

IN HAND



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

August, 2019

Events

"RSI: How do you cope?!" with Dr Janet Hope"

Hosted by The RSI & Overuse Injury
Association of the ACT

When: 1pm Monday, September 16th

Where: Health Care Consumers ACT, 100 Maitland St.
Hackett

Cost: Free!



"Looking After Your Feet"

Hosted by HealthCare Consumers ACT

When: Saturday, 21 September 2-4pm

Where: Health Care Consumers ACT, 100 Maitland St.
Hackett

Cost: Free!

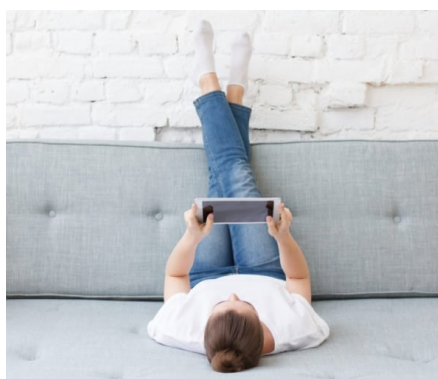


Helping people with RSI:

- Telephone information service
- Referrals
- Guest speakers
- Events and social gatherings
- Treatment options
- Ergonomic devices
- Voice-operated computing
- Workers' compensation

In This Issue

LETTERS TO THE EDITOR	2
BULLETIN BOARD	3
RESEARCH IN BRIEF	4
MOVING IS THE NEW SITTING	5
IS REST BEST?	6
MUSCULOSKELETAL DISORDERS	7
DOES PAIN CAUSE BRAIN FOG?	8
MASSAGE WORKS JUST AS WELL AS A PRESCRIPTION	9
OUR MEMBER SURVEY	10
MANAGING CHRONIC PAIN	12
TIPS AND TOOLS	14



Could moving be the new sitting? Read more on page 5...

LETTERS TO THE EDITOR

Opportunity to inform development of tools to help people living with chronic pain

Hi, I'm Tina McIntosh, the Founder and Managing Director of a Canberra-based start-up called Brain Changer.

We're planning to invest time and money in developing tools to help people living with chronic pain, but before we start I want to make sure that we understand what people actually want. Participating in our research project will involve a 30 minute chat over a nice cup of tea (my shout!). As a participant, you'll receive a report once we've concluded the research (all data will be anonymized). If you'd like to help, please contact me on 0468 870 967 or tina@brainchanger.io and we'll set up a date.

I hope you're strong with happy hormones!

Tina

Using in-built mic for dictation

Recently the question came up in the Association's Dragon group about whether you can use the built-in mic in your laptop to dictate. So I tried it, and it worked pretty well. That's in a very quiet environment (home) and on a good quality laptop—Microsoft Pro. I get good recognition without a headphone.

FROM THE DIRECTOR

Welcome to the Winter edition of 'In Hand'. We hope you find it enjoyable and useful.

I recently had the opportunity to meet Dr Deepak Sharan, a specialist in work-related overuse injuries who specialises in Bangalore, India. Bangalore is a major Indian IT hub, so computer-related injuries are very common.

He works with major companies on both prevention and treatment as well as running a private residential clinic for people with long-term injuries.

In our talk, I asked him about new treatment possibilities, approaches to prevention, diagnosis and injectables, among other topics. We'll bring you his insights and ideas from his experience with thousands of patients in our next newsletter.

Until then, all the very best,



Have you visited our website?

You'll find lots of information including: helping hands sheets, information on living with and treating RSI, recent research, upcoming events and much more. Check it out here:

www.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.

BULLETIN BOARD

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 Meditation classes

Free meditation classes are held by Sahaja Yoga meditation, no bookings are required and all are welcome. Classes are held at Belconnen Civic, Woden and Dickson Libraries, Tuggeranong community centre and Sahaja Yoga Meditation Centre in Scullin. For more details call Caleb (02) 6254 4986, or Lyn 0410 177 822 or visit: www.freemeditation.com.au/class_workshops/act/

Free Tax Help

ATO-trained and accredited community volunteers provide a free and confidential service to help people complete their tax returns online. From 23 July - 30 October they will be providing tax help on alternating Tuesday and Wednesday afternoons. To see if you're eligible and to book an appointment call MLYCC on 6294 4633

Free Yoga for Women

Free yoga classes for women of every fitness level are offered in Narrabundah. The classes are followed by a light morning tea and offer the opportunity to connect and build networks with other participants. The classes are held on Thursdays, 10.30am-11.15am. For more information contact Louise on 6124 4700

Chronic Conditions Seminar: Looking after your feet

As part of the Chronic Conditions Seminar Series, Health Care Consumers ACT (HCCA) are hosting a seminar on looking after your feet. It's on Saturday, September 21 2-4pm at 100 Maitland St Hackett.

Free Event: RSI—How do you cope!? with Dr. Janet Hope

Join us to hear from Dr Janet Hope, a professional life coach who's had RSI for 20 years. She'll be talking about the emotional aspects of RSI. **When:** Monday September 16, 1pm. **Where:** Health Care Consumers ACT, 100 Maitland St. Hackett. More info about Janet on page 13.

From our Facebook page



RSI and Overuse Injury Association

Published by AC Thomson [?] · 1 August at 16:30 · 🌐

Here's an RSI story from our colleagues at the Dutch RSI Association. Like many RSI stories, it's one of trial and error - lots of error! But after trying many therapies and therapists, Floor Rusman finally returns to work and eventually manages to work full-time again!

<https://www.nrc.nl/.../05/09/kan-ienand-mij-helpen-a3959586...>



NRC.NL

RSI, wat moet ik ermee?

Gezondheidszorg: Na de diagnose RSI zag NRC-redacteur Floor Rusman...



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

RESEARCH IN BRIEF

A CONNECTION BETWEEN VITAMIN D AND SHOULDER PAIN?

It's long been known that vitamin D deficiency and pain are related for many conditions, but what about shoulder pain? Researchers set out to discover whether Vitamin D deficiency could be related to pain in people with shoulder pain caused by sub-acromial impingement syndrome (SAIS): shoulder pain usually caused by inflammation from repetitive shoulder activities. They found that severe vitamin D deficiency significantly increases the severity of SAIS-related shoulder pain. They suggest that vitamin D levels should be taken into consideration for patients with SAIS... so if you have SAIS and experience severe shoulder pain, it might be a good idea to get your vitamin D levels tested!

A DIFFERENCE BETWEEN UPPER AND LOWER LIMB TENDINOPATHY?

Recent research on central sensitisation and tendinopathy suggests there may be a big difference between upper and lower body tendinopathy. Central sensitisation is a condition associated with chronic pain and includes altered sensory processing in the brain and increased pain activity. It's present in many musculoskeletal pain disorders like chronic low back pain and rheumatoid arthritis. A recent systematic review found it's also present in people with tendinopathy. However, the findings were based on data that mostly looked at upper limb tendinopathy and evidence actually suggests people with lower limb tendinopathy do not display evidence of central sensitization. The implications of this finding suggests people with upper limb process pain differently, with a greater likelihood of widespread symptoms than those with lower-limb tendinopathy.

CAN A SUPPORTIVE SUPERVISOR REDUCE YOUR RISK OF INJURY AT WORK?

Does a good supervisor make a difference to your risks of being injured at work? A recent study suggests that supportive supervisors do reduce a worker's risk of injury, even when workers are vulnerable to Occupational Health and Safety injuries. A worker's level of OHS vulnerability is related to their exposure to hazards, OHS policies, awareness and empowerment. A Canadian study found that supportive direct supervisors can reduce the risk of injuries even when the worker is vulnerable. Supportive supervisors also tend to protect workers who might be ill-informed about their rights or lack the power to speak up.

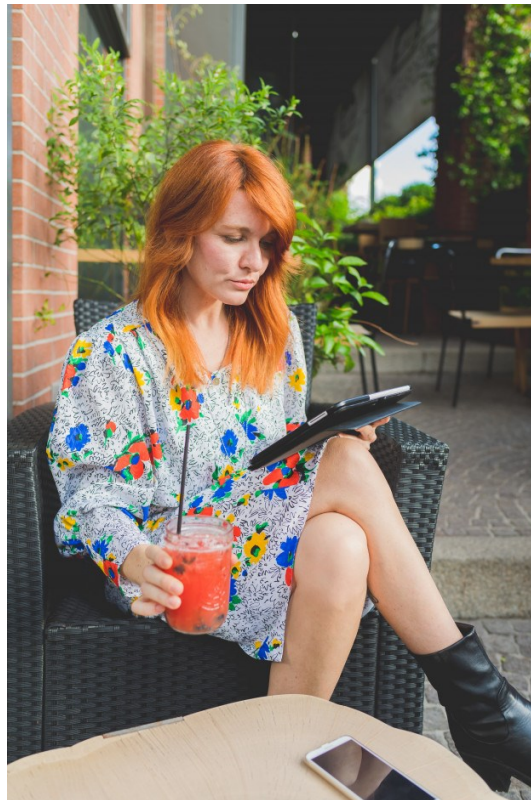
NEW RESEARCH HAS THE POTENTIAL TO CREATE A RELIABLE FIBROMYALGIA BLOOD TEST

Promising research from Ohio State University has likely found a method that can detect fibromyalgia with a blood test. Not only that, the test also has the potential to determine the severity of a patient's fibromyalgia. The test works by looking at a patient's "metabolic fingerprint", a pattern of molecules in the blood of patients who have fibromyalgia. The researchers tested 50 people with fibromyalgia, 29 with rheumatoid arthritis, 19 with osteoarthritis and 23 with lupus and were able to distinguish between the patterns of fibromyalgia and the other conditions. The next step is to conduct more studies with larger and more diverse sample sizes. Despite the small study size, results are promising and the researchers hope to develop a usable blood test in five years.

MOVING IS THE NEW SITTING

Are you sitting up while reading this article? It's very likely you are. If so, don't move! Check exactly how you're sitting. Sitting with a straight back or slumping on the couch? Are you looking straight ahead or is your head bending down?

Good news – in fact it doesn't matter so much how you sit. Whaaaat? Yes, it's true, it doesn't matter, as long as you change position often enough – that is very important.



is compromised and waste products won't be eliminated as well. All those waste products can cause muscle rigidity (also called knots or lumps) and muscle pain. In short, even though you're sitting 'right' this can still cause discomfort.

You can test this yourself. Take two small bottles of water (500ml). Hold one bottle in each hand. Hold one arm stretched out holding the bottle, and don't move that arm. The other arm you can move while

holding the bottle. Which arm feels tired first?

This is why

The perfect posture doesn't exist. That doesn't mean we are advocating slumping on the couch for hours, or sitting bent over a tablet. The real trick to good posture is variation. What this means is that, even good posture (back straight, head in line with the rest of the body, shoulders low) will become bad posture if you sit that same way for long periods of time. Because sitting 'right' also tires out the muscles, and this can cause pain.

Muscles under constant strain that don't move much will easily tire. This is also called static load or static pressure on the body. Blood flow

Lessons of this story

- Variation is more important than sitting in that one, 'correct' position
- Try to change positions every 10 minutes. For example, lie on your stomach when using a tablet, sit backwards on a chair, upside-down on the sofa, on an exercise ball – all these are fine
- Try standing up often rather than staying seated for long periods of time

Article from The RSI- Magazine November 2018, written by Yolande Van Hoorn.

Our thanks go to volunteer Ellen Poels for translating this article.

IS REST BEST?

Professor Mary Barbe has been doing research on RSI in rats for a long time. To induce RSI, she trains them to pull a lever with food as a reward.

In this particular piece of research, the rats repetitively carried out this high-force task for 12 weeks, at which point they had weaker grip strength, showed discomfort and had increased collagen production in the forearm, evidence of strain-induced tissue damage.

The rats were then treated with either rest or an experimental drug that blocks the transmission of substance P, usually associated with pain. "We found that the four-week rest treatment reduced collagen production, improved strength and decreased discomfort," said fellow researcher Amanda White PhD. While the rats treated with the experimental drug also improved, the researchers say that this improvement "may be due to a drug-induced diminished ability to sense pain and discomfort".

"This led us to conclude that rest may be the better treatment", said White. "Other treatments following rest should include exercises to improve tissues, and pain-reducers if needed. If symptoms

do not subside and strength does not return following this approach, then pharmacological treatments may be needed to aid recovery."

These researchers are currently working on a number of ongoing studies

Rest appears to be a good first treatment choice.

examining other medications and exercises that may help in recovery after musculoskeletal disorders caused by overuse.

It was good to see that this study was widely publicised in the lay media, as you can see below.

Ann Thomson

Professor Mary Barbe et al., 'Rescuing Sensorimotor Declines in a Rat Model of Musculoskeletal Disorders; Is Rest Best?' 1 April 2019.

https://www.fasebj.org/doi/abs/10.1096/fasebj.2019.33.1_supplement.326.4

The screenshot shows a red header for 'EurekAlert!' and 'AAAS'. Below the header is a navigation bar with links: HOME, NEWS RELEASES, MULTIMEDIA, and MEETINGS. The main content area starts with 'PUBLIC RELEASE: 9-APR-2019' followed by the headline 'Study suggests 'rest is best' for carpal tunnel and similar injuries'. To the right of this headline is a box containing the text: 'Posted at: Apr 13, 2019, 8:33 AM; last updated: Apr 13, 2019, 8:33 AM (IST)', 'HEALTH CAPSULES', and 'Rest best medicine to treat some pains'. Below the main headline is another box with the text: 'Relax to recover: Few weeks of rest deemed more effective than medication for lower back pain - Economic Times'.

AUSTRALIA TOPS THE TABLE FOR MUSCULOSKELETAL DISORDERS

Have you heard of a DALY? That's a Disability-Adjusted Life Year or, in other words, a year of someone's life lived with a disability. French researchers recently totted up how many DALYs were lost to the population of different countries because of musculoskeletal diseases, and Australia topped the list, with 8.8% of disability-adjusted life years caused by musculoskeletal diseases.

Professor Lyn March from the University of Sydney said Australia's top ranking was interesting, if not unexpected. She put it down to a number of factors – our longer lifespans, high levels of obesity which contribute to osteoarthritis and back pain, and our high participation in sports.



Professor Lyn March

We think there could be other causes – high levels of casual and outsourced labour, as well as our very high levels of unpaid overtime, all of which lead to overworked employees who are more likely to get a musculoskeletal injury.

Professor March is very frustrated by the low levels of funding given to musculoskeletal disease. Even though they account for the

greatest disability burden, they receive amongst the lowest research funding of all national health priorities.

"That's in part due to the fact that mortality is low," she said. "But it's not zero." "By and large people living with these conditions in Australia tend to be very resilient and suffer in silence. And given that we have not been able to cure these chronic conditions, we as rheumatologists have also had the tendency towards a positive outlook, to maintain hope and encourage patients to be active rather than creating the vision of progressive disability and chronic pain. Perhaps we have done musculoskeletal conditions a disservice to undersell the impact."

Musculoskeletal conditions account for about 20% of GP consultations, according to Dr Damien Nevin from the Australian Association of Musculoskeletal Medicine. "The burden of disease is growing and insidious, leading to high-cost ongoing disability, but not death," he said. He went on to point out that undergraduate training in musculoskeletal disease was not only minimal, but dominated by a surgical perspective.

And if you're wondering who else topped the charts for DALYs lost to musculoskeletal disease, Canada and the Netherlands came second and third.

Ann Thomson

*Why We Have Such a Wealth of Aching Joints",
Rheumatology Republic blog, Penny Durham, 23 May 2019*

DOES PAIN CAUSE 'BRAIN FOG'?

It's a topic often overlooked by doctors, even those who specialise in treating pain. According to Dr Peter Abaci, "memory problems were often written off as a by-product of pain medication use or concurrent psychological distress like depression or anxiety."

But Dr Abaci had an experience which gave him new insights into pain and memory. "About five years into my career, I sustained a pretty significant knee injury that required reconstructive surgery. Right after that, I started to develop many of the memory and focus problems that my patients had been telling me about all along. I can remember talking to my patients, then a moment later, not really being able to remember what they had just told me."

"That was a weird feeling and somewhat anxiety-provoking. I was worried that I might make a mistake because at times it felt like information was going in one ear and out the other."

Neuroscientists have been investigating the links between pain and brain function and have found that there is indeed a link. They found that pain

affects the brain in a number of ways, including how one communicates, processing speed, flexibility and ability to switch tasks, problem-solving, calculating and abstract thinking. It also makes one more likely to gamble – not surprising when you think about it!

Recent research has shown that cognitive problems are more likely in patients with generalised pain or neuropathic pain, rather than pain in a specific body part. They also found that patients on pain medications and those without are equally likely to be cognitively affected.

Dr Abaci notes that, "Fortunately, the brain is a highly adaptable organ with the ability to grow in scope and performance under the right circumstances." Research on dealing with these cognitive effects is vital, he concludes: "We simply can't afford to neglect this important area of pain treatment."

Ann Thomson

"Why we forget" by Dr Peter Abaci, Pain Relief Revolution <https://painreliefrevolution.com/article/chronic-pain-knee-pain-back-pain-brain-pain-stress/why-we-forget>

Suggestions for tackling 'Brain Fog'

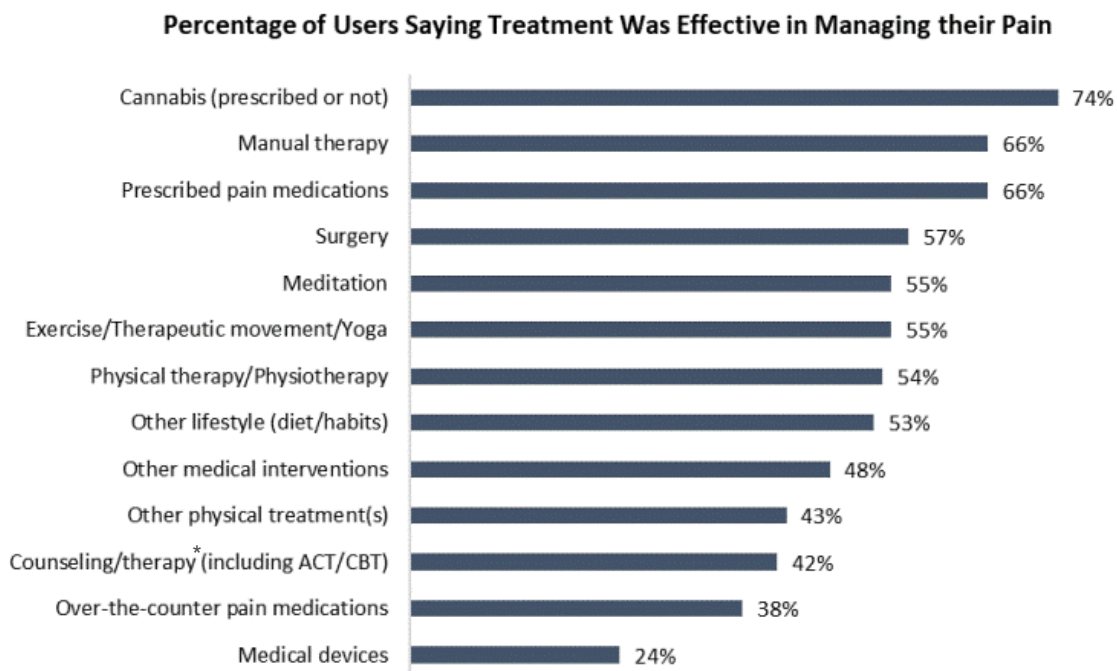
- Check if your medication is contributing to the problem
- Make sleep a priority
- Deal with depression and anxiety
- Physical activity can help your brain as well as your body- some experts especially recommend yoga and Tai Chi
- Create routines
- Use a paper planner, because paper and pen can provide helpful cues to jog your memory
- Focus on getting the pain under control
- Eat an anti-inflammatory diet- lots of fruit and vegetables

Read more at www.practicalpainmanagement.com

MASSAGE WORKS JUST AS WELL AS PRESCRIPTION MEDICINE, CANADIAN SURVEY FINDS

According to a survey of people with chronic pain by the Canadian non-profit Angus Reid Institute, 34% of Canadian adults currently experience chronic pain; for 22%, that pain has a considerable emotional and physical impact on their day-to-day activities. That includes their working lives, sleeping habits, personal relationships and mood, the often-invisible consequences of chronic pain.

One of the most interesting questions they asked was on the effectiveness of the many treatments that patients had tried to help manage their pain. Perhaps surprisingly, cannabis came top, but it won't surprise many of our members that manual therapy—that's massage and manipulation—came equal second with prescribed pain medications. For this group of patients, meditation, which is often free, was more effective than counselling, which can be expensive. And any type of exercise did pretty well, including yoga. Interestingly, over-the-counter pain medications were one of the least effective remedies. So here's the table of their results:



ACT/CBT:

**acceptance and commitment therapy/cognitive behavioural therapy*

If you'd like to read more, you can find the report on their findings here: <http://angusreid.org/chronic-pain-in-canada/>

Ann Thomson

OUR MEMBER SURVEY—WHAT YOU'VE TOLD US

Firstly, thanks to the 37 members who responded to our survey. You've helped us to get a picture of how well we're doing our job and where we can improve. That's important – to you and to us!

Let's look at what you said about our website. Around 37% of you haven't used it and that's a bit disappointing. For those of you who have used it, 80% found it very helpful and 20% somewhat helpful. Members commented:

"I use your Facebook posts more but it's good you have a website for reference"

"It's one of the best websites I've seen for the amount of accessible resources/information you don't need to be a member to access"

"More member stories would be great"

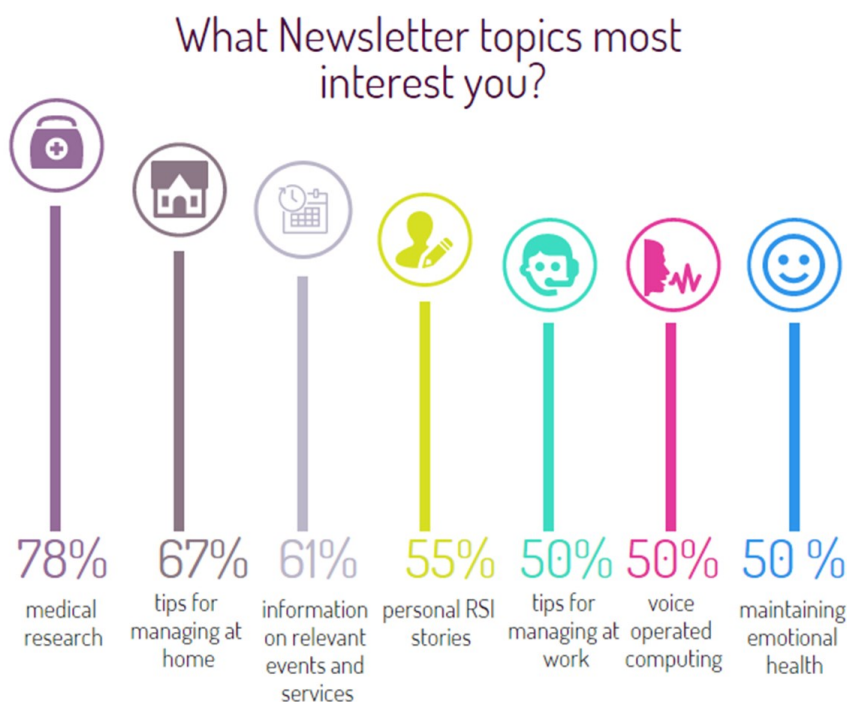
So look out for new member stories on our website soon!

When it comes to the newsletter, one person hasn't read it or doesn't read it. Maybe too much in the inbox? Of those who do read it, 89% found it very helpful and 5% somewhat helpful. That's good news for us! Comments included:

"It comes to my inbox so don't have to search for information, some articles are extremely informative and useful"

"As I live in Sydney, it keeps me linked up with other RSI sufferers + great articles et cetera. Invaluable. Thank you."

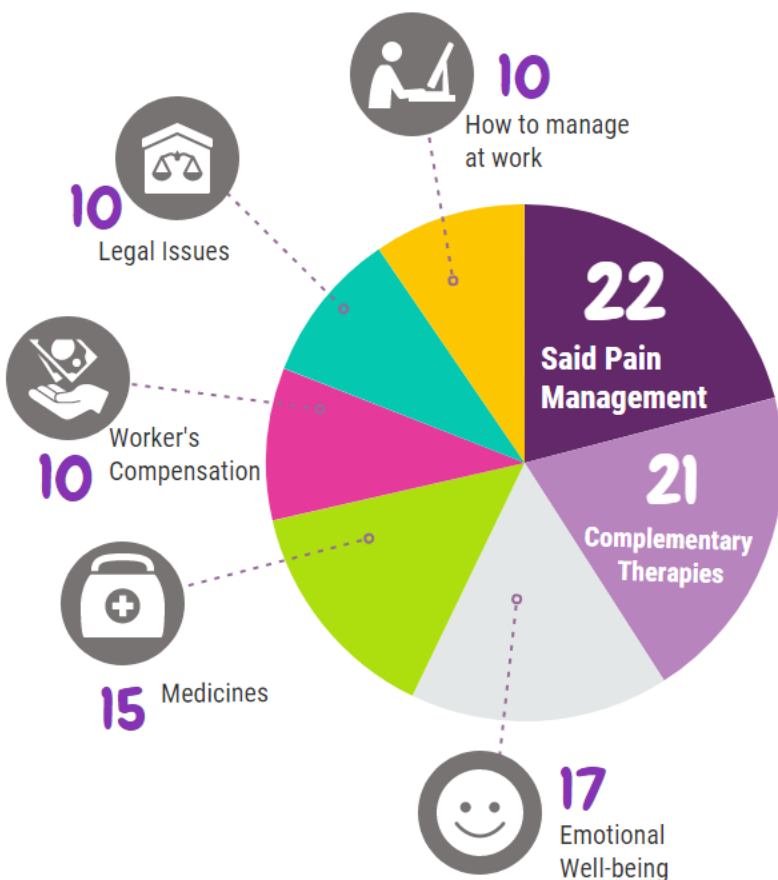
The newsletter topics that most interested our members were:



So we'll be bearing these preferences in mind in future newsletters. Starting with our next newsletter we'll have a regular column on voice-operated computing written by experienced Dragon trainer, Sue Woodward. Thanks, Sue!

Our Facebook page was appreciated by most members, with 85% of you giving it a 4 or 5 star rating out of five. We'll keep up the good work there.

We were keen to find out what kind of events you wanted. Here are the results:



Again, we hope to organise seminars on these topics, either through the Association or through the Chronic Conditions Seminar Series.

About a quarter of you found it easy to access events at the Griffin Centre, while another quarter found parking a problem – hard to find a spot or too expensive. About 5% found the event times difficult. So our next event will be held at HCCA in Hackett, a venue with lots of free parking nearby!

Finally, we asked how we could improve our service to make your life easier and here's what you told us:

All your answers and comments will be a useful guide for the



"I really appreciate the availability of the service. it's like a safety net for me."

"Keep up the good work, offer free or low cost dragon tuition"

"You are doing a top job on very little money."

"Great as it is. I've been a member for a long time, live in Sydney and so would otherwise feel very isolated. Thank you

for allowing me to be a member and for your newsletter. Invaluable to me."

"You are doing a fantastic job on a shoe string budget. The newsletter is amazingly good.

Be proud of what you have achieved."

"Doing a great job thanks"

"Find a cure!"

"Continue what you're doing, maybe be cautious about some articles refer members to e.g.. Those very negative about Lyrica that don't cover how helpful to recovery it can be."

"I really appreciate your excellent work!"

"Love what you do so keep up the great work."

Association in the future. Remember, you are welcome to let us know your ideas and comments at any time.

WHAT ARE THE KEYS FOR SUCCESSFULLY MANAGING CHRONIC PAIN?

A group of New Zealand researchers investigated this question in an interesting way: they looked at studies where people with chronic pain were interviewed about how they managed their pain after taking part in some kind of chronic pain self-management course.

They were able to identify a number of factors that people with chronic pain found really helpful, as well as some that posed major barriers to successfully managing pain. Here are some of the key enabling factors:

“Being able to distinguish their “self” – body, thoughts, and feelings – from the pain was crucial,” the lead researcher, Dr Devan, said. This involves being able to reflect on one’s responses to pain, and then change them.

Patients said things like:

“I still get depressed but I realise why now, and I know that if I don’t get myself motivated then I’m going into the pain cycle.”

“I realised how stiff I moved...”

“I don’t have the negative tapes going on in my head that I’m a bad person as much anymore. So I think that has helped my positive outlook on myself. So yeah, my self-esteem, my self-awareness I think is better.”

The theme of acceptance was also a key factor. This means moving from “struggling with pain” to

“coping with pain”. One patient said: “I realised I might not be able to change the pain or the external reality of living with the pain. I could change how I related to the pain and the way that I thought about it.” Another said “I realise that my pain was like a budget. I understood that

“Supportive relationships with family, friends and work colleagues work environment increased their confidence to self-manage pain and associated symptoms on a daily basis.”

I will always have the same amount of money but I will now manage it differently. This is really different. When you manage your pain, it is less present, less intense.”

Other patients who were interviewed emphasised self-compassion, “patting yourself on the back for coping with pain and not beating yourself up.”

Getting support and being believed was also very important. “Having health practitioners who listened, validated the person and acknowledged what they’re going through went a long way to engaging those with chronic pain in the self management process,” Dr Devan said.

So what were the barriers? Well, in some ways they were the opposite of the enabling factors. A big one was lack of support from important

Free Event: RSI—How do you cope!?

with Dr. Janet Hope

"How do I deal with the emotional impact of a negative medico-legal?"

"How can I manage stigma from colleagues?"

"What can I do to help other people understand my RSI?"



Bring your questions to this free event to hear from Dr. Janet Hope on how to deal with the emotional challenges of RSI.

Janet has had RSI for over 20 years and brings to the talk a wealth of life experiences and skills. She is the owner of Limina Coaching & Consulting, a Professional Certified Coach with the International Coach Federation and a founding member of the European Mentoring and Coaching Council (Asia Pacific Region). She brings over 20 years of professional experience to her coaching practice and has successfully coached more than 150 clients. Janet trained as a biochemist and lawyer before working as legal counsel for the Australian Government Solicitor and as an advocate and mediator at the University of Auckland, New Zealand. More recently she was Senior Fellow/ Senior Lecturer at the Australian National University, where her research and teaching focused on intellectual property law and policy.

When: 1pm, Monday 16th September **Where:** HealthCare Consumers ACT, 100 Maitland St Hackett.

“Clinicians need to acknowledge the patient's chronic efforts to manage symptoms, some of which might be erratic, and recognize the extraordinary struggle required for ongoing control.

others: “All of these supervisors, they want you moving and doing stuff. I’d like to say, “Well, my back starts stiffening up or starts aching, I gotta find time to stretch. Sometimes they are not real understanding in that.”

“I now keep some distance from the health professional... I don’t believe in all the health professional tells me... I have lost my respect and trust in the health professional, since I was not confirmed.”

Other barriers included distress, problems with staying motivated, self-blaming, and the impact of depression.

The researchers emphasise the importance of doctors having a “strong therapeutic alliance” with their patients. Doctors need to encourage their patients to talk, and listen to them carefully and with empathy. Patients need to be acknowledged as “experts in their own health condition” and doctors need to make decisions **with** them, not for them. They noted that doctors need training and support to change their approach to patients with chronic conditions.

Ann Thomson

Hemakumar Devan et al., 'What Works and Does Not Work in a Self-Management Intervention for People With Chronic Pain? *Physical Therapy*, Volume 98,

Issue 5, May 2018

TIPS AND TOOLS: BED MAKING MADE EASIER

The Problem:

I find it really hard to make the bed, particularly turning the mattress (well, actually, that almost never happens!) and getting fitted sheets under my queen size mattress—I just can't lift it! What to do?

Zippered Sheets

Zippered sheets make washing and changing your sheets much easier. The sheet has a fitted bottom that goes on your mattress like a fitted sheet. That won't need washing or replacing often, because you won't be sleeping on it. Then the top part is zippered around the perimeter of



the mattress as shown in the picture. The zip is covered so you won't feel it in your sleep. Zippered sheets make for easy folding and sheet-changing, as you can zip the top of the sheet off in seconds without having to lift your mattress or tuck in edges. Another bonus is they won't pop off the corner of your mattress. You can find them online at zipsheets.com.au or quickzipsheets.com



Mattress Toppers

Mattress toppers were drawn to our attention by a member—thanks so much for the photo! They're much thinner and lighter than a mattress and go over the top of your current mattress. You can put a fitted sheet on your mattress for aesthetic reasons, but you won't need to wash it very often. A second sheet goes over the mattress topper, which is light and easy to lift. It's also easy to turn.

You can get mattress toppers from bedding shops, including Ikea. They're also called mattress pads.

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.

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: _____

	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"/>
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:

- *An interview with Dr Deepak Sharan*
- *Tendinopathy, tendinitis or tendinosis? Sorting out the confusion!*
- *Software to help you cut down on typing*

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



The Newsletter of the RSI & Overuse Injury Association of the ACT is supported by the ACT Health Directorate.

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

ACT RSI Newsletter, WINTER 2019
Print Post Approved
PP 229219.00118

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