



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

Summer 2017/18

News & Events

'Surviving Workers' Compensation'

An event hosted by The RSI & Overuse Injury Association of the ACT

Speaker: Dr Jeannie Higgins, Psychologist

When: 12pm, Thursday, 15th March

Where: Room 4, 1st Floor, Griffin Centre

Cost: Free, refreshments provided.

'Making the Most of Your Health Dollar'

Discover free health services you probably haven't heard about!

Speaker: Claudia Creswell, Health Care Consumers' Association ACT

Details: Location and time TBA— check our website for updates.

Everyone welcome, refreshments provided.

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



How injury could be Esports' biggest threat... page 10

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LETTERS TO THE EDITOR

Comcare “overpayments”

“Comcare ramps up efforts to recoup overpayments” is the title of a recent article in the Canberra Times (31/1/18). According to the article, “The number of overpayment letters issued by Comcare has steadily increased over the past three years, as the agency marked the 2016-17 financial year with a \$467 million surplus.” We wondered how concerned members should be with this development and wrote to lawyer David Lander for his comments. Here’s our correspondence:

Dear David,

I'm wondering if you have any advice to give our members on the horrible recent phenomenon of Comcare recovering large amounts of money from claimants. We are putting together our newsletter and I'm sure it's something that is bothering people who keep up with the news.

I'm thinking maybe people should

- be extra careful about taking someone with them to medico-legal interviews,*
- research the medico-legal doctor on the web and ask Comcare for a different one if there's a lot of negative comment,*
- make sure to see their own specialist around the same time as they go to a medico-legal appointment*
- and write a reconsideration in time when they get a negative determination by Comcare.*

What do you think? Should people, for example, get legal advice earlier?

I guess I am assuming that people should be bothered by this development, but maybe they shouldn't? How rare is it?

Cheers,

Ann

David Lander replied:

Dear Ann,

The policy of Comcare seeking recovery has gathered pace in the last couple of years and has been a product of an assault on medium and long-term claimants using a panel of carefully chosen, repetitively pro-Comcare ideologues as medical specialists.

I agree that the only option that people have is to succumb to these practices or to seek independent medico-legal report(s) of their own. Regrettably, Comcare is not always funding (as they used to) medico-legal reports obtained at the primary or reconsideration stages. It depends very much on which delegates you get and there is a general direction, perhaps not in writing, from the Head of the Claims Division that seeks to put a stop to Comcare funding Applicant's own medical reports on the limited and pathetic basis that they have not been requested.

[Continued on Page 7]

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.

From the Director

After years of being in the red, Com-care is now making a profit. But at whose expense? We've had more calls in the last year from people struggling with their workers' compensation claim, and the stress, heartache and anxiety it's causing them, than ever before.

That's why we've asked Dr Jeannie Higgins to give a presentation on surviving workers' compensation.

There's no doubt in my mind that the workers' compensation system can be toxic to long-term claimants. However, it is possible to minimise and manage its effects – to survive, relatively intact.

And that's what Dr Higgins will be talking about: the skills that you can learn to help you stay sane in a damaging system. I look forward to meeting you on the 15th for what promises to be a helpful and interesting talk.

There'll be plenty of time for questions, too, as well as a chance to chat with other members over refreshments. See you there!

Ann



'Mixed Bag' Singing Group

A member has contacted us about the "Mixed Bag" Singing Group. She loves it and it's open to everyone.

People of all ages and abilities are welcome to join this group who meet weekly for singing and friendship. They sing together to promote well-being and social harmony within the community. Music skills develop naturally as an outcome of joyful engagement. They also visit nursing homes, other singing groups and participate in community events. Each session ends with a cup of tea, homemade biscuits and lots of chatting.

When: Wednesdays 2.30 pm–4:00 pm

Where: Community Services#1 (63 Boolimba Crescent, Narrabundah)

Cost: Free, all welcome.

Contact: Louise, PH: 6126 4700

Vimperator

In Autumn, we told you about Vimperator, a way of browsing the web without using your mouse. Unfortunately, after the most recent Firefox update, this add-on will no longer be supported.

There are some other options that are still working. The best one is Vimium, which is available on both Chrome and Firefox. Just google 'Vimium' to install it on your browser.

'Making the Most of Your Health Dollar'

How long will I have to wait at the free nurse-led Walk-in Centres?

Can I get a prescription from them?

Can I have a private talk to my pharmacist about the medications I'm taking? And about how to manage my pain?

How can I save money on physiotherapy, osteopathy and the like?

How does the Medicare Safety Net work?

Claudia Creswell of Health Care Consumers' Association ACT will answer all these questions and more at this free seminar. You can find the details of the event on our website.

RESEARCH IN BRIEF

CURCUMIN MICROSPHERES

There has been some recent research interest in the anti-inflammatory effects of turmeric and its active ingredient, curcumin. The problem with curcumin, however, is that it has low bioavailability. This means your body isn't able to absorb it effectively, so a lot is required for it to have an effect. A recent paper has investigated using microspheres, a drug delivery system, as an improved way of delivering curcumin to the body so that it can have a greater effect. The study had positive results and found that microspheres successfully regulated the release of curcumin over 28 days and increased its effectiveness. When used to treat rats with induced Achilles tendinopathy, the curcumin microspheres reduced inflammation, suppressed the progression of the tendinopathy and markedly increased the tensile strength of the tendon tissue. So it seems that curcumin microspheres have promise in the treatment of tendinopathy.

Kim S., Yun Y., Shim K., Jeon D., Park K., Kim H., (2017)

In vitro and in vivo anti-inflammatory and tendon-healing effects in Achilles tendinopathy of long-term curcumin delivery using porous microspheres

TAKE A STAND?

Given the rise in popularity of sit-stand workstations, researchers are interested in how effective they've been at reducing workplace injuries. A recent study followed up on an office intervention program, 'Take a Stand', which encouraged office workers to spend more time standing. They found that there was some improvement in neck and shoulder pain, but only after over a month. At three months, there was still no improvement in lower back pain.

Other studies have shown that prolonged standing is not only harmful for one's legs and feet, but also increases the risk of heart and circulatory problems.

Danquah I., Kloster S., Holtermann A., Aadahl M., Tolstrup J., (2017)

Effects on musculoskeletal pain from "Take a Stand!" - a cluster-randomized controlled trial reducing sitting time among office workers.

SPA THERAPY

Could something as simple as mobilising your shoulder in a thermal pool be an effective treatment for shoulder pain?

A trial conducted in France on one hundred and eighty-six patients with shoulder pain separated them into two groups—one group received 18 days of treatment combining spa treatment and mobilisation in a thermal pool, while the other group received their usual treatment. The patients' ability to use their arms in daily life was assessed before and after the six month period and the spa treatment performed well: "spa therapy provided a statistically significant benefit on pain, function and quality of life in patients with chronic shoulder pain after six months compared with usual care."

Chary-Valckenaere I, Loeuille D, Jay N, Kohler F, Tamisier JN, Roques CF, Boulange M, Gay G. 2018. *Spa therapy together with supervised self-mobilisation improves pain, function, and quality of life in patients with chronic shoulder pain: a single-blind randomised controlled trial. International Journal of Biometeorology.*

OVERUSE INJURIES IN HEALTH PROFESSIONALS

Health professionals can be vulnerable to overuse injuries, and there have been several recent studies that investigate rates of workplace injuries in ENT surgeons, physiotherapists and radiologists.

Surgeons

Surgeons face serious risks of musculoskeletal disorders and other degenerative conditions. "Long hours, repetitive movements and static postures put these physicians at high risk for neck, shoulder, back and upper extremity pain," according to a study published in JAMA Surgery. Long term, they can lead to degenerative cervical spine disease (17%), rotator cuff pathology (18%), degenerative lumbar spine disease (19%) and carpal tunnel syndrome (9%)."

These disorders impact on their ability to continue working: their impaired ability can push them to take a leave of absence, reduce their clinical hours or even contemplate early retirement.

For plastic surgeons, the risk is especially high. An e-mail survey conducted in the United States, Canada and Norway found that 78.3% of plastic surgeons experienced musculoskeletal pain. The symptoms were most commonly caused by long surgery duration, tissue retraction (a dental procedure) and prolonged neck flexion (forward movement of the neck).

A recent study in Canada investigated the rates of work-related musculoskeletal symptoms amongst ear, nose and throat (ENT) surgeons. Ninety-seven percent said that they had experienced some physical symptom somewhere on their body, while 74% said that work had exacerbated their musculoskeletal symptoms. Almost half felt their musculoskeletal condition limited their daily activities and almost a quarter said those limitations would reduce their ability to work until retirement. While only 23% of surgeons responded, the rates of musculoskeletal symptoms among them were very high, and had a high impact on their personal and professional lives.

Physiotherapists

In the case of physiotherapists, there are many risk factors that increase rates of work-related musculoskeletal injuries (WRMIs). Many physiotherapists carry out techniques that pose a risk to their own wellbeing because they feel obligated to provide the best possible care to their patients. However, in the long term, the injuries they sustain from their work can **reduce** the level of care they can provide because they lose both strength and control.

WRMIs also have a large impact on practitioners' home lives. A survey of Australian osteopaths found that WRMIs are widespread and affect almost two-thirds of study participants. This matches rates of injury found in both America and the UK. Between 21% and 96% of the allied health workforce suffer from a WRMI every year.

Radiologists

Radiologists are also vulnerable to musculoskeletal symptoms. Over two-thirds of surveyed radiologists experienced some musculoskeletal symptoms at least once a week. Eighty percent spent more than seven hours a day at a computer workstation and those that did were more likely to have symptoms.

What's the solution? For surgeons, researchers suggest core-strengthening exercises, stretching, and frequent adjustment of the table height during surgery. They also advocate that all health practitioners are educated in ergonomic principles to reduce risk.

Anna Penington

Finnegan J. Surgeons face same risks as coal miners when it comes to work-related disorders and pain. 2018. Fierce Healthcare.



A BEGINNER'S GUIDE TO HYALURONIC ACID

What is hyaluronic acid?

Hyaluronic acid (HA) is a naturally-produced compound in our bodies found in muscular tissue, skin and cartilage. It has many roles within the body, including being the main component in synovial fluid (a substance that reduces friction between cartilage in certain joints). It's also an important part of articular cartilage and a major component of skin, where it's involved in tissue repair. A 70kg person has, on average, about 15 grams of hyaluronic acid in their body. As you age, hyaluronic acid production decreases and this is thought to be a cause of skin ageing and increasing joint pain as we get older.

HA has become a common additive in cosmetics that claim to reduce the signs of ageing. The USA Food and Drug Administration first approved it as a cosmetic filler in 2003, and since then many other products with hyaluronic acid have been approved as well. It's thought to work by helping skin absorb water more efficiently.

Can it help with RSI?

In 2010 we reported on some promising research from Canada about the effect of hyaluronic acid on people with tennis elbow. After studying over 300 patients, the researchers found that the group treated with HA achieved significant improvements in grip and return to normal function. There was a high degree of both patient and physician satisfaction with the treatment. The Canadian researchers were very pleased with the results, reporting that the treatment had great potential due to its low risk and the rapid recovery of the patients who were treated.

Some recent research also looked at HA

as a treatment for tennis elbow. Researchers in Pakistan injected HA into the elbows of people with tennis elbow (epicondylitis). The researchers concluded that it was very effective for people who had moderate, but not severe, epicondylitis. For these patients, their pain was decreased on average by more than two steps in the 10 point scale; for example, from five on the scale to only three – a big difference!

What are the side effects?

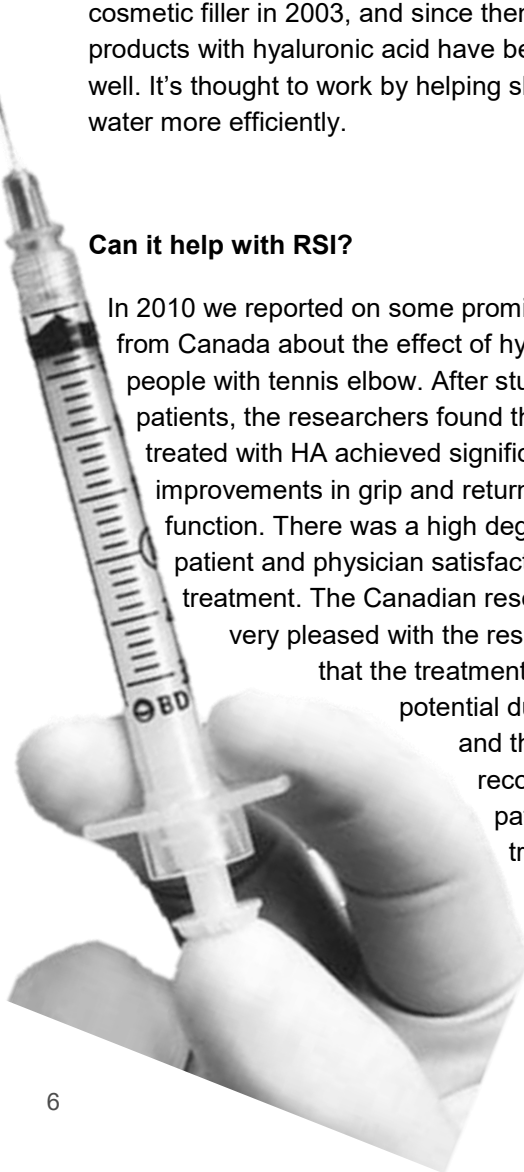
The side effects of HA are minimal, with very few patients reporting any adverse effects. For injections, common short-term side effects include bruising, swelling, pain and tenderness at the injection site. For creams containing HA, side effects are even less frequent, mainly because if you experience any discomfort, you can just wipe it off. One retailer of HA products warns that those with sensitive skin may experience slight irritation. HA can also be taken as an oral supplement, which, once again, has very few side effects apart from the potential for stomach pain in rare cases. One thing to look out for is the potential for an allergic reaction, which, while uncommon, is still possible.

From our reading, HA from creams is not well absorbed into the body and is unlikely to be of any use in tendinopathy. Unfortunately, it seems you really do need an injection.

Ann Thomson

Khan IU, Awan AS, Khan AS, Moarwat I, Meraj M. Efficacy of a single-injection sodium hyaluronate treatment in lateral epicondylitis. Journal of Ayub Medical College Abbottabad-Pakistan.

Petrella, Cogliano, Decaria, Mohamed and Lee. Management of Tennis Elbow with Sodium Hyaluronate Periarticular injections (Sports Medicine, Arthroscopy, Rehabilitation, Therapy & Technology Volume 2 2010).



"SURVIVING WORKERS' COMPENSATION"

Talk on Thursday 15th of March, 12pm.



Clinical psychologist Dr Jeannie Higgins will talk about how you can survive the emotional challenges of an adversarial compensation system.

Dr Higgins is a clinical psychologist who works in private practice at Higgins Psychological Services in Calwell. She has 37 years of experience as a mental health professional. She has published two books: '*Evolve with Trauma: Become your own safe, compassionate and wise friend*' and '*I am more than my trauma, pain and loss*'.

After completing her PhD in Psychology on the reactions of police to trauma and stress, Dr Higgins has had an extensive career in various aspects of psychology.

When: Thursday 15th March, 12pm

Where: Room 4, Griffin Centre

Cost: Free, light refreshments served.

Letter to the Editor (Continued)

Certainly, legal advice with the right lawyer is always an option at an early stage rather than a late stage.

I cannot even begin to say what Comcare is actually doing in relation to requests to permanently forgive or permanently waive back payments of compensation or recovery of previously paid compensation triggered by retrospective decision making. The argument that I tend to make is that if somebody has not been found culpable of fraud or misleading Comcare, they received their benefits in good faith, spent them in good faith and relied upon them in good faith. They relied upon a Comcare decision in the first place and they should not be required to pay just because Comcare obtains retrospective opinions that undo those on which it relied initially and, in many cases, for many years.

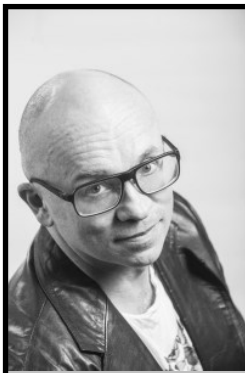
I am willing to answer any further questions.

Yours sincerely

David Lander

Lander & Co, Solicitors

£20,000 TRYING TO CURE RSI



Andy Riley

A work injury can cost a lot of money, as many of us know. In fact, by far the largest financial burden of work injury falls on the worker.

In a recent article in the UK Times newspaper, cartoonist Andy Riley describes his RSI journey and he's just a bit bitter about the cost of it all.

"A shoulder consultant examined me for all of three minutes, shrugged, billed me for £195, showed me the door, then flew off in his gold helicopter to a consultant golf course where the bunkers are brimful of rubies, where the buggies are drawn by mane-tossing unicorns, where a gentle shower of champagne falls at quarter past three ..."

How it Started

It all started in July 2010, when his forearm felt tight and "there was a weird pain running from my right elbow down to middle and ring fingers." Andy wasn't worried – he had summer holidays coming up. But on the flight home, he realised he hadn't recovered when he couldn't manage a card game with his son without pain. So he took four months off work and started on the treatment roundabout: acupuncture, osteopathy,

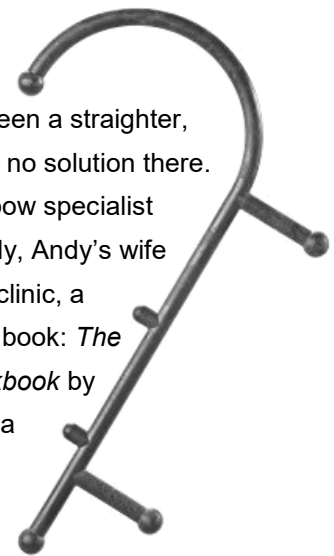
the spinal consultant, a podiatrist.

None of it really helped, and his condition went downhill. "My left arm decided it had RSI as well. The ache in my right arm scrambled up into my torso, linked with its new friend on the left, then upped its wattage. I wore a matador jacket of pain. Added two this were to very sharp pain points: one in my right forearm, one just inside my right shoulder blade. It felt as if someone had sunk two meat skewers in me. Then my upper spine locked up." Understandably, Andy became depressed: "I had to spend half the day lying on the floor and it was all I could do not to cry."

The Search for an Explanation

A spine surgeon did a scan and Andy was devastated to find out that he'd never seen a straighter, healthier-looking spine – so no solution there.

A nerve surgeon and an elbow specialist were both no use. Eventually, Andy's wife found him a specialist pain clinic, a good physiotherapist and a book: *The Trigger Point Therapy Workbook* by Clair Davies. Andy ordered a couple of massage devices from the web which he started to use every day and to which he

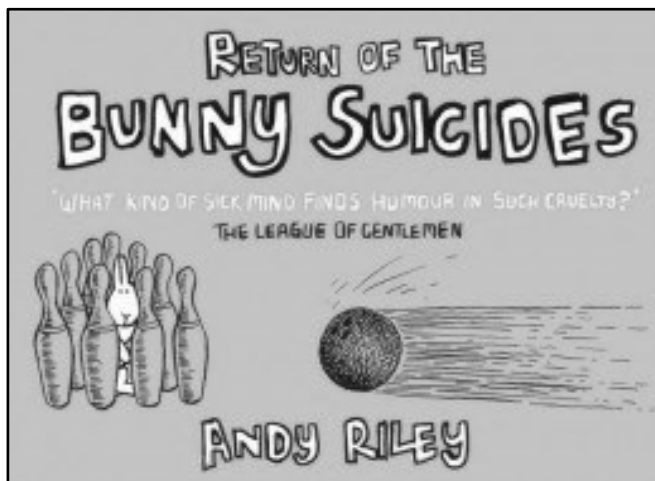


The Theracane

attributes much of his recovery – the Knobble and the Theracane.

The Road to Recovery

"Nothing is quick with RSI. Through 2012, 2013 and 2014 I slowly scaled the walls of the canyon, progress, slips, more progress. And by late 2014, I knew that my career as a visual artist was over. My progress had plateaued for 18 months ... I've never believed in the five stages of grief. Yet here I was at stage 5: acceptance. I'd spent £20,000 on all the





The Knobble

different therapies and treatments, but like an old footballer whose knees have gone, I just had to be grateful for the time I'd had."

But suddenly Andy found that he had a lot less pain and he

suspects it was because, oddly enough, he had given up. He started drawing again, but with different tools and in a different way. His body still hurts and he's careful how he works: "I'm careful how I draw. I do it standing, not sitting. I avoid typing and I never use a computer mouse because that is the devil. I'm coping with some sort of pain, but it's mostly low level.

"But I can draw! I can make stories with pictures and put them in front of people! That was a hell of a thing for me to lose, and a hell of a thing to get back again."

Have you tried a massage device like the Knobble or the Theracane? We'd love to hear if you found one (or both) of them helpful!

Ann Thomson

Jackson, T. (2017). I spent £20,000 trying to cure my RSI. *The Times*. <https://www.thetimes.co.uk/article/i-spent-20-000-trying-to-cure-my-rsi-h9xr6txct>

We asked people on the *RSI : repetitive strain injury and musculoskeletal disorder support group* on Facebook if they had tried using the Theracane and the responses were mostly positive. The first response was "I have the theracane, it's good for pressing on knots."

However, people said you need at least one functional hand or it's very challenging to use correctly. It's also important that you know how to use it in the right way; one commenter suggested, "Your physiotherapist should be able to let you know how to use it properly or there are a variety of videos on YouTube that explain how to use it on various muscle groups."

A few alternatives were also suggested. One commenter suggested the FasciaBlaster, which can be bought at <https://www.fasciablaster.com/> for \$89, though there may be similar products that are cheaper. Another comment suggested the 'Body Back Duo', which is available through Amazon for \$34.95 and is very similar to the Theracane.

The cost of workplace injuries for workers.

Many workers in Australia can be hit by huge costs in medical expenses and loss of wages when they are injured at work. In 2015, Safework Australia researched the costs of workplace injuries to the worker, the employer and the community in Australia. They found that workers bore the majority of the cost of workplace injuries. These are some of the most interesting statistics from the report:

- There were 374,500 absences due to injuries in 2012–13 and 39% were for five or more days
- The average total cost of an injury for a worker in 2012–13, including medical fees and lost wages, was \$52,000. For workers who are partially incapacitated, it was \$696,900.
- The industry that had the highest costs due to workplace injuries was Health Care and Social Assistance.
- The most affected age group was 25 to 34 year olds.

IS INJURY ESPORTS' BIGGEST THREAT?



With prize pools as high as twenty-five million dollars in recent competitions, there's a lot of incentive for gamers to spend their lives at their computers, practicing for tournaments. While playing video games is probably more fun than sitting in an office typing or working in a factory, the overuse injuries that gamers face are just as severe.

Overuse injuries aren't new to computer games. The term 'nintendinitis' was coined to refer to injuries players suffered from too much gaming. Children were suffering repetitive strain injuries that were once limited to adults working repetitive full-time jobs. The introduction of motion sensors increased the range of injuries among gamers, as they began to get injuries usually associated with the sports they were pretending to play.

But the rise of Esports and the industry surrounding them has resulted in far more serious injuries for its top athletes. By training for up to 10 hours a day, six or seven days a week, the top gamers are putting

incredible strain on their hands and wrists. Some are being forced to retire from the sport due to their injuries or can only return after a few years and several rounds of surgery.

While it looks like esports should be a low-impact activity—the players are just sitting in comfortable chairs, after all—it takes a surprising toll on their bodies. Because they are focussed and alert, their upper bodies are very tense, reducing circulation and increasing the chance of injury.

The way forward for esports could be to treat it more like a conventional professional sport. Some teams are already hiring fitness coaches that make sure that the players are following strict exercise regimes and maintaining a healthy lifestyle that can reduce RSIs and other health risks.

Joseph Penington

User: 'Fiona'. Editorial: Injuries, Esports' Biggest Threat. One Angry Gamer.

STAYING AT WORK AFTER INJURY: WHAT HELPS?

“My work is wonderful; it gives me energy and satisfaction. I like my job and I don’t want to lose it; it gives me the strength to continue working.”

“What would I do when the children are at school? I want to develop myself, learn new things, keep my mind active!”

“In my job I get appreciation for what I do. That’s why I work.”

“My husband is always away on business so it feels good to be with other people and to share common goals.”

“Everyone has to contribute to society, and I want to do my part. It’s no use just being at home with my ... pain, turning my back on society.”

These are some of the comments participants made in a recent research project to discover why some people manage to stay at work when they have a serious musculoskeletal injury like RSI, while others find it impossible. Dutch researchers interviewed a number of people with chronic non-specific musculoskeletal pain (CMP) to find out how they managed to keep working. All of the interviewees in this study had been suffering chronic pain from a work-related injury for at least five years.

Obviously, both personal and work factors were important. People kept working because they enjoyed it, because they were bored if they didn’t work, because they felt appreciated at work and because they felt it was important to work.

And of course, lots of people kept working because they needed the money: “I feel the need to stay at work, because I am a breadwinner, and without my income we would have to sell our house.”

Others stayed at work because they felt a sense of obligation to their workmates who, they felt, couldn’t manage without them or who would have to do more work if they left.

Personal factors

Many of the people interviewed felt that aspects of their personality helped them to stay at work, for example, perseverance and ambition. Another positive quality they cited was “a positive outlook”. One said, for instance, “take your chances, there’s always something you can do. I’m inclined to look for

opportunities instead of problems. If you can’t climb the mountain, then travel around to reach your goal.” Another important personal quality was having good communication skills; this, the authors say, helped participants to ask for support, set their limits, pace themselves and generally communicate their needs to the employer and get the modifications they needed.

Luck plays a part

But plenty of people were lucky in their work. They did jobs or worked in organisations where there was plenty of room to work around their disability. “I am in a fortunate position that I can determine my own workplace. Since I have a mobile phone, I am no longer forced to sit at my desk the whole day; I can move around now.” Some were able to negotiate flexible working hours, part-time work and ergonomic adjustments or they were able to retrain for new jobs within the organisation.

However, it wasn’t all luck. Some people were good at delegating tasks and accepting help from others. They took the initiative to organise modifications to their work and suggest changes to work conditions.

But some people simply couldn’t stay at the workplace where they had been injured. Getting a new job was vital for them. “I have always worked in nursing, but now I am housekeeping for others, which is less demanding.” “If I had to go back to slaughterhouse work, I would have been on sick leave again very soon.”

Support from others

The interviewees couldn't do it all themselves. Support from others was something they often mentioned – their spouse or children taking over house work, extended family helping with babysitting, and the manager or employer allowing flexible working hours. Some had helpful colleagues: "I've found a balance between what I can do and what not. In case of a strenuous project, I ask my colleagues for help; it has never been a problem for them."

When it came to dealing with pain, some found pain medication extremely helpful: "Without my medication, I wouldn't be able to work; it's as simple as that." Others preferred to avoid medication for a number of reasons – it didn't work, it made them drowsy, or they were afraid that masking the pain would mean that their injury would become worse.

For others, being aware of their pain levels was really important. "Listening to body signals and preventing overuse, and thus maintaining the balance, is what's keeping me going."

The price can be high

However, for many there was a price for staying at work. "I go to bed early, to recover from my work and become fit again for tomorrow's work. There are hardly any opportunities for social activities." Another participant said "gardening is fatal. Afterwards I'm deadbeat, I can't even walk." Fatigue was a common consequence of staying at work: "The first thing I do after work is fall asleep on the sofa." Increased pain was another price that many paid.

What can we in Australia learn from this research?

It's important to take into account that the social security system in Holland is very different from Australia's and it's much harder there to sack an injured worker. Thus, employers are motivated to offer work accommodations, new positions within the firm and part-time work.

Still, it's clear that being able to ask for help at home and at work can be really helpful in the right workplace, and the skills of being able to negotiate tasks with managers and fellow workers are also important. The ability to step back and judge whether it's possible to stay at one's current work can be vital, as the above examples of the nurse and slaughterhouse worker show.

It all comes down to the right combination: work you can actually do, helpful colleagues, support at home, the right pain medication – with all this, a positive outlook and good communications skill can help to make staying at work a real possibility.

Work-Related Injury Survey

This is a regular survey conducted by the Australian Bureau of Statistics which provides the most recent results regarding the employment status of people injured in the workplace in the previous 12 months.

Over five hundred thousand people were injured at work in the 2013–14 period and 92% of them were still employed at the time of the survey; nearly all of them had managed to keep working in the position where they'd been injured. Seven percent were working in a new position.

Because this survey only looks at people injured in the previous 12 months, it's probably underestimating their ability to continue working into the future.

Australian Bureau of Statistics. 2014. *Work-Related Injuries, Australia, July 2013 to June 2014*. Commonwealth of Australia.

Ann Thomson

De Vries HJ, Brouwer S, Groothoff JW, Geertzen JHB, Reneman MF. Staying at work with chronic nonspecific musculoskeletal pain: a qualitative study of workers' experiences. BioMed Central.

TIPS AND TOOLS

CLEANING THE HOUSE WHEN YOUR HANDS HURT

From 'RSI Magazine', the journal of The Dutch RSI Association

What are some of the best ways to clean when your arms hurt and you want to avoid using your hands as much as possible?

Before we start, it is important to remember: don't be too hard on yourself. Not everything needs to be perfect. Your house doesn't need to feature on the front of an interior design magazine. Take care of yourself and avoid straining your muscles as much as possible.

Below are a number of tips that can make cleaning a little easier and help to decrease the pain in your arms and hands. Clean room by room, take a few days to get all the cleaning done, and take regular breaks. Don't drag cleaning utensils around too much, instead only bring each one to the room where it's needed.

Floors

Use the vacuum cleaner as little as you can, as they are usually heavy. Unfortunately, you do need one when cleaning carpets. When using the vacuum cleaner, make sure you take a break every 10 minutes.

An alternative for the vacuum cleaner is a roller sweeper. Models that have smaller side rollers as well as a large central roller are especially useful. Sometimes roller sweepers have a button that lets you change the surface grip of the rollers. Another alternative is a smaller handheld vacuum. This is handy on staircases and is usually lighter than a traditional vacuum cleaner. A smaller vacuum cleaner with a flexible hose is also an option.

Linoleum, vinyl, laminate flooring and tiles can be cleaned quite easily and without too much effort. The best way is to use a wet cloth or wet wipes attached to a floor wiper. You could also use one of the buckets that comes with an inbuilt foot press spin and microfiber mop.

In the kitchen

Clean the kitchen counters and the table with cheap wet wipes or single use dry wipes. If you use a fabric cloth you'll need to wring it out each time, which can cause pain in your fingers and wrists. Also, using a cleaning brush can be easier than using a cloth.

If you're planning to buy new tableware, you can consider buying bamboo or plastic plates, glasses and cups. They're lighter and don't break easily. Tableware in these materials is available in most colours and sizes.

Windows

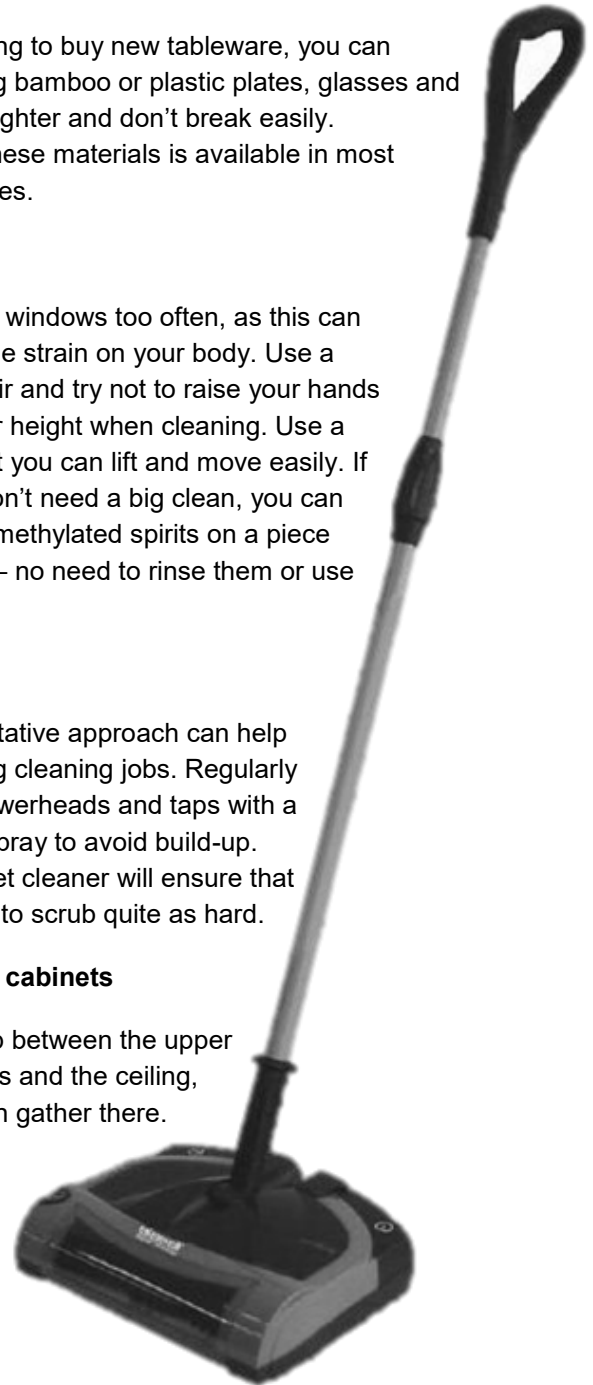
Don't clean the windows too often, as this can put considerable strain on your body. Use a ladder or a chair and try not to raise your hands above shoulder height when cleaning. Use a light ladder that you can lift and move easily. If the windows don't need a big clean, you can just use some methylated spirits on a piece of newspaper— no need to rinse them or use water.

Bathroom

A solid, preventative approach can help you to avoid big cleaning jobs. Regularly spray your showerheads and taps with a little cleaning spray to avoid build-up. Also, using toilet cleaner will ensure that you don't have to scrub quite as hard.

Upper kitchen cabinets

If there is a gap between the upper kitchen cabinets and the ceiling, a lot of dust can gather there.



This can be annoying and hard to clean. Stop dirt from building up by putting a layer of newspaper on top of the cabinets and changing it once a month. It's a great way to avoid cleaning a difficult spot.

Stainless steel cooker and microwave

Clean stainless steel with baby wipes or single use wet wipes. A ceramic cooking top is easier to clean. An induction stovetop is easier to clean as well but it'll mean heavier cooking pots.

Toasted sandwich maker

Take a sheet of baking paper and fold it in half. Put your sandwich inside and then place it in the toaster. When it's ready, remove it from the sandwich maker and throw away the baking paper. This tip makes cleaning completely unnecessary!

Garbage bins

Instead of having just one large bin, place smaller bins around the house. This way you never have to lug around those large, heavy garbage bags.

Finally...

Hold any appliances you use for cleaning as close to your torso as possible, including when you're just carrying them around. Also, if you stand closer to where you're cleaning, the less likely it is that you'll strain your neck, arms or shoulders. In order to distribute the weight, always carry heavy and large items with both hands.

Keeping up appearances

"It sounds comical but it's really, really true", one Dutch RSI Association member said. "When I have visitors I only vacuum the steps that guests can see from the hallway. If guests are tall I have to vacuum more steps!"

This article is an edited version of one from the Dutch RSI Newsletter, September 2017. The original article was written by Egbertien Martens, and translated by Ellen Poels. We are extremely grateful to our volunteer, Ellen, for her translation.

THE DRAGON NETWORK

Our closed Facebook group "The Dragon Network" is going well. If you want to find out how to get rid of a jumping cursor in Dragon or how to move the results box so it doesn't get in the way, the answers are on this page. You can ask anything you like about Dragon and we'll try to find you an answer. The group is hosted by the Association and Viva Voce Speech Recognition Solutions. To join, visit our Facebook page: facebook.com/RSIACT, and look under "Groups", then click 'Join'.

Pharmacists can now help with pain in new program

A new trial allows those suffering from chronic pain to seek advice from their local pharmacist as of February 1st. So who is eligible? Anyone who has been taking medication to deal with chronic pain for three or more months can be involved in this trial, simply by making an appointment with their local pharmacist.

The trial allows patients to have a face-to-face consultation with a pharmacist who will review their medication and develop a written action plan with the patient, including education, self-management, and referrals if needed.

Speaking at the launch of the new program, George Tambassis, President of the Pharmacy Guild of Australia, said that the Guild is "delighted that we can sit down with patients that have some chronic pain issues, discuss their analgesics, work out what other medication they're on, and actually provide a plan for them, a plan to resolve their issues ... If the solution will be based on ... referring to a GP, we'll refer that patient to a GP".

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:

- What's the right exercise for RSI?
- Intra-muscular stimulation: reader's story
- Are notebooks in schools hurting our kids? New evidence



Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

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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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