Winter, 2015

IN HAND

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

Winter 2015

News & Events

Foot Health

Hosted by the Chronic Conditions Seminar Series

Speaker: Cassie Gleadhill, Podiatrist
When: 7pm, 18th June
Where: SHOUT, Collett Place Pearce
Cost: Free, all welcome

Mindfulness

Hosted by the Chronic Conditions Seminar Series

Speaker: Randolph Sparks, Pain Psychologist
When: 7pm, 16th July
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*

Robot vacuums … see page 12

In This Issue

QUALITY TREATMENT, LOW PRICES

STUDENT CLINICS AT THE UNIVERSITY OF CANBERRA

UNIVERSITY OF CANBERRA

What is a student clinic? It's an opportunity for students in applied health sciences to practice their skills on real clients and for you, the client, to benefit from their knowledge. Students are closely supervised by the academics who teach them. For example, in musculoskeletal physiotherapy, there are only three students for each educator. Clinics relevant to people with RSI include musculoskeletal physiotherapy and exercise physiology. Other clinics include neurological physiotherapy, nutrition and dietetics, and psychology. There's also a sleep clinic. You do not need a referral from your doctor to attend.

The clinic starts with a one-to-one interview, which includes an objective assessment of your condition. (If it's needed, imaging is available on site and is provided by a private company.) The initial consultation costs $30, or $20 for concessions. The interview will probably take a little longer than it would normally, because the student and the supervising educator will talk through their conclusions together – a process that clients report is both interesting and helpful.

Then clients will have a program mapped out for them, which takes place in a very well-resourced gym on site. Exercise physiology classes consist of up to 15 clients and cost five dollars per class; individually-supervised sessions are $30, or $20 if you have a concession card.

We've had great feedback about these clinics and encourage you to try them. The clinics are held at the Health Hub in Building 28 near Ginninderra Drive at the University of Canberra campus and you can get more information and make an appointment by phoning 6201 5843.

CIT FIT AND WELL PROGRAM

Canberra Institute of Technology

As well as the student-led clinics on things like Naturopathy and massage, the Canberra Institute of Technology (CIT) have a fantastic program called *CIT Fit & Well.* This fitness and rehabilitation centre program allows you access to a range of modern exercise and rehabilitation equipment (such as cardio and free weights) that you can use effectively and safely with the guidance of highly qualified and friendly staff. You'll even be given free fitness assessments and training programs to keep you on track! For a small additional cost you could also have your own personal trainer, or a massage. The best part is, membership costs just $11 per week with no joining fee and no lock in contract. If you'd like to join the CIT Fit and Well Program visit www.cit.edu.au/fitandwell, or phone (02) 6207 4309.

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

CHANGES TO THE DISABILITY SUPPORT PENSION

The new budget proposal has brought about some potential changes to the disability support pension (DSP). It is proposed that those below age 35 who were granted the DSP under the previous government's so-called 'looser requirements' will be re-evaluated by independent doctors at a cost of $46.4 million. Around 28,000 of current under-35 DSP recipients will be reviewed, and about 5% of those are expected to have their pension cancelled. What's worse, Social Services Minister Kevin Andrews said that this is "more of an integrity measure than a savings measure" as no actual savings estimates have been made. Further, $29.3 million will be invested in order to engage under-35 DSP recipients in "compulsory activities" which is expected to affect about 20,000 current DSP recipients (and about 5,000 new entrants per year).

Full article: http://www.smh.com.au/comment/the-disabled-will-need-to-fight-for-themselves-20140516-zre8r.html

BETTER TO AVOID SURGERY?

The Australian and New Zealand College of Anaesthetists' (ANZCA) Faculty of Pain recently met in Singapore to talk about persistent post-surgical pain, such as that which can occur after carpal tunnel or rotator cuff surgery. Pain Medicine Specialist at Oslo University, Professor Audun Stubhaug, suggested that screening for predictors of chronic pain post-surgery (such as prior experience of chronic pain, depression and anxiety, high or low body mass index (BMI) and smoking) could divert around 80% of cases from surgery. Stubhaug also stresses the value of rehabilitation and other less invasive procedures over surgery. Quoting a Norwegian study, he said that 70% of patients who completed a four month rehabilitation program no longer needed surgery for shoulder pain!

Risk of Post Surgical Pain Highlighted at ANZCA FPM Conference

PAIN TOLERANCE AND MEDICATION LINKED TO GENETICS AND DNA

In a recent survey of over 2700 patients diagnosed with chronic pain, researchers have identified four different genes that could influence a person's pain perception. The presence of these particular genes can help doctors to identify who might be more likely to feel more pain. Researchers in another study have taken this one step further and said that standard doses of painkillers won't help to combat this genetic predisposition to pain, and medicine may have to be personalised. For example, codeine is commonly used for pain relief, but it only works if it has been changed into a morphine in the body. This is done by an enzyme called CYP2D6. Unfortunately DNA testing shows that this enzyme is inactive in some people, and overactive for others. This may explain why some people do not react to standard doses of codeine, and others experience adverse side effects. Similar results have been found for the CYP2D9 enzyme that converts non-steroidal anti-inflammatory drugs. So what do researchers suggest? A one-off swab to check how patients' genes and DNA could influence their pain perception in order to prescribe medication that is effective.

Pain Tolerance Linked to Genetics, All Pain. No Gain? A DNA Test May Be the Answer.

Research in Brief

Is Dupuytren's Contracture a Work-Related Disorder?

Dupuytren's contracture is a condition in which the skin on the palm of the hand becomes thick and hard, with the fingers gradually being pulled towards the surface of the palm. This condition leaves the hands unusable, and needs to be treated with regular injections to relax muscles and tendons, and in some cases surgery. Previous research has debated the cause of the condition, suggesting such factors as heritability, diabetes and even epilepsy. However, a recent meta-analysis of 14 epidemiological studies suggests that one very important risk factor for the development of Dupuytren's contracture is high levels of manual work exposure, particularly exposure to vibration.

Descatha, A., Jauffret, P., Chastang, J. F., Roquelaure, Y, & Leclerc, A. (2011). Should we consider Dupuytren's contracture as work-related? A review and meta-analysis of an old debate. *BioMed Central Musculoskeletal Disorders, 12,* 96.

Hand Temperature as a Predictor of Musculoskeletal Disorder Severity

A study has aimed to explore the relationship between musculoskeletal disorder symptom severity and the temperature of the dominant (or preferred) hand. A total of 45 office workers were recruited to participate in this study, where infrared camera technology was used to measure the temperature of the dominant hand before, during and after participants typed at room temperatures of 18°C, 22°C and 26°C . Interestingly it was found that regardless of the room temperature, those with more severe musculoskeletal disorders showed lower dominant hand temperature recordings before typing which the authors suggest could reflect an underlying dysfunctional sympathetic nervous system.

Gold, J. E., Cherniack, M., Hanlon, A., Dennerlein, J. T., & Dropkin, J. (2009). Skin temperature in the dorsal hand of office workers and severity of upper extremity musculoskeletal disorders. *International Archives of Occupational and Environmental Health, 82*(10), 1281-1292.

Cupping Therapy for neck Pain

Cupping therapy uses a technique in which glass or bamboo cups are applied to the skin and heat or suction is used at 5 to 15 minute intervals in order to increase blood flow, which may promote healing. It's often used to treat pain, muscle swelling and muscle knots. In one study, over 40 participants suffering from moderate to severe neck pain were randomly assigned to treat their condition with heating pads or 6 sessions of wet and dry cupping. In addition, participants were offered an exercise program to accompany their treatment. It was found that compared to using a heating pad, cupping therapy in combination with exercise was more effective at improving neck function and reducing overall pain, discomfort and stress.

Kim, T., Kang, J. W., Kim, J. H., Lee, M. H., Kim, J. E., Kim, J., Lee, S., Shin, M., Jung, S., Kim, A., Park, H., & Hong, K. E. (2012). Cupping for treating neck pain in video display terminal (VDT) users: a randomized controlled pilot trial. *Journal of Occupational Health, 54*, 416-426.

MANAGING ENERGY LEVELS WITH PAIN

It's no different from being a top athlete: I have to manage my energy levels, but for me, I'm managing my energy levels when everything I do causes pain or makes me feel tired. One way of making sure I have sufficient energy is by spreading activities as much as possible throughout the day. I try to think smart and be as effective as possible. I'm pragmatic: I don't do everything at once but instead plan to distribute the tasks that cause pain and discomfort over several days or weeks.

WHAT WORKS BEST FOR ME?

I'm a morning person – I have lots of energy in the morning and I don't experience quite as much pain after a good night's sleep.

So how do I make full use of this? In the morning I go to pilates class. This stimulates the blood flow without making my body ache. Afterwards I shower and once a week I wash my hair (really hurts my arms!). Then I take a one-hour break to read the paper, followed by grocery shopping. I plan the day and think about when I will need to use my hands in order to get dinner ready, and based on this do some of the preparation for dinner in the morning. For example, I peel potatoes in the morning instead of in the afternoon. Around lunchtime I clean and cut vegetables for dinner. By dinnertime I have already prepared most of the bits and pieces and just need to assemble everything. I try not to cram everything into the one hour before dinner to try and get it all ready.

If I go out shopping, I first do some shopping for about an hour, then take a short break or go have a coffee. When it comes to doing housework, I don't vacuum the whole house at once but instead vacuum the ground floor one day, the first floor the next. When hanging up laundry I use a drying rack that is set at the correct height for me. In my house I've arranged things as much as possible to make it easier on myself to get things done. Some of the upper kitchen cabinets are difficult (painful) as they require me to lift my arms above shoulder height, so I make sure to use a sturdy chair when I need to get something out of those cabinets.

DIRECTING YOUR OWN LIFE

I alternate taxing and less taxing activities, but don't avoid moving altogether, as it is so important for blood circulation. I do however make sure I alternate fun and less fun activities (or: painful activities), make sure I take breaks and sit down when I have to. I plan for every day and stick to the plan as much as possible (though to be honest that sometimes doesn't happen).

Even on a good day, if I take on too much, I'll feel it the next day. I recommend enjoying the good days and not sacrificing these by cramming in more than you should. Make yourself stop when you need to. This sounds easy enough but in reality it's really hard – nothing is harder than stopping (because you would always like to do more).

My computer unfortunately is a necessity in my life, but my back, neck, arms and fingers don't always agree with so much computer use. I don't want to give up my digital world, however, and so set clear guidelines for myself as to how many minutes each day I use the computer for. I have to say, I do stick to this (even though it's so tempting to do a few more minutes of this and that). Just like top athletes need great discipline in their lives, so do we, in order to be able to achieve the most positive outcomes in the end.

But it's important to note that what works well for others is not necessary the best solution for you. Everyone is different in terms of body structure, muscle strength, weaknesses, periods of high and low energy, whether something is strenuous or not, and gender also plays a role. Find what works best for you, and do things at your own pace.

Last but not least: accept yourself the way you are; accept that you may have less strength and energy and plan and handle things accordingly. You don't have to lead a passive life, but instead do things a little differently: be calmer; split tasks and activities into smaller, more manageable chunks; don't stop moving altogether but instead be more mindful about how and how much you move. You may at first feel sad and frustrated about having to do any of this. You're not able to do things the way you used to anymore, and it will take some time getting used to this change. Try and be positive– being angry and sad takes a whole lot of energy that could be spent on something better.

Thank you to Ellen Poels for translating this for us! For more information on pacing read the article on our website on "A new approach to pain" here http://rsi.org.au/?page_id=25

Original author: Egbertien Martens. *RSI-Magazine, Volume 20, Issue 2, November 2014 (Dutch RSI Association).*

Posture & Flexibility Stretching Classes

Using the Contact/Relax stretching method, an hour of careful stretching is perfect for rehab, or maintaining flexibility. Classes are held in North and South Canberra.

Tues	5.30-6.30pm (Woden)
	6.35-7.35pm (Woden)
Wed	12.30-1.30pm (Griffin Centre)
Thurs	12.30-1.30pm (Griffin Centre)
	5.30-6.30pm (Griffin Centre)
Fri	12.45-1.45pm (Woden)

The next 10 week term commences 28th April.

Very careful, very mindful, very successful.

Davidjheap@gmail.com 0437 135 474

RETURN TO WORK CASE CONFERENCING

Thanks so much to those members who responded to our survey on return-to-work case conferences, with many of you adding lots of really useful comments.

Our first question asked how well prepared you felt for the case conference and whether you understood its purpose. You told us that most of you did not feel well prepared at all. Some of you noted that you did not properly understand the different roles of the rehabilitation provider and the doctor:

"*I still believed that rehab were really there to cooperate with my doctor's recommendations. I understood it very quickly that we represented 3 sides to the matter and it helped me later on.*"

Less than half of the respondents understood the purpose of the case conference **very** well, so clearly it is most important for this to be explained in detail beforehand.

DOCTORS' UNDERSTANDING

Many members were very positive about their doctors and their understanding of how their condition affected them both at work and at home, with only a few having little understanding.

"*I think the doctor couldn't appreciate how disabled I was at that stage, and what kind of tasks could realistically be offered, e.g. 15 minutes of computing per hour – how does a person do this in reality? I wasn't really able to do this much.*"

"My GP (who I had been seeing for 6 years) was at times very concerned about my situation and supportive. There was a disconnect about the overall effect on both home and work and a focus on work. I felt like I was being told I should be trying to get my work hours back to full hours at a point when I couldn't look after myself at home."

WORKPLACE CONDITIONS AND TASKS

The good news for doctors continued with most of them having at least some understanding (and a large percentage having a sufficient understanding) of workplace conditions and tasks. However, some felt that doctors had little understanding of the intensive and high-paced nature of their workplace.

GPS SUPPORTIVE AND CONSTRUCTIVE

When it came to the case conference itself, three quarters of you said that your doctor was supportive and constructive.

"*He would not be bullied by the employer, his priority was me and my health."*

"*My GP was very patient-centred and believed patients should be in control of their health and have the knowledge to be so."*

DOCTORS GET FED UP WITH THE SYSTEM

However, some members noted their doctor's impatience with the system:

"My doctor got sick of the carry-on with my supervisor and department manager and workplace workers' comp."

"The doctor would get a bit angry / frustrated and finally told me after about 2 years that she did not want to help me anymore and to see a new doctor, however her written reports were OK."

Some members felt that the GP did not know enough about the role of the rehabilitation provider.

"GPs are generally health-focused, so it feels like they are on your side. Where they fall short is not knowing about the role or agenda of the rehabilitation provider. It is essential to have appointments just with your GP and without the rehabilitation provider."

Light Duties

For those of you who return to work with light duties, **not one** of you was able to stick to the times and duties specified easily. One-fifth said there was nothing meaningful for them to do, and one-third were unable to physically perform the duties required:

"*My initial RTW plan (without any conference) started at 2 hours of typing per day with no support or let up in volume of work so was thus impossible."*

"Director had no understanding of my condition, was unhelpful and there was no Dragon, no headsets."

"Watching a telex machine does not constitute a good return to work plan."

"I was physically present at the office but spent a lot of time not doing anything as there wasn't much at all I could do without touching a computer."

"The doctors don't take into account what expectations there are of you in the workplace – people will give you a job that seems easy to them, e.g. sorting paper – but exacerbate the RSI."

"Placed into an unsuitable and boring job role. Gradual increase to full time but could not sustain."

Rehabilitation Providers

Unfortunately, it was a different story when it came to rehab providers. There was good news from two of our members, who rated their rehab provider as being "very helpful" during the case conference. For the rest of you, the rehab provider was either somewhat helpful (one-third) or not at all helpful (over half).

"They are caught in the middle, paid by the employer. A lot depends on the rehab company and the case manager."

"Rehab providers were just interested in my leg in the door, the rest was and has been on me."

"They were just pushing me to do more typing and hassled me, there was no real concern for my health, they did not know what to do about me (the too hard basket)."

"She was a bully with an agenda that was not helpful or useful to meeting my needs of recovery or meaningful work."

"I would summarise the rehab provider as being the most incompetent professional I have come across who has

no people skills and manages to contradict herself in every conversation I had with her. Both the case managers from the insurance company and the rehab provider were not good during the case conference. I felt I was being interrogated. The rehab provider had been brought in to oversee and guide my treatment, as no one was playing this role, but she did not do this but created extra paperwork for me (she was never able to create a return to work plan for me to sign that was factually correct, requiring me to ask for changes every month).”

How did you feel after the conference?

After the case conference, **not one person** felt very satisfied, with one-third feeling somewhat satisfied and two-thirds feeling not at all satisfied.

“I was upset due to being harassed and there was a lack of honesty about the whole process.”

“Rehab provider always tried to push the doctor to do what they wanted and was not interested in what was sustainable but was pushing on.”

“Extremely distressed (my manager agreed that there was no process), frustrated that the process was so flawed, that the people that were involved in my care were so incompetent.”

In answer to the question of how these case conferences could be improved you made a number of recommendations.

“*(What is needed is) clear guidelines about the purpose, a set structure, who has what role, what everyone wants to get out of it etc.”*

It is clear that injured workers need to be better prepared for case conferences. The role of different professionals needs to be unambiguous, including whose role it is to chair the conference. The number of people present should be limited – one case conference was attended by six people.

Having an advocate

A number of respondents suggested that it would be very helpful to have a friend or advocate present.

“It can be a very lonely and isolating process when you suffer a work injury.”

Some had actually done this and felt they had benefited.

“I think it could be useful to have a patient advocate present who is a neutral party (non-injured) from the patient's workplace, and so understands the nature of the work and likely duties available. Ideally this would be someone NOT from the workplace OHS staff or from workplace management. This person would be, in the way that doctors and OHS staff cannot be, a champion of the injured worker and act as an independent point of reference in terms of how realistic the RTW plan is. There is no-one to guide you, reassure you, to 'show you the ropes', tell what all your options are.”

Any decisions reached at the case conference should be available in writing and signed off by the doctor as well as the injured worker.

The role of rehabilitation providers

The role of rehab providers is clearly a problem for you and for the process. Many respondents commented that rehabilitation providers appear to bully both the doctor and the client and that they didn't understand what the client could and couldn't do at work and they felt treated disrespectfully. Possibly some guidelines could be helpful here.

“*I felt like the rehab provider had an agenda, and just pushed my GP into agreeing.”*

"The rehab provider spoke in a pushy, hurried voice and was very forceful. She also used language in a way that was tricky and difficult for my GP to say no."

"I simply couldn't perform normal duties and I was being bullied to do so."

"My experience with rehabilitation providers is that what they say is not actually what is happening. They advise that they are there to help you, but they are actually there to make money off the system. Similarly them attending case conferences is them trying to control the purpose, often without value adding."

Many members felt that rehabilitation providers needed to demonstrate more connection and empathy with the client.

WHAT THE RESEARCH SAYS:

Interestingly, the themes in our members' responses to this survey are supported by a number of research papers that investigate consumer perceptions of the return to work process. One research uses the metaphor of a "tug of war" to describe the "barriers consumers encounter in meeting the opposing demands of the return to work and health systems". In their study, consumers view these systems as separate and themselves as having to negotiate between them. One of the barriers they identify, from a consumer point of view, is the lack of dignity and respect within the system. They suggest that consumers need "knowledgeable and approachable return to work providers who listen to the needs of consumers" and "healthcare professionals who advocated and motivated clients."

CONSUMERS LACK CHOICE

Many studies found that consumers lacked choice within the return to work process and "found it to be disempowering, intimidating and depersonalising" with consumers not provided with a partnering role. "Much of the information was deemed by consumers to be unclear, misleading or incongruent with the needs of consumers".

These themes are reinforced by a number of other research papers that explore consumers' perceptions of return to work processes. In particular, the theme of "shame-inducing encounters" with rehabilitation professionals is a strong one.

Studies identify trust and credibility as key to successful outcomes. "Respectful" and "supportive" treatment was described as positive by consumers in their interactions with rehabilitation providers.

So you are not alone! And it seems there's a lot to be done to make return to work case conferences really work for the injured worker.

We wrote a more formal report of the findings of this survey and our Director, Ann Thomson, presented it to a Comcare-Medicare Local working group on Return-to-Work Case Conferencing. Ann is a consumer representative on this group and will be part of a couple of others in the next few months.

So again, we sincerely thank members who responded—we're making use of your insights to try to change the system!

If you have any comments on your RTW experience, we'd love to hear them! Please contact us at admin@rsi.org.au or call us on (02) 6262 5011 on Monday or Thursday between 10.30am and 2.30pm.

ACCESS TO MENTAL HEALTH SERVICES

Dealing with chronic pain can be very stressful and it's not uncommon for sufferers to experience a lower mood from time to time. However, if you feel like it might be more serious, *ATAPS* and *Better Access* can help. These schemes provide access to many mental health professionals such as psychologists, mental health nurses, occupational therapists and social workers who can provide you with useful therapies such as Cognitive Behavioural Therapy (CBT) Interpersonal Therapy (IPT) and Mindfulness to help you with your pain and personal life.

With a referral from your GP, Access to Allied Psychological Services (*ATAPS*) entitles you to:

- Six sessions of group or individual therapy per calendar year, with an additional six available if needed for a longer term management program. In exceptional circumstances, six additional sessions may also be included for a total of eighteen sessions.
- Twelve sessions of separate group therapy services per calendar year with 6-10 people in each group.

Better Access to Psychiatrists, Psychologists and General Practitioners through the Medical Benefits Schedule (*Better Access*) is another similar scheme that provides people who have already been diagnosed with a mental health disorder access to mental health services. If you've been referred by your GP to mental health services you may be entitled to Medicare rebates for up to ten individual (and an additional ten group) therapy sessions per calendar year.

HOW DO I GET ACCESS TO THESE SERVICES?

The first step is to see your GP. It's their role to conduct a short mental health assessment which may warrant a referral to further services. If this is the case, you'll be given your own Mental Health Treatment Plan. This plan entitles you to a voucher for the first six sessions of therapy (with *ATAPS*) or the ten rebatable sessions (with *Better Access)*. However, you may not be involved in both plans at once (see your GP about which plan may be better for you).

With *ATAPS,* your GP will review your progress (and more importantly, your satisfaction) at the end of the first six sessions before determining if you'll need to receive the additional six sessions. Remember, at any point in the process you are entitled and encouraged to tell your GP and psychologist if you are unhappy with their service so that you may referred to another.

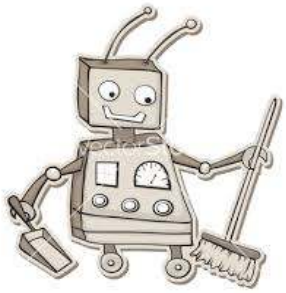
For more information about *ATAPS* see: http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-ataps

For more information about *Better Access* see: http://www.health.gov.au/internet/main/publishing.nsf/content/mental-ba-fact-pat

TIPS & TOOLS — ROBOT VACUUMS

Robot vacuums *seem* like the answer to all of our cleaning woes. They have lots of nifty in-built technology like:

- remote controllable or programmable operation,
- navigation software,
- automatic docking when the charge is low,
- automatic adjustment when transferring from hard to soft surfaces,
- less noise output than regular vacuums,
- wall and stair detection sensors.



Some of them even have programmable *virtual* walls so that you can prevent your robot vacuum from travelling into certain rooms. Better still, they're cordless, portable and lightweight – so there's no need for heavy lifting or the tangling of extension cords! It's no wonder that they're being increasingly recommended by insurers and rehabilitation providers as an alternative for home help. There's just one problem – they suck! Or rather, they don't.

A recent review in CHOICE Magazine reports that robot vacuums are just not big enough or powerful enough to generate the suction that's required to effectively remove dirt. Your floors are left **looking** clean, but in actual fact, the dirt has just retreated further into the depths of the carpet. CHOICE goes as far as to say, "we can't recommend any robot vacuum as a replacement for your trusty drag-around model." However, whilst the effect is purely cosmetic for carpeted floors, CHOICE says the robot vacuum does a 'reasonable' job at removing fluff, pet hair and dirt from hard floors. But what is '*reasonable"*? Robot vacuums can't always wiggle their way along edges, corners, or under furniture where most dirt and dust collects. Shouldn't we *reasonably* expect that a vacuum could clean these hard to reach areas?

On that note, here are a few short reviews about some robot vacuum models available at the moment. It may help you to decide whether or not a robot vacuum is for you, and if so, what you need to look out for.

ROOMBA IROBOT 630

How much: $599 at Harvey Norman

Pros: The Roomba iRobot 630 has a battery life of about one hour, during which time it can clean up to 450 square feet. It's relatively light, weighing in at 3.5kg and users say that it's quieter than older generation robot vacuums. It also includes *'AeroVac technology',* which claims to remove the build up of hair and fluff that collect on the rollers so that the vacuum can still function.

Cons: There's no signal to tell you when the very small bin becomes full, which happens quite quickly (although this depends on the environment that the vacuum is working in). So while you're busy getting things done the Roomba may effectively just be gliding about the floor doing absolutely nothing. The lack of remote control also

makes it difficult to start and stop easily without a lot of chasing, bending and lifting. Possibly worse than all of that is that this particular model is considered on the *lower* end of effective, but still has quite a high price tag!

LG RoboKing Square Vacuum

How much: $549 at Harvey Norman

Pros: This robot vacuum is particularly quiet compared to older models, and has a number of newer features such as spot cleaning mode for small spills, and *Dual Eye 2.0* – a camera that scans your rooms in order for the vacuum to map its journey around your home. The bin container also has a much larger capacity than the Roomba, and according to LG is very easy to remove and empty.

Cons: Most claim that this machine works okay for hardwood floors, but is pretty useless on carpet despite having *Smart Turbo* technology (the ability to increase suction power when carpet is detected). In fact, a majority of reviewers claim that when used on carpeted floors the machine just hovers in one spot until the battery dies. Or worse, goes missing under furniture! Despite the claim of easy bin removal it's quite hard to keep the machine itself clean – with hair and pet fur becoming easily tangled in the wheels. Finally, and possibly most worrying, is that many reviewers report LG's after-sales support to be very poor (even non-existent), often resulting in the user being referred back to the user manual.

SABCO ROBOSWEEP

How much: $59 at Woolworths

Pros: This gadget's strange green plastic design almost resembles a child's toy, and compared to its competitors above has a considerably lower price tag. The rechargeable electronic ball inside the green cage structure quietly pushes the surrounding (re-useable) microfiber cloth along all hardwood floor types for programmable intervals of 30, 60 or 90 minutes. The best part is that it's quite effective at removing fine dust, lint and hair – even along skirtings, corners and under furniture. It also has in-built sensors to stop it from running onto the carpet.

Cons: This product is not a vacuum. It isn't designed to be used on carpeted floors and doesn't suck up any dirt, so it could never replace your ordinary drag-around vacuum cleaner. And whilst the microfiber cleaning cloths are re-useable after a quick spin in the washing machine, you'll still have to buy replacements every now and again (one for $6.99 also available at Woolies). This is comparable to purchasing a new filter or bag for your regular vacuum. Like the other models mentioned here, it doesn't have remote controllable operation, but this isn't necessarily a problem because you won't need to chase it around in order to empty the catchment bin or to turn it off.

THE VERDICT

So what's the verdict on robot vacuums? Most obviously, a more expensive model doesn't always mean that it is better! Because most models have poor manoeuvrability, low suction power and questionable performance on carpeted flooring, it seems that robot vacuums won't be able to replace your traditional drag-around vacuum just yet. However, if you're looking for a less strenuous way to keep your hard floors looking clean in-between vacuuming, something like the Sabco RoboSweep might be better than what is essentially an expensive, modern version of a remote-controlled toy car.

Olivia Duczek

CHRONIC CONDITONS SEMINAR SERIES EVENTS 2015

All talks are held at SHOUT, Collett Place, Pearce (Opposite Pearce Shops) at 7pm .

- **MINDFULNESS**
  16 July, Randolph Sparks—Pain Psychologist
- **DISABILITY SUPPORT PENSION AND CARER PAYMENT**
  20 August, Karl Jordt—Centrelink
- **THE IMPORTANCE OF ORAL HEALTH IN THE PREVENTION OF CHRONIC ILLNESS**
  17 September, Dr Rob Witherspoon, Oral-Maxillofacial Surgeon

WHAT'S ON OUR FACEBOOK PAGE?

- Does your RSI feel worse in winter? Mine does! And one of the reasons may be that genes promoting inflammation are more active in winter, according to some interesting new research: http://www.npr.org/sections/health-shots/2015/05/12/406139368/seasons-may-tweak-genes-that-trigger-some-chronic-diseases?
- "While the government is trying to tear the heart out of the Comcare scheme as a 'cost-saving measure', it is simultaneously launching its own gold-plated parliamentary injury compensation scheme," says Australian Lawyers' Alliance President Andrew Stone. http://www.brisbanetimes.com.au/national/public-service/eric-abetz-snubs-comcare-cover-for-special-parliamentarians-scheme-20150514-gh0szs?skin=dumb-phone
- Here's some good advice on ways to control your workload from *The Australian's* Shane Rodgers. I particularly like his idea on getting lots of small things done: http://www.theaustralian.com.au/life/health-wellbeing/how-to-stop-being-busy-in-your-life/story-fnr5f5xi-1227333123688

www.facebook.com/RSIACT

Information Sheets Available:

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

Tips & Tools Sheets Available:

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

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

Save with our two year membership for just $40.00

Booklets Available:

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

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

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

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

Renewal for Membership & Order Form

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

Name: _____

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I would like to receive my newsletter by email: ☐

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Self-Help Guide	$25	☐
Moving on with RSI	$10	☐
Pregnancy & Parenting	$10	☐

Donation (tax-deductible): $ _____

Total: **$** _____

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

Coming Soon

Tips and Tools: New Garden Tools

Scientific Breakthroughs for RSI

Communicating with your Doctor

Stretching for RSI

Preventing overuse injury, reducing its impact

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Contact Us

Give us a call for more information about our services or drop in to our office during our opening hours.

Opening Hours: Mondays and Thursdays, 10.30am to 2.30pm

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