

IN HAND



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

News & Events

Your Legal Queries Answered

Hosted by The RSI & Overuse Injury Association of the ACT

Speaker: Rosemary Listing

When: Monday 3rd June, 12-2pm

Where: Meeting room 9, The Griffin Centre, 20 Genge St, Canberra City

Cost: Free!



Managing Depression and Anxiety with a Chronic Condition

Hosted by HealthCare consumers ACT

Speaker: Next Step Program Coaches

When: Thursday 23rd May, 7-9pm

Where: HCCA Office, 100 Maitland St, Hackett



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

Tips and Tools: Sleep



Sleep research, tips and more! Find out more on pages 12-15.

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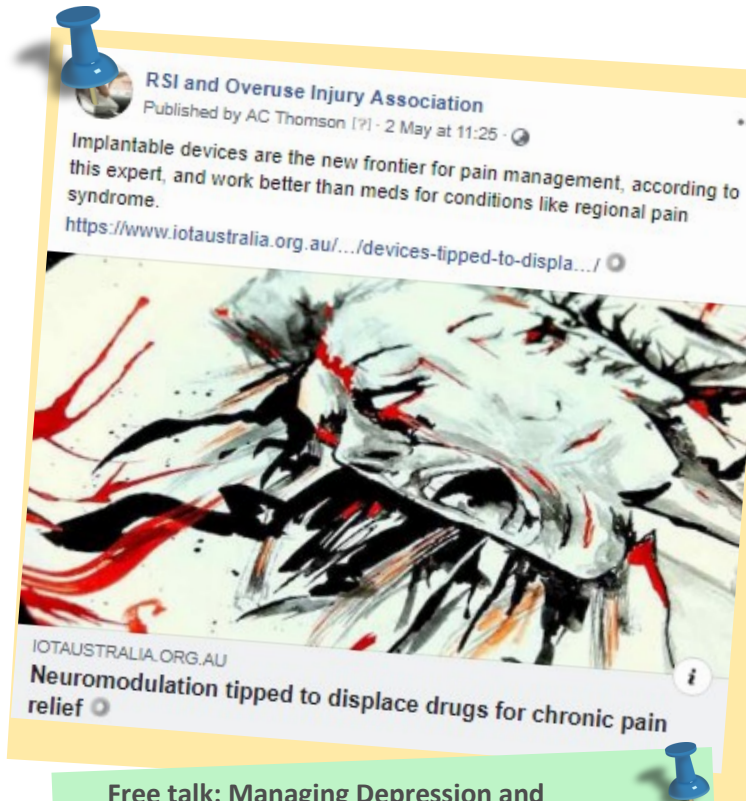
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Bulletin board



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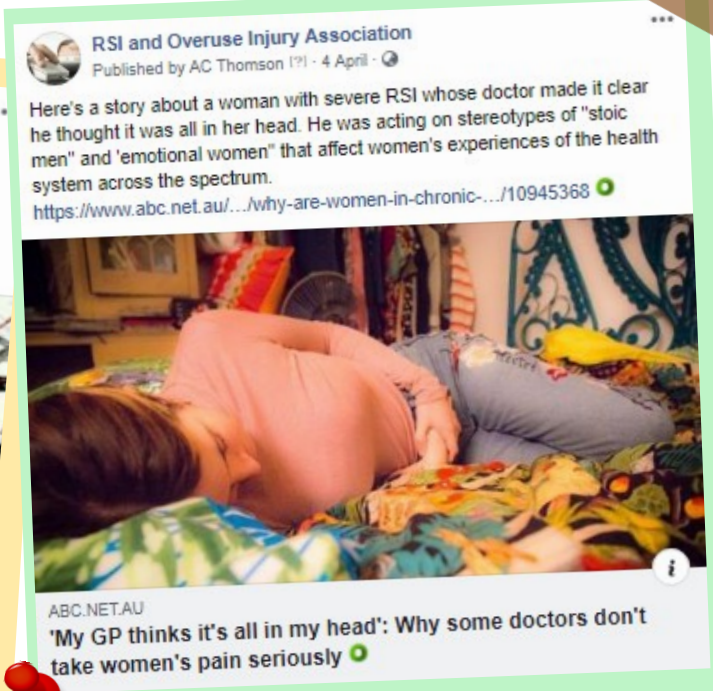
The bulletin board keeps you informed about what's happening on our Facebook and website and other bits and pieces. If you enjoy these posts, like our Facebook page to stay updated!



Free talk: Managing Depression and Anxiety with a Chronic Condition

This event is part of the Health Care Consumers' Association (HCCA) Chronic Conditions seminar series. Coaches from the Next Step Program will outline their program, how to access it, and will go over other strategies and support options in ACT. Next Step is a free psychological support service that provides up to six sessions of guided self-help using CBT.

When: 7-9pm Thursday 23 May 2019 **Where:** Meeting Room, 100 Maitland St Hackett. **Light refreshments provided. RSVP** on 62307800 or adminofficer@hcca.org.au



New Helping Hand sheet on Isometric Exercises up on our [website now!](#) Check it out and have a look at all our other Helping Hand Sheets here: <http://rsi.org.au/index.php/help-sheets/>

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.

Member Story

I got my RSI under control

A letter to the Dutch RSI Association

Dear editorial team,
I would like to respond to the article from June titled 'Update on non-specific RSI'. I've had RSI since 1998, but in the last few years have felt much better.

When initially the problems started, I had 2 years of physiotherapy, but to no avail. A few years later I managed to keep RSI symptoms largely under control.

First of all I started swimming (mostly back crawl worked well) and then I took up indoor climbing. During this period I was unable to work for some time, but I also learned to write using my left hand, and with lots of trial and error, managed to break some vicious cycles. I still use speech recognition software about half the time when I'm using a computer.

Throughout the years I strengthened the muscles in my upper body, something my physiotherapist initially already told me would be very useful. As soon as I stop climbing training for a few weeks, I can feel the pain slip back in.

I know a few others that can also manage RSI through indoor climbing. I am a doctor and



researcher (epidemiologist) so I certainly know a thing or two about medical conditions. My impression is that RSI is an illness very pertinent in our developed and 'convenience' society.

People hardly ever really use their upper body, so blood flow in the muscles and tissue in arms and shoulders is really very minimal. I believe this can increase the risk of developing RSI.

Monks in the Middle Ages complained about writing cramps, and these monks led a similarly sedentary lifestyle. I can also imagine the neurological component of RSI could have something to do with this.

Being active in sports may work preventatively, but I would like to ask if there has ever been any scientific research on whether a strong upper body could help prevent RSI?

Arie Oosterlee

Editorial Team Response:

Dear Arie, thank you for the very inspiring story. We really appreciate it, especially as 'hanging on your finger tips' is the last thing we thought could help with RSI.

Generally speaking, it's said that keeping in good physical condition could have some preventative impact, however we couldn't find any research about upper body strength specifically. It does sound logical the way you describe it, and we hope that in the future this type of research will happen.

This article has been translated from the November issue of the Dutch RSI Association's magazine. Our thanks and appreciation go to volunteer Ellen Poels for her translation.

Research in Brief

STUDY FINDS PROFESSIONALS UNDERESTIMATE PATIENTS' PAIN

How accurately do health professionals gauge patients' pain? In a review of studies including almost 20,500 patients, researchers from the UK found that health professionals underestimated patients' pain in most studies. In the best quality studies, 91% consistently showed that professionals underestimated their patients' pain. Worryingly, the more severe the patient's pain, the more extreme the professional's underestimation. From this study, the researchers think it's likely that these high levels of pain underestimation by health professionals contribute to the under-treatment of patients' pain across the healthcare system.

SOCIOECONOMIC POSITION AND OCCUPATIONAL DISEASES

We've known for a long time that more disadvantaged workers are much more likely to have poorer outcomes after work injury. Researchers from the Amsterdam Public Health research institute conducted a study to determine levels of occupational disease and incapacity to work due to occupational disease across different socioeconomic positions (SEPs). Of people with work-related lower back disorders and RSI, a much higher percentage were likely to be unable to work if they were from a lower socioeconomic position rather than a higher socioeconomic position. In fact, of those from lower socioeconomic positions with RSI, 83% were temporarily incapacitated and 6% were permanently incapacitated. This suggests that those from lower SEP's may have less opportunities to modify their tasks at work, and their work circumstances, for example, the opportunity to take leave or change jobs.

UPPER LIMB DISORDERS IN ANAESTHETISTS

In 2018, the Association of Anaesthetists looked into the incidence of upper-limb disorders in anaesthetists. They surveyed over 3800 anaesthetists and found that a significant number had upper-limb disorders. When they looked at the risk factors for developing an injury, they found that they were significantly associated with years practicing as an anaesthetist, having children (regardless of anaesthetists' gender or number of children), and being right-handed. While having children and years of experience may not be risk factors that can be addressed at work, the right-handed risk factor is something that could be modifiable, perhaps by changing the design of tools.

ARE EMPATHIC OSTEOPATHS BETTER AT TREATING PAIN?

It's long been known that empathy is related to better patient outcomes, though there hasn't been much research on empathy and osteopaths. Researchers from the Higher Institute of Osteopathy sought to determine whether empathy in osteopaths plays a role in improving persistent musculoskeletal pain in patients. Osteopaths were tested on their empathy and results showed patients with highly empathic osteopaths reported much greater pain reductions than other patients. So if you're choosing a health professional, don't just think about their technical competence. Look for someone who is highly empathic- because you'll do better!

New IR treatment for tennis elbow

"Tennis elbow can be difficult to treat, leaving many patients unable to perform the simplest tasks, such as picking up their children, cooking dinner, or even working on a computer. With this frustration, many patients turn to invasive major surgery after years of failed physical therapy and medication use," says Dr Yuji Okuno, the lead author of a recent study on a new technique called transcatheter arterial embolisation (TAE).

"We were interested to see if this technique, already in use in other areas of the body, would be effective for this common, debilitating condition and help people immediately regain a range of motion that many of us take for granted in our everyday tasks."

The TAE technique has previously been used with success in other areas of the body at the Okuno clinic in Japan.

The study consisted of fifty-two patients who had

tennis elbow and hadn't benefitted from other treatments. Patients were given TAE and followed up for four years afterwards. Researchers found statistically significant reductions in pain levels. Images taken of 32 patients two years later showed an improvement in tendinosis and tear scores.

TAE takes about an hour to complete and requires only a needle-sized hole to access the radial artery in the wrist under local anaesthetic. A catheter is moved through the wrist to the elbow, where the blood vessels are then embolized, which prevents excessive blood flow to the painful area of the elbow. Researchers state that TAE is safe, effective, doesn't require physical therapy, and that no adverse effects have been reported from the procedure. If other studies replicate these results in the future, TAE could be a useful option for people with long-term tennis elbow.

"New IR treatment for 'tennis elbow' reduces pain and inflammation without surgery" (2019). Society of

Major Australian study shows cannabis doesn't reduce chronic pain

Given all the hype around medicinal cannabis for chronic pain, the results of a large study by researchers from the University of New South Wales are surprising. The study ran for four years and involved over 1500 participants with chronic pain who were regularly interviewed on their condition.

It found that no evidence to suggest cannabis improved patient outcomes, and showed that people who used cannabis actually had greater pain and less ability to self-manage their pain.

As medicinal cannabis use becomes more prominent globally, these kinds of well-designed clinical trials are important in determining if cannabis is an effective treatment for people with chronic pain.



While this study was well-designed and of high quality, it's important not to discount cannabis as a possible treatment for chronic pain.

A different study carried out in Israel looking at almost 3000 chronic pain patients over 65 found that 93.7% of participants taking medicinal cannabis reported improvement in their condition and a large reduction in pain levels.

Clearly, the jury is still out as to whether medicinal cannabis is a good treatment for chronic pain. More well-designed studies are needed in this field before cannabis is widely prescribed for chronic pain.

Effect of cannabis use in people with chronic non-cancer pain prescribed opioids: findings from a 4-year prospective cohort study (2018) Campbell, G. et al

Making the most of your health dollar

Claudia Cresswell from Health Care Consumers ACT gave an excellent talk recently on this topic; here are some of her top tips!

General Tips

Seeing a specialist:

To avoid paying for an appointment with your GP for repeat specialist referrals, ask for an **indefinite referral** and your GP will give you a referral that lasts 5 years instead of 6 months.

If you're on a waiting list for a rheumatologist, there is one available through the hospital which you can use if you need. An appointment can be booked by calling 5124 2415

Ambulance:

Most ambulances are free if you have a pension card or health care card. You can get private ambulance cover for emergency trips for \$40 per year, or non-emergency for \$55 per year.

At your GP:

The best way to be bulk-billed it to go straight for it—ask your doctor! Some doctors bulk-bill on certain days of the week, so it's always good to ask! Alternatively, check the Health Direct website for bulk-billing doctors in your area.

Medicare tips and GP treatment plans

Medicare Safety Net: The Medicare safety net provides a higher Medicare benefit for doctors' visits if you have spent over a certain amount on 'gap payments' in a calendar year. The concession threshold is \$470, but it can be different depending on your family situation. Single people are automatically registered to the service, but if you're in a couple or a family, you'll need to register by contacting Medicare.

Pharmaceutical Benefits Scheme (PBS) safety net: The PBS safety net gets you some medicines cheap or free if you've reached the 'gap' threshold for the calendar year. The threshold is \$1550.70 for general patients and \$370 for concession holders. Talk to your chemist for more information and to keep a record.

Chronic Conditions Management Plan: If you have a chronic health condition, you can ask your GP for a **GP Management Plan**. You can get Medicare rebates for up to 5 allied health services per year, such as osteopaths, physiotherapists exercise

physiologists, chiropractors or occupational therapists for low or no cost (depending on whether the healthcare provider accepts the Medicare Benefit as full payment).

Mental Health Treatment Plan: If you're having issues with your mental health, talk to your doctor about getting a Mental Health Treatment Plan. The plan gives you rebates of up to 10 mental health sessions per calendar year with a psychologist.

Ask your pharmacist: Did you know your pharmacist is qualified to give you expert advice on many issues? Pharmacies also offer services like blood pressure checks, pain management, and medicine checks.

Generic Medicines: 'Generic brand' medicines are the same as brand name products in terms of dosage, effects, risks, safety and strength. But they're often much cheaper!

Save on Medical Services



The National Health Co-op: Members of the National Health Co-op pay \$10 per month (\$5 for concessions, or a free membership if in need) for unlimited bulk-billed doctor's appointments. They also offer other services at low or no cost, such as psychology, physiotherapy and dietetics. The NHC have clinics in Macquarie, Evatt, Higgins, Belconnen, Kippax, Charnwood and Chisolm. <https://www.nhc.coop/>



At ACT Health's nurse-led walk in clinics, you can be treated fast and free for minor injuries and illnesses like flu, sinus infections, minor limb fractures, strains and sprains, and they can prescribe antibiotics for some conditions. They're located in Belconnen, Tuggeranong and Gungahlin.

UC HEALTH CLINICS

YOUR HEALTH, OUR EDUCATION

Allied Health: The University of Canberra offers low-cost student-led clinics in a range of services like physiotherapy, occupational therapy and exercise physiology. It costs around \$25 per visit or \$5 for group classes. Call: (02) 6201 5843 or email: healthclinic@canberra.edu.au If you're not in Canberra, email us at admin@rsi.org.au or call us on (02) 6262 5011 and we'll let you know about similar services in your area (Australia only). However, you won't be eligible while you have a compensation claim.



The National Home Doctor Service: If you're sick after hours and need to see a GP, the National Home Doctor Service will send a doctor to your house to treat you, and the service is bulk-billed. One thing to note is that the service operates on a triage basis, so they'll go to the sickest patients first, meaning you may have to wait a while. Doctors are available weeknights 6pm-8am, Saturdays after noon and all day Sunday and public holidays. Call 13 SICK (13 7425) or for more information visit their website <https://homedoctor.com.au/>. They also have an app you can download.



The Exercise Physiology Department at the Canberra Hospital offers lifestyle and behavioural programs for people who live with chronic conditions. You need a referral from your GP or specialist. For more information, call, 5124 2573



Health Direct is a **national** service that offers 24/7 free health advice online or over the phone, as well as an online symptom checker, service finder, and trusted information on medicines and a range of health topics. You can find **bulk-billing doctors in your area** on their website: <https://www.healthdirect.gov.au/>

LYRICA

A case study in how Big Pharma manipulates the market



Over a six year period from 2012 to 2018, Australian prescriptions for the drug Lyrica rose from just 322,000 to over 2 ½ million each year. That was a big win for its manufacturer, Pfizer. And, according to a recent investigation by the Sydney Morning Herald, it was achieved through “a sophisticated and well-funded effort... to win government subsidy for the drug, then promote it to doctors and consumers.”

How did this happen? Lesley Bryden, former chief executive of Pain Australia, says that it was “an absolutely superior marketing effort on Pfizer’s part. And it was multipronged. They looked at their community and said “How can we play a role here to get this on the PBS?”... “They did it in a very strategic way, which embraced all the key influencers. It was a sophisticated marketing strategy.”

This marketing strategy embraced Australia’s main pain organisations representing consumers, as well as medical specialist organisations and GP’s.

Pfizer gave over \$400,000 to Pain Australia, \$265,000 to Chronic Pain Australia and \$76,000 to the Australian Pain Management Association. Pfizer rejects the idea that they were attempting to buy influence, as do the organisations concerned.

As well, they held almost 500 “education” events for doctors, costing almost \$4 million, and supported the College of Anaesthetists, the peak body for pain medicine, with almost \$200,000. The College says that the funding was at arm’s length: “The College is meticulous in its approach to managing real or perceived conflicts of interest.”

“Now everyone is on it for everything, I spend my whole day taking people off it.”

However, there is a good deal of research demonstrating that doctors **are** influenced in their prescribing habits by sponsorships, lunches and gifts, even though they think they are not. They are not only likely to prescribe more of a particular drug in these circumstances, but

also more likely to prescribe it when it isn’t appropriate.

According to Fairfax, Pfizer’s sales representatives boasted about their successes in selling Lyrica by getting specialists to champion it and by hosting GP surgery lunch meetings.

“Pfizer’s “safe, non-addictive” nerve-pain pill was highly addictive, dangerous when taken with other drugs, and came with a range of nasty side-effects – including suicidal thoughts. The drug has been linked to more than 250 drug overdose deaths and six suicides,” says reporter Liam Mannix.

A leading back specialist quoted in the article says “Now everyone is on it for everything, I spend my whole day taking people off it.” By the way, it’s recommended that if people stop taking Lyrica (or pregabalin, its generic name), they do so under medical supervision.

Also under fire is the Sackler family, whose most prominent billionaire members own the company that makes OxyContin. According to a recent Guardian article, “The company, Perdue Pharma, and eight Sackler family members are being investigated and sued, accused of knowingly misleading the public about the dangers of OxyContin and profiting from sales and marketing strategies that deceived doctors and rewarding them for overprescribing the drug.” According to the author of a recent book on Perdue Pharma, the company specifically targeted doctors in areas with a high incidence of work-related musculoskeletal disorders.

The family were prominent donors to the art world, but their money is now being refused by famous institutions like Tate Modern in London and the Guggenheim Museum in New York.

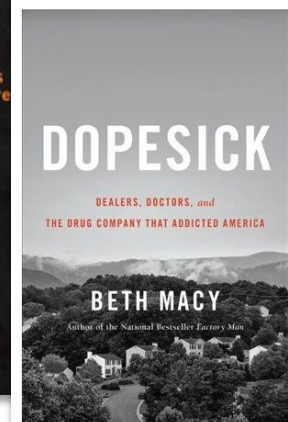
One reason why leading consumer organisations accept funding from drug manufacturers is that they are so poorly funded by government. In particular,

pain organisations get very little funding.

We here at the RSI Association don’t believe in drug company sponsorships for patient organisations like ours. We are very aware of the dangers of either being influenced – or being seen to be influenced – by their support. And we don’t support it in the organisations we belong to either.

If you’re interested in learning more about how drug companies influence public policy, we highly recommend Professor Peter Gøtzsche’s book *Deadly Medicines and Organised Crime*, which won first prize in the “Basis of Medicine” category of the British Medical Association’s annual book awards in 2014. To learn more about Perdue Pharma, we recommend the book *Dopesick*.

Ann Thomson



Event: "Your legal questions answered"

with Rosemary Listing



Rosemary is a professional lawyer with years of experience in personal injury law and women's health. She has worked as an associate solicitor and Senior Associate and is currently the director and founder of Rise Lawyers, a boutique law firm that focuses on issues facing women, including complex medical claims and faulty medical devices or implants. Rosemary will be speaking about a range of legal issues people with RSI have, including dealing with insurers such as Comcare.

When: Monday 3rd of June, 12-2pm **Where:** Meeting Room 9, The Griffin Centre, 20 Genge St, Canberra City. **Cost:** Free!

“I would love to tell you...”

Chronic pain – how do I tell people about it?

Yvonne Lankhaar is a psychologist in Rotterdam, and an expert in chronic pain. She offers therapy for groups and individual clients and sometimes

she takes patients for walks during the therapy session. She focuses on dealing with negative thoughts, setting boundaries and accepting pain.

Here she answers the question: **How do you explain to people in your life what it's like to live with chronic pain?**

My answer to this question can be very short: you can't really explain to them what it's like. Pain is a very personal feeling, and others will rarely be able to really understand. But you can try to increase their understanding of your pain.

It's certainly good to share your experience of chronic pain. Tell people about your fears, sadness, and pain. Tell them about the many stages you have to go through, including accepting the pain, setting boundaries, and how difficult this is. Discuss with others how you're sometimes disappointed in yourself and in your body, and that these feelings can often cause you to relapse.

Once you explain this to people you will be able to set boundaries a little more easily. Communication about pain is important to help other people get a better understanding, but communicating with



yourself is also important. And don't forget the people around you may also want to communicate back to you. Below, I go into more detail about these three communication channels.

Communication from you to you

Communicating with yourself is the key – for accepting yourself and your own pain, and as the foundation from which you will send a message to others, and therefore also the basis from which others will judge. Are you worried others may just think you're always talking about yourself and you're always complaining about pain or being tired? Or are you proud of how you manage to deal with pain and fatigue?

Most people suffering from chronic pain often are not proud of how they manage it all, but they should be. Thoughts, both positive and negative, do influence people's feelings and as a result also, their behaviour. This can lead to more negative thoughts, thereby creating a vicious circle. Try to change this and be proud of yourself, because positive thoughts will have a positive influence on your feelings and behaviour.

Communication from you to others

The way you communicate to others is also something that's important to consider. If you yourself think you often overreact, that your pain isn't really

that bad and that you should be able to do more, then maybe you'll end up doing too much. You'll cross your boundaries because you want to prove yourself to others – and maybe also to yourself. One day you'll take on way too much, the next day as a result you have so much pain you can hardly move. By behaving like this, it also makes it hard for others to set realistic expectations of what you can do.

In addition, you are the only one who can indicate how you really are feeling, and what your needs are.

Other people can have a guess at best. For example, if you make it quite obvious that you are sad, then it's easier for others to set expectations around that. However, if you're less easy to read, then people around you may not realise how you feel. It may well be that you're struggling with lots of pain but that you don't show this to others. Realise you are the only source of information about yourself and that you are the key to sharing this information with others.

You are the only one who can make it clear to others exactly how you feel, and only you can set and indicate your own boundaries. Of course this is more easily said than done, especially as you probably have your own ideas of what you think you should be able to do, and you probably don't want to let anyone down. So it's very important to focus on the negative thoughts you have about yourself and your pain, and turn these into positive thoughts. The less strict you are on yourself and the more you can be flexible about your own expectations, the easier it will be to accept the pain and set clear boundaries. Positive thoughts will positively affect your feelings and behaviour.

Communication from others to you

Last but not least, the way others communicate with you is also important. 'Others' can be many people: your partner, friend, family member, colleagues, manager or doctor. What if someone says something hurtful that in a way confirms the negative feelings you have about yourself? It's really hard to deal with things like this.

Not everyone understands what it's like to have pain much of the time and how to deal with this. Not everyone understands what it's like not to be able to

do what you want. It's not

necessary for everyone to understand, but it would be nice for the people around you to try and understand, or to know the effect of the pain on your life.

That's why it is key to talk to the people that are important to you.

Tell them clearly how you feel, tell them about yourself, tell them

how you feel about the pain, how

you think about the pain and your future. Explain to them that the pain isn't always there and that there are times where you can handle more. Tell them that some days are worse than others, when there is a lot of pain and you're frustrated, including with the people you love. Talk about all of this to them.

Also, communicate with them what you need, how they can best help you and what is not very helpful.

Tell them when they say something that's hurtful – they may not always realise. Be patient and give the people in your life plenty of time to learn how to best support you. It's a learning process both for you and the people around you.

Text: Yvonne Lankhaar, psychologist from the November Edition of RSI Vereniging

Image: Yvonne Lankhaar hi

“Others can say things they don't necessarily mean but that nonetheless hurt, purely because of ignorance or inexperience”

THE SLEEP GUIDE

We developed this sleep guide to provide you with interesting research, helpful tips and tools and other useful information to help you get to sleep!

People with Chronic Pain often complain of Poor Sleep

People who suffer from chronic pain often complain about poor sleep, and that's not surprising. Pain really comes to the fore when you're in bed and have nothing to focus on except trying to get to sleep. Unfortunately, there is quite a bit of research showing that poor sleep makes chronic pain worse, so improving your sleep is a good priority for chronic pain sufferers to focus on.

It's also worth keeping in mind that depression is another cause of sleep problems in people with chronic pain, so a referral to a psychologist could not only help you feel better, it could also help you sleep better. For people with fibromyalgia, there is research to suggest that vitamin D deficiency could be a factor and that mindfulness meditation has long-lasting beneficial effects on sleep quality.

Pillows for neck pain

For back and side sleepers - and these are the positions that are easiest on your neck - the most comfortable pillows are ones that shape themselves to your neck and head. These include feather pillows and memory foam

pillows, as well as ones that are specially shaped with a hollow for the head and a high edge for the neck.



Quick Tips for Better Sleep

Cooling down helps you sleep, so sleep in a cool room. This is one reason why having a hot shower before you go to bed can help you sleep – you cool down afterwards.

Stop looking at screens at least half an hour (many experts say 1 to 2 hours) before you intend to sleep, as exposure to blue light mimics bright sunlight and tells your brain to stop producing melatonin, which disturbs your circadian rhythm and thus your sleep-wake cycle.

Get some exercise during the day, but not right before bedtime. According to Sleep.org, people who exercise in the morning get quite a lot more of the most restorative stage of sleep compared to those who exercise later in the day. Essentially, this is because morning exercise helps to reset your circadian rhythm, even more so if you exercise outside in morning sunlight.

Plan your sleep – go to bed and get up at the same time every day.

Sleep studies show that most people wake up for longer or shorter periods during the night. One way of dealing with waking up between sleeps is just to accept it as a normal part of your sleep cycle and trust that you will get back to sleep sooner or later.

How you feel in the morning is a good guide to how well your pillow suits you; if you can't find a pillow that's the right height, try one that's height-adjustable. These can be pillows with a couple of removable inserts as well as a core pillow, or you can even get a water pillow, which has a pouch you can fill with different amounts of water to make the pillow higher or lower.

When worry is stopping you from sleeping...

- Disconnect from work well before you plan to sleep, so that it's not at the forefront of your mind.
- Write down what you're worried about before you go to bed. This might seem counter-intuitive, but many people find it helpful.
- If you stress about everything that's on your plate while you're lying in bed, make a to-do list before you go to bed.

Can prebiotics help you sleep



better?

Prebiotics are foods that are not digested fully in the stomach but pass through the small intestine and act like a fertilizer, feeding our gut microbiota.

They include artichokes, asparagus, garlic and onions, bananas, root vegetables and legumes and beans. Weirdly, potatoes, rice and pasta that have been cooked and then cooled have a lot more "resistant starch" in them and are also excellent prebiotics. This resistant starch persists when these foods are reheated, too.

So what's the connection with sleep? University of Colorado researchers fed rats a diet supplemented with prebiotics and found that this "improved time spent in non-rapid-eye movement sleep – the stage in which brain waves are slowest, the body restores and repairs itself, physical restoration and recovery occurs and growth hormone is released – and may increase gut microbial species that reduce the impact of stress."

Dr Mosley, the BBC's resident health expert, decided to try out prebiotics to see if he could improve his poor sleep, and found that he did indeed sleep better, and this was backed up by a sleep cycle analysis. Of course he is just one person so this is not scientific evidence!

You can try prebiotics as a supplement, or take any of the foods above. The only likely side effects are bloating and flatulence, and to reduce these it's suggested that you introduce these foods slowly. Want to read more? <https://www.bbc.com/news/magazine-29629761>

Are your medications affecting your sleep?

Sleep-related side effects are really common for a range of medications. Some medications can cause insomnia, such as those for high blood pressure and asthma. And others can send you to sleep, including during the daytime, such as antihistamines.

Your first port of call to find out whether your medications are affecting your sleep should be your pharmacist.



Free Sleep Apps

Relax Melodies



This is a very comprehensive app with many features available free. If sounds send you to sleep, you can

choose between about 40 options, including a number of rain choices (on roof, heavy, in a storm and more) various kinds of music and the sound of trains, crickets, frogs, and an oscillating fan – that's just to start! By pressing the timer button, you can set the sound to go for as long as you like and you can also combine sounds.

What many people will find useful are the meditations, including a 15-minute body scan. Others include guided meditations designed to help you de-stress, take control of your dreams, reduce tinnitus, and "relaxed lifestyle coaching tools". I found the 15 minute body scan a useful relaxation tool for getting to sleep – the female voice was very soothing.

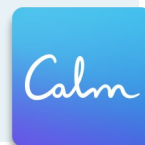
Nothing much happens



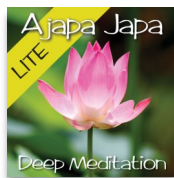
This is not an app, but a free podcast. This is a library of very boring bedtime stories for adults. They're read slowly in a very soothing female voice. As the title suggests, these are stories about nothing very much – for example, a trip to the farmers market in detail. Each story is repeated three times and is strongly recommended by one of our members for getting you off to sleep.

Paid apps – "Calm" and "Headspace"

These are both excellent apps with many features for helping you get to sleep. Calm costs about \$80 a year and Headspace, \$150. When you download these apps, you will be asked to sign up with your name, email address and password for a seven-day free trial. However, given that there are many free apps with similar features, we suggest that you give these a go first.



Ajapa Japa lite



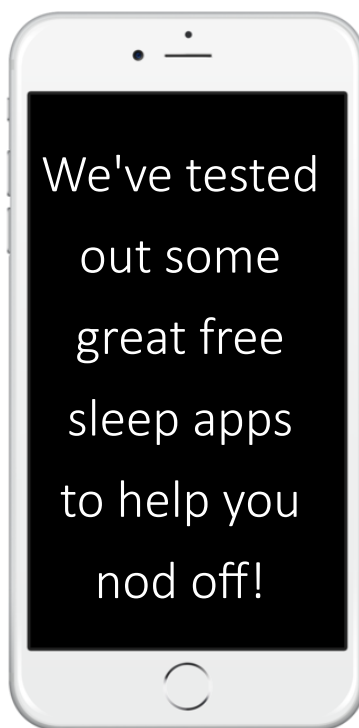
This free app was recommended by one of our members as a great way to get off to sleep, although that's not what it's designed for. It's designed by a yoga teacher as a meditation app to be done sitting and has a soothing male voice. It's very relaxing!

Relax and sleep well

This is another app with many free features from self-help author and hypnotherapist,



Glenn Harrold. There's a guided sleep meditation called "awake ending" as well as a mindfulness script for releasing anxiety and a "Solfeggio relax and sleep" guide. I found Glenn's voice and manner rather off-putting to begin with, but the "awake ending" feature did help to send me off to sleep. If being told you are "a being of living light and love" with "divine aspects" doesn't irritate you as it did me, then the "Solfeggio 30-minute relax and sleep guide" might work for you.



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 **\$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.

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Please make cheques or money orders payable to the RSI and Overuse Injury Association of the ACT, Inc.

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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	\$25	<input type="checkbox"/>
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Donation (tax-deductible): \$ _____

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

Coming Soon:

- *New evidence for an old treatment - rest*
- *Implantable devices for chronic pain*



Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

Room 2.08, Griffin Centre
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Canberra City
ACT, 2601

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Contact Us

Give us a call for more information about our services or drop in to our office during our opening hours.

Opening Hours: Mondays and Thursdays,
10.30am to 2.30pm

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