

Newsletter

**Winter
2013**

June

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

News & Events

COPING WITH THE COLD

Winter can be a difficult time for people in pain, so we invite you to a discussion and "show and tell" on ways to keep warm and fend off the cold this winter. And we'll be bringing along a few winter warmers ourselves for you to try – and that's not counting the hot chocolate and warm muffins we'll be providing!

WHEN: MONDAY 24 JUNE, 12.15 TO 1.00 PM

WHERE: ROOM 9, 2ND FLOOR, GRIFFIN CENTRE

COST: GOLD COIN DONATION

CARE IN THE HOME

Fergus Nelson, from Just Better Care Canberra, will be discussing how you can access services to help you live independently at home. This talk is part of the Chronic Conditions Alliance Seminar Series.

WHEN: THURSDAY 18 JULY, 7.00 TO 8.30 PM

WHERE: SHOUT, COLLETT PLACE, PEARCE
(OPPOSITE PEARCE SHOPS)

COST: FREE

We now have a new sponsor for our website – JP Office Workstations (www.jpofficeworkstations.com.au). We are very grateful to the organisations that help us in this way.

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Opening Hours: Mondays and Thursdays
10.00 am – 2.30 pm

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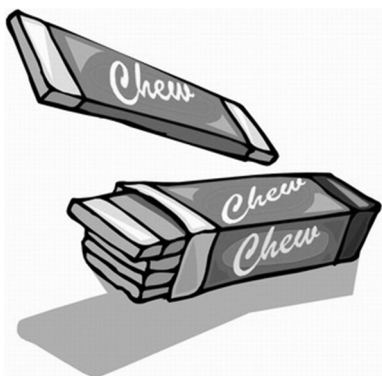
**Do you have an asterisk before your name on the mailing label?
If so, your subscription has expired. To re-subscribe, see p.15**

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

CHEWING GUM REDUCES STRESS?

We already know that stress affects our productivity at work, and also has negative consequences for our health, increasing the risk of depression and anxiety, as well as fatigue, headaches and even heart



attack. Some common strategies include eating breakfast every day and reducing our caffeine intake, but could chewing gum be the answer? A study has found that chewing gum at stressful times of the day helped participants manage daily crises, as well as improved focus, concentration and mood. While chewing gum will never be a cure for stress, next time you are feeling stressed at work or at home, maybe chewing some gum could help get you through.

Smith A.P. et al., 2012 "Chewing gum, occupation stress, work performance and wellbeing", *Appetite*, 58: 1083-6

MEDITATION IN CANBERRA

Meditation & Buddhism in Canberra offers weekly drop-in meditation classes across three locations in Canberra (Forrest, Turner and Erindale). These 1½ hour evening classes consist of guided meditations and short talks on various topics that help us to live consciously and keep a peaceful and positive mind. They also offer a lunchtime class, half-day and full-day courses, as well as special events. For more information, see the website at www.meditateincanberra.org

THE SAVINGS ACCOUNT THAT REWARDS YOUR COMMUNITY

Community CPS Australia now offers the "Community Reward Account". This is an everyday, at call savings account which comes with flexible access options, no monthly account keeping fees and a competitive rate of interest. The main feature, however, is the "Community Bonus Payment" benefit, whereby a linked community group of your choice receives an annual donation, at no extra cost to you! At the end of each financial year, the average annual balance held in Community Reward

Accounts is calculated and up to 1.5 per cent of the balance is donated to the organisation. And the RSI and Overuse Injury Association is one of the organisations you can nominate! For more information on how you can contribute, visit www.communitycps.com.au/community_reward_saving

CHRONIC PAIN AND POVERTY

Professor Deborah Schofield recently spoke at Painaustralia's AGM about a study she led at the University of Sydney. The study found a clear link between untreated chronic pain and poverty, highlighting the need for early intervention to assist people to remain in or return to the workplace. Chronic pain conditions top the list for forcing early retirements. For people who are forced onto the Disability Support Pension, there is an average drop in income of 75 to 80 per cent. This has lifelong implications. For example, for men aged 45 to 54, the average predicted savings for retirement is more than \$500,000, compared with a meagre \$84,000 for people not in the workforce. For the government, this study shows that health and economics interact strongly with one another meaning that cuts to health expenditure cannot improve the economy.

NEW WEBSITE FOR PEOPLE WITH CHRONIC MUSCULOSKELETAL PAIN

A new painHealth website is helping people with chronic musculoskeletal pain access a range of information and practical self-management tips. The website offers interactive self-checks, self-management tips from exercise to meditation, and video stories from people sharing their own pain management tips with the online community. It is based on an interdisciplinary approach to pain management. The website, an initiative of WA Health's Musculoskeletal Health Network, was reviewed by an interdisciplinary group of experts from the Musculoskeletal Health Network, the Fremantle Hospital Multidisciplinary Pain Treatment and Management program, Curtin University and the University of Western Australia, as well as consumers. You can find out more information and access the online resource at www.painhealth.csse.uwa.edu.au

RESEARCH IN BRIEF

GOING BACK TO WORK WITH UPPER LIMB MUSCULOSKELETAL DISORDERS

A French study has demonstrated the high social impact for people suffering from upper limb musculoskeletal disorders and the difficulty they face when returning to work. The two-year follow up study of 514 workers who filed workers' compensation claims for upper limb musculoskeletal disorders has found that 65 per cent of the claimants returned to the same job, most without ergonomic enhancement to their workstation. The study found a striking 18 per cent of the workers had been dismissed two years after making a compensation claim. Of those, only 8 per cent had left employment voluntarily and 3 per cent had retired. None received a disability pension.

Roquelaure Y. et al, 2004, "Work status after workers' compensation claims for upper limb musculoskeletal disorders", *Occup Environ Med*, 61: 79-81

IMPACTS ON DAILY LIFE AS WELL AS WORK

A study of 537 workers' compensation claims for upper extremity cumulative trauma disorders (UECTD) has found that '*work-related UECTDs result in persisting symptoms and difficulty in performing simple activities of daily living, impacting home life even more than work.*' One to four years after the claim was made, 53 per cent of respondents reported persistent symptoms severe enough to interfere with work, 64 per cent claimed that it interfered with home and recreational activities and 44 per cent said that it interfered with their sleep. In addition, 38 per cent reported they had lost their jobs due to their injury and 31 per cent experienced depressive symptoms.

Keogh J.P. et al, 2000, "The impact of occupational injury on injured worker and family: outcomes of upper extremity cumulative disorders in Maryland workers", *Am J Ind Med*, 38(5): 498-506

HAVING TROUBLE SLEEPING?

Research has shown that benzodiazepine-receptor agonists (BzRAs) and cognitive-behavioural therapy (CBT) are supported by the best empirical evidence as effective treatments for insomnia. While BzRAs are readily available and effective for short-term management of insomnia, there is little evidence for their long-term efficacy and there are some potential negative side effects. CBT is an

effective alternative to BzRAs. CBT has been shown to produce improvements to sleep that are sustained over time and is available through use of innovative methods such as telephone consultations, group therapy and self-help approaches. If you have insomnia, CBT could be worth a try.

Morin, C.M., 2012, "Chronic insomnia", *The Lancet*, 379(982): 1129-41

MUSCULOSKELETAL PAIN AND OVERUSE SYNDROMES IN UPPER-LIMB AMPUTEES

A study has found that upper-limb amputees have a higher risk of self-reported musculoskeletal pain in the neck, shoulders and remaining arm. The Norwegian study compared the self-reported musculoskeletal pain of 224 upper-limb amputees with a random control sample of 318 non-amputees. 57 per cent of amputees reported neck pain, while 58.9 per cent reported shoulder pain. There was no difference in pain prevalence between prosthesis wearers and non-wearers, and 24.2 per cent were suffering from musculoskeletal overuse syndromes.

Ostlie, K. et al, 2011, "Musculoskeletal pain and overuse syndromes in adult acquired major upper-limb amputees", *Archives of Physical Medicine and Rehabilitation*, 92(12): 1967-73

DIFFERENCES IN GP MANAGEMENT OF NECK AND BACK PAIN

A ten-year survey has compared GP management of new neck pain and lower back pain in Australia between 2000 and 2010. The study has found that for both conditions, GPs primarily used medications, mostly non-steroidal anti-inflammatory medicines, and referred 25 per cent of all patients for imaging. Patients with new neck pain were more frequently managed using physical treatments and more often referred to allied health professionals and specialists. In comparison, patients with new lower back pain were more frequently managed with medication, advice, provision of a sickness certificate and ordering of pathology tests. Despite clinical guidelines endorsing a similar approach for the management of new neck pain and lower back pain, in actual clinical practice Australian general practitioners manage these two conditions differently.

"I WAS NEVER GIVEN A CHANCE TO RECOVER"

THE STORY OF JANTINE VAN DER TANG

"In the summer of 1998 I suddenly started suffering from severe RSI symptoms. Worse than the pain was the lack of understanding from the people around me," Jantine van der Tang writes. Jantine is the editor of the Dutch RSI magazine. "By telling my own story I want to ensure that long time RSI sufferers know that there is hope for them and to be positive."

"As a medical secretary, I had a satisfying and varied job at the surgery department of a large hospital. Over the years, the work became more and more monotonous, until eventually I did nothing day in day out but typing letters. To make work a little more challenging, I tried to complete more letters each day and improve my record. At that time, the 36-hour week was introduced which meant I was now working four consecutive nine-hour days without breaks. Taking a break would only mean getting home later. I had never heard of ergonomics, OH&S practices or RSI. In hindsight, the seat of my chair was too wide which meant that every day, all day long, I was "hanging" on my chair instead of sitting straight. I constantly put all my weight on my left underarm and strained my vertebrae. This is more likely the cause of the much more severe pain in my left arm, even though I am right-handed.

"After eight years of working like this, my body just gave in. From one day to the next I couldn't move my wrists and two days later I got severe cramps in my forearms. I had a tingling sensation in some of my fingers. When I look back on it now, there had been warning signs that something was wrong. The previous months I had been particularly clumsy and had been dropping things a lot. At home I dropped so many pieces I nearly broke an entire dinner set in a few months. But I never linked this clumsiness to my work.

Lack of understanding

"The company doctor diagnosed strained arm muscles and said I would feel better after a few weeks' rest. That didn't happen. My arms hurt so much the pain kept me awake. I could no longer brush my hair, dress myself, take a shower and even going to the bathroom was difficult. I couldn't even lock the door. Unfortunately, I had to resume work very quickly, but at least I now did less strenuous tasks, like filing papers and archiving files. Even this turned out to be too painful. I suffered extremely strong and painful cramps

in both forearms and couldn't even hold a piece of paper, let alone looking through and alphabetizing a pile of papers. I didn't really understand what was happening and so couldn't explain things to colleagues either, who became less and less sympathetic about the situation. Eventually my GP officially diagnosed RSI and advised rest and physiotherapy. The physiotherapist I had a consultation with had never even heard of RSI. She treated me by stretching and massaging my arm muscles. After each session, the pain became more severe but, according to the physio, this was normal and over time it would get less painful.

"Eventually the pain became unbearable. One of the surgeons I worked for referred me to a specialised plastic surgeon. He couldn't help either but he did refer me to a physiotherapist who specialised in hand treatments. This physio gave me lots of exercises to relax the muscles in my arms, and the exercises did help

I didn't listen to anyone else's opinions but instead concentrated on listening to my own body, which was screaming for rest.

against the stiffness I was experiencing. When the company doctor diagnosed me as having RSI, he drew a very pessimistic picture and

said I would probably never get better and would never be able to work again. My colleagues, director, friends and family members didn't have the same idea about RSI. My arms looked completely normal and after a few months their understanding and patience was running low. Even my parents, who tried very hard to understand what I was going through, didn't really understand.

The chance to study

"I refused to believe the company doctor's prediction that I would never get better and would never work again. I insisted that my employer let me enrol in a course to become a veterinary assistant, a one-year course for which I attended one class a week. The rest of the week I used for studying, I did an internship and I concentrated on getting better. One of my classmates kindly copied her notes for me so I didn't have to write too much myself. Completing the internship wasn't easy given my circumstances but in the end I did get awarded my degree. Unfortunately not a single vet was prepared to employ someone who had been diagnosed with RSI. I also have to say that, although the work would have been varied and interesting, I think it would have put an enormous strain on my arm muscles.

Physiotherapy

"In the meantime I had started medical physiotherapy, assisted by several specialised physiotherapists. They predicted that my symptoms and pains would first get a little worse before getting better, and that is exactly what happened. Because they predicted quite accurately how my recovery would happen I trusted their treatment. Painfully and slowly I regained strength in my arms, though I still had pains, cramps and tingling. I continued their treatment for four years until the financial burden became too much and I had to stop.



Jantine was refused a disability pension and over the next few years she tried a number of jobs—in education, at a hospital taking blood samples, which was too hard on her arms, and temporary admin work. Ten years passed and her most recent contract had not been renewed ...

"I had been forced to give up all my hobbies, I was always so physically and mentally tired I had no more energy to maintain social contacts and I had lost many friends over the years. I really only had support from my pets at home. I was of course distressed that I could lose my house and life savings because I could no longer work, and was very worried that I wouldn't even be able to feed my pets any longer.

Back to work assistance

"Each time I was unable to find a job, the UWV (the Dutch equivalent of Centrelink) demanded I go and meet with a so-called re-integration agency that would allegedly help me to fit back into the workforce. Their "help" consisted of letting me sit through tests that each time advised me to look for jobs to do with administration or related to animal care. The tests did not take the RSI into consideration at all and the agencies didn't offer any actual help. Some of them sent me some job vacancies. At only one agency I actually spoke to an adviser face to face. No one had any practical advice on which jobs would be suitable for me to not have to use my arms too much. The last

agency I visited advised me to become a hostess. When I looked into this more closely, it turned out that those types of jobs were mainly available in the red light district!

Up and Up

"After my last contract was not extended, I got very depressed. The first step to recovering from the depression was to not worry about what the UWV said any longer. I am convinced that I suffered much longer than necessary mainly because the UWV did not recognise RSI. I had to keep working and my body was never able to recover. Because I always mentioned my RSI symptoms and restrictions in cover letters I never got positive replies from employers. I could fall back on another two years of unemployment benefit, which I used to recover on my own terms. I didn't listen to anyone else's opinions but instead concentrated on listening to my own body, which was screaming for rest.

"Initially I ended all treatments I was still having, because every time I had to go see another physiotherapist I was confronted with

I decided to do only things I enjoyed and that de-stressed me mentally and physically, like going for walks, reading and taking long hot showers.

my RSI again. I decided to only do things I enjoyed and that de-stressed me mentally and physically, like going for walks, reading and taking long hot showers. Only when I really felt ready, I went and saw a psychologist of my choice and paid for consultations myself. I didn't want to have to be accountable to anyone and I also didn't want anyone to be able to access the psychological assessment reports. I also decided to consult with a Body Stress Release practitioner, which really helped me. Due to financial constraints I eventually had to stop seeing this practitioner, but at that stage I had already improved significantly to the extent that I was able to hold my new job.

"When the end of my benefit payments was due, I was invited to apply for a position by the Director of a volunteering organisation near where I was living. I got that job and could start immediately after my unemployment benefits ended. The slogan of the organisation where I now work is 'Believe in Recovery', which represents exactly what the organisation stands for.

"I am now working with inmates, which I could never have done without going through my own negative experiences. I know from my own experience what it feels like to be treated badly by society. The reasons why people treat you badly are different but the feeling of being ignored, of feeling like an outsider to society, is the same. Very often I also felt treated like a criminal, as if I was trying to cheat the system by applying for disability and unemployment support. The biggest difference between being disabled and being a criminal is that when you're disabled it feels like you're guilty until proven innocent, while criminals are innocent until proven guilty.

Happiness is being happy with what you have

"After twelve very difficult years, I can finally say that my situation has stabilised and is under control. I have been with the same employer for three and a half years—they have been very supportive and have made all possible efforts to keep me at work. When my employer relocated, I had to take on some extra work. This caused a bit of a relapse and I had to take six months sick leave, but I was given all the time I needed to fully recover before going back to work. Even though I was not back to full-time work yet when my one-year contract was finished, my employer offered me a permanent ongoing position.

"I still have some issues of course, but I can manage them and provide for myself. Working full-time does get exhausting and I need to put all my energy into work, which leaves little time for maintaining a social life, but luckily I have lovely colleagues. I recently also moved to a house with a garden which is so much more relaxing. It sounds like a cliché, but I really have become much stronger because of all the hardship I have been through. I learnt the hard way to stand up for myself. And not only for myself, but also for people who, without help, could end up in similar situations. The reason for volunteering at the RSI association was to help people using my own experience. By telling my own story I want to ensure that long time RSI sufferers know that there is hope for them and to be positive. Or to say it in the words of my employer: believe in recovery!"

Jantine van der Tang

Translated by Ellen Poels from the November 2012 issue of the Dutch RSI Magazine. Photos are Jantine van der Tang's own.



Do you have a story you'd like to share with other members? Please contact us and we can arrange for a friendly interviewer to meet you and write your story (anonymously, if you like).

WHAT DESK IS BEST?

"Sitting is a public-health risk," according to microbiologist, Marc Hamilton, from the Pennington Biomedical Research Centre. "New research in the diverse fields of epidemiology, molecular biology, biomechanics and physiology is converging toward this startling conclusion." And it's not because sitting too much is not the same as exercising too little, he says, "they do completely different things to the body." Hamilton has gone so far as to suggest sitting for most of the day may be as dangerous to health as smoking.

Epidemiologist Alpha Patel concluded that excessive sitting literally shortens a person's life by several years. He found that men who sit for more than six hours of their leisure time each day had a 20 per cent higher death rate than those who sat for three hours or less. Another study showed that men who sat for 23 or more hours a week had a 64 per cent greater chance of dying from heart disease than those who sat for 11 hours per week or less.

So what's so bad about sitting? Firstly, it's a very passive activity and uses a surprisingly small amount of energy. But it's not just that. Sitting causes a range of changes in your body that lead to obesity, pre-diabetes, high blood pressure and a range of life-style diseases. And unfortunately, exercise, even vigorous exercise, won't undo the deleterious affects of many hours spent in a chair.



And it's not just sitting at your desk or at a meeting table, but time spent in cars, buses or trains while travelling to and from work. Research has found that all this sitting seems to increase your risk of death from heart disease and other causes, such as diabetes, even if you exercise regularly.

Solution No. 1: The Standing Desk

The standing desk has a very long history. The writer, Ernest Hemingway is just one well-known fan, while other famous users include Winston Churchill, Charles Dickens and Thomas Jefferson.

According to standing desk advocates, there are five good reasons for using a standing desk:

1. To avoid an early grave
2. To lose weight, by using more energy
3. To save your back

"Standing up engages your back muscles and improves your posture. Many folks who have made the switch to a stand-up desk have reported that the change cured their back pain."

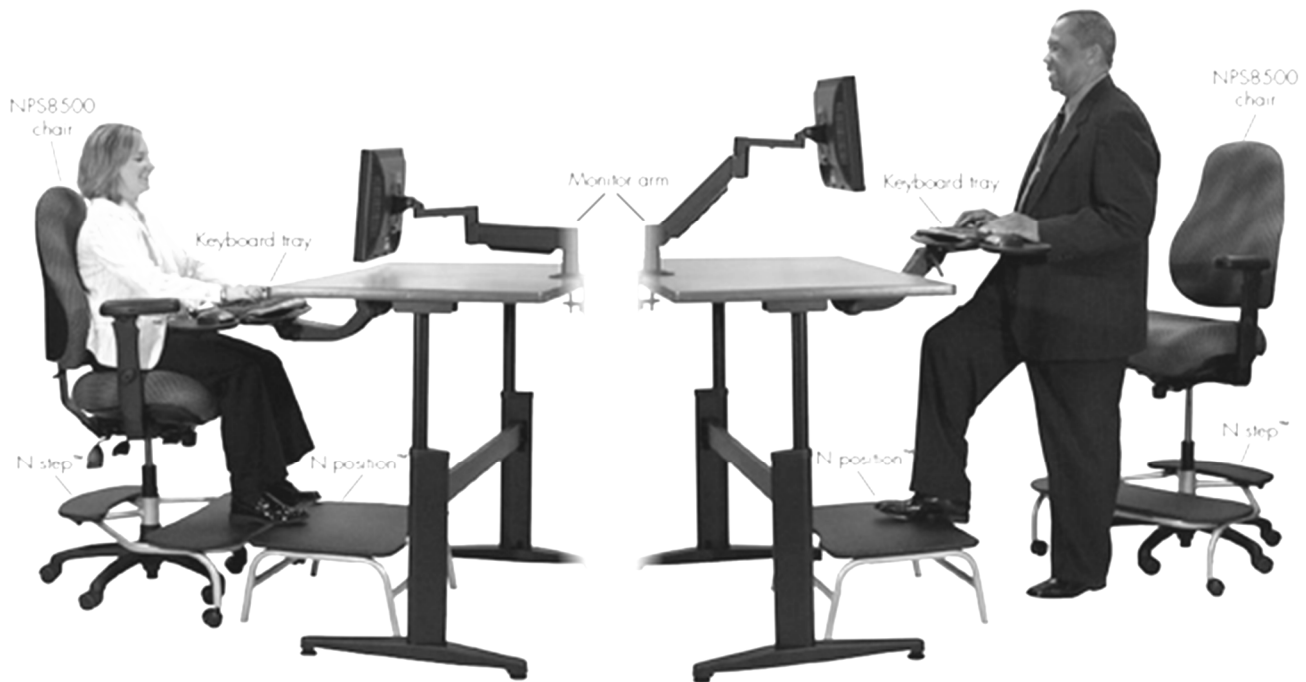
4. To increase your focus

Because you're not so comfortable, you tend to stay more alert. As well, you're in a good position to do some stretches, release your restless energy and move around a bit more.

5. To gain a satisfying tiredness

"While you get less sleepy while working standing up, at the same time you gain a satisfying overall tiredness by the end of the day. I hate going to bed feeling like my body hasn't done a damn thing all day. When you stand up while you work, you earn that satisfying body-used feeling, and at night you fall asleep fast into a restful snooze."





Solution No. 2: The Sit-stand Desk

There are also desks that enable you to change easily between sitting and standing. The idea is that you will do part of your work sitting and then switch to standing, then back to sitting and so on. They are usually electrically operated and quite expensive. Users need training in setting them up correctly for both sitting and standing.

Some field studies of sit-stand workstations found that when provided with sit/stand desks, most people don't use them much, standing for only 15 minutes on average per day. After a month or so, the novelty wears off and studies have found that many people revert to sitting all the time.

However, for those that did use them, daily discomfort ratings were lower and productivity ratings improved. And people who liked them, liked them a lot!

Solution No. 3: The Walking Desk

Also in contention is the walking desk, the brain-child of British scientist and obesity specialist, James Levine. One evening in 2007, while in his office in the Mayo Clinic thinking about the relationship between exercise and fitness, Levine put a hospital tray on top of a treadmill and set the speed at 3 km/h. To his surprise, he found he could work perfectly easily while he was walking. He could type, make phone calls, and do almost everything that he normally did sitting down. He also burned off a lot of calories. It was, as he admits, an eccentric invention, but television stations began doing news reports and soon the treadmill desk, or "Walkstation" as it was called, had gone into commercial production.

A further development of this idea was the concept of walking meetings, on treadmills in the office, or around designated tracks either in or outside the office. It was found that walking meetings not only tended to be more productive than sedentary ones but were also, on average, 10 minutes shorter. Understandable! While handwriting can be quite awkward, he says it's worth the inconvenience: the more that people move around the better it is for their health.

Big claims—but what do the experts think?

Well, there's not a lot of hard evidence, but there are some studies that support sit-stand desks. Standing all day is generally regarded as too hard on the legs and feet and far too tiring!

Many sitting researchers have thrown away their chairs. For example, researcher Mark Hamilton, doesn't even own an office chair. "If you're standing, you recruit specialised muscles designed for postural support that never tire," he says.

"They're unique in that the nervous system recruits them for low-intensity activity and they're very rich in enzymes. One enzyme, lipoprotein lipase, grabs fat and cholesterol from the blood, turning the fat into energy while shifting the cholesterol from LDL (the bad kind) to HDL (the healthy kind). When you sit, the muscles are relaxed, and enzyme activity drops by 90–95 per cent, leaving fat to camp out in the bloodstream. Within a couple of hours of sitting, healthy cholesterol plummets by 20 per cent."

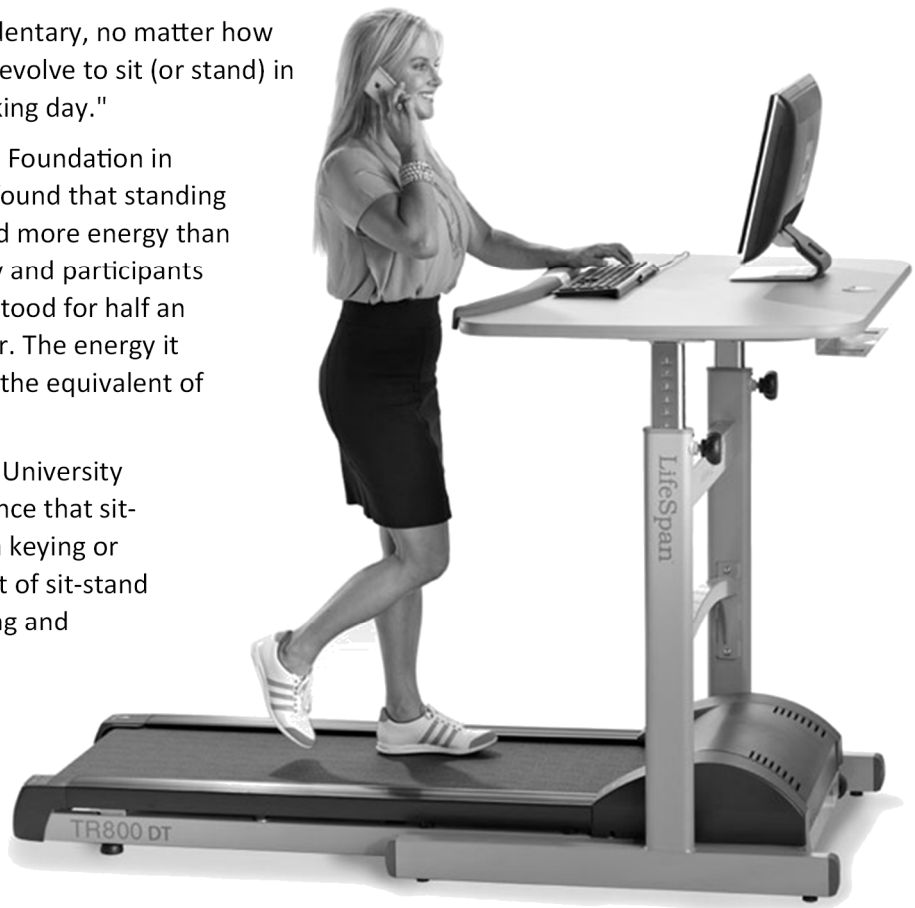
"To a large degree, sedentary is sedentary, no matter how you dress it up. Our bodies did not evolve to sit (or stand) in a fixed location for most of the waking day."

A recent study funded by the Heart Foundation in Australia at the Baker IDI Institute found that standing half the day at a sit/stand desk used more energy than just sitting, maintained productivity and participants reported less fatigue. Participants stood for half an hour, then sat for another half-hour. The energy it took to stand for half the time was the equivalent of a brisk 45-minute walk!

According to the experts at Cornell University Ergonomics Web, there is no evidence that sit-stand improves **wrist** posture when keying or mousing. "Logically, the real benefit of sit-stand is just that, changing between sitting and standing."

"Recent research suggests that electronic sit-stand workstations that can be quickly adjusted allow each worker to modify the height of their work surface throughout the day, and this may reduce musculoskeletal discomfort and improve work performance."

"We recommend that the most cost effective way to obtain the benefits from sitting and standing is for people to sit in a neutral work posture and then intermittently to stand and move around doing other things, like filing papers, making phone calls, getting coffee, making photocopies, rather than trying to keyboard or use a mouse while standing."



Irene Turpie

Bloomberg Businessweek Magazine, 2010, "Your Office Chair is Killing You", www.businessweek.com/magazine/content/10_19/b4177071221162.htm#p1

Cornell University Ergonomics Web, 2012, "Ergonomic Guidelines", [ergo.human.cornell.edu/ergoguide.html#Sit-stand Workstations](http://ergo.human.cornell.edu/ergoguide.html#Sit-stand%20Workstations)

Frazer, S., 2013, "Standing at desk could deliver, finds health study", www.abc.net.au/pm/content/2013/s3759108

Johnson, C., 2010, "Sitting at work: a health hazard", www.abc.net.au/health/thepulse/stories/2010/02/25/2829781.htm#.UZ1lc7XLoS0

McKay, B. & K., 2011, "Become a Stand-Up Guy", www.artofmanliness.com/2011/07/05/become-a-stand-up-guy-the-history-benefits-and-use-of-standing-desks/

Preston, J., 2011, "Could a treadmill desk save your life?", www.telegraph.co.uk/health/healthnews/8928745/Could-a-treadmill-desk-save-your-life.html

Make a tax-deductible donation today!

Did you know that we survive on core funding of just \$22,000 per year? And that your donations to the Association are tax-deductible? It is coming up to the end of the financial year, so now is a good time to make a donation to the RSI Association.

You can make a donation by clicking on "Donate" at the top of the homepage of our website. All donations are made through www.givenow.com.au, a secure website set up by Our Community to benefit community organisations and supported by Westpac. You will receive a tax-deductible receipt via email straight away.

Alternatively, you can donate to us by sending a cheque or postal order (see p. 15) and a receipt will be mailed out to you.

ACT TAXI SUBSIDY SCHEME

The ACT Government has a scheme that provides support in the form of a subsidy when you need to use either a taxi or a wheelchair accessible taxi. To be eligible, you must be unable to drive or use public transport. For example, you might be unable to hold on when standing in a crowded bus. You also need to be a resident of the ACT and not be a member of another state's taxi subsidy scheme.

In order for you to receive the subsidy, there is an application form for you to submit, part of which will need to be completed by your medical practitioner or occupational therapist. Applicants may need to wait up to 25 working days for a response.

If you are accepted you will get a book of vouchers which pay part of the cost of each taxi fare. This will cover 50% of the cost up to a maximum of \$22.50 for each trip. These vouchers can also be used interstate.

If you or someone you know is in need of this subsidy enter **DHCS ACT Taxi Subsidy Scheme** into Google™ or phone **13 34 27** and ask for the **ACT Taxi Subsidy Scheme** for further information. Be patient when calling because they are usually busy.



PRODUCT REVIEW

BAKKER ELKHUIZEN:

S-BOARD 840 COMPACT KEYBOARD

The S-board 840 Compact Keyboard is an ergonomic keyboard with an extra-wide space bar and user-friendly positioned arrow keys. I have been using the S-board 840 for a few months now and I am really enjoying it.

The numeric keypad, usually found on the right-side of most standard



keyboards, has been removed. This makes the S-board shorter than a standard keyboard, allowing me to hold the mouse closer to my body. This is much more comfortable as I'm not constantly reaching for the mouse and I can maintain better posture while I work on the computer.

The keys on the keyboard are also quite light to touch. The S-board 840 uses a shear mechanism for its keys rather than membranes used on most standard keyboards. These membranes have little to no tactile feedback which means that it is very difficult to type without completely depressing each key. Membrane keyboards have been found to cause over-exertion and fatigue of the fingers and hands that can lead to overuse injuries. The shear mechanism of the S-board 840 allows for increased tactile feedback, which means I don't have to press the keys down hard and strain my fingers. It also allows me to type much faster.

The only thing I have to be careful of is accidentally activating the Number Lock, which sometimes results in some interesting combinations of letters and words as I'm typing. Overall though, it is a great little keyboard that I really enjoy using.

The S-board 840 is \$121.00 and can be purchased online from www.ergonomicoffice.com.au

Rebecca Cuzzillo is the Clerical Assistant at the RSI Association.

http://www.daskeyboard.com/blog/?page_id=1458#keyswitches

<http://www.bakkerelkhuizen.com/keyboards/s-board-840-design-usb/#>

TIPS & TOOLS: WRITING & PENS

Writing can be a real problem for people with RSI. "My forearm would become really sore after writing just a few words," says one member. "Fortunately, after a few months with a really good massage therapist, I was able to write for longer, but I still have to be careful about using the right pen in the right way."



The right pen

Most people with RSI prefer a pen that requires very little effort to use, generally a roller ball rather than a ball-point. Up to now, these have been relatively expensive at around \$5.00 each. For example, the **Uniball Micro Deluxe** is a favourite with many of us at \$4.99. Recently, however, much cheaper 'ergonomic' pens have begun to appear at your local supermarket. Many claim to be "high comfort" and to provide a more "controlled" and "smooth" writing experience.

But are they any good? We asked our committee members to try out the **BIC Atlantis** and the **Papermate Inkjoy**. The verdict was pretty clear: "a waste of money" said one, "not worth the bother" said another. The problem is these cheap pens don't write nearly as smoothly as their more expensive counterparts. Another cheap pen is the **BIC Triumph**. This is a bit better than the other two; it writes more smoothly, and at \$5.29 for two, it's worth a try.

Although we haven't tried it, the **Ring Pen** might also be worth a try. The Ring Pen is designed to fit the human hand and reduce fatigue and cramping when writing for long periods of time. While it takes the strain off the fingers, it may increase strain on the rest of the arm.



Thickness is another issue for pens; people with RSI usually prefer a thick soft gripping area. This is relatively easy to achieve, particularly on a **retractable pen** without a cap, like the excellent **Uniball Jetstream**; just wrap bubble wrap or thin sponge from a craft shop, around the pen and secure with tape or a **rubber band**. You can also buy pens with a built-in soft grip.



The right way

Ergonomist Anne Kramer says:

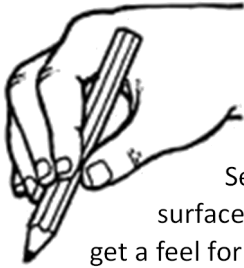
- **Relax the shoulders and neck, and sit up straight.** Students who hunch down over their papers often experience neck, back, and shoulder pain.
- **Keep the elbow open at more than 90 degrees.** To accommodate this position, you may need to turn a bit in your chair.
- **Maintain a neutral wrist position.** Keeping the wrist straight during writing prevents wrist pain and protects against carpal tunnel.
- **Grip the pen or pencil as lightly as possible.** Squeezing too hard not only causes pain in the hand and fingers, but it also can result in the grip slipping too close to the tip of the writing instrument.
- **Use the shoulder, rather than the hand or elbow, to move across the page.** The greater strength of the shoulder muscles means that they fatigue less quickly than the wrist and elbow.

Firstly, it's important to relax your grip on the pen. If you have your first finger in a bow shape as it presses on the pen, you are holding the pen too hard. Try gripping the pen in the normal way and then relaxing your hold so that the pen slides easily between your fingers. You will still be able to write, and the load on your muscles will be lighter.

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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 cheque or postal order (see p. 15).

We do appreciate your support!



Ergonomists recommend "the tripod grip", in which you rest your middle finger as well as your first finger on the pen. It takes a bit of getting used to but it takes the pressure off your first finger.

Secondly, your shoulders and arms need to be relaxed too. To achieve this, the writing surface needs to be at the right height; it's often too high. Try writing with the pad on your lap to get a feel for relaxed shoulders and then adjust your chair or table height to achieve this.

Ann Thomson

CHRONIC PAIN: A FOCUS OF ACT HEALTH STRATEGY

ACT Health has released the ACT Chronic Conditions Strategy 2013-18, in which chronic pain is identified as a separate chronic condition, not a symptom of other chronic diseases.

Setting a direction for the care and support of people living with chronic conditions in the ACT over the next five years, the strategy represents an important step in the push for chronic pain to be recognised as a national health priority.

ACT Health Directorate Director-General Dr Peggy Brown said, "The ACT Chronic Conditions Strategy – Improving Care and Support 2013-2018, will address chronic pain through the acknowledgement that chronic pain is in fact a condition in itself, not merely a symptom of another illness.

"Chronic pain is an invisible condition that needs to be actively managed in a patient and carer centred, evidence informed manner. This is the long term commitment that is pledged through the Strategy."

Currently chronic conditions account for nearly 80 per cent



of the total burden of disease and injury in the ACT, and approximately half of the potentially preventable hospital presentations in the ACT are due to chronic conditions.

The ACT Chronic Conditions Strategy promotes system wide changes to the way services are delivered, focusing on integrated service provision and a patient-centred approach.

However, said Dr Brown, implementation of the strategy will take time. "System wide changes do not occur quickly," she said. "Rather than focus on specific diseases such as chronic pain, the Strategy focuses on the way all services in the ACT can better respond to meet the needs of people living with chronic conditions."

Over the next five years, ACT Health will focus on better use of existing services, improved access to services and early intervention.

There will be better use of online directories; expanded use of tele-health in the home; patient-centred management plans that encourage active patient participation and better incorporate the medical, psychological and social aspects of chronic conditions; and streamlining of cross government directorate processes.

FOR YOUR DIARY: MINDFULNESS TO MANAGE CHRONIC PAIN

Apologies to those who missed out on Randolph's talk in April. Our newsletter was sent out late due to an error by the organisation that handles our newsletter folding and post for us.

You will be pleased to know that Randolph will be speaking on mindfulness and chronic pain again in October this year.

WHEN: 17 October, 7.00PM

WHERE: SHOUT, Collett Place, Pearce

This is a free event organised as part of the Chronic Conditions Alliance Seminar Series.

NEW DIRECTOR TO REVAMP CANBERRA HOSPITAL PAIN SERVICES

Dr Romil Jain has jumped into the Director's seat at the Canberra Hospital Pain Clinic, with plans to revamp pain services across the hospital and develop a world-class pain management centre.



With a background in anaesthesia and intensive care as well as pain management

in hospitals and private practice, Dr Jain began his appointment in April this year.

"We want to become a pain centre that can compete with any of the leading pain centres in Australia and around the world," said Dr Jain.

Now, under Dr Jain's guidance, the pain clinic has a three-year plan to improve pain services for outpatients, reduce wait times through better triage and education, and integrate pain services within the hospital.

The clinic already has an excellent pain education program called JUMP (Journey into Understanding and Managing Pain), based on the successful STEPS program run by Fremantle Hospital in Western Australia. Dr Jain

wants to expand the program, offering direct referrals from any allied health professional or from any hospital department, but resourcing is an issue.

Since Dr Jain's appointment, the number of referrals to the clinic has risen by 20 percent, and Dr Jain believes the number will increase further as the ball gets rolling.

He welcomed the ACT Government's proposed expanded use of telehealth, saying many patients with chronic pain can be assisted with verbal follow up.

Dr Jain is also especially passionate about training and supporting GPs, who he says are a key part of the solution.

"Best practice pain management acknowledges that medication or procedures alone are not the answer, and that it is vital to treat the person first, rather than the pain," said Dr Jain.

He will be promoting online GP and allied health pain management courses and developing a close working relationship with GPs in the region.

The new three-year plan has received strong support from hospital administration and ACT Health.

COMING SOON: CHRONIC CONDITIONS ALLIANCE EVENTS

THURSDAY 15 AUGUST, 7.00 PM

"STRESS LESS AND LIVE HEALTHY"

Eleonora Araoz, Mental Health Foundation

THURSDAY 19 SEPTEMBER, 7.00 PM

"PAIN, SHAME AND NEW WAYS PSYCHOLOGISTS CAN HELP"

Marion Swetenham, Pain Psychologist

WHERE: SHOUT, Collett Place, Pearce (opposite Pearce shops)

All events are free and organised as part of the Chronic Conditions Alliance Seminar Series

HOW OFTEN SHOULD YOU EXERCISE TO TREAT OVERUSE INJURIES?

You're injured because you've overused your muscles and tendons—and the solution is to exercise and move those muscles and tendons more? It doesn't seem to make sense, but there is a lot of evidence to support exercise as an effective treatment for overuse injuries. Some questions, however, remain unanswered, including how long should we exercise for and how often? A recent study in Denmark has gone some way to answer these questions.

The study explored the effect of three different strength training programs on non-specific neck and shoulder pain among office workers. Each group performed the same total amount of exercises and repetitions for a total of one hour per week for 20 weeks.

The first group trained for one hour once a week, the second group trained for 20 minutes, three times a week, and the third group trained for seven minutes, nine times a week. The training groups performed five different dumbbell exercises:

- front raise
- lateral raise
- reverse flies
- shrugs
- wrist extensions

Specific strength training for the neck and shoulder muscles is an effective tool for both reduction of pain in the neck and shoulder region as well as for reduction of disability in the arms, shoulders and hands.

There was one reference group which did not undertake any strength training.

The study found that strength training for one hour per week, whatever the timing, is helpful for reducing neck pain in office workers. The participants were asked to rate their pain on a scale ranging from 0 to 9, with 0 indicating "no pain at all" and 9 as the "worst possible pain".

For those with a baseline pain rating of 3.2 in the neck, the three-times-a-week group showed the most positive results, showing the highest reduction in pain over the 20-week program. The three-times-a-week group had an average pain reduction of 61 per cent, compared to the 47 per cent in the once-a-week group.

Further, the study also looked at the effect of the three different time combinations on disability scores on the DASH (Disability in Arms, Shoulders and Hands) scale among participants. The study found that DASH was only reduced in the three-times-a-week and once-a-week groups, with little to no reduction found in the nine-times-a-week group.

Overall, three weekly sessions was found to be the most effective for office workers with neck and shoulder pain. However, all time combinations of strength training were found to provide benefits in reducing pain. This means there is a lot of flexibility for people with neck and shoulder pain to fit some strength training into their weekly schedules. The study indicates that fewer and longer sessions provide greater strength gains than short sessions every day. So while it looks like three weekly sessions is the ideal, if that's not manageable, one long session can also be effective.



Rebecca Cuzzillo

INFO SHEETS AVAILABLE:

Hydrotherapy	Treatments for Carpal Tunnel Syndrome
Swimming for RSI	How to win and keep a Comcare claim
Injections for RSI	Choosing a keyboard
Medical & Medico-legal appointments	Tips & Tools:
Assistance through Medicare	Book Holders
Member's story: Invalidity Retirement	Cycling
Managing your Finances with RSI	Sewing
Review: Clickless software & Short-Keys	Driving
You don't have to live with depression	Weeding
How to sit at your computer	Handles
Massage - why and how it helps with RSI	Holidaying
Members' story - Studying with RSI	In the kitchen
Managing stress in your life	Getting on top of your emails
Neck pain: prevalence, causes, treatment	Gadgets to help with medicines
A new approach to pain	Emails using MS Outlook

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

BOOKLETS AVAILABLE:**The RSI Association Self-Help Guide \$20**

130+ pages of really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

Moving on with RSI \$10

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

Pregnancy & Parenting with RSI \$10

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

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

RENEWAL/APPLICATION FOR MEMBERSHIP & ORDER FORM

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) ☐ \$60 (organisation*)

Special Offer: ☐ 2 years' membership \$30

Booklets available ☐ The RSI Association Self-Help Guide \$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.

COMING SOON:



Tips & Tools—New Gadgets



Acupuncture and RSI



Mindfulness to manage chronic pain



Product Review: The Hand-shoe
Mouse



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ACT RSI NEWSLETTER Winter 2013
Print Post Approved
PP 229219.00118

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*preventing overuse injury,
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