Chinese burns at primary school. Or trying to loosen a packet of microwave rice. He keeps this up for half an hour, then does some stretches with my arms and then rubs lotion all over it vigorously as though my arm is a tube of something that has to be squeezed out right to the last tiny bit.

The result, half a day later, is an arm so sore that even touching the skin hurts.

Ref: http://indianneke.reislogger.nl/armen-ajeesh.11886

17 February 2010

EMG-myofeedback

This morning I had my first EMG (ElectroMyoGraphy) lesson. In Holland it is known as Myofeedback. A lot of wires, leading to some apparatus, were attached to my body. From the apparatus I got graphic and audio feedback about muscle tension in various locations. Most of it one is aware of, but it gives a different perspective. It was much more difficult to reduce the muscle tension on my right side than it was on my left side. Also the muscle tension was much less when writing than when typing. The writing I always found to be less stressful …

It is also worth observing the long time it takes to release the build up of tension in the muscles.

The lesson was mainly for visualizing the muscle tension, and next to learn how to lower the tension by adjusting the posture. I find it a valuable addition to the therapies.

Ref: http://indianneke.reislogger.nl/emg-myofeedback.12614

22 February 2010

The bone collector

Today the therapist worked on mobilizing my shoulder. "He had to specifically work on the mobility of the collarbone. It felt as if he was trying to lift it out, that's why the "bone collector".

28 February 2010

The easy part is over … so Dr. Sharan says. He refers to making the pain go away. The difficult part is starting to stay pain free. His advice for the near future: do as much as possible what I would do after getting home. Then, in case pain returns, it can be dealt with immediately. I am allowed to also start training with weights.

One of the activities I want to take up again back home is horseback riding. I started today. I think the pictures speak for themselves: making acquaintance, hugging, friends …

2 March 2010 *Yoga.*

Since yesterday there is a new yoga teacher at Recoup. His name is Nagesh. He told me that he was second in the recent South India Championships and 6th last year in Sydney. I did not know that there were championships in yoga.

I like doing yoga. I succeed in following Nagesh's example up to a reasonable point. And it feels good. Stretch all over and muscles that need to be strengthened do get a good workout. We have had 2 lessons now and all three of us are happy with it. Claire likes doing yoga again, as she did it in London.

Ref: http://indianneke.reislogger.nl/bone-collector.12793

16 March 2010

I am back again in Bangalore. It is good to be driving through known streets again.

At breakfast Claire and Guido told me that they had Feldenkreis with Michel during my stay in Kerala. Unfortunately for me today was the last time. They were both so enthusiastic that I asked Michel if I could take photographs during his session with Claire.

In the pictures you see Michel giving delicate instructions with his hands to let Claire's body move in an easier manner. In fact he makes her body feel once again how it can move; differently than the way she was used to.

Ref: http://indianneke.reislogger.nl/feldenkreis-geschreven.13367

For further information, refer to these websites: http://mybangalore.com/article/0809/michel-casanovas-on-the-feldenkrais-method-of-movement.html

Dr. Deepak Sharan website; http://www.deepaksharan.com/

Thanks to Betty Kat for translating this article from "Het Handvat – November 2010

CAN'T AFFORD TO GO TO INDIA?

DON'T HAVE THE TIME?

There are some cheaper and more accessible treatments in Australia that our members recommend. They include the stretching and strengthening classes designed by Kit Laughlin and run by the ANU Sports Union. If you can't get to the ANU, Kit sells DVDs and books about his treatments on the web at http://pandf.com.au/store/cart.php

There's now a good deal of evidence that specially designed exercises are therapeutic for overuse injuries.

You may be interested in the free exercise rehabilitation service offered by ACT Health, which provides individualised gym and hydrotherapy exercise programs.

For more information, ring the Exercise Physiology Department on (02) 6244 2573.

TREATMENTS FOR CARPAL TUNNEL SYNDROME

Carpal tunnel syndrome is a very common neurological condition often caused by overuse which can be managed by both surgical and conservative treatments. Conservative treatments include splinting, steroids, laser therapy, non-steroidal anti-inflammatory drugs, vitamin B6, and acupuncture. Even though these interventions may not cure the condition, surgery is not usually the first line of treatment. Patients may avoid surgery because they're concerned about its discomfort, inconvenience or safety and conservative treatments do, in fact, provide sufficient relief for many people. Below, we briefly review some recent research on the most effective treatments for this common condition.

Tendon gliding exercises

Do tendon gliding exercises help people recover from carpal tunnel syndrome? That was the question explored in a study of 61 American patients published recently in the American Journal of Physical Medicine & Rehabilitation. Tendon gliding exercises are prescribed by a physiotherapist and encourage the tendon to slide, or glide, in its surrounding sheath; they are not stretching exercises. The study concluded that, in conjunction with conventional treatment (night splinting and paraffin therapy), tendon gliding exercises improved outcomes. In fact, the group who were given the tendon gliding exercises had substantial improvements in function compared to other participants.

| Horng et al, "*The Comparative Effectiveness of Tendon and Nerve Gliding Exercises in Patients with Carpal Tunnel Syndrome: a Randomised Trial*" American Journal of Physical & Medical Rehabilitation, March, 2011 |

Does acupuncture work?

In this study, people with mild to moderate carpal tunnel syndrome were split into two groups: participants in one group received 10 sessions of electro-acupuncture twice a week, while those in the other group wore a neutral wrist splint at night – a very common treatment with a good evidence base. Acupuncture was more effective in reducing pain and both treatments proved equally effective in reducing overall symptoms and improving function. We can't help thinking it would be interesting to know how well these treatments would work if combined.

| Kumnerddee W,Kaewtong A, "*Efficacy of acupuncture versus night splinting for carpal tunnel syndrome: a randomised clinical trial*", Journal of the Medical Association of Thailand Dec 2010 Dec |

How does surgery compare to conservative interventions?

This paper describes a "systematic review" of controlled trials comparing surgery and conservative interventions. A systematic review is when researchers look at all the available papers on a particular topic, choose those that are high quality, and then pool the results. Interestingly, out of more than a thousand articles the

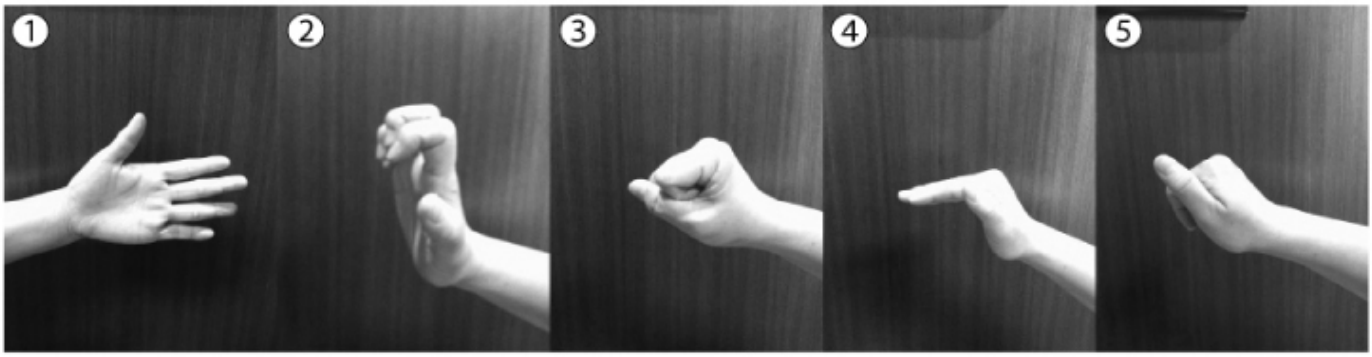


Figure 1 - Tendon Gliding Exercise: 1.Straight Hand 2.Claw Fist (hook) 3.Full Fist 4.Table Top 5.Straight Fist

researchers looked at, only seven were sufficiently well designed to meet the criteria for inclusion in the review.

The researchers concluded that both surgery and conservative treatments were beneficial, although patients who underwent surgery were more likely to have better function and fewer symptoms six and twelve months later. They were also twice as likely to have normal nerve conduction studies after treatment.

However, the authors support the current practice of giving conservative treatment first and offering surgery only when that has failed or the condition is severe.

| Shi Q, McDiarmid J, *"Is surgical intervention more effective than non-surgical treatment for carpal tunnel syndrome? A systematic review"*, Journal of Orthopaedic Surgery and Research, 2011, 6:17 |

Another study looked at patient satisfaction with carpal tunnel release surgery and ulnar nerve decompression surgery (at the elbow). They interviewed over 30 patients who had had surgery at least six months after hospitalisation. In general, most patients were satisfied with the overall surgical experience and had a realistic expectation of outcomes – as you would expect, their level of satisfaction was dependent on the surgical outcome. Areas where surgeons could improve their practice included better information about post-operative care and what patients could expect in recovery.

Ann Thomson

| Khu KJ, Bernstein M, Midha R, *"Patients' perceptions of carpal tunnel and ulnar nerve decompression surgery"*, Canadian Journal of Neurological Science, March 2011 |

CARE INC.

Care is a community organisation that provides free financial counselling and information on options for dealing with debt to people on low to moderate incomes. Depending on your initial assessment, Care may provide you with:

- Counselling in relation to your finances
- Information about options for dealing with debt
- Under some circumstances, negotiations with your creditors
- Referral to other organisations including legal services

Care offers information over the telephone, an after-hours info service on Wednesday evenings from 5.30 – 7.30 pm (arrive before 6.00 pm to get in!) and longer appointments. You can also get ongoing counselling if you need it.

They offer free independent assistance for vulnerable consumers experiencing difficulties with a range of consumer issues, particularly consumer credit.

HOW TO ACCESS CARE INC
Phone: (02) 6257 1788
Weekdays 9.00 am – 12.00 pm
(Canberra area only)

Other organisations that can help with financial issues include:

- Lifeline,
- The Salvation Army and
- St Vincent de Paul.

*ASTERISK **

Have you got an asterisk * on your address label? This is a signal to tell you your subscription is overdue. We recently wrote to all our overdue members and our thanks go to those who renewed. If you didn't , and you'd like to renew, then you can pay using a credit card via Pay Pal at our website or send us a cheques, cash or postal order (see p15). ***We do appreciate your support!***

UNIVERSITY STUDENTS' Notebook Computer Use – *article continued from page 4*

The designers of the study came to the conclusion that external notebook accessories and participatory ergonomics training appear to contribute to a trend of decreased notebook computer-related musculoskeletal discomfort in university students.

They also concluded that to promote the health of America's student body and future employees, universities should be encouraged to increase the availability of education on ergonomics, provide adaptable workstations in dormitory rooms, and encourage proactive problem-solving to prevent and decrease reported notebook computer-related musculoskeletal discomfort.

More research however, is needed to determine the most effective ergonomics intervention for university students.

Irene Turpie

Karen Jacobs, Peter Johnson, et al. *"University students' notebook computer use"* Applied Ergonomics 40, 2009, 404 – 409

FORTHCOMING SEMINAR SERIES FOR PEOPLE WITH RSI

ON MENTAL AND EMOTIONAL HEALTH ISSUES

We are pleased to announce that the Association has been awarded a grant from ACT Health to help people with RSI deal with the emotional and mental health issues that arise for them. We plan to run four 2-hour lunchtime seminars next year and we'd love to have your input into the content, the venue and the speakers.

We're currently thinking of running sessions on these topics:

- pain
- stress
- depression
- sleep issues

Are these the topics that interest you? Are there other topics you think are more important, for example, grief and loss or stigma? Do you know of any expert speakers you would recommend?

We're thinking of running the sessions on a weekday lunchtime from 12 until 2 o'clock at the Griffin Centre. Lunch would be included. If you think you would like to come, does this venue suit you? If not, can you suggest another one?

Let us know your thoughts by e-mailing us at rsi@cyberone.com.au or leave a message on our answering machine on 6262 5011.

WE'D LOVE TO HEAR FROM YOU!

Info Sheets	Tick:
Hydrotherapy	
Swimming for RSI	
RSI & Stress: what it is & how to cope	
Cream, Rubs & Herbs for RSI	
Worker's Compensation in the ACT	
Medical & Medico-legal appointments	
Assistance through Medicare	
Member's story: Invalidity Retirement	
Managing your Finances with RSI	
Review: Clickless software & Short-Keys	
Preventing Voice Overuse	
Sewing & RSI	
Pillows & RSI	
Neck pain: prevalence, causes, treatment	
Review of Tennis Elbow Research.	
How to win and keep a Comcare claim **[NEW]**	
Choosing a keyboard **[NEW]**	
Injections for RSI **[NEW]**	

BOOKLETS AVAILABLE:

The RSI Association Self-Help Guide

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

$20

Moving on with RSI

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

$10

Pregnancy & Parenting with RSI

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

$10

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

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

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

RENEWAL/APPLICATION FOR MEMBERSHIP & ORDER FORM

If your name has an asterisk on the address label, your annual subscription is due.

Please renew ASAP to maintain your membership.

PLEASE NOTE: If your details on the back of this form are correct, you don't need to rewrite your address.

Name: _____

Address: _____ Postcode: _____

Phone: _____

Email: _____

☐ I would like to receive my newsletter by email

I enclose:

Annual membership: ☐ $10 (low income) ☐ $20 (standard) ☐ $40 (high income/organisation*)

***Special Offer*:** ☐ 2 years' membership $30

Booklets available (details back page): ☐ Info Kit $20 ☐ Moving on with RSI $10 ☐ Pregnancy & Parenting with RSI $10

DONATION $_____ (all donations are tax deductible)

TOTAL $_____

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

*Organisational membership is open to organisations sharing our aims. Minimum rate is $40 with additional donations gratefully received.

Coming Soon:

- Neck pain: Does laser therapy help?
- Depression: what helps?
- Holidays—Tips and Tools.
- How to cope with too much work.

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC

Room 2.08
Griffin Centre
20 Genge St
Canberra City
ACT 2601

Phone: (02) 6262 5011
Fax: (02) 6249 6700
E-mail: rsi@cyberone.com.au

POSTAGE PAID AUSTRALIA

SURFACE MAIL

ACT RSI NEWS Winter 2011
Print Post Approved
PP 229219.00118

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.

RSI OOS
RSI & OVERUSE INJURY ASSOCIATION OF THE ACT INC

preventing overuse injury, reducing its impact

www.rsi.org.au