RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.

Newsletter

Autumn 2013

April

Produced with the assistance of **ACT Health** & the **Southern Cross Club**

News & Events

MINDFULNESS TO MANAGE PAIN

Mindfulness is a proven technique that goes back thousands of years and is now being widely used to manage chronic pain. Psychologist Randolph Sparks, who gave a very engaging and insightful talk on 'Managing Chronic Pain' last year, will talk about how mindfulness can work for you.

WHEN: MONDAY 15 APRIL, 12.30–1.30 PM
WHERE: ROOM 9, 2ND FLOOR, GRIFFIN CENTRE
COST: FREE (BRING YOUR OWN LUNCH)

WORK'S NOT WORKING: HOW TO SHIFT TO HEALTHIER MORE PRODUCTIVE WORK

Wendy Elford is a practising ergonomist with a strong interest in the future of work and the prevention of injury.

WHEN: MONDAY 3 JUNE, 12.30 PM
WHERE: ROOM 6, 1ST FLOOR, GRIFFIN CENTRE
COST: FREE

COPING WITH THE COLD

Winter can be a difficult time for people in pain, so we invite you to a discussion and "show and tell" on ways to keep warm and fend off the cold this winter. We'll bring along a few winter warmers ourselves.

WHEN: MONDAY 24 JUNE, 12.15 TO 1.00 PM
WHERE: ROOM 9, 2ND FLOOR, GRIFFIN CENTRE
COST: FREE (HOT CHOC & WARM MUFFINS PROVIDED)

In this issue

Opening Hours: Mondays and Thursdays
10.00 am – 2.30 pm

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'LIVING WELL WITH PAIN' SYMPOSIUM

The Consumer Pain Symposium on Sunday, March 17 at the National Convention Centre was a great opportunity for people with chronic pain conditions to hear from some of the leading researchers in the field.

The RSI and Overuse Injury Association of the ACT was closely involved in the organisation of this event as one of the three members of the local organising committee. An important part of the symposium was the Forum in the afternoon, which enabled people in chronic pain to offer their experiences of the health system and their suggestions for how services for people could be improved to better meet their needs.

Participants were encouraged to get up and stretch throughout the day.

We'll bring you the full findings of the Forum in our next issue, but some of the important points to emerge included the following:

- the need for case management and for therapists to communicate with each other
- an urgent need for information in the form of a one-stop shop or website
- the need to be treated without stigma or being labelled so that an atmosphere of trust can be established between therapist and patient.

Thanks so much to the volunteers who helped to make this such a successful day for us: Max, who staffed the Association's stall all day and ably fielded all questions, and Liane and Eva who were facilitators for the forum. We're very grateful to them for their generosity!

Max, our President, at the Association's stall.

Margaret McCulloch, from Pain Support ACT, who also helped to organise the event.

BITS & PIECES

E-HEALTH AND YOU

Want to find out more about eHealth?

How much control will you have over it? How do you access it? Who can use your record? Can you keep back some information?

All your questions will be answered at this seminar presented by Calvary eHealth.

WHEN: THURSDAY 18 APRIL, 7.00 PM

WHERE: SHOUT, COLLET PLACE, PEARCE

COST: FREE

This is a Chronic Conditions Alliance event.

WORK INCREASING THE RISK OF RSI

A survey by the European Foundation for the Improvement of Living and Working Conditions has found that work is adversely affecting the health of 25 per cent of European workers. The survey is based on responses from over 40,000 workers in 34 different European countries. The number of workers required to make repetitive hand and arm movements is on the increase. In 2010, the share of workers exposed to this risk stood at a staggering 63.5 per cent, an increase of 7.4 per cent in a decade.

Hazards 113, 2011, p.19

UK STRATEGY FOR REGENERATIVE MEDICINE

Four UK Research Councils and the Technology Strategy Board have launched an initiative to develop regenerative medicine, supported by a total of £75 million. The science behind stem cell and regenerative medicine is reported to have "reached a point where we can seriously consider harnessing the potential for self-repair of the human body for clinical gain". The UK strategy is aimed at improving the effectiveness and efficiency of developing the science by promoting cooperation between discovery scientists and end-users, companies and regulatory agencies. The experts behind the strategy are hopeful for the future of the medicine but caution that "progress will be slow".

www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)60493-0/fulltext

GRAPEFRUIT: A HEALTHY CHOICE FOR YOU?

You may not know that grapefruit interacts with a number of common medications, 85 different medications in fact! And with 43 of these there can be very serious side effects. Furanocoumarins (FCMs), found in grapefruit and other citrus fruits like pomelo, lime and Seville oranges, reacts with an enzyme in the stomach that helps your body break down certain medications. This interaction increases the concentration of the drug in your blood stream and puts you at risk of overdose and potentially deadly side effects. The exact side effects are determined by the medication itself. For a full list of the medications affected go to www.cmaj.ca/content/suppl/2012/11/26/cmaj.120951.DC1/grape-bailey-1-at.pdf and, next time, maybe think twice before eating grapefruit.

blogs.abc.net.au/livingit/2012/12/grapefruit-medication-interactions.html#.UTfXmxzLpVC

UK GUIDELINES FOR THE DIAGNOSIS AND TREATMENT OF COMPLEX REGIONAL PAIN SYNDROME

The Royal College of Physicians in association with the Pain Relief Foundation in the UK have released guidelines to provide guidance for the diagnosis and management of patients with Complex Regional Pain Syndrome (CRPS). The guidelines are aimed at facilitating prompt diagnosis and early treatment of the condition to avoid secondary physical problems related to disuse of the affected limb and the psychological consequences of living with undiagnosed chronic pain. The guidelines can be found at www.rcplondon.ac.uk/sites/default/files/documents/complex-regional-pain-full-guideline.pdf.

www.rcplondon.ac.uk/resources/complex-regional-pain-syndrome-guidelines

CARPAL TUNNEL SYNDROME AFFECTING AMERICAN WORKERS

Coming a close second to lower back strain, carpal tunnel syndrome is the second most-cited reason for days missed at work in America. With more and more American workers spending time at work on computers, the incidence of carpal tunnel syndrome is on the rise. Sixty per cent of all workers' compensation claims due to carpal tunnel syndrome lead to lost time at work, and those numbers are increasing.

www.justiceforyou.com/blogs/2012/12/carpal-tunnel-syndrome-loss-work.php

RESEARCH IN BRIEF

ERGONOMIC PROGRAMS WORK

A six-year study of 1000 office workers in Toronto, Canada, has shown that an ergonomic program could reduce frequent and severe pain among office workers with RSI. The study also found a link between supervisors' involvement and reduced pain in workers, so much so that management practices were demonstrated to be as important as workstation set-up in influencing these injuries. Unsurprisingly, the study also found that the more time spent using a computer mouse increased work disability.

www.iwh.on.ca/flagship-projects

MIXED RESULTS FOR LOW LEVEL LASER THERAPY

A study by the Centre for Physiotherapy Research at the University of Otago in New Zealand has assessed the clinical effectiveness of the controversial treatment of low level laser therapy for people with tendinopathy. The 25 controlled clinical trials produced conflicting results: 12 showed positive effects while the other 13 were inconclusive or showed no effect. The study, however, concluded that the 12 positive studies do "provide strong evidence that positive outcomes are associated with the use of current dosage recommendations for the treatment of tendinopathy".

www.ncbi.nlm.nih.gov/pubmed/19708800

GENDER DIFFERENCES AT WORK

A New Zealand population-based study has found that there are substantial differences in occupational exposure patterns between men and women, even within the same occupation. The study looked at both men and women aged between 20 and 64 separately and within the same occupation. Overall, male workers were two to four times more likely to report exposure to dust and chemical substances, loud noise, irregular hours, night shifts and vibrating tools, while women were 30 per cent more likely to report repetitive tasks and working at high speed, and more likely to report exposure to disinfectants, hair dyes and textile dust.

www.ncbi.nlm.nih.gov/pubmed/21486991

WORKPLACE RISK FACTORS FOR LOWER BACK AND UPPER EXTREMITY INJURIES

A study comparing trends from 2002 and 2006 has found that the combined effects of hand movements and work stress seem to result in lower back pain. Heavy lifting and repetitive hand movement was cited to be significantly related to self-reported back and arm pain. Psychosocial factors, such as work stress and having enough time to finish the work, was also found to be a significant risk for both back and arm pain. The study reported that "workers are less at risk of upper extremity musculoskeletal disorders if they feel they have freedom to control their work".

www.riskandinsurance.com/story.jsp?storyId=533337966

COGNITIVE-BEHAVIOUR THERAPY TWO YEARS ON

A two-year follow-up study was conducted for 19 people who had received either individual or group cognitive-behaviour therapy in the treatment of chronic occupational pain of the upper limbs. Two years on, significant improvement from pre-treatment levels were reported for measures of depression, coping strategies, significant other report of disability, self-monitored pain and distress caused by pain. While there was little evidence of relapse, there was a slight decline from post-treatment levels for those that received individual, rather than group, therapy on measures of self-monitored pain and interference in daily living. In terms of pain, while there was a reported improvement from pre-treatment levels, the majority of participants "still reported significant and distressing levels of pain".

www.ncbi.nlm.nih.gov/pubmed/1741738

DRINK MILK, GAIN MUSCLE

A recent study has shown that "women who drink two glasses of milk after lifting weights gain more muscle and lose more fat than women drinking sugar-based sports drinks." Twenty women were asked to undertake a structured resistance workout five days a week for 12 weeks. Some of the women were randomly allocated to drink 500 mL of fat-free milk one hour after training, while the others were required to drink a sugar-based sports drink instead. While both groups gained muscle and strength, the women drinking milk gained more muscle, had greater strength gains in some of the exercises and even reduced their body fat by 1.6 kg. This study comes off the back of another study which found that drinking flavoured milk after a workout helps men gain muscle. So ditch the expensive sugar-based sports drinks and, instead, enjoy a cold glass of milk following your next workout.

Josse AR et al, 2010, "Body composition and strength changes in women with milk and resistance exercise", *Medicine and Science in Sport and Exercise*, 42:1122-1130

WRAP RAGE

"Wrap rage": the feeling of frustration resulting from the inability to open a packaged item. We've all been there, from attempts to open that stubborn jar of pasta sauce to that new piece of electronic equipment sealed in a hard plastic shell or a child's toy trapped beneath layers of cable ties, wire and sticky tape.

Sometimes these battles with packaging can even result in injury. A 1997 study found that in the UK an estimated 67,000 people visit hospital casualty departments each year due to packaging-related injuries. Further, this number represents a mere 35 per cent of all packaging accidents, leaving the remaining 65 per cent, roughly 190,000 people, to be treated at home or by a GP.

While packaging can be a problem for us all, it can be particularly troublesome for the elderly and those affected by a disability. "Combine the over-50s with the number of people with arthritis or a disability, and that means one in two people are facing some kind of restriction with opening packages," says Fergal Barry, partnerships manager of Arthritis Australia.

Often used for electronic goods, sometimes even toys, the "clamshell", also known as the "oyster", is the most troublesome packaging, requiring much more than just bare hands to prise them open. Once you have managed to cut the hard sealed plastic encasing with a knife or a pair of sharp scissors, you are left to contend with sharp plastic edges. Despite the dangers involved, the clamshell-type packaging is popular among retailers who often demand it from manufacturers for security reasons.

In 2009, Arthritis Australia, in conjunction with Arthritis New Zealand, established the Ease of Use certification program to recognise companies that design user-friendly products and packaging. The Ease of Use trademark makes it easier for consumers to identify those products that are easy to open.

Gavin Williams, CEO of the Packaging Council of Australia, is confident that ease of use in packaging is gaining more traction in the industry. He stresses that consumer input is necessary if change is to happen. "Get in touch with the brand owner, or get in touch with the Australian Packaging Covenant (APC) and let them know you want to see change."

Angela, a staff member from CHOICE, was pleasantly surprised when a yoghurt company responded to her packaging complaint with a promise to investigate the issue further. She had been left with a significant cut on her thumb when attempting to open a stubborn yoghurt container and decided to email the company about her experience.

67,000 VISIT THE HOSPITAL EACH YEAR WITH A PACKAGING-RELATED INJURY.

Fergal Barry, of Arthritis Australia, also encourages consumers to contact companies about their experience. "The primary reason most companies approach us to improve their packaging is as a result of consumer complaints … Consumers have more power than they realise, but they have to speak out and let companies know what the problem is."

CHOICE has launched a campaign, *Pack Attack,* to tackle problem packaging once and for all. The campaign calls for consumers to take action and share their stories of bad packaging. CHOICE will take the stories to the APC and ask for a response from the manufacturer. For more information, or to get involved, head to www.choice.com.au/packattack and share your story.

Rebecca Cuzzillo

TIPS & TOOLS—IN THE LAUNDRY

Washing and ironing can be very difficult for people who have RSI.

One strategy is to avoid both jobs as much as possible. Making a habit of wearing an apron when you are cooking and gardening can cut down on washing. And choosing knits as much as possible can minimise ironing.

WASHING CLOTHES

Though some of us manage to avoid ironing completely, you obviously cannot escape washing. When you are choosing a washing machine, choose one that has a very high speed spin cycle. This will mean that the maximum amount of water has been removed and the washing will be much lighter to carry and quicker to dry.

To minimise crumpling, you need to deal with washing as soon as it comes out of the machine. Some people like to fold washing immediately and leave it for a while before hanging. This will help cut down on ironing.

DRYING CLOTHES

When drying clothes, lots of people like to use a clothes horse indoors, but if you want to hang items on the line, then you can use a laundry trolley to get the washing outside.

WITHOUT PEGS

Ezyline is a washing line that can be easily attached to an outdoor line or shower rail. It's a good choice for people with RSI. Both hands can be used for handling the clothes, as you fit them into the slots on the line—no pegs needed! It is also exceptionally easy to slide items off; you can remove a whole line of clothing with just one sweep. Each line has around 20 slots. The lines are made in Australia and are very good quality, lasting a long time. Each line costs $15 and shops that stock Ezyline in your area can be found online at ezyline.com.au, or, alternatively, you can purchase online at the same website.

WITH PEGS

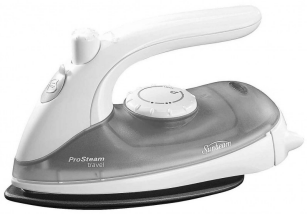
Mega pegs are thick, smooth plastic 'dolly pegs'. They are excellent for people with RSI as you just need to simply push them onto the line. While they are quite expensive, they are very well-made and will last for many years. Mega pegs cost $8 for 12 pegs and are available online at fabriccare.com.au

IRONING

When ironing, experiment with different heights for the ironing board to minimise strain on your arms and shoulders.

The Fabric Care Company's **Mini Steam/Dry Iron** has an ergonomically designed handle and is small and very light, weighing only 420 grams. The mini iron costs $69.95 and can be purchased online at fabriccare.com.au

Travel irons are small and light, making them easier to use than a normal iron. The **Sunbeam Pro Steam Travel Iron** is compact and weighs less than 1 kg. It costs $32.95 and can be purchased from Harvey Norman, in store or online at harveynorman.com.au



Some members like to sticky tape over the voltage switch on these irons as you will ruin the iron if you accidentally trigger it.

Our next edition of Tips & Tools will be on writing and pens. If you have any suggestions or advice for readers, please let us know by calling 02 6262 5011 or emailing us at admin@rsi.org.au

ANTI-INFLAMMATORIES:

A BIGGER PROBLEM THAN DOPING IN SPORT

FIFA medical chief, Michel D'Hooghe, has bigger concerns than doping when it comes to soccer (football) players. He says, "the abuse of anti-inflammatory medicine by football players is a bigger problem facing the sport than doping … the most worrying aspect is that we see the problem moving ever more into the youth categories."

The first warning signs of abuse of non-steroidal anti-inflammatories came in 2010 at the World Cup in South Africa. Overall usage was found to be 34.6 per cent, with one team reporting 21 of its 23 players using anti-inflammatories, a significant increase from 29 per cent at the 2006 tournament in Germany.

The medicine gives you less pain but you worsen the situation because pain is a warning. It is an alarm bell.

D'Hooghe and FIFA's medical team have been studying the use of anti-inflammatories in other tournaments, particularly youth competitions, with worrying results. "For the young, it used to be nil," says D'Hooghe, "but now we are starting to see it shape up as something serious … we can see it going crescendo."

The problem stems from one issue—too many games, too often. FIFA medical officials have indicated the maximum number of matches should stand at 60, allowing enough time for natural rest to restore joints, tendons and muscles. But many players go above that and use anti-inflammatory drugs, instead, to get back in shape for the next match.

D'Hooghe is quick to point out that "the medicine gives you less pain but you worsen the situation because pain is a warning. It is an alarm bell." And worryingly, "some players start thinking they cannot play without taking the pills."

In a sport that has been hit by relatively few doping cases in its history, FIFA needs to concentrate on other issues too. D'Hooghe is adamant, "doping is not our biggest problem. The anti-inflammatories are our biggest problem."

And, since anti-inflammatory medicines are often available over the counter and are not on any banned anti-doping list, education is the only solution.

FIFA is organising a medical conference in Morocco for 2014, which will be attended by the top medical officials of all 208 national federations that make up FIFA. D'Hooghe has indicated that the anti-inflammatory issue will be a big theme for the conference.

HOW COMMON ARE RSI AND OVERUSE INJURIES IN AUSTRALIA?

RSI and overuse injuries are common across a broad range of industries in Australia, from the public service to the medical professions, and even in the music industry.

A 2012 survey of almost 1000 workers across **6 government departments** found that 75 per cent of all participants had experienced shoulder pain, with 79 per cent of **managers and senior executives** reporting neck pain. A survey of **ACT public servants** found that 80 per cent had suffered from at least one symptom of an overuse injury.

A 2011 study of 1111 **nurses** from across three public hospitals in Melbourne found that 17.2 per cent were suffering from neck pain alone, 11.6 per cent from shoulder pain alone and 15.8 per cent had experienced both neck and shoulder pain in the past month.

Dentists are also at risk of overuse injury. A study of 400 **dentists** in Queensland found that 87.2 per cent of dentists experienced at lease one symptom of musculoskeletal disorder (MSD) in the previous 12 months, with 57.5 per cent of those in the neck and 53.3 per cent in the shoulder. Nine per cent of dentists surveyed reported taking leave in the past 12 months because of an MSD.

A 2012 survey of **musicians** in Australia's eight full-time professional symphonic and pit orchestras found that 84 per cent experienced pain or injuries that had interfered with their work. Prevalence was 50 per cent at the time of the survey, with less than 50 per cent reporting complete recovery.

Sonographers are among the hardest hit. A study of 427 Australian **sonographers** found that an enormous 95 per cent suffered from an MSD, 91 per cent in the shoulders, 84 per cent in the neck, 61 per cent in the wrist and 56 percent in the hands and fingers.

RSI and overuse injuries, therefore, affect **a range of people from different types of work**.

The Safe Work Australia report looking at workers' compensation statistics for the year 2009–2010 found that 29.1 per cent of all serious injury claims reported hand and upper limb injuries. When it came to the mechanism of injury, 32.5 per cent reported manual handling, with 17.2 per cent muscular stress while lifting and 15.3 per cent muscular stress while handling objects.

While it is true that not everyone suffering from RSI and overuse injuries will make a workers' compensation claim, the figures reported by Safe Work Australia give a good indication of the prevalence both nationally and state-wide.

"BODY STRESSING" ACCOUNTED FOR 43% OF ALL SERIOUS CLAIMS IN 2010-11

Safe Work Australia's 2012 report found that across the country, "body stressing" accounted for 43 per cent of all serious injury claims in 2010–2011. Over one-third of all work-related and total economic costs were associated with body stressing or manual handling cases and the total cost of work-related injury and illness caused by body stressing was a huge $25,200 million for the years 2008–2009.

Instead of using the more ambiguous term "body stressing", the New South Wales Workers' Compensation report from 2010 explicitly looks at the state-wide statistics for occupational overuse syndrome (OOS). For the year 2008–2009, OOS claims represent 11 per cent of all occupational diseases, with a total gross incurred cost of $23 million, that is, $23,336 per claim, and 11,095 weeks in total lost time—around 14 weeks per claim.

In terms of industry specific data, OOS accounts for 22.8 per cent of all occupational diseases in agriculture, forestry and fishing, 21.2 per cent in health and community services and 18.1 per cent in accommodation, cafes and restaurants.

In other states, the data is less exhaustive. In Queensland, 33 per cent of all musculoskeletal injuries reported were injuries in the hand and upper limbs, while for Victoria this figure was slightly higher at 34.9 per cent.

Safe Work Australia, 2012, *National OHS Strategy 2002-2012: Priority mechanism progress*

Safe Work Australia, 2012, *The cost of work-related injury and illness for Australian Employers, workers and the community 2008-09*

Safe Work Australia, 2012, *Compendium of Workers' Compensation Statistics Australia 2009-10*

New South Wales Workers' Compensation, 2010, *Statistical Bulletin 2008/09*

Workplace Health and Safety Queensland, 2012, http://www.deir.qld.gov.au/workplace/documents/showDoc.html?WHS Publications/general - musculoskeletal disorders [Last visited: November 2012

Work Safe Victoria, 2012, *Work Safe Victoria Statistical Summary 2011/12*

Hoe, V. *et al.,* 2011, "Risk factors for musculoskeletal symptoms of the neck or shoulder alone or neck and shoulder among hospital nurses", *Occupation and Environmental Medicine,* Vol. 69, p. 98-204

Leggat P. and Smith D., 2006, "Musculoskeletal disorders self-reported by dentists in Queensland, Australia", *Australian Dental Journal,* Vol. 51, p. 324-7

Mason, B. & Gregory, V. (2006). 2006 ASA Survey Results. *Sound Effects, 3,* 12-15

Ackermann, B. *et al.,* 2012, "Musculoskeletal Pain and Injury in Professional Orchestral Musicians in Australia", *Medical Problems of Performing Artists,* Vol. 27 No. 4, p. 181

Griffiths, K.L. et.al., 2012, Prevalence and risk factors for musculoskeletal symptoms with computer-based work across occupations, *Work: A Journal of Prevention, Assessment and Rehabilitation, 42(4),* 533-541

Strazdins, L. & Bammer, G. (2004). Women, work and musculoskeletal health. *Social Science & Medicine, 58,* 997-1005.

Rebecca Cuzzillo

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We do appreciate your support!

NEW HOPE FOR INJURED WORKERS

A recent decision by the Federal Court gives new hope to injured workers. Comcare has been forced to reassess its impairment assessment regime—for the second time in three years!

The Canberra Times reports that "a former Canberra firefighter who was injured on the job … was cleared to recontest his workers' compensation case against the Commonwealth." The decision by the Federal Court found that Comcare's "assessment procedures for leg injuries were invalid."

The firefighter, Wayne Lilley, was diagnosed with compartment syndrome, a condition causing pain in the legs when running and walking. He underwent surgery in 2005 and Comcare accepted liability for the injury.

In 2009, however, Lilley's claim for permanent impairment compensation was rejected, despite permanent pain and numbness in his legs that inhibited his ability to walk and climb stairs. His claim was rejected "on the basis he did not meet the minimum 10 per cent threshold for permanent impairment compensation", a threshold that is set arbitrarily by Comcare.

The Federal Court's decision found that "Comcare's guide to assessing permanent impairment was invalid". This is the second time in three years that Comcare has been forced to reassess this regime. The first followed a decision by the Federal Court which found the table concerning back injuries in Comcare's guide also invalid.

These recent decisions from the Federal Court means that people who have suffered leg and back injuries at work are entitled to claim permanent impairment compensation, including those who have previously had their claims rejected.

Lilley's lawyer, Daniel Steiner, said "the decision would force Comcare to acknowledge the restrictive and unfair nature of its impairment assessment regime".

It's clearly time for someone to challenge Comcare's impairment tables for the upper body. It seems there's a good chance of success!

Inman, M., 28 January 2013, *The Canberra Times*, p. 3

Rebecca Cuzzillo

CHANCES OF RECOVERY

When you go to the doctor, there are a couple of really important questions you usually want answered: "what's wrong with me?" and "when am I likely to get better?" While doctors can diagnose OOS and other musculoskeletal disorders, more or less, they have little to guide them when it comes to giving a prognosis.

One of the world's leading experts on upper extremity musculoskeletal disorders reviewed much of the evidence on the course of these disorders in 2005* and concluded that there was very little scientific evidence to determine how the condition progresses.

Fortunately, two recent studies in France and in the Netherlands have made important contributions in this area of knowledge.

French researchers looked at a sample of 700 people exposed to highly repetitive work in a whole range of industries:

- Assembly-line manufacturing of small electrical appliances
- Motor vehicle accessories
- Ski accessories
- Clothing and shoes
- Food
- Packaging
- Supermarket cashiers

All the workers were examined by observational physicians, first in 1993/94 and then again in 96/97. Of these 700 workers, 421 had at least one upper-extremity musculoskeletal disorder (UEMSD) and, of these, half had multiple disorders in the upper body (what is commonly called a non-specific upper extremity MSD).

The outcome differed according to the site of the problem: the three-year recovery rate was "high" for elbow disorders (about half recovered) "moderate" for neck, shoulder, hand and wrist (around 20 per cent) and "low" when people had musculoskeletal symptoms at multiple sites (only about 12 per cent recovered).

If workers were older or they suffered more pain, they were more likely to have a poorer outcome. As well, if their pain was intense at the beginning of the study and they had already had it for a long time, they were more likely to develop an upper extremity disorder at multiple sites of the body.

The second study carried out in the Netherlands by some well-known researchers into upper limb disorders looked at the influence of a range of factors on recovery and disability level.

While the French researchers were interested in workers with symptoms at specific sites in the body, the Dutch researchers investigated only people with '*non-specific work-related upper limb disorder*', "characterised by pain or tingling sensations located in the arms, shoulders, neck, or upper back without a clear pathophysiological substrate". This is the equivalent of occupational overuse syndrome in Australia, (rather than, say, epicondylitis or carpal tunnel)

One third of the Dutch full-time working population uses computers in their daily work, the highest proportion in Europe. The incidence of UEMSDs is very high. The researchers describe the costs arising from non-specific UEMSDs as excessive; they include medical expenses, decreased productivity, absenteeism and disability pensions.

All the participants in this study were computer workers doing screen work for at least 20 hours a week and four hours a day. Over one hundred patients were recruited in November 2003 and divided into four different stages according to the severity of their condition.

The researchers were interested in a range of psychological characteristics, including perfectionism, anxiety, pain catastrophising and also in the participants' physical fitness levels.

9% RECOVERED,
77% GOT WORSE,
14% DEVELOPED CHRONIC PAIN

At the time of diagnosis, 22 per cent of the patients had non-specific upper limb disorder stage one (pain only at work), 68 per cent were diagnosed as stage two (pain at work and also in some leisure time) and 10 per cent were at stage three (symptoms present all the time and made worse by computer work).

At follow-up, four years later, on average,

- 9 per cent had recovered
- 77 per cent had got slightly or much worse
- 14 per cent had developed a chronic pain syndrome.

The bad news is that just 22 per cent of those at stage one recovered, versus 5 per cent of those at stage two and none of those at stage three!

Looking at the figures slightly differently, of those diagnosed at **stage one**, 22 per cent recovered, 30 per cent stayed the same, and the rest got worse or developed a chronic pain condition.

Of those diagnosed at **stage two**, 5 per cent recovered, 22 per cent recovered somewhat, 38 per cent stayed much the same and 34 per cent got worse or developed a chronic pain condition.

Of those diagnosed at **stage three**, **none** recovered, 20 per cent improved somewhat, 40 per cent stayed the same and the other 40 per cent developed a chronic pain condition.

At the four-year follow-up, patients were asked to answer a standard questionnaire to rate how disabled they were. High disability scores were associated with being older, being a woman and having less education.

In this study, participants were rated as less-educated if they had no degree. Interestingly, the authors explain the role of education as follows: "the role of education may be explained by inadequate coping styles to deal with the disease". However, it's likely that less educated workers are doing work that is more repetitive, for example, data entry, and have less choice about how and when they carry out duties. Interestingly, people who had less physical fitness at the beginning of the study were also likely to have poorer outcomes.

Perfectionism, anxiety, and pain catastrophising had **no relationship** to disability levels.

These studies show that recovery rates for a range of overuse injuries, including localised and more diffuse ones, are lower than most doctors expect. They also underline the importance of early intervention when the condition is causing problems only at work. This is when people have the highest chance of recovery—by far!

… other studies have shown, being a woman and being older are risk factors for poor recovery.

It also seems that, as other studies have shown, being a woman and being older are risk factors for poor recovery. In contrast to many of the expectations around overuse injuries from employers and insurers, the Dutch study suggests that psychological factors like pain catastrophising, anxiety and perfectionism may not affect recovery.

Finally, it seems that higher levels of physical fitness can help people to recover and gym work to increase fitness might be a worthwhile therapy for people with overuse injuries.

*Hagberg, M. Clinical assessment, prognosis and return to work with reference to work related neck and upper limb disorders. G Ital Med Lav Ergon, 2005; 27:51-57

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Ann Thomson

TIPS & TOOLS SHEETS NOW AVAILABLE

We've developed a set of "Tips & Tools" Information Sheets based on articles in our newsletter. These are available in print form from the Association or at our meetings. We can also email them to you on request.

- Book holders
- Cycling
- Driving
- Handles
- Holidaying
- Sewing
- Weeding
- In the kitchen
- Getting on top of your emails
- Gadgets to help with medicines
- Emails with Microsoft Outlook

THE FELDENKRAIS METHOD

The inventor of the Feldenkrais method, Moshe Feldenkrais, was a distinguished scientist and engineer, a Judo instructor, and a founder of the Jiu Jitsu Club in Paris. His wife was a paediatrician and her work enabled him to study the movement patterns of babies and toddlers.

A long-standing injury to his knee that threatened to turn into a severe disability in middle age stimulated him to start thinking about a new way of healing, using his knowledge of anatomy, psychology, engineering, physics and martial arts. He refused surgery and instead developed a new way of working with the whole body to achieve greater function, improved ease of movement and decreased pain.

Feldenkrais is a therapy and a self-management tool which can be learnt in group or individual settings. When working one-on-one with clients, the practitioner uses gentle hands-on movements and touch (*functional integration*). When working in a group setting, clients are directed through specially designed movement sequences (*awareness through movement*).

The aim of Feldenkrais therapy is to normalise movement patterns that have gradually been altered in response to chronic pain. The idea is to re-educate the client so that they can use their whole body in an organised way, creating a stable base from which to move and learning new ways to use the smaller muscles that enable one to carry out everyday tasks. This new way of moving is reinforced by independent practice at home, in the workplace and in leisure activities.

The limited amount of research that is available shows that Feldenkrais can not only be helpful but also very cost-effective with patients suffering from musculoskeletal problems and chronic pain.

In one study, 197 industrial workers suffering from neck and shoulder pain were randomly assigned to either physiotherapy, Feldenkrais or no treatment groups for 16 weeks during paid working time. The Feldenkrais group was the only one to show a significant improvement in complaints from neck and shoulder and in disability during leisure time. The other two groups showed no change (the physiotherapy group) or the complaints worsened (the control group).

In another smaller study, 14 women with neck and shoulder pain had Feldenkrais treatment and were followed up six months afterwards. The women described "changes in posture and balance, a feeling of relief and increased self-confidence." However some of them did feel that the method was difficult to keep up at home. The women generally said that they experienced a change in their attitudes towards daily activities which resulted in them "not sacrificing themselves" as they had before.

The Santa Barbara regional health authority in the USA wanted to try out non-conventional treatments for chronic pain patients. A small group of people with chronic headaches and/or musculoskeletal problems were enrolled in a Feldenkrais trial.

The program was similar to a chronic pain program: it began with a two-week intensive course of four to five hours each day, four days a week. This was followed up with six more weeks with one meeting each week—four hours long for the first two weeks, then two hours and then just one hour for the final meeting. Most of the work was carried out in a group setting, with a few minutes of individual work carried out when necessary.

MY FELDENKRAIS JOURNEY

"In 2001, I started experiencing pain & difficulty from excessive handwriting in my job. Within a relatively short period I began suffering debilitating & persistent pain. After years of trying and persevering with a myriad of therapeutic methods, I found the Feldenkrais Method – a little-known method of movement re-education which has had an incredibly positive impact on my life, including my pain levels, level of disability & ability to cope despite pain.

I started with a Feldenkrais practitioner doing Functional Integration® lessons (FI, one-on-one). That led to practicing Awareness Through Movement® (ATM) lessons (using CDs) at home and attending some group ATM lessons led by a practitioner. It has not been a quick fix (I tell you there isn't one!) and I still have to manage my pain, however it has taught me to be more aware of how I think, move & function. The Feldenkrais Method® is not something I just put into practice when I'm in pain, it's a way of living & being in the world. It's empowered me!! Those of you who suffer pain know how important that is…"

Melissa

Patients reported more mobility and decreased perception of pain both immediately after the program and one year later. The results compared quite favourably with standard chronic pain programs and were very cost-effective: patient costs dropped from an average of $141 per month to $82 per month, representing a 40 per cent saving and covering the full cost of the program in 13 months.

The authors concluded that the results were "very promising". They went on: "physicians are often frustrated by chronic pain patients' unresponsiveness to conventional approaches. Such patients often feel neglected and become angry and resentful ... the afflicted patients gained from both the treatment modality and the opportunity to be exposed to therapeutic touch with providers who are reassuring and positive about the modality's ability to diminish pain and facilitate healing."

If you're interested in finding out more about Feldenkrais, visit www.feldenkrais-method.com and the Australian Feldenkrais Guild Inc www.feldenkrais.org.au

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Ann Thomson

AUSTRALIAN MEDICINE COULD TAKE A LESSON FROM THE US

The 'Sunshine Act' in the US is leading the way for transparency in the world of medicine. By law, every pharmaceutical and medical device manufacturer in the US has to record every payment made to doctors and annually submit the information to the government for publication online. Failure to do so could see companies facing up to US$1 million in fines.

In the words of Australian author and journalist, Ray Moynihan, "the much heralded 'Sunshine Act' provides a great model for meaningful disclosure at a time when Australian institutions are wrestling with bringing more openness to the financial relationships between doctors and drug companies." So far, there has been little interest from Australian companies or the government in legally mandated and meaningful disclosure, but pressure is mounting.

Currently, pharmaceutical companies in Australia are legally required to disclose details of all hospitality provided for health professionals. One Medicines Australia member company reports that there are approximately 28,000 industry-funded events annually, with one-third held at hotels, resorts and expensive restaurants. The names of the doctors attending, however, remain confidential.

A former pharmaceutical saleswoman has revealed that, instead of being educational, many of these events were promotional opportunities for companies, who would pay specialists speaker fees of between $750 and $1500 without the knowledge of their patients or the public.

Dr Ken Harvey from La Trobe University says that "a number of medical and consumer groups are calling for more Sunshine Act-style disclosure in Australia." Moynihan stresses the need "to shine a light into some of the dark corners in order to start cleaning them up".

It seems that when it comes to transparency, Australian medicine could take a lesson from the US.

Moynihan, R., 21 November 2011, *MJA* 195 (10)

Rebecca Cuzzillo

DEPRESSION AND CHRONIC PAIN:

WHICH TO TREAT FIRST?

Clinicians are well aware that depression and chronic pain are often connected in their patients. Studies have shown that people with chronic pain have three times the average risk of developing mood or anxiety disorders; people with depression have three times the risk of developing chronic pain.

Depression and chronic pain are inextricably intertwined and, in reality, by the time many people with chronic pain are seen by specialists, they have both depression and chronic pain and treating one without treating the other is unlikely to be productive.

Depression complicates pain treatment for a number of reasons as people who are depressed:

- are less likely to be diligent about taking their medication as scheduled
- tend to engage in less positive social interaction
- are less motivated to take an active role in their own treatment
- do not eat or sleep well
- can develop physiological changes that enhance pain
- tend to engage in negative self-talk that exacerbates their pain experience

In order to achieve an optimum outcome in patients with both conditions, it is essential to decide which of the two factors is contributing most to the problems being experienced as this will determine the appropriate treatment.

Once the decision has been made as to which issue is the more problematic—the pain or the depression—treatment can begin. Fortunately, many interventions that work for depression, work for chronic pain as well:

- antidepressant medications (but not SSRIs)
- psychotherapy
- mindfulness
- exercise
- social interaction

Used in conjunction with appropriate pain-relieving medications, this approach often results in the best possible outcome.

Irene Turpie

Sadly, people with chronic pain have at least twice the risk of committing suicide. Risk factors identified include insomnia, feelings of helplessness and hopelessness, the desire for escape, perceived burdensomeness, and, of course, the duration and intensity of the pain itself.

DRAGON SPEECH RECOGNITION SOFTWARE

PUBLIC DEMONSTRATION

Dragon software converts your speech to text, allowing you to do your word processing tasks by voice, as well as many other computer actions. The demonstration, by Sue Woodward of Viva Voce Speech Recognition Solutions, will show you how to create text documents and spreadsheets, manage email and surf the net all by using your voice. This event is organised by the Superannuated Commonwealth Officers Association.

When: Monday 3 June 2013, 10.30 to 11.30 am

Where: SCOA ACT General Meeting, Southern Cross Club, Woden

Cost: Free

INFO SHEETS AVAILABLE:

Hydrotherapy	Treatments for Carpal Tunnel Syndrome
Swimming for RSI	How to win and keep a Comcare claim
Injections for RSI	Choosing a keyboard
Medical & Medico-legal appointments	**Tips & Tools:**
Assistance through Medicare	Book Holders
Member's story: Invalidity Retirement	Cycling
Managing your Finances with RSI	Sewing
Review: Clickless software & Short-Keys	Driving
You don't have to live with depression	Weeding
How to sit at your computer	Handles
Massage - why and how it helps with RSI	Holidaying
Members' story - Studying with RSI	In the kitchen
Managing stress in your life	Getting on top of your emails
Neck pain: prevalence, causes, treatment	Gadgets to help with medicines
A new approach to pain	Emails using MS Outlook

To order an electronic copy of any of the above info sheets, please email us at rsi@cyberone.com.au

BOOKLETS AVAILABLE:

The RSI Association Self-Help Guide **$20**

130+ pages of 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 **$10**

20+ pages of 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/APPLICATION FOR MEMBERSHIP & ORDER FORM

PLEASE NOTE: If your details on the back of this form are correct, you don't need to rewrite your address.

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Annual membership: ☐ $10 (low income) ☐ $20 (standard) ☐ $60 (organisation*)

***Special Offer*:** ☐ 2 years' membership $30

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DONATION $_____ (all donations are tax deductible)

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

*Organisational membership is open to organisations sharing our aims.

COMING SOON:

- Tips & Tools—Writing & Pens
- Acupuncture and RSI
- Mindfulness to manage chronic pain
- We try out some new mice and keyboards

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ACT RSI NEWSLETTER Autumn 2013
Print Post Approved
PP 229219.00118

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preventing overuse injury, reducing its impact

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