

IN HAND



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

Spring 2018

News & Events

Speaking up for Yourself in the Health System

Guest Speaker: Claudia Cresswell,
Health Care Consumers Association,
ACT

When: Monday, 10th December, 12.15 –
1.30

Where: Meeting Room 9, Second
Floor, Griffin Centre

Cost: Free! All welcome, refresh-
ments provided

(More information on page 3)



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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Tips and Tools: Isometric Stretching. Read more on page 13

FROM OUR MEMBERS

I have just tried the Kindle Paperwhite and I am really impressed. I know many members have expressed their preference for Kindles before, however I've been reluctant to move from paper books despite that being painful. I just end up not reading to be honest. But the Kindle Paperwhite was really lightweight and not like a phone screen. Really impressed. Just thought I'd share x



You can find the Kindle Paperwhite at Officeworks for \$159.

I'd like to recommend gel ink pens from Muji (which has now opened a shop in Canberra Centre). You can buy them in a number of different colours as well as different nib sizes— I prefer the smaller size— and they're made from recycled plastic. They last for ages and are very cheap at \$1.50 each. They have two models, one with a cap and one with a push -down nib. Personally I prefer the push-down nib.



Could I please renew my membership by email? The newsletters I have been receiving over the last number of years have been invaluable and given me a lot of support. And can I make a donation by credit card? While it is great that the newsletter is now going to be free, I would still be happy to pay for this wonderful service but I do not have cheques and prefer not to send cash in the mail.

Thanks so much for donating! You can make a secure donation to us by credit card through the non-profit organization, GiveNow. To donate just visit our website www.rsi.org.au and click the "Donate Today" button at the bottom of the page. GiveNow will provide you with a receipt which you can use to claim a tax deduction.

It is all so very helpful! Even more appreciated because I live in Sydney, not the ACT. It's made me feel less isolated. Thank you so much!

Join our committee!

We need new members on our committee to keep our organisation vibrant and relevant to your needs. As someone with RSI, you have valuable insights that can help us improve our services. It's not a big commitment— just one meeting every six weeks for about an hour. The meetings are informal and very friendly, but we get a lot done! New members are always made to feel very welcome. If you'd like to find out more or get a nomination form, give us a ring on 6262 5011 or email us at admin@rsi.org.au

The contents of this newsletter do not necessarily represent the opinions of the Association. Whilst all care has been taken in the preparation of the newsletter, we do not accept responsibility for its accuracy and advise you to seek medical, legal or other advice before acting on any of the information within.

BITS & PIECES

From the Director

Welcome to another issue of 'In Hand'. We hope you enjoy the articles and find them helpful— please let us know of topics you'd like us to cover in future issues and we'll do our best.

The 'wise words' in this issue—"the best exercise is the one that you do" - have prompted me to be more honest with the physios I've been seeing to rehabilitate a broken wrist. For some reason, I'm much better at persisting with some types of exercises than others. I hate to admit it, but an exercise I do on a chair in front of the TV is one that I keep doing! And my physio has been pretty good at coming up with them since I admitted to my preferences,

Being honest about what you're likely to persist with is just part of speaking up for yourself in the health system. We'll be exploring this important topic at our AGM on Dec 10th and I look forward to meeting you there.



Speaking up for Yourself in the Health System with Claudia Cresswell

As someone with a poorly-understood condition like RSI, you're bound to run across difficulties communicating about what you need from the health system. How do you speak up for yourself whilst maintaining an effective and cordial therapeutic relationship? On Monday 10th December, Claudia Cresswell will be talking about how you can achieve this, with plenty of time for questions and sharing experiences.

New Pain Centre at Calvary Hospital

The Calvary Hospital in Bruce has recently opened a new Pain Centre, the first of its kind in Australia. The clinic is committed to helping chronic pain sufferers by providing affordable pain management services and should result in shorter wait times for treatment.

At the ACT Pain Centre you can find a range of services provided by pain specialists, psychiatrists (including an addiction psychologist), physiotherapists, psychologists and occupational therapists.

The centre was founded by Dr Romil Jain, a Pain Medicine Physician and Interventional Pain Specialist, to contact Dr Jain and the Calvary Hospital Pain Clinic, either email them at info@actpaincentre.com.au or call them on (02) 61950180.

Our Newest Helping Hand Sheets

Thanks to a grant from Canberra's Southern Cross Club, we've recently added three new Helping Hand Sheets to our website. One is specially targeted at people who have only just been diagnosed with RSI, or who think they may have it. We've called it "So You Think You've Got RSI" and it's full of common-sense ideas on how you might be able to get rid of RSI at that early stage. We'd love you to have a look at it and tell us what you think.

The other two are "Making Mousing Easier: A Few Quick Tweaks", based on the article in our last newsletter, and "Where to Find Help" with links to all the agencies that can help you manage a musculoskeletal condition and the issues that arise from it.

What topics do you think would be most useful for our Helping Hand sheets? Let us know and we'll do the research!

RESEARCH IN BRIEF

CHRONIC PAIN RELIEF MORE LIKELY WHEN PHYSCOLOGY IS INVOLVED

One in five Australians live with chronic pain, and yet there is little research on effective treatments. A new study shows that psychologists play a vital role in treating chronic pain and their techniques come without the risk of side effects. Methods like cognitive behavioural therapy, acceptance and commitment therapy, mindfulness and hypnosis can all help people deal with their chronic pain, according to 'American Psychologist'. "Expertise about the brain, behaviour and their interaction is at the heart of both the problem of, and the solution to, chronic pain" says Dr Jensen, lead author of the review.

ISOMETRIC CONTRACTIONS

Isometric contractions are convenient and easy to do exercises that you can do on your own, with little or no equipment. They're used a lot for managing pain and improving function for people with tendinopathies. But what's the best way to do them— should you try to hold them for a long time, or will you get the same benefit from shorter holds? A new study set out to answer this question and it found that short-duration isometric contractions are just as effective as long-duration contractions in relieving tendinopathy. Great news for people who don't have much time for exercises or can't hold the positions for a long time!

Have a look at page 14 for examples of isometric exercises that could help your RSI.

CHILDREN AND SMART DEVICE ADDICTIONS

"Nowadays, children as young as three are already addicted to smart devices" according to Tan Sri lee Lam Thye, the Chairman of the National Institute of Occupational Safety and Health (NIOSH) in Malaysia. New research conducted by the organisation has found cause for concern with kids and teenagers addicted to their smart devices. They warn about the future costs and issues that will arise for these children if their addictions are not taken seriously.

SHOULDER MUSCLES AND YOUR TENNIS ELBOW

Is it worth strengthening your shoulder muscles to help with your tennis elbow? A new study has found that if you do shoulder strengthening exercises alongside your regular tennis elbow physiotherapy, it might help with pain, strength, grip and function. To see if this works for you, try exercising your trapezius muscles (the ones that stretch along your back) as well as your serratus anterior which sits on the side of your ribcage. Simply shrugging your shoulders is an effective and easy way to stretch and strengthen your trapezius muscles. There are plenty more easy-to-do exercises for both of these muscles available on the internet.

CORTICOSTEROIDS AND TENDINOPATHIES

What are corticosteroids?

Sometimes called 'cortisone shots' or just 'steroids', corticosteroids are a type of medicine used to manage inflammation. By reducing inflammation, steroids help to reduce swelling and pain as well as improving mobility for weeks or sometimes even months. Corticosteroids are used for a number of conditions such as arthritis, tendinitis, bursitis, carpal tunnel and more. They are usually prescribed by a doctor, and some clinics may limit the number of shots you can receive in one year to decrease the risk of side effects.

Do they help improve pain?

The Clinical Journal of Sports Medicine looked at all the best research on the effectiveness and potential risks of corticosteroid and other types of injections that are used to treat and manage tendinopathy. They found that corticosteroids were the most effective for improving function and mobility **in the short term** compared to other injections such as platelet-rich plasma.

What about long-term side effects?

The review found that while the injections might help you feel better for a little while, they often actually make things worse down the road. The review found that in the long run, there is evidence that pain and function are **worse** for people who had corticosteroid injections. While the injections are effective treatments for pain relief and mobility in the short run, their long-term side effects mean they may not really be the best option.

Anna Penington

Hart L. 2011. 'Corticosteroid and other injections in the management of tendinopathies: a review' Clinical Journal of Sport Medicine

Support Groups Lead to Better Health

Did you know that belonging to a support group can actually boost your health, according to a recent article in "The Conversation"?

"Instead of just helping combat the disease, peer support groups can help improve quality of life." The article points out that there is plenty of information on the Internet for people who want to manage their own conditions, but much of it is not reliable or relevant. On the other hand, information from people who are living with the same condition can be very helpful.

"Peer support groups can offer real, practical advice the medical system is unlikely to bring up.... There is evidence to suggest people who attend "illness-affiliated" peer-support groups better manage their chronic conditions and have better health outcomes than those who solely rely on medical interventions." So come along to our meetings and renew your subscription when it's due – it'll be good for you!

SUPERVISORS AND RETURN TO WORK

When you get injured, your supervisor's reaction matters!

When you first reported that you had an overuse injury at work, what was the reaction of your supervisor and colleagues? Empathy and a determination to help? Apathy? Disbelief or even hostility? When we interviewed some of our members several years ago, there was quite a range of supervisor reaction to injury:

“I was more or less just expected to just get by. My supervisor didn't put any undue pressure on me to provide work. He was too busy doing his own work to worry about an injured employee.”

“The workplace situation was quite favourable except that my supervisors didn't take it on board at all. They just didn't know how to deal with it. They just left it to me.”

“My supervisor was absolutely wonderful! She had no problem with time off work and even encouraged me to take a bit more. When I came back she was eager to help and I got a new chair and mouse. She didn't expect me to keep up to my old pace at work. I think that's why I recovered.”

“They were completely incapable of thinking about how to adjust the workplace to suit me. They just expected me to turn up. All they could think about was whether I was on time in the morning which I wasn't. I'd get hauled over the coals about it. ... I felt I was being harassed. There was so much lack of support.”

So could these different reactions make a difference to your recovery? Recent research carried out in Victoria shows that how a supervisor responds is important and can make quite a big difference to your return-to-work. The good news is that, unlike most of our interviewees, over half of the injured workers interviewed in this study reported a positive reaction from their supervisor and almost three quarters from their co-workers.

In this study, over 600 workers with either musculoskeletal or mental health injuries from work were interviewed soon after they had made a workers' compensation claim. Researchers were aiming to find out how much support they were receiving from supervisors and co-workers. Then, six months after making a claim, the workers were followed up to see if they had made a sustained return-to-work, defined as having

returned to work for a solid 28 days. Those who had received positive responses from their supervisors were significantly more likely to have returned to work.



Let's look at what it means in this study to have a "positive" supervisor reaction. According to the researchers, this included more than empathy: many supervisors offered assistance with tasks and offers of work accommodation, emotional reassurance and helpful information. The researchers say this provides "a foundation for successful work reintegration and builds sustained return-to-work readiness."

When it comes to co-workers, previous research had shown that negative responses from them and low social support at work are associated with prolonged work disability. However, this study found they were not as important as supervisors when it came to a sustained return to work.

The researchers say that creating a supportive atmosphere around injured workers may not always be easy.

In workplaces where workers are physically and emotionally pushed to their limits and where there is low job security, supervisors often say that it's hard for them to manage work disability because of time constraints, job pressures and lack of training.

And they write that "promoting a favourable reaction may also be difficult for supervisors who have disabled workers with invisible signs and symptoms that are less recognisable and complicated to understand and/or accommodate". That sounds like RSI!

This study is good news both for people with a work injury and for managers. Good managers can be reassured that staying helpful, concerned and sympathetic is the right thing to do both for them and for their staff. And managers who are tempted to adopt a disbelieving or even hostile stance in the belief that this will promote recovery need to think again!

Ann Thomson

Jetha, A., LaMontagne A. D., Lilley, R., Hogg-Johnson, S., Sim, M., and Smith, P. 2018. Workplace Social System and Sustained Return-to-Work: a Study of Supervisor and Co-worker Supportiveness and Injury Reaction 'Journal of Occupational Rehabilitation'

Merry Christmas and a Happy New Year from the RSI Association!

We hope you have a wonderful Christmas and New Year. To help you deal with some of the chores that these big occasions bring, we'll be posting lots of tips on our Facebook page, including ideas for easy menus that won't hurt your hands. And don't forget the present-wrapping services that department stores and malls offer at a very low cost. The office will be closed from Monday 24th December to Thursday 17th January inclusive, but we will be monitoring our emails regularly and getting back to you over that period.

We look forward to seeing you in the New Year.

OUR BOOK IS OUT NOW!

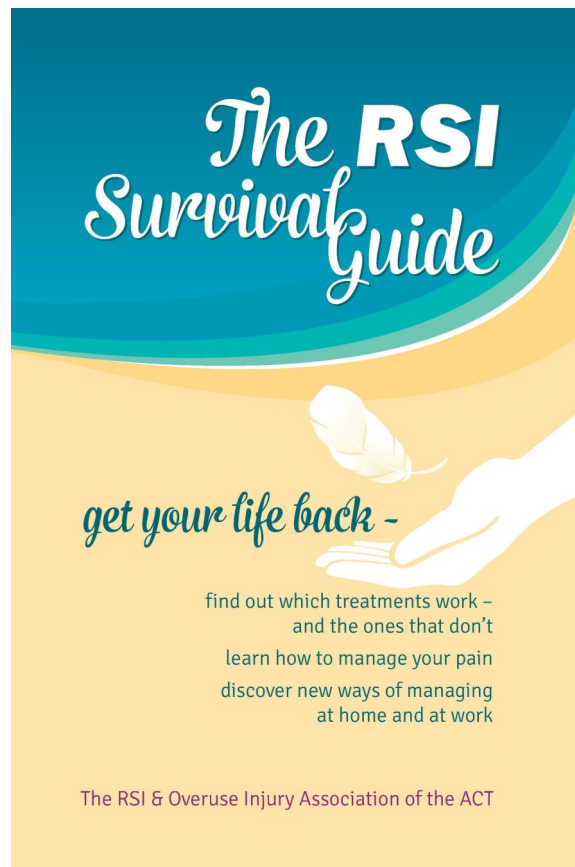
If you've been looking for a book that summarises everything you need to know about RSI and other occupational overuse conditions, look no further. The RSI & Overuse Association of the ACT has revamped, updated and re-published its comprehensive guide to coping with RSI, *The RSI Survival Guide*.

In the *RSI Survival Guide*, you'll find answers to questions such as 'How do you know you've got RSI?' 'How do you cope with the pain?'. 'What treatments are available?', and 'How well do they really work?' You'll read about...

- How to deal with the condition in your everyday life, and how to support someone who has it.
- How to choose a therapist or doctor. How to get through the legal processes and deal with workers' compensation.
- How to get back to work without getting injured again.

The Guide offers down to earth, comprehensive advice by people who have or have had RSI, for people who have RSI. It also summarises the medical/scientific literature so you don't have to. life from your overuse injury - you can beat this!

For a limited period, download the book as an e-book for just \$1 from Amazon. Alternatively, you can buy a print version from Booktopia for \$13.75 plus postage anywhere within Australia for \$6.95.



FACEBOOK NEWS

Like our page on Facebook for regular updates and interesting articles!

- **Can't get comfortable in your chair? Here's what you can do.**

Click [here](https://www.npr.org/sections/health-shots/2018/09/24/649169060/cant-get-comfortable-in-your-chair-heres-what-you-can-do) or go to <https://www.npr.org/sections/health-shots/2018/09/24/649169060/cant-get-comfortable-in-your-chair-heres-what-you-can-do>

- **Peter Sharman's blog post on RSI**

Click [here](https://insultandinjury.org/2018/10/18/time-to-revisit-rsi/) or visit: <https://insultandinjury.org/2018/10/18/time-to-revisit-rsi/>

- **Some great ideas for managing clothing**

Click [here](https://www.npr.org/sections/health-shots/2018/09/24/649169060/cant-get-comfortable-in-your-chair-heres-what-you-can-do) or go to <https://www.npr.org/sections/health-shots/2018/09/24/649169060/cant-get-comfortable-in-your-chair-heres-what-you-can-do>



Like us! Click [here](https://www.facebook.com/RSIACT/) or go to www.facebook.com/RSIACT/

MINDSPOT CLINIC

MindSpot offers a range of free assessments and courses online, including an excellent course to help people manage chronic pain. The MindSpot Clinic 'Pain Course' is a free 8-week course designed to teach people practical and proven skills for managing symptoms with support from a trained therapist. The Pain Course is designed to help people with chronic pain manage the impact of pain on their day-to-day life and their emotional wellbeing, using evidence-based methods and techniques.

How does it work?

1. MindSpot will provide a free screening assessment either online or through the telephone.
2. MindSpot therapists will help you locate and access services that can help, or you can choose to complete an 8 week course.
3. The courses run for 8 weeks and consist of five lessons with the materials accessible either online or through the post.

95% of people in these courses report that they were worth their time and that they would refer a friend. Most people who completed a course made clinical improvements.



To find out more about what the MindSpot Clinic can offer, visit their website: www.mindspot.org.au or telephone 1800 61 44 34

COCHRANE COLLABORATION

Are you looking for reliable information on medical treatments? The Cochrane Collaboration is an international body dedicated to providing unbiased evidence-based information on different health care issues. It publishes advice that can help both health care practitioners and patients to gather all the information they need in order to make an informed decision. There are small review groups from across the world who publish these reviews, and the reviews are repeated every two years to ensure they remain up to date. Each review has a 'Plain English' summary that goes through all of the findings without any scientific jargon. In Australia, anyone can access the Cochrane Library to see these reviews by going to www.cochranelibrary.org.

The Australian section of the Cochrane Collaboration is funded by the Australian government and focuses on things like public health, consumers and communication, breast cancer, acute respiratory infections, kidney health and musculoskeletal disorders. The broader Cochrane Collaboration includes an international network of 37,000 scientists from over 130 countries. To learn more about the Collaboration and how it works, go to www.cochrane.org.

PATIENT PARTNERSHIPS IN MUSCULOSKELETAL MEDICINE

Haven't heard of patient partnerships? That's because they're pretty new and often experimental, but they have the potential to make a big difference to how medicine and medical research are done.

Patients in research design – “What does recovery mean to you?”

In medical research, researchers are starting to think about the patient point of view when they set out to design a study. They might get together a group of patients with a particular disease and ask them a really important question like “What does recovery mean to you?”

For example, many people with RSI are diagnosed with chronic regional pain syndrome (CRPS), a condition with a very significant impact on people's quality of life and one that's difficult to treat. A consortium of scientists working on treatments for this condition recently asked patients to complete the following statement : *I would consider myself recovered from CRPS if...*” Patients who had already recovered were asked to complete “*I do consider myself recovered from CRPS because....*”

The participants in the study were then asked to identify the 10 statements they felt were most relevant to their idea of recovery and to rank them in order of importance. These patients told the investigators that their top five statements in order of importance were:

"In 2015, as part of the patient partnership strategy, The BMJ began requiring authors to include a Patient and Public Involvement (PPI) statement in all research articles. A PPI is research actively carried out 'with' or 'by' members of the public rather than 'to', 'about', or 'for' them."
-BMJ Open

- to no longer have CPRS -related pain
- to no longer have generalised pain and discomfort
- to have improved movement in their affected limb
- to have less reliance on taking medication, and
- to have less stiffness in the limb

These results partly supported current treatment priorities focusing on ability to carry out tasks of daily living. However there was a problem – patients were less likely to think of themselves as feeling “better” if they were on reliant on medication. So this is something that needs work.

"Listening to patients' voices (and making them available through open peer review) has proved enlightening. Patients bring new perspectives to established processes and demonstrate a strong desire for involvement. Patient participants are highly engaged and want their voices to be heard—and they want to be involved every step of the way." -BMJ Open

And interestingly, of those patients who considered themselves “recovered”, many still had symptoms such as ongoing muscle weakness and decreased range of motion. This shows that the definition of “recovery” is not as simple and straightforward as researchers might think before they talk to patients.

Patients in the Peer Review Process

Some journals are now starting to involve patients in the peer review process. When researchers submit a paper to a journal for publication, it’s normally first sent out to a number of other scientists for “peer review”. These scientists will evaluate whether the study has been properly conducted. But a patient reviewer can add an important point of view and ask questions like “Is this study relevant for people like me?” “Are there risks the researchers haven’t thought about?” “As a patient, how would I balance the risks against the benefits when I’m thinking about undertaking this therapy?”

When the British Journal of Sports Medicine recently published a paper on the benefits of Tai Chi for fibromyalgia, patient reviewer Amy Price wrote an accompanying article: “The Unintended Consequences of Tai Chi for Fibromyalgia”.



Amy Price

She writes: “I could only see the depressing future of being a patient with chronic pain. I didn’t expect Tai Chi to work, but I thought I’d give it a chance.... Initially, I could only do 10 minutes three times a week, with constant supervision, because of memory and balance problems. Gradually, over about six weeks, my balance improved and this reduced anxiety and increased strength in my broken body.

The ingrained philosophy of Tai Chi is to leverage force rather than resist it, and I still use this strategy regularly to manage pain.” She goes on to give advice from a patient point of view for those thinking of taking up Tai Chi, including to try a free introductory class in order to make sure the sessions are a good match for you, and to speak up if the exercise hurts (something we always advise).

Scientific papers can be hard to read for consumers, so an accompanying article by a patient like Amy can be very helpful.

Patients in Medical Practices

Can you imagine a medical practice where there is a patient director working alongside the clinical and operational directors? It’s an amazing idea, isn’t it? But in the UK, at least one musculoskeletal medicine practice has been trying it out.

Sussex Musculoskeletal Partnership decided that they wanted to have the “systems, processes and cultures to focus on what matters to people who use our services.” They formed a pool of patient partners – eight people with MSK conditions were paid, trained and supported with the aim of moving them into the heart of decision-making, so that they were at every multidisciplinary team meeting.

These patient partners have been involved in seven major improvement programs, including redesigning pain services, fibromyalgia pathways, plans for decision-making and the integration of physical and mental health provision.

According to a report on this initiative, “In terms of care, we want to get it “right first time” so that people do not have to go here, there and everywhere for different diagnostic and treatment interventions.

Moreover, we want patients to be “in control”, ensure that we focus on what matters to people who use our services, embed “shared decision-making”

PATIENT PARTNERSHIPS (CONT.)

and support people to live well and manage their conditions as well as possible.”

The patient partners have slowly “become trusted equals. It has not been easy and is dependent on clarity of role, shared understanding of purpose, demonstrating benefits and the perennial time, money, space and trust... All things the NHS has precious little of.”

What an exciting idea to put patients right in the centre of making decisions on the policies that shape everyday care! While this might not be happening in Australia right now, it’s very possible that these ideas will slowly change the way we do things.

Ann Thomson

Gilbert D. 2018. "Patient leadership for real– The Sussex model for patient partnership" Health Service Journal.

Llewellyn A. 2018. "When can you say you are well again? How do people with Complex Regional Pain Syndrome define recovery?" Body in Mind.

The British Journal of Sports Medicine invites patients to become peer reviewers. If you want to find out more, here’s a useful link:

www.bmj.com/about-bmj/resources-reviewers/guidance-patient-reviewers

And if you’re interested, here’s the link to their application form: www.bmj.com/about-bmj/resources-reviewers

WISE WORDS...

“The best exercise is often the one that you do.”

You’ve almost certainly been prescribed many exercises to help you with your RSI – but have you done them? Perhaps you did them religiously for a few weeks and then stopped? Or maybe you never did some of them at all, and you’re not quite sure why?

If you didn’t follow your exercise regime, you’re not at all unusual – many studies show that about 60% of people who are prescribed exercises by a physiotherapist don’t do them!

The reasons are varied. One common reason is just not having enough time to do them; three sets of six exercises twice a day can be an unrealistic goal. Another reason is that people just can’t remember how to do them, particularly when they’re given a set of roughly drawn stick figures to guide them. Then again, there is sometimes a poor relationship between the physio and the patient, with the patient not feeling able to be honest about what they can and can’t do. Pain can also be a real turnoff.

Part of the solution is being clear about how much time you have available for exercise and how confident you feel about being able to do particular exercises correctly. It’s also worth thinking about which exercises you might be happy to do and which you won’t. With that knowledge, and a good physiotherapist or exercise physiologist, you can talk about your limitations and negotiate an exercise regime together that you really will put into practice.

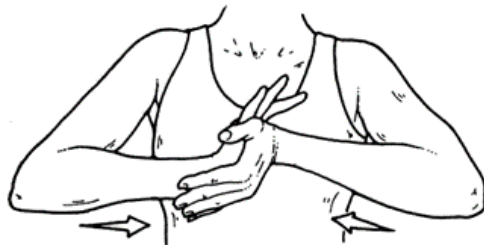
TIPS AND TOOLS: ISOMETRIC EXERCISES

Isometric exercises allow you to use your own body strength to stretch or strengthen different muscles. They are now recommended by leading experts in the field of tendinopathy research, so we've put together some you can do while watching TV or sitting at your desk.

ARMS

Isometric arm stretches don't have to be complicated: you don't even need weights or equipment— just use your own strength against yourself.

1. The first arm stretch is pushing your palms together as pictured below.



2. A great way to exercise the upper arm muscles is to put one arm at a 90° angle, clasp your hands together, and push your arms together as hard as you can. After holding for as long as you can, swap arms to fully exercise the muscles on both sides.



WRISTS

Typing and other repetitive activities often contribute to sore wrists. Here are some isometric exercises to strengthen your wrists.

1. Place your right hand on a surface and put your left hand on top of it. Push up from your wrist with your right hand while pushing down against it with your left. You can hold this for as long as you like, and then repeat with the other hand.
2. This stretch is the opposite of the last one. Hold your hand face up, not leaning on any surface, and place your other hand on top. Push up with the bottom hand while also pushing down from the top hand.



TIPS AND TOOLS (CONT.)

HANDS

Four easy ways to exercise your hands while sitting at your desk are:

1. Finger curling: slowly bend your fingers down into almost a fist, hold for a few seconds, then slowly unfurl them.
2. Half-bend: bend your fingers to a 90° angle from your knuckle, as pictured on the right, hold for a few seconds, then straighten.
3. Fingertip touches: start with your hand completely open, then move your index finger to touch the tip of your thumb, then your middle finger to thumb, ring finger to thumb and pinky to thumb. Do this at a slow pace, maintaining control of your fingers and fully stretching them out each time.
4. Hand spread: begins with your hand at a 90° angle to your wrist, with your fingers closed and straight. Spread your fingers as wide as they can go, stretching away from one another, and hold this for a few seconds before returning to the original position.



Finger Curling



Half-bend



NECK

For each neck exercise, try to hold it for at least 10 seconds, and repeat up to three times before moving on to the next one.



1. Place your hands on your forehead, try to bend your head forward while using your hands to push back against yourself.
2. Place your hands behind your head and do the opposite, bending your neck backwards while pushing in the other direction with your hands.



3. This time, place your hand on the right side of your head and try to bend your head down to your right shoulder, making sure you don't turn your face to the right, just bend from your neck. Once again, push against yourself with your hand. You can then do the exact same thing on the left side.

Anna Penington

Before undertaking any of these exercises we recommend that you consult a health professional.

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 at admin@rsi.org.au

Save with our two year membership for just \$40.00

Booklets Available:

The RSI Survival Guide **\$15**
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: _____

Annual Membership:	Email	Post	
		One Year	Two Years
Low Income	Free <input type="checkbox"/>	\$15 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Standard Income	Free <input type="checkbox"/>	\$25 <input type="checkbox"/>	\$40 <input type="checkbox"/>
Organisation*	\$60 <input type="checkbox"/>		

Booklets Available:	Cost:
The RSI Survival Guide	\$15 <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:

- Inflammation & RSI
- Tennis elbow treatments – do they work?



Preventing overuse injury, reducing its impact

**RSI & Overuse Injury Association of
the ACT, Inc.**

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

**POSTAGE PAID
AUSTRALIA**

**SURFACE
MAIL**

*ACT RSI Newsletter, Spring 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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