

IN HAND



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

SUMMER 2018/2019

News & Events

Making the most of your Health Dollar

HealthCare Consumers ACT

Speaker: Claudia Cresswell

When: Thursday, 21 March 7-9pm

Where: 100 Maitland St, Hackett

Cost: Free

Introduction to Mindfulness

Speaker: Patrick Kearney

When: Friday, 29 March 7.30-9pm

Where: Yarramundi Cultural Centre, 245 Lady Denman Drive, Acton.

Cost: \$10 tickets available: <https://www.eventbrite.com.au/e/introduction-to-mindfulness-with-patrick-kearney-in-canberra-tickets-7645087663>

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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Low level laser treatment for tennis elbow. Read more on page 10

LETTERS TO THE EDITOR

I recently bought a stick vacuum cleaner which is great for a quick clean. The only problem is you have to hold down the on switch (it's a Dyson), I get round this by using a Velcro strap to hold it on—this works very well!

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I've been having quite a bit of trouble reading books lately, one of my fav ways to pass the time. Holding the book is not a problem as I use the excellent "Brilliant" book rest, however, I get pain in my fingers from turning the pages. I recently tried eBooks on my laptop, which I borrow through Borrowbox and Overdrive from the ACT library. I can set it up for a double page spread, with two ways of turning the pages: using the spacebar or lightly pressing the page button on screen. To my surprise, I've found that I can read now with no pain—just wanted to let other members know!

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I'm having real trouble mowing the lawn and was thinking about getting an electric lawnmower, but I hear they all have switches you have to hold down continuously. Can you help?

Unfortunately, the handles you have to grip to power the mower are a required safety feature of electric lawnmowers. However, there are many electric lawnmowers out there that are easy to use and maneuver. Choice have done an excellent comparison of battery and electric lawnmowers, reviewing several useful features including level of vibration, ease of pushing, height adjustment and handle comfort. Something to note is that the lawn size each mower is capable of varies widely between models, however, if you have RSI and want to break up your mowing this shouldn't be a problem. The Bosch Rotak 43 LI, AEG Brushless Fusion ALM18BS6 and the EGO LM2001E are mowers that have easy handles to grip. But because the features vary so widely, we think it's worth having a look at the Choice comparisons yourself or talking to a knowledgeable salesperson who can find a mower that suits your needs before you commit to buying one.



One alternative, that doesn't have handles that need constant holding down is a robotic lawnmower, but they don't come cheap. Husqvarna have a range of 'automowers'. Similar to robotic vacuum cleaners, the automowers mow your garden by themselves and are small, lightweight and self-rechargeable.

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Did you miss Professor Lucy Chipchase's excellent talk on February 21st at SHOUT? Her overheads were excellent and we can send you a copy. 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

Is the RSI Association meeting **your** needs? For example, do the articles in our newsletter tell you what you want to know and do the Helping Hand sheets on our website fill the right gaps in your knowledge?

We'll be sending you a survey soon to find out the answers to these questions. We know you are busy and have many demands on your hands, so it will be a really short one and we'll design it so that clicking is minimised. Please do fill it in so that we can target your needs as well as we can on our Facebook page, our website and our newsletter, as well in our choice of guest speakers for meetings.

Speaking of meetings, we're wondering whether we should hold them outside the Griffin Centre. We know it can be really difficult to find a park here, so that will be another question in our survey.

We'll share the results of the survey with you, which should be an interesting snapshot of our members and their needs. And there's no need to wait for the survey – we always look forward to hearing from you!

All the very best,

Ann

Medical cannabis clinic in W.A offers fresh start to chronic pain sufferers

Perth's first medicinal cannabis clinic aims to help patients access the controversial drug faster and easier. However the process is not straightforward: you need a GP referral and permission from the TGA and WA Health Department, which can take up to a month. And the drug is expensive—\$300-\$350 per month.

Is it a good idea to consult Dr Google before you go to the Doctor?

A recent study suggests that consulting Dr Google before going to the doctor may be a good thing! A survey of 400 patients who presented at emergency departments found over a third had looked up symptoms online beforehand. Most of those who had done prior research felt they could communicate effectively, ask more questions, and better understand their health provider.

The downside is that around 40% of patients found that searching online had increased their anxiety, and most patients didn't tell their doctor about their internet searches. Overall, the study suggests that online research has a positive effect on doctor-patient interactions and is unlikely to interfere with a patient's treatment.

Free Course for People with a Chronic Health Condition

Free courses to help with all the challenges of managing a chronic condition are available from ACT Health. These run during the year for six consecutive weeks, 2 1/2 hours per week, and include topics such as fatigue, pain management, anxiety, depression, dealing with negative emotions, communicating with health providers, healthy eating, action planning, and peer support. The course leaders include a health professional and a trained peer leader.

Big changes to My Health Record

The legislation that governs My Health Record has changed since the opt-out period began in July 2018. One of the most important changes is that cancelled records will be fully deleted from the system and all backups. Other changes to the legislation include:

- Ensuring that the system cannot be privatised
- increasing the penalties incurred for inappropriate or unauthorised use.
- no access by insurers or government.

RESEARCH IN BRIEF

MANUAL THERAPY - IN RATS!

Does massage (manual therapy) work for repetitive strain injuries? American researchers trained rats to perform high repetition tasks, with one group treated three times a week using manual therapy techniques to the forearm including skin rolling, stretching of the upper limb and bilateral mobilization. Another group was trained in the tasks beforehand, and the final group wasn't treated or trained. The experiment found that rats treated with manual therapy showed increased performance and decreased discomfort-related behaviours, particularly when compared to the other two groups.

3-D PRINTED CELLS TO PRODUCE HUMAN TISSUE

University of Utah researchers have found a way to 3D print human tissue, such as ligaments and tendons, to greatly improve a patient's recovery. This means that a person with a badly damaged ligament or tendon could simply have replacement tissue printed and implanted in the damaged area. How does it work? Stem cells are taken from a patient's body fat and printed onto a layer of hydrogel to form tissue, which then grows in a lab before being implanted into the body.

This is a big improvement to current methods, where replacement tissue is harvested from another part of the patient's body or in some cases, from a cadaver. This has many issues and complications including poor quality replacement tissue.

This new 3D printing method is claimed to be so effective that it could even be used to print replacement organs in the future.

CARPAL TUNNEL SYNDROME OVER THREE TIMES MORE LIKELY IN WOMEN WORKERS

Researchers from the California Department of Public Health issued a study suggesting that women workers are over three times more likely to get Carpal Tunnel Syndrome (CTS) than men.

Researchers looked at CTS compensation claims in California between 2007 and 2014. They found that the rate for women with Carpal Tunnel Syndrome (CTS) workers' compensation claims was 8.2 claims per 10,000, while men had just 2.5 claims per 10,000. Although there is evidence to suggest that CTS is underreported and underdiagnosed, the researchers noted that the workers' compensation data was useful in determining the occurrence of CTS among state workers.

TROPICAL GLYCERYL TRINITRATE FOR THE TREATMENT OF TENDINOPATHIES

A recent study reviewed randomised controlled trials of the use of topical glyceryl trinitrate (topical= applied to the skin), for the treatment of tendinopathies. It found that using topical glyceryl trinitrate led to significant improvements in pain reduction for all tendinopathies when compared to placebo, for short term and midterm use. However, patients treated with glyceryl trinitrate reported a higher incidence of headaches than those who received a placebo. The study found that treating tendinopathies with topical GTN may be helpful in combination with other treatments for up to six months.

“ALARMING” RISE IN COMCARE ATTEMPTS TO RECLAIM CLAIMED OVERPAYMENTS

A senior lawyer dealing with workers compensation claims accused Comcare of “bullying” clients with letters asking for repayments of money based on a previously successful claim.

This usually results from a medicolegal report claiming that the original decision to accept the claim was an error, because either the injury was not caused by work or was not an injury.

Comcare then attempts to reclaim all the money that the claimant has received in one way or another from it, including payment for treatments, household help, medical procedures, and financial support. This is called “revoking” a claim.



According to an interview in The Canberra Times with the manager of Slater and Gordon's Comcare team, Abraham Ghaleb, “it's now an issue I have to turn my mind to with every case that I deal

with. It's absolutely terrifying for people and it's an abhorrent behaviour for a Commonwealth Department”



“It is both financially and emotionally devastating for our clients when they receive an overpayment letter from Comcare” said the Comcare

national practice group leader at Maurice Blackburn, Georgia Plunkett-Scott.

Comcare has increased the rate at which it issues overpayment letters to recipients by 77% during the period from 2014 – 2017. Many think the reason behind this is quite simply about Comcare's bottom line.

These cases are so frightening for claimants that they rarely go to the AAT – most choose to give up their Comcare claim. However, last year an employee of the AFP won her case in the AAT when Comcare said it was no longer liable for compensation and requested that a debt of up to \$550,000 debt be repaid. She said the process took a very heavy toll on her.

In another case where Comcare was trying to recoup money from a claimant, the Deputy President of the AAT, Gary Humphreys, described Comcare's behaviour as “unconscionable” and its tactics as “unethical”.



We are planning to write to the Minister and local politicians about this issue. If you have experienced Comcare attempting to revoke your claim, we would love to talk to you.

Please contact us on (02) 6262 5011 or at our email address admin@rsi.org.au

CHRONIC PAIN TREATMENTS YOU WON'T GET FROM YOUR DOCTOR- DO THEY WORK?



There are many claims about different treatments for chronic pain. Do any of them

actually make a difference, and if they do, will they work for treating your chronic condition?

The Rockville Agency for Healthcare Research and Quality undertook a rigorous review of over 200 randomised controlled trials to assess which non-medical treatments for selected chronic pain conditions actually improve function and pain for at least a month after the treatment.

Several chronic conditions were investigated including:

- chronic low-back pain
- chronic neck pain
- fibromyalgia
- knee osteoarthritis
- hip and hand osteoarthritis
- chronic tension headache.

The effectiveness of each treatment varied for each condition, but overall the researchers found that these five following treatments were the most consistently effective:

- exercise
- multidisciplinary rehabilitation
- acupuncture
- Cognitive Behavioural Therapy
- mind-body practices, such as Tai Chi and Qi Gong

The researchers found that while these treatments were consistently associated with improvements across the

different chronic conditions, these improvements ranged in significance and many treatments were only useful in treating pain at specific points in time.

For example, acupuncture was associated with improvements in pain and function at the short and long term for people with chronic low back pain, but for people with fibromyalgia, acupuncture was associated with improvements in the short and medium term and was unfortunately not shown to be effective in the long term.

While examining harms from the treatments wasn't a focus of the study, the researchers found that none of the treatments were associated with significantly harmful side effects. The reported side effects tended to be minor and localised, for example, bruising or swelling at the site of acupuncture needles. While this sounds like good news, it doesn't completely rule out the risks of side-effects.

If you're thinking about starting one of these treatments, have a look at our infographic on the next page, and talk to your healthcare practitioner about what might work for you.

Molly Folkard

Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review (2018) Comparative Effectiveness Review No. 209.

What works for Chronic Pain?



Exercise

- Exercise is associated with improvements in pain and function for chronic back pain, knee, hip, and hand osteoarthritis for short, intermediate and long term, and for fibromyalgia in the short and intermediate term.



Multidisciplinary Rehabilitation

- Multidisciplinary rehabilitation was shown to improve pain in the short and medium term for those with chronic low back pain, and in the medium and long term for those with fibromyalgia.



Acupuncture

- Acupuncture was associated with improvements at the short and medium term for people with chronic neck pain and fibromyalgia
- Acupuncture was associated with improvements in pain and function at the short and long-term for people with chronic low back pain.



CBT

- For chronic low back pain, CBT was shown to be associated with slightly greater improvements in function and pain compared to usual care in short, medium and long term.
- CBT was associated with improvements in function and pain in the short and medium term for people with fibromyalgia. However for pain, pregabalin medication was superior.



Mind-body practices

- Mind body practices such as Tai Chi and Qi Gong reduced pain and improved function in the short-term for people with fibromyalgia.

Noninvasive Nonpharmacological Treatment for Chronic Pain: A Systematic Review. (2018) Comparative Effectiveness Review, No. 209. Andrea C. Skelly, Ph.D., M.P.H., Roger Chou, M.D., Joseph R. Dettori, Ph.D., M.P.H., M.P.T., Judith A. Turner, Ph.D., Janna L. Friedly, M.D., Sean D. Randall, Ph.D., D.P.T., Rongwei Fu, Ph.D., Erika D. Brodt, B.S., Ngoc Wasson, M.P.H., Cassandra Winter, B.S., and Aaron J. R. Ferguson, B.A.

THE PAIN REVOLUTION

How can healthcare practitioners make a difference to outcomes for people in the compensation system?

If you put in a compensation claim for a work-related musculoskeletal injury, how will that affect your health? The unfortunate truth is – badly! In fact, you are less likely to get a good outcome than someone with the same injury who **doesn't** put in a claim.

And that applies to both your physical and mental health!

According to the authors of a recent paper exploring why this happens and what can be done about it, there is a “significant, consistent and clinically important effect of poorer outcomes” for people in the compensation system.

The study authors highlight several important factors that lead to these poor results. When the injured worker interacts with health practitioners, these include:

- unhelpful ideas about the legitimacy of the injury, leading to stigma
- intrusions on the doctor-patient relationship
- what they call “non-therapeutic encounters” – that’s an independent medical review!
- difficulties in establishing a diagnosis and useful treatment pathways.

When it comes to interacting with insurers, there are other causes, including:

- the claim becoming adversarial
- questions of legitimacy – again!
- disorganisation and delays
- lack of control for the injured worker
- lack of knowledge of the system by the injured worker
- “perceived” coercion by insurers (our quotes)
- “perceived” restriction in access to

treatments (our quotes again!).

It’s likely that none of the above will surprise you, but it’s good to see these factors highlighted in a medical paper in a reputable journal by well-known authors like Professor Lorimer Moseley.

This paper draws attention to the many damaging aspects of the compensation system when it comes to the treatment of musculoskeletal pain. This includes getting a “mismatch in advice... from different stakeholders”, an

occurrence they say is all too common and one that frequently gets worse the longer a claim continues.

Then there’s all the conflicting perspectives of the different stakeholders; for example,

Frequently, the system and management contribute to ongoing pain and disability, sometimes despite return to work. The remainder who have not returned to work early suffer the greatest individual burden and place the most burden on compensation systems and society in general.”

“the claims manager who is appropriately attempting to progress an injured worker’s return -to-work plan may have to manage conflicting perspectives of the worker, the employer, a mixture of healthcare practitioners, and the insurance broker.”

The authors also mention unhelpful beliefs in the compensation environment, including “the presumption of widespread malingering by workers, despite fair evidence that actual malingering is uncommon.”

Unfortunately, this long and very detailed paper, with its many recommendations, barely takes into account the perspectives of injured workers. As you’d expect from



Professor Lorrimer Moseley

Lorimer Moseley, a great exponent of “pain is in the brain”, there are numerous references to this model of pain treatment, despite poor evidence for its effectiveness.

However, many of the suggested changes to the insurance system are excellent and could really improve outcomes for injured workers if they were implemented.

Ann Thomson

Management of musculoskeletal pain in a compensable environment: Implementation of helpful and unhelpful Models of Care in supporting recovery and return to work

How can the system be improved?

The authors make many suggestions for improving the system and these are some of the ways they think healthcare practitioners could improve their understandings and behaviours:

- better education for health care providers in how compensation works and the issues that arise
- understanding musculoskeletal injuries better and how long they take to heal
- realising that for “90% of injuries, a non-specific diagnosis is appropriate... (while) ... understanding that a non-specific diagnosis does not mean that there is no pain”
- “understanding that a “fix” is generally not possible”, so aiming to develop strategies and goals to “empower the injured person to manage their injury and re-adapt”
- “not labelling or classifying people... without a full understanding of the individual context – for example, assuming all people that do not return to work after a certain period of time are malingering”.



WHAT WORKS FOR TENNIS ELBOW?

To work out the answer to this question, researchers from Harvard University recently pulled together the results from 36 good-quality trials evaluating 11 different treatments in almost 3000 patients. The results were not very encouraging!

When they looked at short-term results, the only therapy which reduced pain was corticosteroid injections – however, as in other studies, it had very poor long-term results, and was associated with **worse pain** than placebo at long-term follow-up. In the mid term – a few months – laser therapy and botulinum toxin injections at the elbow improved pain. When it came to grip strength, a very important measure for most of us, only laser therapy showed better outcomes compared to placebo.

Probably one of the most important results from this research was that most patients actually got better after four weeks of placebo treatment (that's treatment with something that has no actual effect, like a sugar pill). So tennis elbow is something that most people recover from without active treatment.

Unfortunately, most treatments were associated with adverse events and the researchers conclude that it might be better for doctors to wait at least four weeks or provide pain relief during that time, seeing as many people will recover. "At best, all treatments provided only small pain relief while increasing the odds of adverse events."

Lian et al., 2018. Comparative Efficacy and Safety of Nonsurgical Treatment Options for Enthesopathathy Of The

LOW-LEVEL LASER TREATMENT FOR LATERAL ELBOW TENDINOPATHY

Low –level laser therapy (LLT) has been said to be a powerful anti-inflammatory, but what exactly is it and how effective is it really?

LLT is a medical grade laser used as a pain relief treatment. It uses a low –level laser to penetrate the skin without damaging or heating it and is pain free. To determine its effectiveness for treating lateral elbow tendinopathy, Ioannis Mamais, a researcher from the University of Athens, looked at good-quality academic papers on the short and long-term effects of LLT on many different outcomes such as pain, grip strength and overall improvement. The research found that all papers demonstrated benefits associated with LLT over

other interventions or a placebo, and no review reported negative effects of LLT or harm to patients.

LLT could be an excellent therapy to help reduce pain and benefit sufferers of lateral elbow tendinopathy. However, the author says that further research with well-designed randomised controlled trials will be essential in determining whether LLT could really be effective.

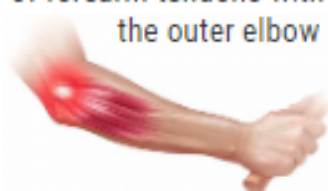
Mamais, I. 2018. "Effectiveness of Low Level Laser Therapy (LLLT) in the treatment of Lateral elbow Tendinopathy (LET): an umbrella review



11 TREATMENTS FOR TENNIS ELBOW

WHAT IS IT?

A painful and debilitating condition resulting from overuse of forearm tendons with pain in the outer elbow



WHO GETS IT?

Many people from all walks of life, including:



Athletes



Office workers



Tradesmen



Manufacturers



Food industry workers

200,000 people are diagnosed with tennis elbow in the US each year

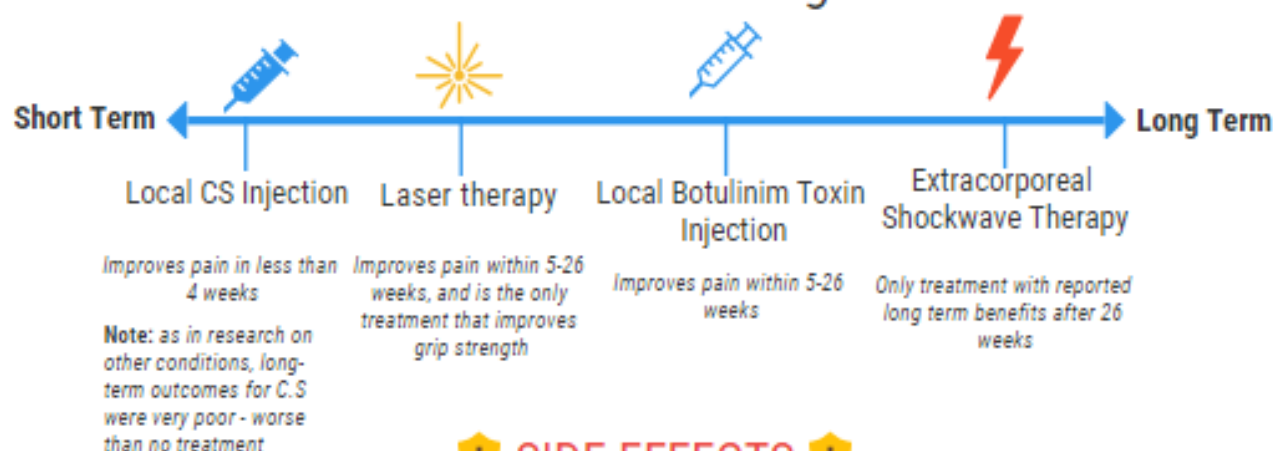
+ TREATMENTS +

1. Acupuncture
2. Extra-Corporeal Shockwave Therapy
3. Laser Therapy
4. Local Botulinum Toxin Injection
5. Local Corticosteroid Injection



6. Platelet Rich Plasma Injection
7. Corticosteroids
8. Physical Therapy
9. Watchful Waiting
10. Bracing
11. Oral Anti-Inflammatory medications

WHAT WORKS - and how long does it take?



! SIDE EFFECTS !

All treatments were associated with many side effects, including: hematoma skin irritation, reduced elbow movement, weakness of finger extension, elbow arthralgia, tremors and, nausea and gastric upset.

Lian, et. al. 2018. Comparative Efficacy and Safety of Nonsurgical Treatment Options for Enthesopathy of the Extensor Carpi Radialis Brevis. Clinical Sports Medicine Update. 1-11.

Do “BIOPSYCHOSOCIAL” TREATMENTS WORK?

There's been a revolution in thinking about pain in the last decade or so. If you've been to a talk by Dr Lorimer Moseley, one of the leading exponents of this revolution, you will know what it's all about. The key word is “biopsychosocial”. So pain is thought of as having a **biological** component, a **psychological** component, and a **social** component.

In practice, these pain revolutionaries don't often talk about the biological component. Their mantra is something like “pain is in the brain” and the aim of their treatments is to get you to think and feel differently about your pain.

So how well do treatments based on these ideas work, ones that use psychological and cognitive approaches to help you deal with your pain?

Irish researchers recently analysed all the studies they could find comparing these kinds of treatments with physical treatments, and also with treatments that combined both approaches. The patients in these studies all suffered from what's called “non-specific chronic spinal pain”, including neck pain. The researchers were looking for reductions in both pain and disability.

What they found was surprising. They discovered that there was very little difference in the effect of treatments they described as

physical, psychological or combined. The physical interventions used methods like exercise, manual therapy and ergonomics.

The cognitive therapies used methods such as relaxation and cognitive behavioural therapy (CBT), while the combined interventions used some combination of both, for example in a multi-disciplinary pain clinic.

These combined interventions were the most effective, but not by much.

In fact, none of the interventions was very effective – they all improved things only a bit, on average.

However, that doesn't mean they weren't effective for some people. Many of our members have told us that they've found a course on pain management very helpful, and others, that it wasn't helpful at all. Meanwhile, the revolution powers on!

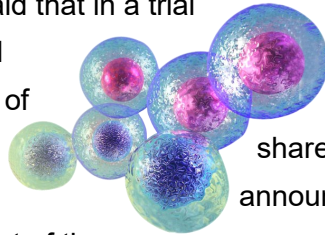


Ann Thomson

O'Keeffe (2016). Comparative Effectiveness of Conservative Interventions for Nonspecific Chronic Spinal Pain: Physical, Behavioral/Psychologically Informed, or Combined? A Systematic Review and Meta-Analysis. J Pain.

STEM CELL TREATMENT FOR CHRONIC TENDON INJURIES – IS THERE HOPE?

In an announcement to the sharemarket, Australian company Orthocell said that in a trial they conducted of their stem cell therapy for tendinopathies, 82% of participants said they were either “satisfied” or “extremely satisfied” with the treatment. Most of the 47 patients in this trial experienced an improvement in their ability to carry out everyday activities, as well as substantial pain relief. The patients in this study had tendinopathies in different parts of the body, including the shoulders and elbow.



Orthocell is currently partnered with a number of Australian universities as well as one in Holland. So far, they've treated over 300 patients. Their shares rose by over 10% after the announcement.

These are very early results and it's important not to get one's hopes up. So far, there is not sufficient evidence that this therapy is successful and safe. More independent research would be required before it's widely taken up by the medical community.

What's on our Facebook Page?

Click on the pictures to read more...



11/02 - How gender bias affects your healthcare



21/02- How to stop sabotaging your fitness goals and create a daily habit



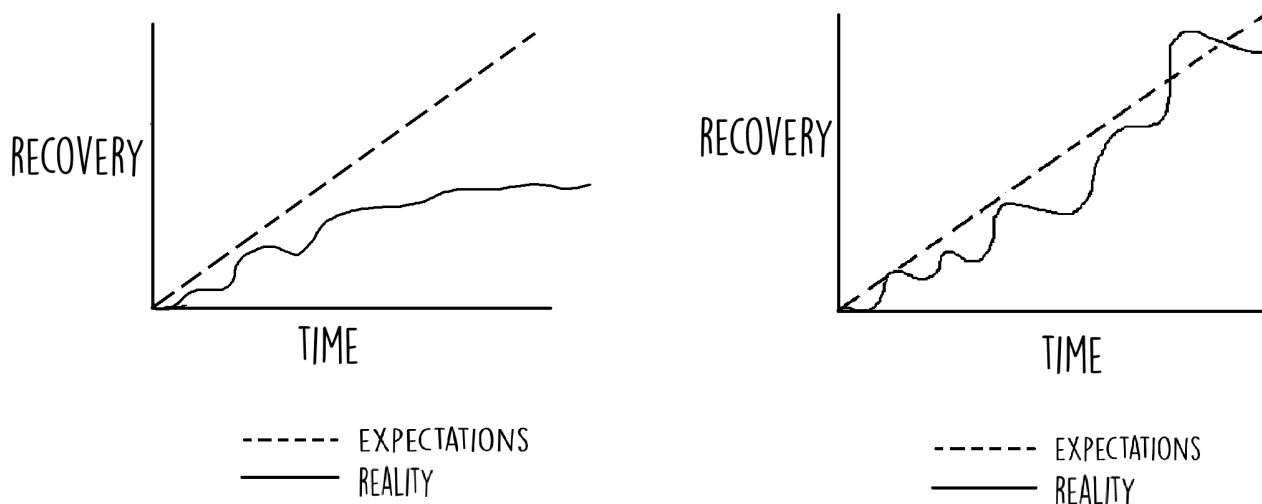
18/02 -How remedial massage is different from the massages you've had before



Like us on Facebook at
www.facebook.com/RSIACT

WISE WORDS

HEALING



These graphs were adapted from a similar post by the group Action for Happiness.

Do any of the above graphs reflect your experience of RSI? The truth is, we're all different but there's one thing many of us have in common—we expect to heal faster than we do. While it's great to be optimistic, those expectations can lead to what's called "a boom-bust cycle". Our arms feel fine, so we get busy! And then we do too much, and there's the pain again! Then we do less next time, and so it goes on, with our ability to live a normal life decreasing after each boom.

What's the way out of this destructive cycle? Prioritising, planning and pacing! If you want to learn more about these skills, you'll find a lot at our website and in our book, *The RSI Survival Guide*.

THE RSI SURVIVAL GUIDE

Our book, the RSI Survival Guide, is available now. The Guide offers down to earth, comprehensive advice **by** people who have RSI, **for** people who have RSI. You'll discover:

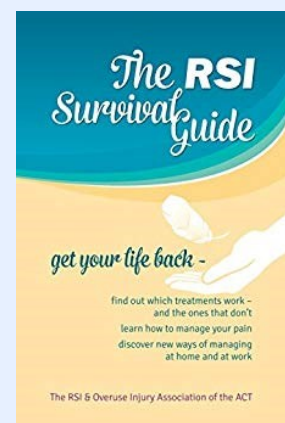
- how to manage everyday tasks
- which therapies work—and which don't!
- how to survive workers' compensation

- how to get back to work without getting injured again

...and much more!

Buy a print copy from **Booktopia** for \$13.75.

If you prefer e-books, we also have an electronic version available from **Amazon** for \$3.



TIPS AND TOOLS: ROBOT VACUUM CLEANERS

“I’ve had a Roomba for a few years now, and it’s one of the best purchases I’ve made. I love watching it scurrying around the house and getting my floors clean! It deals with my rugs really well, except for one that has a long knotted fringe. I just roll up that end of the rug and the Roomba keeps away from it. It’s reasonably quiet, and I often put it on night after I’ve gone to bed. When I first got it, I only used it when I was in the house and I discovered a couple of areas where it tended to get stuck. I just block them off with a chair now before I turn the Roomba on.”

“I decided to try out an Aldi robot vacuum cleaner recently, as it was only \$200. It didn’t deal with my rugs very well, nor with my large irregularly-shaped lounge room. It got a bit lost and ended up going over and over the same area repeatedly. However, with regular -shaped rooms and fewer rugs, it may well have been a good buy. I had absolutely no problem taking it back and getting a refund.”

If you have RSI, robot vacuum cleaners can make a huge difference to your housework. Unfortunately, one that does the job will not be cheap – expect to spend around \$600 at least. Before you buy one, there are quite a few factors to take into account. Do you have stairs, or changes in level? Do you have rugs with fringes, carpet or wooden floors? And will you expect it to cope with pet hair?

If you have carpet, the best on the market, according to Choice magazine, is also the most expensive, the Electrolux Pure i9 PI91-5SGM at \$1298. It’s also good at coping with corners and edges, detects stairs well and will return to its charging station automatically before the battery runs out. You can also program it to start work on a chosen day and time. One downside



is that it is poor at picking up pet hair.

Another recommended model is the IRobot Roomba 980 at \$1299.

Choice regards it as their best “all-rounder”. It’s great on hard floors but borderline at cleaning carpets, corners and pet hair.



For under \$1000, the IRobot Roomba 637 at \$599 is good at picking up pet hair, copes with corners edges and stairs well, can be programmed and will run back to its charging station at the right time.



If you decide to buy one of these models, prices vary pretty widely so make sure to do your research before you commit!

Events and seminars

Have you suffered from discrimination at work– for example, not being provided with the disability supports you need?

The ACT Human Rights Commission is providing a free training workshop to the community about ACT discrimination law. The workshop will cover:

- what constitutes discrimination
- changes to ACT discrimination law
- how to use the Commission's complaint process

And more.

Morning tea provided and parking available on-site.

When: Wednesday 8th of May, 9.30am to 1pm

Where: ACTCOSS Meeting Room, 6 Gritten Street, Weston Creek, ACT

Cost: Free

Register: If you would like to attend, register your interest here: <https://act-human-rights-commission-equality-training-may.eventbrite.com.au>

Using Your Diet to Reduce Pain and Inflammation

Athrits ACT is hosting an event on the importance of diet in managing pain and inflammation. Accredited practising dietician and accredited nutritionist and sports dietician, Jenelle Croatto, will talk about how what you eat and drink can help make a difference to your pain and inflammation levels, as well as your general health and wellbeing. All welcome.

When: Tuesday 19th of March, 1-3pm

Where: SHOUT meeting room, Building 1, Collett Place, Pearce, Pearce Community Centre. Disability access: Fully accessible.

Bring: Lunch if you'd like to eat. A cushion if you need one.

Cost: A gold coin/small donation.

Register: Registration is required as there are limited spaces. If you'd like to attend call: 6290 0784 or email: secretary@painsupportact.org.au.



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
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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
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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.

Name: _____

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Annual Membership:	Email		Post	
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Organisation*	\$60	<input type="checkbox"/>		

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The RSI Survival Guide	\$25	<input type="checkbox"/>
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**Organisational membership is open to organisations sharing our aims.*

Coming Soon:

- *Inflammation and RSI: the debate*
- *Tips and tools for sleep*
- *Does your doctor underestimate your pain?*



Preventing overuse injury, reducing its impact

RSI & Overuse Injury Association of the ACT, Inc.

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Contact Us

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

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

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