

IN HAND



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

Winter 2016

News & Events

Dragon Naturally Speaking Drop-in Clinic

Presenter: Sue Woodward
When: 12 - 2pm, Monday 8th August
Where: Room 9, Griffin Centre - 20 Genge St, Canberra City
Cost: Free, all welcome

A Visit to the Independent Living Centre

Hosted by the Chronic Conditions Seminar Series

When: 12:30-2:00, Thursday 18th August
Where: Independent Living Centre -
24 Parkinson Street, ACT 2611
Cost: Free, all welcome

Dealing with Sleep Problems

Hosted by the Chronic Conditions Seminar Series

Speaker: Dr Grant Wilson
When: 7pm, Thursday 15th September
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



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LETTERS TO THE EDITOR

We've received two letters concerning computer use in schools in the last quarter. Many people with RSI are, unsurprisingly, sceptical about the widespread use of laptops and tablets as part of education from primary school to university.

We recently provided an article on safe use of computers in schools for 'Parent Action', the magazine of the ACT Council of Parents and Citizens Associations. If you'd like a copy of this article please contact us.



The Association also has a 'helping hand' sheet on this topic available on the website. This includes recommendations from Dr Leon Straker of Curtin University, a leading expert on children's use of computers.

I was wondering whether Ann or any of the staff there have any info on children's ergonomics in schools?

Our school is huge on IT but when I see the kids using the equipment their posture, body awareness and equipment ergonomics is terrible. I suffer chronic pain from my past work and want to see how I can prevent similar injuries etc. and improve it for my children & the children in the school, including approaching the principal with research studies on this topic if they're available? We've all heard about the rounded neck syndrome but I'm not sure what studies are reputable.

I sit and watch the posture and ergonomics at our school when the kids are on IT and I'm appalled! I'm glad there are some things in the article on body use etc. because all the ergonomics in the world won't make a difference if you don't have good awareness of posture, feet, hip angle, neck angle, sitting bones etc. ...

From a member

I've just had a letter from school that I need to buy an expensive laptop/notebook/tablet for my daughter, because education is becoming increasingly digital.

I guess this development has already happened in Australia?
Do you have any info or statistics or research as to how it affects young people?
Do the schools teach the kids about posture, taking breaks etc?

The Netherlands is the most digital country in Europe and the schools seem to be diving blind into the digital pool. Physios are already sounding the alarm. Five years ago one in five children were already going to the physio with arm, neck, shoulder problems. It is now one in three!! And still the schools continue to digitalize teaching methods, even stupid things like learning vocab...

www.zitmetpit.nl

You won't understand the above website but the pictures are good. It's a group of occupational therapists who have made a programme for primary school children, year 5. we need more initiatives like this!

From Karen Jackson—Dutch RSI Association

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

TAKE A BREAK

Can you get more done by taking more time off? In 2014, the Draugiem Group used their app, DeskTime, to monitor the work habits of its most productive employees. They found that their best employees had a whopping 17 minutes of break every 52 minutes! But even if employees know that breaks will improve their productivity, a quarter don't take any breaks apart from lunch because they feel guilty not working at work. Why do people who take more breaks end up accomplishing more? A 2011 study from the University of Illinois provides some explanation for this: essentially, if you are staring at the same task for hours, your brain begins to tune out important information. Switching between tasks and taking breaks keeps your brain stimulated and allows you to be your most productive. "From a practical standpoint, our research suggests that, when faced with long tasks (such as studying before a final exam or doing your taxes), it is best to impose brief breaks on yourself."

FIT-FOR-WORK OR FIT-FOR-UNEMPLOYMENT?

In 2010, the UK government initiated a program which hired private companies to re-assess all existing disability claimants using a new functional checklist. Many disabled people were reclassified as 'Fit-for-work'. However, a 2015 study investigated whether this new policy helped people who were out of work with long-standing health problems enter employment. Being re-assessed as fit for work made many ineligible for benefits but the study found that the process didn't help people enter work.

Barr B., Taylor-Robinson D., Stuckler D., Loopstra R., Reeves A., Wickham S., Whitehead M.
Fit-for-work or fit-for-unemployment? Does the reassessment of disability benefit claimants using a tougher work capability assessment help people into work?

INJURED AT WORK AND AFRAID TO COMPLAIN

According to the UK Health and Safety Executive, large employers in the UK face 720 cases of work-related upper-limb disorders for every 100,000 employees every year. The increase in production line tasks that involve light but repetitive tasks has resulted in a marked increase in repetitive strain injuries, especially amongst women.

However, many people believe that the aches and pains in their shoulders, neck and arms are a common occurrence and complaining could cause problems, so rather than seek help, they allow the condition to become much more severe. A study by law firm Simpson Millar found that about 18% already fear that their work is making them ill, yet a third of employees in the south west region of the UK are afraid of the possible consequences of complaining about work-related pain.

DO SPORTS MEDICINE AND PHYSIOTHERAPY DELIVER?

A recent study investigated the number of recurring injuries in football teams at various levels in Europe including teams from the premier league to amateur Swedish teams. Despite the fact that the intensity of training and playing would be far greater in a premier league team, these players had fewer recurring injuries than the amateur teams.

This implies that the doctors and physiotherapists who work for professional teams are earning their wages and massively reducing the rate of injury in their teams. This could be because of their high level of skill, or simply because the athletes are prevented from playing until they are completely healed. On the other hand amateur footballers may think they are ready to play but end up just injuring themselves again. The good news is that awareness of injuries seems to be increasing at all levels as the number of recurring injuries at every level has decreased over the past decade.

Hägglund M., Waldén M., Ekstrand J. Injury recurrence is lower at the highest professional football level than at national and amateur levels: does sports medicine and sports physiotherapy deliver?

RESEARCH IN BRIEF

INJURED WORKERS OFTEN FEEL DEPRESSED

Depressive symptoms are very common in the first year after people have been injured at work, according to a study by the Institute for Work and Health in Canada, and the first six months appear to be particularly important. The study looked at people with no previous symptoms of depression who had been injured at work and found that about half frequently felt symptoms of depression during the first year, with one in ten being diagnosed with depression by their physician. The good news is that most participants' mental health improved over the 12 months, with only ten per cent getting worse. Depression was much more common among those workers who could not return to work. One of the researchers commented: "We can't really untangle the relationship between the two. But it's likely an interplay between both factors. If you're having a hard time returning to work, that probably has an impact on mental health. And if you're feeling unwell mentally, it would also likely affect your ability to return to work and stay at work."

Carride N., Franche R., Hogg-Johnson S., Côté P., Breslin F., Severin C., Bültmann U., Krause N.
Course of Depressive Symptoms Following a Workplace Injury: A 12-Month Follow-Up Update

GENDER AND MUSCULOSKELETAL DISORDERS

A keynote speaker at the upcoming Toronto Premus conference on prevention of musculo-skeletal disorders is Dr Julie Cote, an expert on gender, work and health. "It used to be thought that men and women move the same way," she said "but we are beginning to understand now that men and women may even be different in the way they move, how they respond to and compensate for muscle fatigue, and how they respond to work exposures." She adds that understanding these differences may lead to important changes in how we develop interventions to prevent work-related musculoskeletal disorders. We'll bring you more on this intriguing research after the conference.

HOW MANY WORKERS DO MUSCULOSKELETAL DISORDERS AFFECT?

What proportion of workers in Australia suffer from musculoskeletal disorders? Some recent South Australian research on over 400 workers from 23 separate companies found that 40% had experienced musculoskeletal pain and discomfort (MPSD) in the last seven days, with 15% experiencing severe MPSD. The factors most closely associated with MPSD were being over 40 years of age, having lower job satisfaction, being in a medium-sized company rather than a large one, and having a low workgroup safety climate score.

Stewart S., Rothmore P., Doda D., Hiller J., Mahmood M., Pisaniello D.
Musculoskeletal pain and discomfort and associated work and organisational factors: a cross-sectional study

DOES CHRONIC PAIN RUIN YOUR SLEEP?

A new Australian study investigated whether sleep disturbance was a common problem for people suffering chronic pain. The participants had a range of work-related musculoskeletal injuries and they all had chronic pain. They were chosen because they were participating in a multi-disciplinary rehabilitation program and the study found that they described sleep disturbances that amounted to clinical insomnia, which had a considerable impact on their lives. Unfortunately, the program they were participating in made no difference to their sleep. The authors write "because sleep disturbance is prevalent in the chronic pain population ... and has such a strong impact on the individual's daytime functioning, effective interventions directed at sleep restriction and stimulus control should complement chronic pain rehabilitation programs."

Harman K., Keating E., Mayes S., Walsh J., MacCallum S.
Insomnia in clients with chronic, work-related musculoskeletal pain in a work recovery rehabilitation program

DOES ELECTROACUPUNCTURE WORK?

Electroacupuncture may be able to help alleviate pain from carpal tunnel syndrome when combined with night-time splinting. A study in Hong Kong compared the use of combining electroacupuncture with night time splinting and found that while splinting alone didn't seem to help, adding electroacupuncture reduced pain.

Chung V. et al Electroacupuncture and splinting versus splinting alone to treat carpal tunnel syndrome: a randomized controlled trial

THE INSULT OF COMPLEXITY

At a recent forum in Melbourne, Dr Jason Thompson gave a presentation on the way in which the complexity of the workers' compensation system multiplies difficulties for injured workers.

He pointed out that doubling the number of issues that a worker confronts, for example, from six to twelve, leads to as much as **five** times as much potential complexity. This is because of all the added potential interactions between those extra players.

This complexity increases as the claim progresses, reaching its peak between seven and nine weeks after a claim. At this stage, injured workers are increasingly disconnected from potential support such as work colleagues, and experiencing increased pain and psychological distress, they also have less coping ability and are dealing with multiple system components.

Dr Peter Sharman, an occupational physician, comments: "the number of potential interactions for injured workers with any more than a minor injury can be mind-boggling. It is routine for patients in compensation systems to have interactions with multiple health practitioners (general practitioners, specialists, psychologists, physiotherapists and other allied health workers), workplace rehabilitation providers, case managers, their immediate workplace supervisor, HR personnel and their work colleagues."

He adds: "In most cases of long-term injury you can add independent doctors and lawyers to the list." This doctor had counted 17 people closely involved with a recent complex case of work-related musculoskeletal disease. "As a doctor involved in care I have had direct interactions with most of the people above." He comments that this complexity substantially increases the commitment and time required from everyone involved, as well as increasing costs.

While patients really value the involvement of a professional "who understands the system and is 'on their side' in an unfamiliar, confusing and adversarial system," all this complexity means that doctors are increasingly reluctant to get involved with patients who have a workers' compensation claim – some research suggests as many as 50% of doctors don't want to deal with such claimants.

Because of confusing or conflicting medical or rehabilitation advice from the number of people involved, injured workers often get lost in these overly complex systems. Confusion and uncertainty magnify "feelings of guilt and self doubt already inherent within compensation systems due to entrenched negative attitudes from many of the 'players'."

Dr Sharman advocates that doctors should provide consistent, calm and knowledgeable support and guidance to counteract all the negative influence from the complexity of the system.



Ann Thomson

NATURAL ANTI-INFLAMMATORIES

There has been a lot of research recently into natural alternatives to non-steroidal anti-inflammatory drugs (NSAIDs). NSAIDs range from aspirin to powerful prescription drugs and are used to fight pain and inflammation and can be very effective; however, they can have severe side-effects, especially on the gastric system, kidney and heart. Because of this, researchers want to find natural alternatives with fewer side effects that can be used to replace or supplement NSAID medications. Below we explore some of the most promising natural alternatives to NSAIDs. While many are not quite as effective, all have some benefits and significantly fewer side effects.

Fish Oil

Fish oil, an omega-3 EPA (eicosapentaenoic acid), has been used since the 18th century as a treatment for musculo-skeletal diseases. In a 2005 study, 250 patients with nonsurgical neck or back pain were asked to take 1200mg per day of omega-3 EPAs found in fish oil supplements. Sixty per cent stated that their overall pain improved as well as their joint pain and eighty per cent stated they were satisfied with their improvement.

Fish and fish oil supplements are recommended by the American Heart Association because they prevent vascular inflammation which leads to coronary artery disease. A 1993 study found that fish oil supplements could be used alongside NSAIDs to reduce NSAID doses without worsening symptoms. Fish oil tablets are widely available and have few side effects. A rare side effect is gastric issues, and sometimes belching if the tablets are not taken with meals. If you are also on an anticoagulant medication, fish oils can increase bleeding and are not recommended.



Turmeric

Turmeric is well documented as an effective anti-inflammatory, though until recently it wasn't known

why it worked. Then it was found that curcumin was the active ingredient of turmeric; recent studies into its effects as an anti-inflammatory found that it is both safe and effective. Curcumin has very few side effects, but should not be used with anticoagulant medication. Taking very high doses for extended periods of time can lead to gastric problems, including ulcers.

Curcumin is being investigated by researchers as an effective treatment for tendon injuries. A recent study tested the effectiveness of curcumin loaded nanoparticles as a way of treating damaged tendons with promising results.

Thirty-six rats with Achilles tendon injuries were divided into three groups, two of which were given curcumin and the other just saline. The two curcumin groups were injected with curcumin in different ways: the first using the nanoparticles and the second by dissolving the curcumin in saline. They found "greater tendon strength with less adhesion in the group treated with nanoparticles". This is good news for both the effectiveness of curcumin as a treatment for tendon injuries as well as the use of nanoparticles as an alternative way of administering many drugs used to help repair tendons.

There are difficulties in making medicines using curcumin because of its poor bioavailability, especially when you are also taking NSAIDs. Poor bioavailability means that curcumin is badly absorbed due to various factors, including the rate at which it is metabolised and how quickly it breaks down after you eat it. There has been some research into increasing curcumin's bioavailability, so make sure you check when you buy curcumin that it is designed to be bioavailable, Curcumin may be used to reduce and supplement NSAID medications, rather than replacing them.

Green Tea

Due to its antioxidant properties, green tea is an effective cardiovascular and cancer preventative. It has now also been recognized as an anti-inflammatory agent and is used in treating arthritic conditions. A 2007 study found that there are compounds in green tea which increased anti-



inflammatories and decreased pro-inflammatories in rats. Three to four cups a day is recommended though this quantity can cause stomach irritation. The caffeine content may be an issue for some, but decaffeinated varieties are easily available.

Frankincense



As well as being a great gift for newborn babies, "a systematic review of data from randomized clinical trials showed frankincense is clinically effective in asthma, rheumatoid arthritis, Crohn's disease, osteoarthritis, and collagenous colitis." In a randomized, double-blind, placebo-controlled clinical trial, some patients with arthritis in their

knee reported a significant reduction of pain and increase in function in as few as seven days, although radiography showed no change at the affected joints. The active ingredient, Boswellic acids, is an effective anti-inflammatory.

A combination of frankincense and curcumin has shown to be a more effective and easily-tolerated treatment for active osteoarthritis than nonsteroidal diclofenac, an NSAID treatment. However, while it has been tolerated well in most studies, frankincense has induced stomach discomfort in some people, including nausea, acid reflux, or diarrhoea.

White Willow Bark

White willow bark is one of the oldest herbal remedies for pain and inflammation. It was used in ancient Rome, Greece and Egypt. It works in a similar way to aspirin

The Australasian Integrative Medicine Association (AIMA)

If you're looking for a doctor who's willing to prescribe complimentary medicines alongside traditional ones, you may want to try the AIMA

AIMA is the peak medical body representing the doctors and other health care professionals who practice integrative medicine.

Integrative medicine is a philosophy of healthcare with a focus on individual patient care and combining the best of conventional western medicine with evidence-based complementary medicine and therapies within current mainstream medical practice.

If you want to know more, their website provides information and articles on integrative medicine and also has a directory of doctors who practice integrative medicine, though currently the directory is unavailable.

and has similar effects but with fewer side-effects. It is, however, costlier than aspirin and should not be used if you have any condition in which aspirin should not be taken.

Quercetin

Quercetin is a flavonol found in many fruits, vegetables, leaves and grains. Quercetin helps stabilize the cells that release histamine, a pro-inflammatory in the body, thus

Commission E

Commission E is a scientific advisory board of the "Bundesinstitut für Arzneimittel und Medizinprodukte" (the German equivalent of the Food and Drug Administration (FDA)), formed in 1978 which researches alternative medicines. The use of alternative medicine is far more common in Germany with seven out of ten general practitioners employing alternative methods.

Between 1984 and 1994 it reviewed over 350 herbal and traditional medicines, describing their effectiveness and dangers. While some of the research is outdated, and there are some criticisms of the research method, most of it is considered to be still relevant. In 1998 the results were translated into English.

This is an excellent starting point for looking into possible alternative medicines but further research and asking your doctor are strongly advised.

The translation can be found at the American Botanical Council Website:
<http://cms.herbalgram.org/commissione/index.html>

having an anti-inflammatory effect. Fruits and vegetables are the primary dietary sources of quercetin, particularly citrus fruits, apples, onions, parsley, sage, tea and even red wine. While quercetin is generally considered safe, side effects may include headache and upset stomach. Very high doses of quercetin may damage the kidneys so you should take periodic breaks from it. Pregnant women, breastfeeding women, and people with kidney disease should avoid it.

You may have seen a recent Four Corners report on complementary medicines in the U.S. This showed that many of the medicines for sale in the U.S market didn't

contain the specified quantities of the active ingredients claimed.

In Australia, there are far stricter regulations, so we suggest you buy complementary medicines from trusted Australian suppliers and avoid cheaper online purchases.

Joseph Penington

Maroon JC, Bost JW, Maroon A. *Natural anti-inflammatory agents for pain relief. Surgical Neurology International*

THE HUMAN COST OF TENDINOPATHY

Doctors who work with patients suffering from tendinopathy have become increasingly aware of the impact that tendinopathy has on people's lives – yet their ability to alleviate this burden remains limited. To measure the full impact of tendinopathy on society, a recent study looked at the number of patients suffering from tendinopathy, the effect on the patients' quality of life, the cost of treatments, and the economic implications of work disability.

It turns out that remarkably little research has been done into the total burden that society bears due to tendinopathy. When researchers recently carried out a systematic search to discover and understand the full impact of tendinopathy, they found that "the current prevalence is underestimated".

One problem is that tendinopathy often goes unrecognized and two-thirds of cases go unreported. Therefore, the number of people with tendinopathy may be far higher than currently thought.

Another major hurdle is a lack of standard terminology surrounding tendinopathy. It can be used to describe inflammation of the tendon, degradation of the tendon and even inflammation around the tendon, which technically isn't tendinopathy. Tendinopathy isn't currently recognized by the World Health Organization's International Classification of Diseases (ICD). **This means there is no standard international definition of what tendinopathy actually is.**

Despite all these problems, the study did attempt to get some idea of how many people are affected by tendinopathy by cataloguing over a hundred studies on the prevalence of the disease. The study revealed that tendinopathy was more prevalent than previously believed among athletes, workers and the general public.

Looking first at athletes, the high intensity and frequency of their physical activities exposes them to overuse injuries. Records of medical attendance in the 2004 Olympic games and the 2007 Pan-American Games showed that tendinopathy was in the top three most treated conditions in athletes.

But it is in the workforce that tendinopathy has a massive economic impact: high productivity losses plus the cost of compensation.

The strains facing workers and athletes are very different: workers are usually required to perform less intensive tasks but often for far longer periods of time. Yes, pulling a lever is less work than running a hundred meters — but rather than taking 12 seconds, a worker has to

do it for hours on end. Tendinopathy in workers is almost entirely confined to the arms and upper body. Tennis elbow affects 2-3% of workers and rates "as high as 18% and 41% have also been reported in spine surgeons and coal miners, respectively." As with athletes, a major factor that influences the level of risk of tendinopathy is the type of activity.

And finally, among the general population, rotator cuff tendinopathy affected 2-3.8% of adults and a marginally greater percentage of the elderly population with 5-7% being affected. The data seemed to show that neither age nor gender was a major factor in the potential for tendinopathy. As with workers, the most affected area for the general population is the arms. These figures are all higher than previously thought.

So what does the research say about the effect on people's lives? A community-based survey compared the socio-economic impact of tendinitis, rheumatoid arthritis, osteoarthritis and lower back pain. It revealed that "although tendinitis was found to be less influential to work loss, shoulder tendinopathy took approximately 10 months to heal and workers take greater amounts of sick leave to recover, report being less productive at work and require workers' compensation for disease."

Even though patients return to work within six weeks of their operative repair, recovery can take up to a few months. The burden placed on everyday activities was also significant. A quarter of patients with tennis elbow reported that they had difficulties with tasks like dressing, carrying objects, driving and sleeping, all of which decreased the workers' productivity.

Furthermore, up to 5% of patients with tennis elbow took as many as 29 days off work. This adds up to a cost of \$53 million in the UK alone. The loss of productivity and compensation associated with tendinopathy alone is remarkable.

The cost of treating tendinopathy is also difficult to accurately establish. Treatment for tendinopathy

"involves nonsteroidal anti-inflammatory drugs, corticosteroid injections and physical therapy as the core treatments", and aims to reduce pain and return patients to work or sports without high risk of further injury. Other therapies include injections of platelet-rich plasma or autologous blood.

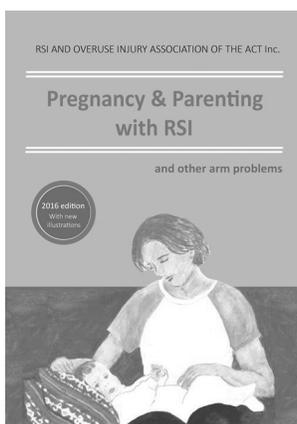
If these treatments are ineffective, surgery to excise the tendinopathic tissue and repair the ruptured tendon is a final option. Medical costs were reported as ranging from \$620 per patient for corticosteroid injections to \$1325 per patient for physical therapy for tennis elbow. "Repeated visits are also a concern as [tennis elbow] is recurrent, and almost half of those affected have seen their general practitioner within the past 12 months."

A lack of awareness among the public is also a serious issue. Despite the significant impact tendinopathy has on society, just like osteoarthritis and osteoporosis, it remains an under-recognized disease.

The authors call for increased awareness among the public, doctors and the ICD as one of the most important steps in getting a fuller picture of the prevalence of tendinopathy on society and preventing cases from going untreated.

Ultimately, while the study was only able to establish a rough estimate of the effect of tendinopathy on society, it is certainly greater than previously thought. In order to gain an accurate measurement, far more information is needed and tendinopathy needs greater recognition than it currently gets. We can only agree whole-heartedly!

Joseph Penington



***We have released a new edition of our book!
'Pregnancy and Parenting with RSI and other arm problems'***

It's filled with lots of helpful information, stories from mothers, products and new illustrations!

The new edition can be found on our website free or you can order a copy with the order form at the back of this newsletter for \$20.

Many thanks to Anupma Choudhary for all the work she did updating the book.

RAISING YOUR ENERGY LEVELS

Are you full of pep and energy, ready to do more? Or do you feel drained and exhausted? After giving at the office, is there nothing left to give at home? Do you feel as if you are on a treadmill that will never stop, that more things feel draining than energizing?

Feeling chronically drained is often a precursor for illness; conversely, feeling energized enhances productivity and encourages health. An important aspect of staying healthy is that one's daily activities are filled more with activities that contribute to our energy than with tasks and activities that drain our energy.

Energy is the subjective sense of feeling alive and vibrant. An energy gain is an activity, task, or thought that makes you feel better and slightly more alive—those things we *want to* or *choose to do*.

An energy drain is the opposite feeling—less alive and almost depressed—those things we *have to* or *must do*; often something that we do not want to do.

In almost all cases, it is not that we **have to**, **should**, or **must** do, it is a choice. Remember, even though you may say, I have to study, it is a choice. You can choose not to study and choose to drop out of school. Similarly, when you say, I have to do the dishes, it is still a choice. You can choose to do the dishes or let the dirty dishes pile up and just use paper plates.

Energy drains and gains are always unique to the individual; namely, what is a drain for one can be a gain for another. Energy drains can be doing the dishes and feeling resentful that your partner or children are not doing them, or anticipating seeing a person whom you do not really want to see. An energy gain can be meeting a friend and talking or going for a walk in the woods, or finishing a work project.

So often our lives are filled with things that we **should do** versus **want to do**.

It's worth exploring strategies to decrease the drains and increase the energy gains.

Use the following exercise to increase your energy:

- For one week monitor your energy drains and energy gains. Monitor events, activities, thoughts, or emotions that increase or decrease energy at home and at work. For example some drains can include cleaning the



bathroom, cooking another meal, or talking to a family member on the phone, while gains can be taking a walk, talking to a friend, completing a work task. Be very honest, just note the events that change your energy level.

- After the week look over your notes and identify at least one activity that drains your energy and one activity that increases your energy
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- “Sometimes, the choice is not changing the tasks but how we think about it. Many of the things we do are not MUSTs; they are choices.”***
-
- Develop a strategy to decrease one of the energy drains. Be very specific about how, where, when, with whom, and which situations drain your energy. As you think about it, anticipate obstacles that may interfere with reducing your drains and develop new ways to overcome these obstacles such as trading tasks with others (I will cook if you clean the bathroom), setting time limits, giving yourself positive reward after finishing the task (a cup of tea, a text or phone message to a close friend, watching a video in the evening).
 - Develop new ways to increase energy gains such as doing exercise, completing a task.
 - Each day implement your plan to reduce one less energy drain and increase one energy gain and observe what happens.

Initially it may seem impossible, but many students and clients report that the practice made them more aware and increased their energy so that they had more control over their lives than they thought. It also encouraged them to explore the question of what it is that they really wanted to do.

So often we stick with energy drains because of convention, habit and fear which make us feel powerless and suppress our immune system, thereby increasing the risk of illness. Observing energy drains and energy gains may give the person a choice. Sometimes, the choice is not changing the tasks but how we think about it. Many of the things we do are not MUSTs; they are choices. For example, I work at my job because I choose the benefits of earning money.

How your internal language impacts your energy

Sit and think of something that you feel you have to do, should do, or must do. Something you slightly dread such as cleaning the dishes, doing a math assignment. While sitting say to yourself, *“I have to do, should do, or must do _____.”* Keep repeating the phrase for a minute.

Then change your internal phrase and instead say one of the following phrases, *“I choose to do,” “I look forward to doing,”* or *“I choose not to do _____.”* Keep repeating the phrase for a minute.

Now compare how you felt. Most people feel slightly less energetic and more depressed when they are thinking, *“I have to do,” “should do,”* or *“must do.”* When they shifted the phrase to, *“I choose to,” “I look forward to doing,”* or *“I*

choose not to do it," they feel lighter, more expanded and more optimistic. When university students practiced this change of language during the week, they found it was easier to start and complete their homework tasks.

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Adapted from: Peper, E. (2016). *Increase energy*. Western Edition. April, p4. <http://thewesternedition.com/admin/files/magazines/WE-April-2016.pdf>

What our members say about keeping up their energy levels

We asked our members how they keep up their energy levels. As you'd expect, exercise was their top recommendation. Why would exercise increase your energy levels, when it's actually using up energy? There's been lots of research that shows very convincingly that some light exercise can actually increase your energy. It seems to be a good idea to try to get some exercise outdoors in the morning, as the combination of morning light and activity can really get you going for the day. Exercise can also help you to manage pain more successfully.

Their second recommendation was to make sure to get enough sleep, including an afternoon nap if you need it. Other ideas included dealing with stress and anger, as both of these can make you feel exhausted, as well as making sure to drink enough water and get all the nutrients you need. When it comes to nutrition, here are some suggestions:

- Magnesium is very important for energy levels. You can find it in hazelnuts, cashews and almonds.
- Don't skip meals, especially breakfast.
- Try to keep up your blood sugar levels during the day by avoiding sugary snacks, eating wholegrains and having healthy snacks when you need them.
- B vitamins and iron can both be important to maintain energy levels, so it could be worth having your levels checked by your doctor.

DRAGON NATURALLY SPEAKING DROP-IN CLINIC

Are you a Dragon user? Want to improve your skills or solve a problem? Or maybe you're not currently a user but you'd like to see it in action and find out more?

Sue Woodward, an experienced dragon trainer, will be available to answer your questions on how to make Dragon work best for you.

So please come along between 12 and 2 on Monday 8th August for an opportunity to see Dragon in action and bring along your questions. If you have a laptop with Dragon on it, you can bring the laptop in and Sue can check your setup.

Sue will have a range of microphones and dragon on her laptop with a monitor so we can all see what's going on.

We are very grateful to Sue for her generosity in presenting this clinic.

When: 12- 2 pm Monday 8 August

Where: Room 9, Griffin Centre

Tea, coffee and refreshments available.

TIPS & TOOLS

PHONES

Smart phones can be difficult to navigate when you have pain in your arms and hands. There are various phones that are specifically designed to be easy to use for people with low dexterity in their hands and they can make a huge difference if you struggle with the shape and small keys of modern phones.

Choice Magazine recently reviewed a number of phones and found that the Doro PhoneEasy 623 was much easier to use than the standard smart phones. It's designed to be used by seniors, so its many features include an easy grip and large separated keys. It also comes with a charging dock rather than a cable so you don't have to fiddle around with the plug. Being a phone for seniors, it has been stripped of many features to make it easier to use, however, it still has a relatively good camera, a good battery and Bluetooth. So if you only want to be able to text and call people from your phone, the PhoneEasy is an excellent choice.



If you don't want to sacrifice features though, there are some other options for making your phone easier to use.

utter! Voice Commands



utter! is a new voice control app that is designed to do everything you would expect to be able to do but without picking up your phone. Either wave your hand over it or leave the microphone on and you can text, call people and even use social media. It'll also usually work out what you want without needing you to memorize very specific commands.

utter! is different from most other voice command apps because it's designed to be useful even when you don't have an internet connection, which can render some voice control apps practically useless. While it can help you search the internet like most other apps, when you don't have a Wi-Fi connection, it will still let you search your files, make notes and play music.

It's still a relatively new app so there are some issues with it. Sometimes utter! will struggle to recognize you and there are a lot of commands that will arrive in future updates but aren't ready yet. In the meantime, there is still a lot it can do. Unlike voice control apps like Siri, which mostly search the internet for you and send messages, utter! gives you a lot more control over your phone including Wi-Fi, Bluetooth and system settings. It'll also let you use your voice to control other apps on your phone like Facebook and Spotify.

The best thing about utter! is that it mostly works very intuitively. Simply tell your phone what you need and it will usually happen for you. Beyond that, if you're willing to go through the user guide, there are useful functions that you might not have thought of, for example, when you park your car, say "I've parked my car" and then when you need to find it again simply ask utter! "Where is my car?" and it'll pinpoint it on a map.

When the finished version hits the app store it'll cost a few dollars but while it's still in beta it's completely free! While the beta has bugs, it's worth installing simply because even if it doesn't always work properly, it doesn't make any difference to your normal phone use. Leaving the voice recognition on all the time will affect your battery life but not too much. If you're at home or in the car, it's worth either plugging in your phone when you want to have it on for a long period of time or, if that's not an option, turning it off when you know you won't be using it for a while.

utter! still suffers from the same problems as most voice activation apps. It needs to be used in a very quiet environment or it will complain about ambient noise and it requires you to speak in a relatively clear conversational tone. However, especially if you're just at home, it can be incredibly useful and save you from even having to pick up your phone from the desk.

HEGS

"Hang or hook with HEGS!" That's the slogan for HEGS, a new Australian-made peg with ergonomic features. What could help people with RSI is the hook on either side of the peg, which will hold clothes hangers very securely if you use the upper anchor point on the line. So you could secure the pegs on the line just once, leave them there (they won't move along the line) and then use them to hang up your clothes on clothes hangers. However, as the hooks are quite narrow, you can only use hangers with metal hooks.



HEGS also have quite a wide grip but unfortunately this is pretty hard to press. They also have two anchor points for the washing line, one which grips very securely and another lower down which is looser. When it comes to durability, HEGS certainly look very tough and as if they would last a long time.

Using clothes hangers to put your washing out can be a good choice for people with RSI, as it means you can transfer clothing straight from the line into your wardrobe and you probably get less creasing too. If that's how you like to do things, HEGS could be an excellent choice. You can order them online but I bought mine from the local Superbarn for \$6.00 a packet.

Visit to the Independent Living Centre

On Thursday the 18th of August, we invite you to tour the ILC with one of their experienced occupational therapists (OTs) as your guide. The ILC has a working kitchen, laundry and bathroom where you can try out all sorts of gadgets to help you manage more easily at home. They also have a display of ergonomic office equipment.

The OT will be available to answer any questions you have, so come along to learn what's available to help you manage at home and at work.

When: 12:30-2:00pm, Thursday 18th August

Where: 24 Parkinson Street, ACT 2611

Cost: Free to all who want to come along



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Living Centres
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Book Holders	Sitting at the Computer
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Break software	Heat therapy for pain
Clickless software	Which keyboard?

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

Save with our two year membership for just \$40.00

Booklets Available:

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

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

Pregnancy & Parenting with RSI **\$20**
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: _____

Address: _____

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I would like to receive my newsletter by email:

Annual Membership:	I want to renew for 1 Year	Save money and renew for 2 years
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Self-Help Guide	\$25 <input type="checkbox"/>	
Moving on with RSI	\$10 <input type="checkbox"/>	
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Donation (tax-deductible): \$ _____

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

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SETTING UP MY OWN BUSINESS

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Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

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

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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

RSI & Overuse Injury Association of the ACT, Inc.

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

Phone: (02) 6262 5011

Email: admin@rsi.org.au

Website: www.rsi.org.au