

July 2017

IN HAND



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

Winter 2017

News & Events

Getting on top of Pain

*Hosted by the RSI and Overuse Injury Association of the ACT
and Pain Support ACT*

Tickets are running out fast for our National Pain Week
symposium on pain management. Book online now at
www.trybooking.com/292462.

To find out more about the event and our fantastic local
speakers, go to page two of this issue.

When: Friday 21st July
Where: Belconnen Labor Club
Cost: \$10

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



Sunshine may help with pain - Read more on page 12

IN THIS ISSUE

BITS AND PIECES	3
RESEARCH IN BRIEF	4
BREAKS DURING COMPUTER WORK	5
READER'S STORIES	6
ARE DOCTORS AND PATIENTS ON THE SAME PAGE?	9
6 TIPS TO HELP YOU TALK TO YOUR DOCTOR	10
VITAMIN D	11
PLACEBO SURGERY FOR TENNIS ELBOW	12
BEN GILBERT'S TALK ON PAIN MEDICATION	13

Getting on top of Pain

To mark National Pain Week, we have teamed up with Pain Support ACT to organize a symposium featuring local experts on chronic conditions. The symposium has a great program of speakers who can provide expert advice from pain management and mental health to getting the most out of Medicare.

When: Friday, July 21 10:00 am—3:00 pm

Where: Belconnen Labor Club

You can book tickets online now at
<https://www.trybooking.com/292462>

Tickets are \$10

Keynote Speaker:

Dr Romil Jain

Doctor Romil Jain is an Intensive Care Specialist, Pain Medicine Specialist and works at the Canberra Hospital Pain Management Unit, as well as in his own practice.



Other Speakers:



Randolph Sparks

Clinical Psychologist and
Lecturer, ANU

Psychologist, Capital Pain
and Rehabilitation Clinic

Tom McHugh



Claudia Cresswell

Health Promotions Officer,
Health Care Consumers ACT

PROGRAM

Dr Romil Jain

*Chronic Pain: What can you and
your team do?*

Tom McHugh

*Chronic Pain, Depression and
Anxiety*

Randolph Sparks

Getting your Life Back

Claudia Cresswell

*Getting Medicare to Work for you
&
Building a Great Partnership with
your Healthcare Team*

BITS & PIECES

From the Director

As you can see from this issue, we've been working hard on organising a great line-up of speakers for our event to mark National Pain Week, "Getting on Top of Pain". We're looking forward to seeing you there! But we've also been putting a lot of effort into the new edition of our book, "The RSI Survival Guide". We've included a lot of new material, including some of the best articles from our newsletter, and our graphic designer has been working on a fresh attractive design for the cover. We hope to have it out in a month or so, including an e-book edition that should be quite cheap.

In this newsletter, we're really pleased to bring you two stories from members. I know I always get a lot of benefit out of hearing what helps other people with RSI and how they manage, and I hope you do too. If you think you have a story that others might like to hear, please get in touch with us. We are happy to take down your story over the phone and send you a draft to make sure we've got it right. It doesn't need to be a story either – hints and tips are always welcome.

Hope to see you on July 21,



Discuss a treatment plan with your GP

Doctors in the ACT are being encouraged to make greater use of two Medicare items designed to help patients manage their chronic conditions. These are the General Practitioner Management Plan (GPMP) and the Team Care Arrangement (TCA).

There are no specific criteria to be eligible for these plans, but they are designed for patients with conditions that have been (or are likely to be) present for six months or longer, including musculoskeletal conditions.

The GPMP provides an organized approach to your care plan. Your GP will help you put together a plan that sets out clearly the ways that you and your GP will work to manage your condition. Your GP will also review the plan with you periodically to make sure that you're getting the most effective care.

If you require care from several doctors or specialists, you may also be able to get a Team Care Arrangement from your GP. These are designed to coordinate the care you receive from your GP and all your other health or care providers. If you have both a GPMP and a TCA, then you may be able to get Medicare rebates for up to five individual allied health services a year for services that are specifically mentioned in your plan.

Finally, a reminder that you can also get support from BeyondBlue's NewAccess program. NewAccess is a free service that sets you up with a coach whom you can call or meet face-to-face who will help you set practical goals for dealing with stress and anxiety.

LiveHealthy Canberra - From the Capital Health Network

Capital Health Network recently launched a new easy to use online directory to connect Canberrans with physical activity programs, nutrition support services and social participation opportunities, in an effort to keep people active and well.

The [LiveHealthyCanberra](http://www.livehealthycanberra.com.au) directory is a one stop shop connecting people in the Canberra region with programs and services that aim to improve health and reduce the risk of chronic conditions such as cardiovascular disease, type 2 diabetes and other lifestyle related diseases.

On **LiveHealthyCanberra** you will find information about various exercise and fitness groups, as well as programs to help you improve your diet. You can search for programs and services in your local Canberra region by service type, ranging from dietetics/nutrition services and weight management to pain management and physical activity.

LiveHealthyCanberra was established by Capital Health Network, the ACT's Primary Health Network and has been developed with the support of ACT Health as part of the Healthy Weight Initiative.

Visit **LiveHealthyCanberra** at www.livehealthycbr.com.au and start to move, eat and live healthy in Canberra.

RESEARCH IN BRIEF

THE MAGIC QUESTION

Doctors often use what's called the "DASH" questionnaire to measure just how disabled people with upper limb injuries are. "DASH" stands for Disabilities of the Arm, Shoulder and Hand. A recent study of over 3000 injured workers has found that there's one question that can predict return to work just as well as the whole questionnaire. It's question 23: *"During the past week, were you limited in your work or other regular daily activities as a result of your arm, shoulder or hand problem?"* The other questions are far more specific, focusing on things like whether you can open a jar, turn a key or write. So this could be a real time saver for busy doctors and researchers!

Armijo-Olivo, S., et al, Predictive value of the DASH tool for predicting return to work of injured workers with musculoskeletal disorders of the upper extremity (2016)

THE ONGOING EFFECT OF A SERIOUS WORKPLACE INJURY

Workers with permanent injuries can often experience much faster declines in health than other workers. A recent study measured the increased risk of chronic health conditions for permanently disabled workers and discovered that injured men and women were more likely to suffer from arthritis, hypertension, ulcers, depression and back problems. Interestingly, the results varied across men and women, with women more likely to report migraine headaches and asthma. This reveals that a serious injury can mark a turning point in one's health and continue to have an effect for the rest of a worker's life.

Casey, R., Ballantyne, P., Diagnosed Chronic Health Conditions Among Injured Workers With Permanent Impairments and the General Population (2017)

SLOW AND STEADY HELPS IMPROVE WELLBEING

Doing intensive exercise to help your mental health can seem paradoxical. Running until you drop certainly may not look like an attractive way to deal with mood problems. Fortunately, a recent study has discovered that you don't need to do much exercise at all to improve your wellbeing and lower your pain level.

It turns out that just going on a leisurely walk with no noticeable increase in heart rate or sweating is enough to get your energy levels up. You can also lower your pain levels by doing moderate exercise, like a 15—20 minute mile where you start to feel a bit sweaty and out of breath, but can still maintain a conversation.

It's also a good idea to start slow. The study found that people who led sedentary lives and engaged in low or moderate exercise had the greatest benefits. So if you feel slightly overwhelmed by the idea of getting into or returning to a serious fitness routine, you don't need to jump straight into the deep end. "The 'more is better' mindset may not be true when it comes to physical activity intensity and subjective well-being," says Gregory Panza, the lead author of the study from University of Connecticut.

"If it doesn't make us feel good, we don't want to do it," says Beth Taylor, another member of the research team. *"Establishing the link between different types and intensities of physical activity on wellbeing is a very important step in encouraging more people to exercise."* The conclusions from this study were based on a single questionnaire, so a study that monitored people over time would help better understand the link between exercise and well-being.

Panza, G., et al. Physical activity intensity and subjective well-being in healthy adults (2017)

BREAKS DURING COMPUTERWORK: YES OR NO?

An intriguing title appeared in my mailbox: "Five reasons why break software doesn't work." I always thought that break software was an important tool for preventing RSI and keeping it under control—even if those pop-ups can be rather irritating. The source of the email was not completely without bias—they were in fact a developer advertising their own alternative to break software. So it seemed wise to do my own research.

What does the research say about breaks and computer work?

A lot of research has been carried out demonstrating the effectiveness of breaks in computer work: breaks have a positive effect on muscle tiredness, eye tiredness and productivity. Take data entry workers, for example: just four extra 5—minute breaks during the working day leads to less discomfort and pain. Researchers also saw an increase in productivity, which more than made up for the lost twenty minutes of work time. Further research reveals that it makes little difference how the breaks are spent - whether you move around or stay sitting, what's important is that you take a break.

Microbreaks verses longer breaks.

Break software lets you know when you need to take a break. Most break software can be personalized based on, among other things, your typing speed and the presence of RSI. Microbreaks are short – only five to ten seconds. The longer breaks usually last five to ten minutes.

At the Erasmus Medical Centre, research was done on the natural break rhythms of computer workers and the effect of breaks added by break software. They found that computer workers normally take many micro-breaks during a working day and the use of break software only results in limited extra microbreaks. In many cases, the software introduces breaks around the time the worker would have taken a break anyway.

Longer breaks, though, are another story: break software leads to much longer breaks and they are suggested far sooner than someone would have paused naturally.

Why does(n't) break software work?

Researcher Stejfan IJmker says that microbreaks are not essential. Users find the shorter breaks disruptive and they regularly ignore them. Another reason is that people without RSI find the constant interruptions and warnings about avoiding injury irritating and are deterred from using the software.

IJmker also found that managers are not always supportive of the introduction of break software, because they have a different work rhythm and have no problems caused by long-lasting computer work and RSI.

Conclusion on break software

Most of the research on the effectiveness of breaks in computer work is focused on longer breaks of five minutes or more. These breaks have a positive effect on muscle tiredness and eye tiredness. Much less is known about the effect of microbreaks. The lack of evidence of any benefit, combined with the fact that break software adds little to the natural break rhythm of computer workers, means it is likely that break software is unnecessary and unhelpful.

The effect of longer breaks on RSI, on the other hand, has been well demonstrated. Break software adds longer breaks during the working day at times workers would not have otherwise taken them. Therefore, break software that prompts longer breaks does appear to be useful in preventing RSI or in keeping it under control.

*Text by: Sandra Oudshoff, from the
June 2016 Dutch RSI Newsletter
Our thanks to our volunteer,
Nienke van der Veen, for translating this article*

READERS' STORIES

BETH'S STORY

Late last year, my GP and I agreed it would be beneficial for me to see a specialist for my overuse injury, to see if I could make any further improvements. The GP suggested a specialist sports physician and a massage therapist, both of whom I found very helpful.¹

Essentially, I had a huuuuuge breakthrough in seeing him. He diagnosed a pinched nerve, using a painkiller injection to pinpoint if he was correct. He taped my shoulders and gave me some simple exercises. For the first

time in 14 years, I got feeling in my hands and forearms well enough that I can put on a pendant.

I also can drive longer distances and recover faster from a day out. I can go out to events two days running. And I am able to wash my dishes regularly and get slightly more on top of housework.

I thought I would be instantly well, but I am not. I'm still tired enough after a busy day or weekend out that I feel easily stressed and not coping emotionally, and need to stay home to rest—but recovery time has cut from three days to one and a half. Whoopee!

The numbness increases if I do typing or sketching, that is, anything fine motor in a repetitive fashion. I have yet to get into a routine to ramp up these activities and see how my body responds, which will be the ultimate test of how much I can recover.

After getting feeling back, I found I am incredibly weak, despite daily walks. I think because my body has compensated for the numbness and many, many muscles were not being used properly and other muscles being used instead. For example, my handwriting got worse initially, I think because once the pinching was out, my hands were trying to use

long disused fine muscles. I think I had adapted to being able to still write with numbness by pushing the pen with bigger muscles up the arms and even in the shoulders!

All the strengthening exercise I have been recommended in the past had strengthened me somewhat, but was exhausting to do. The nerves

were still pinched, so it was aggravating them at the same time. No wonder when I was on a gym program, I spent most of the time that I was not at the gym resting to try and recover!

My body is going through huge adjustments and needs to build strength as well as ramping down chronic pain. Last time I saw my doctor I burst into tears as soon as I sat down because I still felt so unwell, and had expected faster improvements! I told him that even without the pinched nerves, I feel like I have the flu—very sore all over and exhausted much of the time.

I had expected to be instantly better and able to get on with a fuller, more normal life and that hasn't happened. So I am hoping that as I keep working on using "pacing" and doing the exercises that counteract the pinching, I will keep progressing to being more able.

My massage therapist is highly experienced at massage and is able to tell me how my body is going. I have found with having overuse and chronic pain, due to numbness, dysfunction and weakness it is hard to tell how your body is, as all the usual feedback mechanisms are not working properly and have not done so for so long. So when your body does start to change and recover, it feels weird and the signals are not clear.

For the first time in 14 years, I got feeling in my hands and forearms, well enough that I can put on a pendant.

¹ If Sydney members want to know the names of these therapists, please get in touch with us.

She was also very good for recommending exercises and discussing my exercise routine with me. For example, once I started repositioning my shoulders, I initially got extremely painful, tight and exhausted lower back muscles and she gave me some simple lying down (thankfully!) stretches for that.

Additionally, I decided to take extra magnesium. I already take multivitamins and calcium, and eat salt, but was getting night cramps and couldn't work out why. After about ten days on the magnesium, it made me feel nauseous, so I cut the dosage, but still need to take it, just in lower quantities. I can tell my body really needed the extra magnesium.

YOGA

For my exercise routines, as well as stretching and strengthening exercises recommended by physiotherapists, I have always found yoga poses an efficient way of relaxing, stretching, realigning and gently strengthening. I have trained in Iyengar yoga, which is very precise physically and good for rehabilitation.

However, it was not until after my doctor alleviated the pinched nerves that I discovered some yoga positions, in particular, downward dog, were increasing the numbness in the nerves! This was despite it being a position that feels like a comfortable stretch, that is, while I am doing it, I don't feel that it is not good for me.

I don't do that position anymore and this experience has made me more watchful over how yoga is affecting my body.

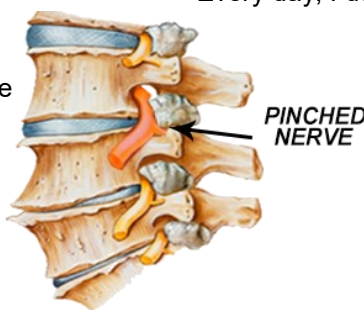
UPDATE—3 MONTHS LATER

The sports physician I saw has been helpful with suggestions for pain management—exercises to alleviate the pressure on the pinched (arm) nerve, and a cream that kills pain. I hardly ever use the cream,

but it is nice to know I have it, because it helps switch off over-reactive pain signals.

He suggested I only come back to see him if I have a big flare-up I can't manage. So, really, I am in a long rehabilitation phase now. I feel in a bit of a plateau right now. As indicated in my earlier letter, I am doing more general activities, but am yet to challenge myself with activities such as more computer use.

Every day, I do the exercises the sports physician gave me. I do them once, minimum, and up to four times if I am using my arms a lot for fine motor skill work. The exercises are for shoulder stabilisation, and essentially reset where my shoulders sit, thus taking pressure off the nerve.



A pinched nerve occurs when pressure is put on a nerve, usually when it is in a narrow space without a lot of soft tissue.

I am keen to move ahead with more improvements, but this rehabilitation phase seems very long. I am not as weak or in pain as much as I was, but still feel muscle tension and pain building up if I am not careful.

So I still have to manage activities. When I wrote you my first letter, it was about six months after what I consider my breakthrough diagnosis. Now it is nine months since the diagnosis. I hope, and expect, to get more improvements, and gradually build strength and capability.

SOME FINAL REMARKS

I thought I had gone past the novelty of being able to feel my hands again, but when I lifted a small hot pot off the stove the other day, I realised again how amazing it was to be able to hold things like that in one hand, without fear of dropping it! Having said that, right now I feel a bit sore and numb, but far less than before the diagnosis.

I would encourage everyone to never give up on exploring new avenues for treatment, or hope of recovery or improvements. I had numb, clumsy arms for nearly a decade and a half.

While I can't imagine ever going back to typing all day, I am significantly better off and hope that I keep on improving. I hope, with a bit more time, I might be able to participate in doing more and have something a bit more like a normal life.

ALYSSIA'S STORY

I've had RSI for many years and managed it reasonably well, mostly using heat pads to deal with pain in my neck and shoulders that came and went. However, earlier this year, just as the weather started to turn colder, this pain became quite a bit worse, both more painful and much more frequent. It was interfering with my ability to work and made me feel pretty miserable.

So I decided to try something that I'd given up on years before (more from lack of motivation than anything else)—a daily progressive muscle relaxation exercise. Luckily, I still had the CD with the calming voice of Gillian Ross guiding me through. Essentially, this is about tightening each muscle group as you breathe in and relaxing each muscle group as you breathe out. The tape takes about 18 minutes and I manage to fit it in each day before I go to work.

It has certainly made a difference, for two reasons. Firstly, I'm going to work each day in a more relaxed frame of mind and less stressed about what I need to get through. Secondly, it's built up a habit of being able to focus on a muscle that's tight and relax it as I breathe out, something I do during the day almost without thinking.

One of the guided relaxations asks you to tense each muscle group before relaxing it. I notice that whichever part of my body I tense, I always seem to tighten up across my shoulders! So tensing my leg, my foot, my face—yes, that shoulder muscle gets working! That's been a good thing to notice and I respond by just noticing and gently trying to turn off this response—so far with only partial success.

Over the first few weeks my pain reduced quite a lot although it was still vaguely present but not really bothering me as it had before. I decided I had to do a

bit more so I pulled out a book on stretching exercises for RSI, "Conquering Carpal Tunnel Syndrome and other Repetitive Stress Injuries," and started to do some of the neck and shoulder stretches, very gently as the book advised. This has resulted in even more pain reduction and has been very helpful.

As the mornings got colder, I found it hard to get up early enough to fit in 18 minutes of muscle relaxation, so I sometimes use 10 minutes of the free "body scan" meditation on the Calm app which I've downloaded onto my phone. I also use this before I go to bed and find it helps me to sleep. However, it doesn't emphasise relaxing on the outbreath, and I feel this is quite important.

The problem, as always, will be keeping up my motivation as pain reduces. Having a fixed time helps.

I don't always keep my mind on the voice guiding me through the relaxation, but I came across some research which is quite comforting for such poor meditators as I am. It seems that even meditators with wandering minds like myself still get quite good results, so I'm persisting. I'd encourage others to try gentle stretching and meditation, as they're both cheap, don't seem to harm you and will make you feel more relaxed at the very least.



This browser extension can help you streamline your Facebook so that you can avoid unnecessary effort going through all the stuff you don't actually want to see.

It can also be used to expand comments and replies on a post all at once so that you don't have to repetitively click 'show more'.

Get it for free at www.socialfixer.com

ARE DOCTORS AND PATIENTS ON THE SAME PAGE?

Doctors and their patients often have different goals when it comes to pain treatment, according to new research from the University of California. Patients mainly hope to reduce the intensity of the pain and identify its cause. On the other hand, doctors focus on improving patients' physical functioning and minimising the side effects of medication.

'Unproductive conversations'

"We wanted to understand why discussions about pain between patients and doctors are often contentious and unproductive,"

explained lead author Stephen Henry, assistant professor of internal medicine at University of California Davis Health.

"Primary care physicians treat the majority of patients with chronic pain, but they aren't always equipped to establish clear, shared treatment goals with their patients."

Different Goals

The research, which was published online in *The Clinical Journal of Pain*, focused on 87 patients receiving opioid prescriptions for chronic musculoskeletal pain and 49 physicians from two U. C. Davis Medical Centre clinics. Immediately after visiting a clinic, the patients responded to questionnaires evaluating their experiences and ranking their priorities regarding pain management. The physicians also responded to questionnaires on how difficult they found each patient's visit and their own goals for each patient's pain management.

Function vs Pain Reduction

Overall 48 percent of patients rated reducing pain intensity their highest priority, followed by 22 percent who considered diagnosing the pain's cause the most important. In contrast, physicians considered improving patients' physical functioning the top priority for 41% of patients, and reducing the side effects of

medication most important for 26%. In fact, in 62% of visits, the doctors' first and second priorities did not include the patient's top priority.

Physicians also rated 41 percent of visits involving chronic musculoskeletal pain as "difficult", meaning they found them challenging or emotionally taxing. This was much higher than the average difficulty rating for general patient visits, which is around 15—18%.

TOP PRIORITIES			
PATIENTS		vs	DOCTORS
1.	Reducing pain intensity	1.	Improved physical function
2.	Diagnosing the cause of pain	2.	Reducing side effects of medication

Patients are Still Positive

One curious finding was that patients rated their doctor's experiences of a visit as fairly positive, even when the doctors themselves did not. In another surprise, there was no indication that disagreements with doctors over treatment

priorities influenced patients' ratings of their experiences. According to Henry, this may have reflected the fact that patients generally have positive relationships with their doctors, even though they may not always agree with them.

Based on their findings, the authors suggested that doctors should undergo pain-focused communication training aimed at helping them communicate more effectively with patients experiencing chronic pain. This would encourage doctors to work together with patients to establish observable goals for pain treatment. *"It is critical for doctors and patients to be on the same page and not working at cross purposes,"* Henry said.

"We need to make sure physicians have the medical skills it takes to effectively and safely treat pain, as well as the communications skills needed to discuss treatment goals and navigate instances when they don't see eye-to-eye with patients."

Daniel Stephens

Source: Henry, S., et al, Goals of Chronic Pain Management: Do Patients and Primary Care Physicians Agree and Does it Matter? (2017)

SIX TIPS TO HELP YOU *TALK TO YOUR DOCTOR ABOUT PAIN*



1. Speak up! Generally, doctors respond better when patients ask questions, express concerns and state their opinions calmly. Dr Kenny Lin recommends that you start a conversation by saying something like: "*Let me make sure I understand correctly what you're recommending*"... because I know when I hear those words from my own patients, it's a clue for me to step back and make sure I understand the patient's point of view. The aim is to be polite but persistent in making sure your doctor understands your personal preferences."

2. Don't be afraid to disagree. Dr Lin recommends that you fully explain why you disagree: "perhaps this pain feels different or lasts longer than the usual aches ... Sometimes challenging your doctor can reveal mistakes."

3. Write out your questions in advance – no need to explain how useful this one can be! Prepare by thinking about **where** exactly you are having pain, **when** you experience it, **what kind** of pain it is (stabbing, aching, burning, shooting) and **how bad** it is on a scale of 1 to 10.

4. When it comes to rating your pain, fibromyalgia patient, Karen Lee Richards says "do not under any circumstances say 15 or 100."

"While you may be trying to express that your pain is really bad, what your doctor hears is that you are

prone to exaggerate and your pain is probably not actually all that bad ... overstating your pain on the pain scale will have the opposite effect of what you're trying to accomplish."

5. Make sure to tell your doctor how your pain affects your life. "It's usually best to describe what you could do before the pain began and what you can do now", according to Richards. For example, "I used to be able to work at my desk for four-hour stretches but now I can't sit for more than 15 minutes at a time." Richards says she learned the importance of making these types of comparisons first hand. "After several years of taking the same medication for my fibromyalgia pain, my doctor was suddenly hesitant about continuing to prescribe it. I simply told her that with the medication, I was able to work from home enough to support myself; without it, I would not be able to work at all. She gave me the prescription and has not questioned it since."

6. Give your doctor a specific problem to work on with you, if that's appropriate. For example, "I'm having a lot of difficulty getting to sleep at night because of the pain." Then both you and the doctor are more likely to feel that you've accomplished something and focussing on what you need develop a more positive relationship.

If you feel you need more information on what the pain scale really means in practice, have a look at this article on how to use the pain scale effectively: <http://www.healthcentral.com/chronic-pain/coping-403768-5.html>

Ann Thomson

Sources: "Three Ways to Get Your Doctor to Take Your Pain Seriously" by Dr Kenny Lin

"How to Talk to Your Doctor about Your Pain" by Karen Lee Richards, Health Guide

SHOULD YOU BE TAKING VITAMIN D?



"We are unravelling the possible mechanisms of how vitamin D is involved in many complex processes ... that a good night's sleep and normal levels of vitamin D could be an effective way to manage pain." That's according to Sof

Andrikopoulos, editor of the Journal of Endocrinology which recently published a study on the benefits of vitamin D.

Does vitamin D help with chronic pain?

Previous studies have established connections between chronic pain and vitamin D deficiencies but it's still not clear exactly how the two are connected or which injuries could best be treated with increased vitamin D.

Vitamin D is most commonly associated with bones and bone-ache, but vitamin D plays a role in muscle health as well. Paul Ingraham, the author of the blog 'Painscience.com' says *"Vitamin D actually has plenty to do with muscle, both muscle pain and dysfunction. This may be why some experts believe [Vitamin D deficiency] is particularly prevalent in people with a lot of 'trigger points' (muscle knots)."*

Just 10 minutes between noon and 3pm is enough time in the sun to produce all the vitamin D your body needs for the day. Make sure not to burn though!

So should you think about taking vitamin D supplements?

The current evidence is inconclusive, but indicates that it could be helpful. The risks from vitamin D are incredibly low so if you're searching for something that might help manage your pain—it's worth giving it a shot.

Chronic pain is complicated and usually caused by a variety of interconnected factors. Vitamin D might be just one, so don't expect vitamin D to be a miracle

cure. However, if you don't get much vitamin D for whatever reason, vitamin D could help.

The leader of the study from the Journal of Endocrinology, Dr Monica Anderson, said *"We can hypothesise that suitable vitamin D supplementation combined with sleep hygiene may optimise the therapeutic management of pain-related diseases, such as fibromyalgia."*

The connection between vitamin D and pain is unclear, but Anderson's research found that vitamin D could also play an important role in regulating sleep and the connection between a good sleep cycle and reduced pain and better general well-being are much clearer.

How can you up your vitamin D intake?

You can try to increase the amount of vitamin D in your diet, but this can be difficult. Sunshine and

supplements are going to be your main way of getting vitamin D, but you can also add salmon and other oily fish to your diet.

Supplements are a good option, especially if you live somewhere with short days, although, according to

Ingraham, they aren't entirely straightforward either. Because the body normally makes vitamin D through the skin, your stomach isn't designed to effectively extract vitamin D from your food, and this includes supplements. However, Ingraham has some suggestions to maximize how much you can get out of supplements. Take vitamin D₃, and take it with food – *"the fatter the better."* You don't need to split the dose up over the day – just take it all at once.

How much should you take?

You can also just increase the dose of your vitamin D supplement if you aren't getting enough in other ways. The American Academy of Medicine (AAM)

PLACEBO SURGERY FOR TENNIS ELBOW

recommends an upper limit of 4000 IU but Ingraham recommends 5000 IUs, above the AAM's guidelines because, he says, they are targeted at people without much or any vitamin D deficiency, not patients with chronic pain – and there's very little risk involved, if any.



Get some sunshine!

The best way to get vitamin D is still sunshine. You don't need excessive exposure to generate plenty of vitamin D. There's always a risk of sunburn, which increases your risk of skin cancer. Your body is designed to make plenty of vitamin D long before you start to burn, so make sure you only stay out in direct sunlight for a few minutes. Just 10 minutes between noon and 3pm will be enough if you live somewhere relatively sunny, according to Dr Michael Mosley from the BBC, and your body will stop making more when it's made enough, so staying out longer will only burn you. Only direct sunlight will do the trick and windows or sunscreen will stop the ultraviolet radiation that you need from getting to your skin. Obviously, clothes will stop it all so don't cover up completely. If you have darker skin, you'll need more exposure.

Joseph Penington

Sources: Paul Ingraham's *painscience.com*
Anderson, M., et al, *The interfaces between vitamin D, sleep and pain* (2017)

Michael Mosley, *The big vitamin D experiment*

Have you heard of placebo surgery? Yes, that's where you think you're receiving surgery but actually when you're anaesthetised, an incision is made and sewn up without any surgery being performed. Normally, patients are divided into two groups randomly; one group receives the real surgery, while the other group has the placebo surgery. No patient knows which group they are in.

Recently, patients scheduled for tennis elbow surgery were randomised into two groups: one received surgery to remove a degenerated part of their extensor carpi radialis brevis muscle, while the other group received an incision and no further treatment. All of these patients had had tennis elbow for at least six months and had tried at least two other treatments such as massage, acupuncture or splinting, without relief.

The interesting thing is that *"both groups experienced significant improvements in pain measures by 26 weeks after surgery, including frequency of pain with activity,"* the lead author Martin Kroslak said. *"These results were consistent or improved after 1 to 4 years of follow-up, with no significant difference between the two groups at any point."*

However, the two groups did have something in common. Both groups had a period of what we could call "legitimised rest", i.e., everyone around them, including their employer, recognised that they had had surgery and allowed them to limit their activities. Presumably, the patients themselves felt entitled to rest the arm that had been "operated on". Secondly, all the patients received standard rehabilitation, which included a stretching and strengthening program after the surgery. So it could be that this period of rest followed by a stretching and strengthening program actually helped the patients recover in addition to the "placebo effect".

Ann Thomson

Source: *Science Daily: Surgery may not offer additional benefit to patients with tennis elbow, study shows* (March 2017)

BEN GILBERT - YOUR PAIN MEDICATION: FRIEND OR FOE?

Recently, Ben Gilbert, the head pharmacist at the Capital Chemist at University of Canberra, walked us through some of the benefits and harms of common drugs for pain management. Here are some excerpts from his talk:

On Pain

Pain is not the whole story. If a person is in pain, then usually there are other things at work. It would be irresponsible to treat someone's pain without dealing with the other parts of a person's suffering, especially for someone in chronic pain.

Pain is hard and invokes a fight or flight response. That releases a lot of adrenaline and increases anxiety and you get worn out. And your ability to deal with the pain is partly about how well you can manage that. It all causes a lot of stress and there is only a finite ability to deal with that, as stress causes so many changes in your body. Using medicines to manage pain can reduce the amount of energy that is required to deal with the pain.

Two Types of Pain

There are two types of pain - nociceptive and neuropathic pain. The first is caused by tissue damage and the second arises from the nerves themselves. If you have both types of pain – and this is common for people with chronic pain – and treat one type of pain without treating the other type, then you feel better, but not great. There is still something wrong.

Complete pain relief is unlikely for chronic pain. But that is often not the goal. The goal is managing pain, so that the pain is a two instead of a five.

The difference between chronic and acute pain is a really key point. A lot of the problems with chronic pain can be avoided if acute pain is dealt with appropriately early on. That is something to consider if there is new pain of new origin. Dealing with it early and aggressively is helpful.

On Codeine

Please do not stock up on over-the-counter codeine before it is no longer available over the counter. Codeine becoming prescription-only is probably a good thing. It should not be used for more than three days at a time. Over-the-counter codeine usually causes more problems than it solves. Codeine and similar drugs will cause constipation. There is no getting away from it—the people who take such drugs have to take a laxative.

On Anti-inflammatories (NSAIDS)

Every anti-inflammatory drug increases the chances of a heart attack, but whether that is important for an individual is hard to know. Doubling a risk of something that is low is still low. But if the risk of something is average, then doubling the risk is something meaningful. Even a single dose can be dangerous, but the risk increases with continued use and time. There are some of these drugs that are more risky than others, and this is caused by the way they work. This surprises some people as they assume they are safe because they can be bought anywhere.

I would not recommend anyone take them regularly unless that is the only thing that works and they know the risks.

On Capsaicin

Capsaicin is an extract from chillies and the best way to take it for pain relief is via a cream. It stings like there is no tomorrow the first time it is used, but subsequent times there is more pain relief for less sting. It is used a lot for people with shingles pain. Capsaicin helps alleviate pain in part by depleting your body's supply of substance P, a chemical component



of nerve cells that is involved in transmitting pain signals to your brain. It also works by de-sensitizing sensory receptors in your skin. With continued use (maybe 3 or 4 uses over the course of a day or two), it actually drains all that substance P away and it takes some time to re-accumulate. If you keep on using Capsaicin regularly, substance P does not get back to a high enough level to cause the pain signal. It is in creams like Zostrix and also patches like Elastoplast.

Panadol

Paracetamol is the best drug for mild pain. You can have up to 8 tablets a day until the end of time safely.

If you go over that, then problems start. There are some people whose liver is sensitive to it, but they usually have other problems which have caused liver damage.

Nurofen and panadol is a good combination of drugs which has been used for years. You can now buy it as a single pill. Just be careful not to take too much of one drug.

Finally, one very useful resource is the International Association for the study of pain <https://www.iasp-pain.org/> . It's a great website, designed for consumers, not medical professionals.

TIPS AND TOOLS

Does you RSI make browsing painful? Fortunately, there are some handy shortcuts that can be used to quickly scan Facebook and other websites. They may be hard to use at first, but with experience, they become second nature.

1. Scrolling through Facebook

Scroll in Facebook much? You can use the J and K keys. J to go to the next message in your feed, and K goes to the previous post.

2. Scrolling with the space bar

Want to go down a screen length? Press the space bar and scroll a screen length down. You can use Shift + Space to screen length up.

3. Save a page as a bookmark

Want a page bookmarked, so you can find it later quickly? You can save yourself time by using the Ctrl D key to do this.

4. Faster .com

You can type '.com' in the address bar, but did you know there is a faster way? Ctrl + Enter will add .com to the address then go to that address saving a few seconds and some typing.

5. Typing a URL

Want to type in a web address? The Ctrl L takes you to the address bar.

6. Navigate through tabs

If you have several tabs open and you want to go to a specific tab without using the mouse, then Ctrl 1 (or 2, 3, etc.) can easily navigate through all open websites. 1 represents the first tab, 2 for the next, etc.

7. Magnifier

The letters are too small on a page? Zoom in by Ctrl plus (+) sign. Ctrl minus (-) sign will zoom out. Return to normal size instantly with Ctrl zero (0).

There is also a desktop app called magnifier. Type magnifier into the Cortana box (located at the bottom left of the screen) and the app will appear. Click on it and it will open.

8. Faster closing

Finished the current task? Ctrl + W will close the current page.

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

Helping Hand 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

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: _____

Phone: _____

Email: _____

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	
Low Income	\$15	<input type="checkbox"/>	\$25	<input type="checkbox"/>
Standard Income	\$25	<input type="checkbox"/>	\$40	<input type="checkbox"/>
Organisation*	\$60	<input type="checkbox"/>		
Booklets Available:	Cost:			
Self-Help Guide	\$25	<input type="checkbox"/>		
Moving on with RSI	\$10	<input type="checkbox"/>		
Pregnancy & Parenting	\$20	<input type="checkbox"/>		

I enclose:

Donation (tax-deductible): \$ _____

Total: \$ _____

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

Coming Soon:

- The best RSI books
- Should exercise therapy hurt?
- Pain and Mood



Preventing overuse injury, reducing its impact

**RSI & Overuse Injury Association of
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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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