

May 2018

IN HAND

www.rsi.org.au



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

Autumn 2018

News & Events

Dragon Naturally Speaking Seminar

Speaker: Sue Woodward

When: 18th June, 12pm

Where: Room 9, Second Floor,
Griffin Centre,
20 Genge St, Canberra.

Cost: Free, light lunch 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



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OUR NEXT EVENT

Dragon Naturally Speaking Seminar with Sue Woodward

This session will feature a demonstration of Dragon Professional Individual Version 15 with plenty of time for questions. Sue will focus on helping you to optimise recognition accuracy, that is, how you can get accurate recognition from your Dragon software. If you bring in your laptop, there will also be time for you to ask Sue for help with any technical issues you might be having. The seminar will include a light lunch with the opportunity to talk to Sue and other people at the event.

A RESEARCH GRANT FOR TENDINOPATHY

The University of Auckland's Dr David Musson has been awarded a large grant for research into tendinopathy. Dr Musson said "Research into tendons and their inability to heal once damaged is a neglected area in medical science compared to the amount of research done in other fields ... Once damaged, tendons never recover their original structural and functional integrity; instead, disorganised scar tissue forms, diminishing both biomechanics and function." His research will focus on three key areas:

1. the contribution of fat-derived factors to poor tendon healing
2. the effect damaged tendon matrix has on tendon and immune cell behaviour
3. the role of excessive levels of tendon matrix proteins in disrupted tendon healing.

In New Zealand, the cost of tendon injuries was \$200m in 2011, but leapt to over \$280m in 2016. Musson predicts "the costs could rise to over half a billion dollars a year by 2030."



Dr Musson

Musson says that for people with tendon damage "It's not going to be life or death, but it is fundamentally important for day-to-day health and activity, and maintaining a quality of life which allows the individual to retain a sense of self and independence."

According to the article, "There are currently no successful therapies for treating tendinopathies, suggesting there is a clear unmet clinical need for new strategies that will improve the poor healing potential of tendons."

More money for pain research in Australia

The Australian Health Minister, Greg Hunt, announced a new government push to tackle chronic pain. He says the government will be "providing \$10 million for new research projects that focus on preventing disease and keeping people out of hospital ... the first of these projects ... will receive more than \$500,000 to look at how we can reduce the risk of people developing chronic pain."

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

Welcome to the Autumn edition of "In Hand". In addition to working hard to make the newsletter as interesting and helpful as possible, we've been spending a lot of time in the office on our book "The RSI Survival Guide". We've added new material, including all the evidence on different treatments that we can find, cut out what we thought was no longer relevant and edited the whole book to make it more focused and accurate. Our graphic designer, Svetlana, has created a new cover which we think is much more appealing than the old one.

This new edition of "The RSI Survival Guide" will be available as both a printed book and as an e-book. We're hoping to have it available for you in the next couple of weeks and will let you know as soon as it's out. We are looking forward to your feedback so that we can improve it further.

I look forward to meeting you at Sue Woodward's talk; as we'll be offering a light lunch, there'll be plenty of time to chat and find out from you how the Association can best meet your needs.



MedsCheck

If you want to know more about the medications you're taking, or if you have any questions on medications you need answered, you can now sign up for a 30 minute 'MedsCheck' consultation at your local pharmacy for the price of \$65. Your pharmacist can talk to you about what exactly your medications do, how to take them, where they should be stored, and their impact on other medical conditions. They are especially helpful for people who have just begun taking new medications or people who are taking five or more different medications. The Department of Health says the aim of the program is to help people educate themselves about their medications, identify any issues with their prescriptions and understand how different medications may interact. Just google 'pharmacy MedsCheck near me' to find out if your local pharmacy offers the program.

The Smith Family 'Money for Life' Program

Financial literacy refers to your ability to make educated and effective decisions about your money. As you can imagine, this is quite important for anyone in charge of their own finances, and that's why the Smith Family is running financial literacy workshops across the country. The Smith Family teamed up with ANZ to create 'Money for Life', a program consisting of five two and a half hour sessions run by an accredited trainer, which is available in the ACT, NSW, VIC and QLD. They also offer a course called 'MoneyMinded', which helps to further your financial decision-making abilities. The results speak for themselves, with over 90% of people who have participated saying they felt more in control of their finances and more able to make ends meet. To find out more about these workshops and to see if they are available near you, google 'The Smith Family money for life'.

RESEARCH IN BRIEF

UNFAIR TREATMENT AT WORK

A study conducted in Sweden has found that unfair treatment at work is linked to increased sick leave. Through analysis of nearly 60,000 observations, the researchers in Stockholm concluded that negative 'interactional justice', which refers to how workers are treated by their employers, can cause more frequent and longer periods of sick leave. They suggest that organisations would benefit from training their staff in office justice principles to help maintain a fairer, healthier workforce.

University of East Anglia. Being Treated Unfairly at Work Increases Risk of Long-Term Sick Leave. 2017. ScienceDaily

RETURN TO SPORT

It can be very difficult to know how long you need to rest for after an injury, and research has shown that sportspeople can massively underestimate how much time is needed before they can return to their sport. "For example, when a group of runners and dancers were asked to estimate how long it would take for them to return to their activities, the runners replied four weeks and the dancers replied one week. The actual average return was 16 weeks for the runners and 50 weeks for the dancers."

Returning to sport too early can also lead players to re-injuring themselves because they aren't fully healed. "It is estimated that 12–34% of hamstring injuries re-occur as a result of incomplete rehabilitation and premature return to sport."

Michael Hall. How to Know When to Return to Sport. 2017. Live Better Tips.

USING YOUR VOICE INSTEAD OF YOUR HANDS

When you switch from using your hands to type to using your voice, hoarseness can become a problem. According to a recent guide for medical specialists in head and neck problems, voice problems affect one in 13 adults every year, of all ages and sexes. "There is an increased prevalence in singers, teachers, call-centre operators, older adults and other persons with significant vocal demands." "Hoarseness is often caused by benign conditions, like the common cold, voice overuse and age-related changes; however, it may also be a symptom of a more serious condition, like head and neck cancer." (Benign here means non-cancerous.) They question the benefit of treating patients with anti-reflux, antibiotic or steroid medications: "there is very little evidence of benefit in treating isolated hoarseness with these medications, and in fact, they can offer more harm than good."

American Academy of Otolaryngology–Head and Neck Surgery. Voice Problems: Updates to treatment and care of patients with hoarseness. 2018. ScienceDaily.

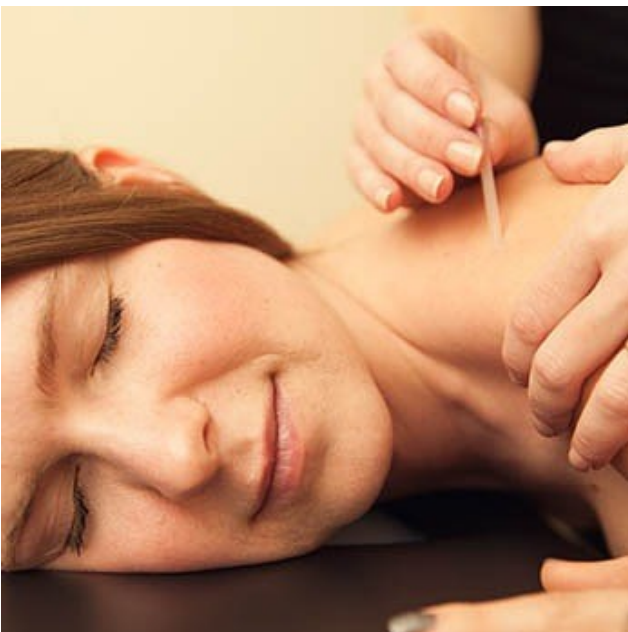
INTRAMUSCULAR STIMULATION

IT worker, Bas Pronk, began suffering from RSI because of his work, as is the case for many people. “I started working as a computer programmer in 1996. In 2000, I started to have symptoms of RSI. One week I was working full time, the next I couldn’t do anything anymore. In hindsight, I made many obvious mistakes: bad posture, short breaks, very long days.

“I suffered from RSI for 11 years. I tried many things, like regular physiotherapy, acupuncture, cupping, trigger point therapy, magnetic massage, neurology, rheumatology and heating muscle creams.” It was “a classic case of RSI”.

I hit the ceiling

“In those 11 years I did make some progress. At the start, I couldn’t even touch a computer and when I went shopping I had to use a backpack to carry groceries. At my workplace, I could at least make myself useful without using a computer, mostly by assisting others. Over those 11 years, things slowly improved and I could use a computer more again. But my ability to use a computer was still limited; my arms pretty much hurt all of the time. It appeared I had hit the ceiling in my recovery process.”



Spectacular effect

So how did Bas start healing? “In 2011 I attended a meeting of the Dutch RSI association. I walked past a group of attendees and overheard them say ‘...that treatment worked so well’. I listened to what they were saying and then made an appointment for therapy.”

That therapy turned out to be IMS, or Intra Muscular Stimulation. “The effect of the therapy was truly spectacular. My arms became stronger. I could do more work on a computer. At the start I went and saw the therapist a few times a week. After a few weeks this became once a week, and after a year I saw the therapist once every two months. After two years I was ready to stop the therapy altogether.”

“Keep searching for a treatment that works best for you”

I feel better now

How does Bas feel now? “I work four days every week, eight hours a day as a computer programmer. The fact that I have RSI doesn’t impact on my productivity. I do periodically have treatment and every seven weeks I visit a physiotherapist for a dry needling session as well.”

“My RSI did not suddenly disappear. I still use speech recognition software and when I use my arms too much, they still hurt. But compared to before, I can use my arms much more and they are stronger too. If I could manage to relax my arms properly at home – which I don’t do enough – I estimate I would only need a treatment every three months.”

Contributing even when suffering from RSI

What did Bas learn during his search for a solution and what advice does he have for others? "If you work in IT you can contribute despite having RSI, because in the IT sector, knowledge is very valuable. To gain and extend knowledge, you have to study. You have to read and think, which uses your brain not your hands."

"Most importantly: continue searching for a treatment that works for you. Because of IMS, I am able to have a good job, my own house, car and holidays rather than being unemployed."

What is IMS?

Intra Muscular Stimulation uses, like dry needling, very small needles. According to practitioners, when inserted the needles relax the muscles, reduce pain, improve mobility and stimulate the nervous system. IMS as a treatment is mostly appropriate for chronic issues. Almost immediate improvements in blood flow and mobility can often be experienced after treatment.

"The treatment was sometimes a little painful. Maarten

(his therapist) would put needles in my back, neck, shoulders, upper and underarms, and hands. The impact of each needle could be quite different: sometimes one or more muscle contractions, sometimes almost no feeling was perceived, and sometimes the effect would radiate to other body parts. After the treatment I felt as if my body was in balance – literally as if any cramps and blockages were removed."

"Dry needling therapy is similar. When using IMS, one difference is that needles are also inserted close to the vertebral column. In addition, Maarten offered supporting therapies like specific back exercises that I continue to do before going to bed."

This is an edited version of an article that appeared in the September 2017 issue of 'RSI Magazine' the journal of the Dutch RSI Association. The original article was written by Bas Pronk and Sandra Oudshoff.

We are very grateful to our volunteer, Ellen Poels, for translating this article and thus making it available to all our readers.

What is the evidence for dry needling?

As mentioned by Bas, dry needling and IMS are two different types of needle therapy that can help with chronic pain. One study on the effectiveness of trigger-point dry needling for musculoskeletal injuries found that there was moderate evidence to suggest that it is more effective at reducing pain than other treatments performed by physical therapists. Unfortunately, they also point out that there is currently very little evidence to prove that there are long-term benefits to the treatment.

Additionally, they found that compared to the placebo group in their experiment, there was low quality evidence for significant improvement due to dry needling.

THE EFFECTS OF TAI CHI VS AEROBICS

Fibromyalgia is common in people with RSI, and often goes undiagnosed, according to a study in Brazil. Even if you don't have fibromyalgia, the treatments discussed below could be relevant to other instances of RSI and chronic pain.

Despite being the most commonly prescribed non-drug treatment for people with fibromyalgia, a new study shows that aerobics may not be the best method for improving the condition. The study looked at several groups of patients who were treated with either Tai Chi or aerobics once or twice a week for varying amounts of time.

The study found that for two groups

being treated twice a week over twenty-four weeks, one with Tai Chi (group A) and the other aerobics (group B), those practicing Tai Chi had significantly better results. The participants in the trial had to fit a strict number of criteria to be chosen, including high pain scores and severe symptoms lasting for over three months.

What's the Difference?

You might be wondering what the big difference between Tai Chi and aerobics actually is. Aerobics is designed to improve fitness and flexibility, specifically cardiovascular health. Classes often consist of dance-like routines that encourage people to enjoy themselves while staying in shape. Tai Chi, on the other hand, is an ancient form of Chinese martial art –

quite different from choreographed aerobics! While its original purpose was defence training, it has evolved into a practice which encourages spirituality and health. In recent decades, Tai Chi has

become widespread across

Western culture, popular in patient rehabilitation as well as other areas like nursing homes.

What were the results?

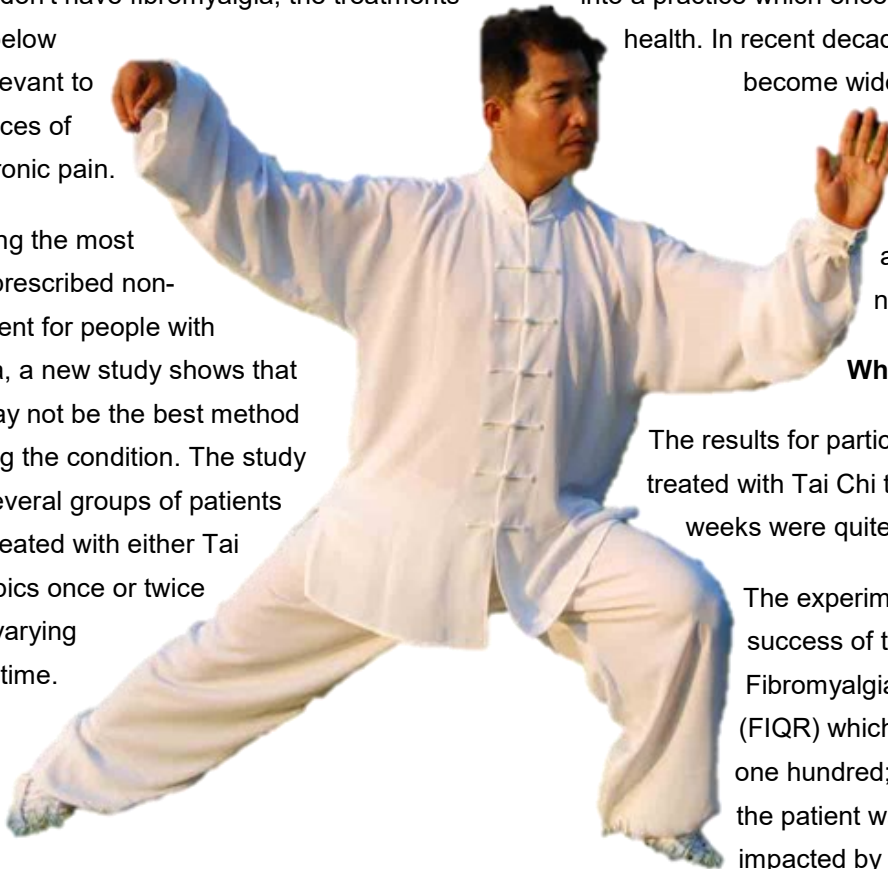
The results for participants who were treated with Tai Chi twice a week for 24 weeks were quite impressive.

The experiment measured the success of treatments through a Fibromyalgia Impact Questionnaire (FIQR) which gave a score out of one hundred; a higher score meant the patient was more heavily impacted by their condition. Every

group in the experiment experienced a decrease in their score after the duration of their treatment, however the most notable improvement was for Group A, whose FIQR decreased more than 22 points on average – a massive improvement!

All the groups who were treated with Tai Chi saw a large improvement in their symptom severity scale, especially the group that did Tai Chi twice a week for twelve weeks. Aerobics yielded less than half the improvement of any of the Tai Chi groups. Aside from the symptom severity score, almost all the results indicated that participating in Tai Chi for twenty-four weeks yielded much better results than stopping after twelve.

(cont. on next page)



Another impressive change could be seen for the 'Beck depression inventory II score.' The test gave a score out of 63 and most groups went down by about 6 or 7 points. Group A showed a decrease of 11 points. Patients also reported a much greater knowledge of coping strategies after their trial, possibly playing a part in their improved frame of mind.

Interestingly, while the Body Mass Index (BMI) of those participating in Tai Chi remained roughly the same or showed a slight increase, the BMI of those doing aerobics actually decreased.

Did everyone improve, or was it only a few people?

The study also provided information on the range of improvements of those involved. The people in group A on average showed great improvements in most of the factors that were considered, but was it a large

improvement for everyone? In some cases, the answer was no.

The trial looked at the distance that the participants could walk in six minutes before and after the treatment. For group A, the average improvement was 30m, which is quite substantial, but the highest score was 61.9 metres, a large improvement, whereas the lowest score was actually -1.6, meaning for some people, the Tai Chi treatment didn't help their ability to walk at all, or even inhibited it slightly.

This study quite conclusively shows that when it comes to patient rehabilitation, Tai Chi wins over aerobics.

Anna Penington

Helfenstein M. Prevalence of Fibromyalgia in Patients with Diagnosis of Repetitive Strain Injury. 1998. ResearchGate

Wang, C et al. Effects of Tai Chi versus aerobic exercise for fibromyalgia: comparative effectiveness randomised controlled trial. 2018. The BMJ (British Medical Journal).

Would you be able to help us out in the office?

One of our much-valued volunteers has left us after many years of service to the Association. We are very grateful to Robert for all of his hard work and good company over the years, and we are pleased that he is staying on as the Treasurer of our Committee.

We are now looking for a new volunteer to take his place in the office. The work mostly involves research and helping with our Facebook page. If you enjoy writing and can write well, there will also be opportunities to help us in this way. The position does involve the use of a computer, which comes with clickless software and an ergonomic mouse. If you are interested in the position or have any questions about what it entails, don't hesitate to call during our office hours on 02 6262 5011, or send us an email at admin@rsi.org.au.

IS PAIN UNRESPONSIVE TO TREATMENT ?

It's a myth that chronic pain is unresponsive to treatment, but it's something many GPs believe.

Do doctors give up on pain, and instead focus on reducing its impact on your life? A recent editorial in the British Journal of Sports Medicine claims that this approach is common for many GPs, who've developed the view that there's not very much they can do to reduce pain. For this reason, they make reducing disability and distress their main aim in working with patients with pain.

The BMJ editorial writers argue that by giving up on reducing pain with their patients, doctors can leave them with unnecessary pain. They write, "there are important reasons to dispel the incorrect assumption that pain intensity is unresponsive and so less important when managing chronic pain." In fact, they looked at the research and found that pain intensity is actually **more responsive** to treatment than pain-related disability, so focusing on disability can result in worse outcomes for patients.

Recently, what's called the biopsychosocial approach has become popular in medicine: that's "bio" for biological; "psycho" for psychological; and "social" for

your social environment. The biopsychosocial approach focuses on psychological aspects of diseases, like coping mechanisms, pain education and mental health, and social aspects like relationships and support systems, rather than focusing solely on treating and reducing pain intensity. This has seen a shift in pain treatment to placing a greater emphasis on

trying to lessen the suffering, distress and hardship caused by the injury.

Some doctors tell patients who find their pain hard to cope with that there is no way to reduce that pain and that they should instead focus on

pain acceptance to reduce disability. But the authors of this very important

editorial in a major journal argue that such advice is plain incorrect and that for many pain patients, treating their pain intensity is very achievable. By regarding pain as unresponsive to treatment, they say, some doctors do their patients "a great disservice".

Ann Thomson

Saragiotto T, Maher C, Traeger A, Li Q, McAuley J. Dispelling the myth that chronic pain is unresponsive to treatment. 2016. British Journal of Sports Medicine.



PILATES OR SWIMMING FOR RSI: JIP'S ADVICE

Jip Driehuizen is a physiotherapist and relaxation therapist in Amsterdam, co-author of the book 'Dealing with RSI' and the man behind BewegingTV [Dutch website offering examples of exercises online <http://www.beweging.tv>].

How to choose?

When thinking about which sport to choose, it's important to consider if the sport is static or dynamic. Static means that not much movement is needed. For example, when you play darts, you stand still and hold the dart quite tightly – but only your arm and hand will move. Dynamic sports like rowing and swimming require the whole body to move, without the need for grasping a dart or tightening specific muscles.

Some sports, like darts or minigolf, aren't great when you suffer from RSI, as they're too static. Normal golf is much more dynamic; however, you do need to lug heavy clubs around with you. Aerobics exercises are fine as long as you ensure that they're low impact.

Pilates

Pilates includes many static exercises and movements that are designed to improve stability in the back joints. This is not ideal when you have RSI. Planking isn't great either, as it puts considerable strain on your shoulders and arms. You may think that weightlifting would be a lot more dynamic but in fact it's not – it's particularly bad for the lower arms. Even when rowing, you continuously squeeze tightly with your hands.



Swimming

Swimming is a much better option. You don't have to hold anything and your movements are bigger. Swimming stimulates dynamic muscle power, promotes endurance and strengthens back muscles. Spreading your fingers when swimming will decrease pressure on the wrists. Breaststroke is the most static form of swimming and it's not great for the neck and shoulders. Freestyle and backstroke are much better; however, they both require substantial technical skills.

Don't enjoy swimming? You could instead try dry-land swimming, an activity which can be done at any time. A few minutes of making large breaststroke movements to stimulate shoulder and arm muscles are enough.

The ideal position

Standing up straight with arms high in the air is an ideal position to practice all swimming strokes. Practicing breaststroke can be done while lying down as well, but do be careful, as it will test your back muscles.

From the September 2017 issue of 'RSI Magazine', the journal of the Dutch RSI Association

The original version of this article was written by Jip Driehuizen for the Dutch RSI magazine. We are very grateful to our volunteer, Ellen Poels, for translating this article.

EXERCISE PHYSIOLOGY STUDENT CLINIC

Trying out the Exercise Physiology Student Clinic at the University of Canberra

Did you know that there are quite a number of student clinics that offer low-cost services in a range of areas at the University of Canberra? As well as exercise physiology, there are clinics in nutrition, soft tissue massage, physiotherapy and psychology. The purpose is to give students some hands-on experience under expert direction.

I decided to try the exercise physiology clinic after suffering from RSI for about 20 years. I had tried going to an exercise physiologist before, but I'm afraid my motivation waned after a couple of months and I didn't keep up the home exercise program he had prescribed. I'd also tried gyms, but found the atmosphere too competitive and the staff uninterested and not very knowledgeable about RSI.

So I decided to give it another go in a more supportive environment and enrolled in the Exercise Physiology program at UC.

The clinic is staffed by students doing their fourth year and they're supervised by "clinical educators", who are exercise physiologists with many years of experience in private practice. Basically, anyone is eligible who has an injury except for people who are currently on workers compensation. You might wonder about this exception – I did – but I believe it's because they don't want their students to have to give evidence in court.

It costs \$30 for the initial consultation and five dollars for each session. Parking is free.

At the initial consultation the student and the clinical educator will establish goals with you. These don't have to be all directly related to your injury: for example, I decided I wanted to work on my balance and increase my endurance as well. It's worth thinking about your goals in advance.

The gym itself is quite small and feels very casual. Nobody wears lycra! Most clients are over 40 and the atmosphere is very friendly and supportive. If you have a problem with any of the exercises, the staff are very helpful and will show you how to adjust the equipment to make the exercise easier or help you to find something else to achieve the same aim. All sessions end with a group cool-down, including some useful stretches.

Generally, you will get two one-hour sessions every week for eight weeks initially. Then you'll have another consultation to refine your program and adjust your goals, with a further eight weeks available. When you finish, it's a good idea to go for a final assessment where you will see how much progress you've made and be provided with a home exercise program – very helpful!

For me, the results were excellent. Compared to a home exercise program prescribed by a physiotherapist or exercise physiologist, it was much more motivating to go to the gym twice a week, which helped me keep up the program. By the end of the program, I had a lot less pain from my RSI and was able to do more. Unfortunately, I fractured my wrist after the program ended and had to rely on my left arm to do practically everything for a number of weeks. I doubt whether I would have managed this difficult situation as well if I hadn't done the program!

Ann Thomson

Student clinics are also available at the CIT (in massage) and at a number of universities in other states. For a list of these interstate clinics, please contact us.

FAMILIES AND COMPENSATION CLAIMS

“Family members play an important role in the aftermath of an injury—one that’s seldom formally acknowledged by compensation systems in policy or procedure.”

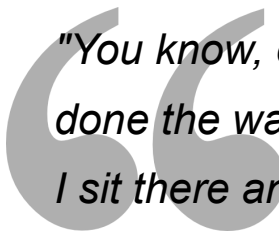
How does being injured affect your family and those around you? To find out, Australian researchers interviewed people with an injury who had been compensated and their families. They found that a compensated injury can have a strong impact on family dynamics, financial standing, and relationships.

One major issue with the system in its current form is the assumption made by insurers that everyone has family members who are willing and able to give up their time to help no matter what it costs. The researchers emphasised that the people they interviewed “said it was clear that this help was needed, but case managers seldom acknowledged it, and offers of formal support were rare.”

They write, “There is an understated financial incentive for compensation authorities to maximise the role of family in recovery and return to work. Every hour of care provided by family or friends is one less hour of formal care that the compensation authority must pay for.” Participants frequently raised the issue that they were not explicitly told about what kinds of support they were actually eligible to receive from the compensation system and instead relied on family.

The help family members provide often covers a wide range of activities from small household jobs to intense personal care. While this may sound like a blessing, sometimes these family members who just want to help end up causing stress, making the injured person feel like their privacy had been compromised and their independence taken away.

Worry about finances was an important issue for families, not just because of medical and other expenses related to the injury but also because family members often had to take time off work to help out their injured family member.



“You know, of course things aren’t done the way I would do them, then I sit there and I start getting frustrated because it’s not done properly, or not done the way I would normally do it ... I think we argued a bit more, because I was grouchy and because I couldn’t do anything” (Injured Worker)

The authors also note that various pre-existing family issues definitely don’t help. There’s no way you can assume that everyone has a family that is always willing to help—different families respond differently to these kinds of setbacks.

Helping out a family member in need can take quite a toll on the caretaker’s mental and physical health. In fact, family members helping out someone with a severe injury are more likely to develop musculoskeletal disorders themselves.

Family members found it difficult to see a loved one in pain or incapacitated by depression or anxiety. Yet they had no support in their caregiving role, which led to feelings of isolation and frustration.

In many cases, the injured worker became more irritable because of pain, as well as angry and frustrated with the compensation system, and this was difficult for family members to deal with. Medications often affected mood and energy levels, leading to injured workers withdrawing from family life.

So how can these issues be fixed? Well, these researchers think that it's time for compensation systems to formally consider the role that family members play in the aftermath of an injury.

Compensation policy perpetuates an idea of the 'ideal family', assuming every person making a compensation claim has a perfect family who has enough resources to drop everything and take care of them.

Additionally, when dealing with more than one system, the current policies allow claimants to 'fall through the cracks'; the authors cite one person whose compensation board assumed that Centrelink would

"I was just so broken and crying and everything was going wrong. My partner found it very difficult. I was very quiet a lot of the times, where he would say, you know, "what's going on with you?"

organise homecare, while Centrelink felt that it was nothing to do with them. It's issues like these that need to be addressed and remedied by the workers' compensation system to help not only those who have been injured, but also their families.

Ann Thomson & Anna Penington

Agnieszka Kosny, Sharon Newnam & Alex Collie (2018) Family Matters: Compensable Injury and the Effect on Family, Disability and Rehabilitation

WHAT'S ON OUR FACEBOOK PAGE?

Like our page on Facebook for regular updates and interesting articles!
www.facebook.com/RSIACT

- Should you have a cortisone shot for tendinopathy? In our view, based on all the evidence, the answer is no. Here's a good explanation of cortisone and its effects:
<https://www.youtube.com/watch?v=zqSoyaDu4b0>
- Here's a university study showing that chronic pain can be helped by hypnosis as an addition to pain education:
<https://newsroom.unsw.edu.au/news/health/hypnosis-transforms-treatment-chronic-pain>
- There's quite a bit of evidence that yoga can help manage musculoskeletal conditions. Here are some suggestions on which poses can help across a range of conditions:
<https://www.shoutoutuk.org/2018/04/20/how-doing-yoga-every-day-can-help-ease-your-body-aches/>

TIPS AND TOOLS – IDEAS FROM OUR AGM

At our AGM in November, we invited members to come and share some tips that helped them manage their injury. It was a great conversation and everybody took away a new idea or gadget that they could try out. Here are some of the gadgets members told us about:

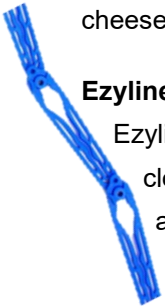
Stirex U-Knife

The Stirex U-Knife is an ergonomic knife that allows you to use the power grip to cut food. This greatly reduces the stress on your hand and wrist. Your grip is closer to the middle of the blade, which helps you push down through tough food, and the sawing action uses your whole arm in a strong, smooth movement. You can get different types of both serrated and smooth knives, and Stirex has a large collection of ergonomic scissors, pliers and even cheese slicers. They can all be found at <https://hygiex.com.au/>



Ezyline

Ezyline is a clothesline that doesn't require any pegs. To hang your clothes, you just need to slide your clothes into the holes on the line and they will stay up without any problems. It's easy to put one up and they even come in a range of colours. You can buy one at the ezyline website <https://www.ezyline.com.au/>



Megapecs

Megapecs are also a great way to make hanging clothes easier and less painful. They are larger and much more durable than normal pegs and they have an ergonomic design that makes them much easier to use for people with RSI. You just have to push them down rather than pinching them to open them up, which is a much harder action. You can buy them here: <http://www.tendernest.com.au/megapecs>



Pens

One of our members has recommended 'Uni-ball Impact Gel Pens' as a good



ergonomic pen you might like to use. The pen itself costs about \$5.30 and you can find them in Officeworks and various newsagents. Our member likes to bulk buy refills for the pen as he says it saves about \$3 each time you replace your pen. You can order 12 refills from Officeworks for \$29.95 and pick them up in the store to avoid a delivery charge. You can buy single refills from Dymocks. You can order the pens in black, blue or red, but the refills only come in black and blue. Our member says that while the pens are very smooth and flow easily, this comes with the downside that they run out of ink quite quickly. He tends to use one or two refills every week!

Corelle Dishware

Our member recommended Corelle dishes as she finds them light, durable and easy to clean. The plates are made out of 'Vitrelle Glass' and they come in many different patterns. They are all dishwasher safe and they're not fragile— perfect if you worry about dropping plates. Corelle also does cookware and serveware and you can buy them from Big W.

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:

- Can you be too persevering?
- RSI: A student's story
- Inflammation & RSI: What's the evidence?



Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

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ACT RSI Newsletter, Autumn 2018
Print Post Approved
PP 229219.00118

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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