

March, 2015

IN HAND



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

Autumn 2015

News & Events

Saving Through Medicare

Hosted by the Chronic Conditions Seminar Series

Speaker: Healthcare Consumers ACT
When: 7pm, 16 April
Where: SHOUT, Collett Place Peace
Cost: Free, all welcome

Allied Health: Student-Led Clinics at the University of Canberra

Hosted by the Chronic Conditions Seminar Series

Speaker: Allyson Flynn (Physiotherapy Educator),
Julie Priestly (Nutrition & Dietetics Educator)
When: 7pm, 21 May
Where: SHOUT, Collett Place Pearce
Cost: Free, all welcome

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



Therapies to think twice about ... see page 5

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SAVINGS THROUGH MEDICARE

This is a free Chronic Conditions Seminar Series event scheduled for the 16th of April, 2015 at 7pm with guest speaker from Health Care Consumers ACT.

This talk will show you how to save as much money as possible when using Medicare, and how to get your maximum entitlements. Some of the topics that will be covered include the Pharmaceutical Benefits Scheme (PBS), gap payments and Chronic Disease Management Plans (CDMP).

You'll also hear about some of the recent changes made by the Federal Government, as well as some potential changes in the near future.

LETTERS TO THE EDITOR

Hi there,

It occurred to me I don't see a lot of references to jogging in RSI newsletter and handbook, as opposed to people finding walking, swimming, yoga etc. helpful. I was wondering if you know whether many people with RSI do jogging, or do they tend to find it a bit aggravating? I'd like to get into it, but struggle with holding arms up with bent elbows.

Thanks, L.

Where can I find your list of your recommended doctors and therapists?

For a number of reasons including the privacy and confidentiality of members' comments, we don't publish our list of recommended therapists. However, we're always happy to let you know which therapists and lawyers our members have recommended over the phone. Our recommendations include:

- GPs
- Ergonomists
- Physiotherapists
- Psychologists
- Hydrotherapists
- Rehabilitation and Occupational Therapists
- Chiropractors
- Acupuncturists
- Massage therapists
- Lawyers

We do have members all over Australia, but unfortunately we have very limited recommendations in Queensland, Western Australia, South Australia and Tasmania. If you'd like to recommend someone, please call us on (02) 6262 5011, or email us at admin@rsi.org.au. Recommendations outside the ACT are always welcome.

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

MUSCULOSKELETAL INJURIES AND THE RISING COST OF ATO INSURANCE PREMIUMS

A recent article in the Sydney Morning Herald reports that insurance premiums for 20,000 ATO workers have been increasing by an average amount of \$4 million a year, with a \$20 million increase over the past 5 years. It's no wonder the cost is rising, with almost 3000 workers reporting some sort of musculoskeletal injury in 2013–14 – a statistic also featured in the ATO Annual Report. Several measures have been put in place in attempts to reduce premiums including WorkPace break software. This has been installed in attempts to reduce body stressing and encourage regular breaks.

For the full article, see this website: <http://www.canberratimes.com.au/national/public-service/australian-tax-office-injury-premiums-soaring-new-strategy-launched-to-save-money-20141112-11kzhw.html>

UNIVERSITY OF CANBERRA & CIT STUDENT CLINICS

The University of Canberra's Faculty of Health Clinics provides a series of low-cost student-run clinics for those in the Canberra and surrounding areas. Clinics relevant to members include the Psychology Intern Clinic, Physiotherapy and Exercise Physiology. Others include clinics in Neurological and Falls Rehabilitation, and Nutrition and Dietetics. Canberra's CIT students provide a similar service for members of the general public in Naturopathy and Massage student-run clinics. Students from each discipline are closely supervised by highly qualified experts to provide an excellent service at a low cost.

For more information about University of Canberra student-run clinics, see this website: <http://www.canberra.edu.au/faculties/health/community-connections/clinics/student-led-clinics>
For more information about CIT student-run clinics, see this website: <http://cit.edu.au/health/>



RSI IN THE NETHERLANDS

Our contacts at the Dutch RSI Association have sent us through some welcome news. RSI seems to be in fashion again, getting attention from various media outlets with many press articles and radio interviews! Better still, our source says the coverage is much more positive than in the past, with no claims that the condition is all in the mind.

For example, a recent Dutch radio interview celebrating the 20th Anniversary of the Association with Sandra Oudshoff from the Dutch RSI Association and Anita Feleus, a researcher at the University of Rotterdam, explained that RSI is still a major problem, accounting for 11% of employees time off work. The interview also focused on those at risk – including children – and the important role that employers and insurers play in prevention and recovery. Further, Sandra and Reint Alberts, physiotherapist and member of the Advisory Board of the RSI Association, featured in the Health section of the Telegraph to again emphasise the prevalence of RSI in the Netherlands and its impact on daily life.

RESEARCH IN BRIEF

GENDER AND DISABILITY: THE RECOVERY PROCESS

Gender is an often hidden issue in rehabilitation, so a recent paper looking at gender and disability in relation to musculoskeletal pain is very welcome. According to the authors, men and women may experience pain and rehabilitation in different ways, with three main areas being important: how distrust is experienced; how prolonged disability changes self-identity; and the experience of domestic life. These areas, the authors say, "may strongly impact [on] the rehabilitation process and outcomes such as return to work".

Côté, D., & Couto, M. (2010). A critical review of gender issues in understanding prolonged disability related to musculoskeletal pain: how are they relevant to rehabilitation? *Journal of Disability and Rehabilitation*, 32(2), 87-102.

ERGONOMICS

Ergonomic chairs can vary widely in price and features. There are chairs with so many adjustments that millions of combinations are possible! In a useful piece of research, investigators tested two ergonomic chairs to see whether they had an effect on musculoskeletal pain, and also to find out if more features meant less pain. However, only two office workers participated, so it's impossible to draw definite conclusions. One chair was less adjustable than the other, and didn't allow arm height adjustment or the ability to change the amount of resistance in the backrest. However, both chairs reduced pain and disability, and each was just as effective as the other in doing so.

Hoeben, C., & Louw, Q. (2014). Ergonomic chair intervention: effect on chronic upper quadrant dysfunction, disability and productivity in female computer workers. *South African Journal of Physiotherapy*, 70(2), 11-18.

GENDER AND MUSCULOSKELETAL DISORDERS AMONG OFFICE WORKERS

You're more likely to get a musculoskeletal disorder if you're a woman, according to research published in the *International Journal of Industrial Ergonomics*. A recent study of over 800 office workers at a university revealed high rates of musculoskeletal disorders: 58 per cent had neck symptoms, 57 per cent, shoulder symptoms and 51 per cent, lower back symptoms. Neck and shoulder symptoms were significantly more prevalent in women. Interestingly, no associations were found with psychosocial factors.

Collins, J.D., & O'Sullivan, L.W. (2015). Musculoskeletal disorder prevalence and psychosocial risk exposures by age and gender in a cohort of office based employees in two academic institutions. *International Journal of Industrial Ergonomics*, 46, 85-97.

IS HOME-BASED WORK BETTER FOR YOUR HEALTH?

Is home-based work better for your health? A study of over 4000 European workers concluded that it's actually worse when it comes to musculoskeletal disorders. Eighty per cent of all employees suffered from ailments as a result of computer work, with backache top of the list, followed by tense shoulders. One in five workers has taken time off as a direct result of these problems. In addition, office-based workers had higher rates of workstation assessment (forty-three per cent, versus a home-based thirty-two per cent), hot-deskers (twenty-three for all the desks they use) and office nomads (ten per cent for all).

Thew, M. (2014, December 18). How to prevent health risks to "nomadic" workers. *Occupational Health*.

THERAPIES TO THINK TWICE ABOUT

PART TWO

EXTRA-CORPOREAL

SHOCKWAVE THERAPY

Extra corporeal shockwave therapy (ESWT, sometimes also known as shockwave biosurgery) is a method of treating injured soft tissue and bone. It has been used to successfully treat various musculoskeletal conditions including rotator cuff and tennis elbow (lateral epicondylitis). Experts claim that it's one of the only effective treatments for patients who don't respond well to conservative or traditional therapies, such as massage.



ESWT Machine

WHEN IS IT USEFUL?

Traditional therapies like anti-inflammatory medications, physiotherapy and massage are effective in early stages of injury; however, once an injury becomes chronic, subsequent treatments become less effective. This is because such treatments are designed to assist in the early (acute) stage of injury. Once an injury becomes degenerative, it isn't likely to respond well to anti-inflammatories, these authors say.

WHAT IS IT?

'Extra corporeal' means 'outside the body', so ESWT is a non-invasive method of sending an intense, but short shockwave to damaged nerves, which temporarily intercepts pain signals travelling to the brain. Many patients experience immediate improvement following the first treatment, but often this is short-term relief associated with the nerves being overstimulated (this short term side effect is termed *hyperstimulation*). ESWT aims to heal damaged tissue, which can take several days. Major improvement is often seen at the end of the second week after treatment.

ESWT differs from traditional treatments as it has the ability to penetrate the cell membrane of damaged tissue in order to directly increase circulation which promotes direct healing. ESWT also helps to reduce pain.

WHO DOES IT?

ESWT typically takes around 20 to 30 minutes and can be performed by your GP by appointment. A special machine (pictured) is used in association with ultrasound jelly (although castor oil can also be used to increase conductivity and intensity from low to medium or high) to perform this therapy. Because this method involves re-inflammation of the nerve, patients must not take anti-inflammatory medications or ice the area after treatment.

**CALCIFIC VS NON-CALCIFIC
DIAGNOSIS; HIGH VS MEDIUM VS
LOW INTENSITY – WHAT DOES IT
MEAN?**

Tendinosis can be classified as calcific or non-calcific. Calcific tendinosis is characterised by calcium deposits present on the tendon. The distinction between the two can be made by your doctor, and according to a recent systematic review, it does make a difference when it comes to the effectiveness of ESWT. This systematic review of seventeen studies concluded that **high-intensity ESWT is effective in treating calcific tendinosis**

only. It is important to note that there is **no evidence** in favour of ESWT at any intensity level for the treatment of **non-calcific tendinosis**.



Calcium deposit on tendon (calcific tendinosis)

Huisstede, B.M., Gebremariam, L., van der Sande, R., Hay, E.M., & Koes, B.W. (2011). Evidence for effectiveness of Extracorporeal Shock-Wave Therapy (ESWT) to treat calcific and non-calcific rotator cuff tendinosis – a systematic review. *Journal of Manual Therapy*, 16 (5), 419-433.

For more information see: http://www.shockwavetherapy.ca/about_eswt.htm

Posture & Flexibility Stretching Classes



Using the Contact/Relax stretching method, an hour of careful stretching is perfect for rehab, or maintaining flexibility.

Classes are held in North and South Canberra.

Tues	5.30-6.30pm (Woden) 6.35-7.35pm (Woden)
Wed	12.30-1.30pm (Griffin Centre)
Thurs	12.30-1.30pm (Griffin Centre) 5.30-6.30pm (Griffin Centre)
Fri	12.45-1.45pm (Woden)

The next 10 week term commences 28th April.

Very careful, very mindful, very successful.

Davidjheap@gmail.com 0437 135 474

CONFLICT RESOLUTION

The following article is an adaptation of a talk given by Susan Rockcliff from the Conflict Resolution Service to members of the RSI Association on the 27th November, 2014.

The Conflict Resolution Service specializes in conflict resolution. Conflict is basic to human existence; you cannot avoid conflict if you are a human being. We have learned a lot about conflict—it usually involves a predictable course where it starts off with some sort of problem. If the problem is not addressed, then it can become a dispute and it can build into outright conflict which we see around us in many different spheres. It all comes from the same fact about human nature, which is to disagree, and sometimes disagree violently, about things.



Susan Rockcliff of the Conflict Resolution Service, Canberra

The service was established in 1988 at a time in Australia when a lot of states and territories were developing similar organisations. It took as its model the Conflict Resolution Network which was established by Stella Cornelius. At the time there was a national interest in alternative dispute resolution.

You could say, “Alternative to what?” The answer is costly, drawn-out adversarial legal processes. The Conflict Resolution Service is set up here by people who have a commitment to the non-violent resolution of disputes. They were initially volunteers and they set up a community organisation which has since attracted government funding and operates in many different areas of life.

One of the things about mediation which distinguishes it from counselling is that we ask: “Is there a dispute here?” Because lots of people have problems in their lives, but they are not all disputes. Counselling tends to be an on-going process which has a therapeutic emphasis where people wish to have help in discussing long-term emotional issues. Mediation, on the other hand, is usually more focused on finding practical strategies to get an outcome for a dispute. So that is the basic distinction.

The Conflict Resolution Service can offer mediation services for

- neighbourhood disputes
- family dispute resolution for separating couples
- workplace disputes
- family disputes, e.g. wills and estates
- commercial or contract disputes
- associations
- social groups
- between tenants and landlords
- anything else you can think of!

For low income earners there is no cost for any of our services. Other people pay on a sliding scale according to their income. In **workplace disputes** the employer is always asked to pay for the cost of our services.

One of the things we do is what we call **dispute coaching**, which is really one-sided mediation. Mediation involves at least two parties who are in dispute about something. Sometimes people do not wish to meet because there is a lot of angst around the conflict. We can still offer what we call dispute coaching where we can talk to one or the other parties and help them think about alternative approaches they might take to discuss the issues with the other party, and increase their communications skills so they might try a different way of relating to the other person.

So what is required to resolve disputes?

- Firstly, a willingness to resolve. People must reach the stage of wanting to resolve the dispute. A lot of people we speak with are not quite at that stage. They are so caught up in the angst and the hurt that it is very hard for them to seek a resolution. So that is one of the things that we look for – a willingness to resolve.
- We encourage people to go into the negotiation on the basis of their **interests** rather than their **positions**. When people get into dispute they are sometimes very clear about what they want; they want a particular outcome. In order to move people towards an outcome, sometimes we need to get them to be more flexible and to look at satisfying the interests of everybody involved rather than necessarily agreeing to any particular outcomes.

I want to talk now about some strategies that might assist in negotiating at work.

The first thing we think about when we set up a mediation is power and what we would advise in this situation is not to capitulate to the obvious power setup in the room. There are many sources of power, some of which are confidence, preparation for the meeting, emotional resilience and experience in the workplace and there are the obvious supervision and seniority power relations.

So it is important that you stand in your own power, and be confident in knowing what you can contribute to the meeting. It is probably worth going into a meeting with moderate expectations of what that meeting might achieve, because the situation has taken a long while to develop and so may not be resolved in one meeting. So have a staged realistic approach about what might be achieved.

Ask whoever is organising the meeting what the goals of the meeting are, so that you can immediately start orienting your thoughts to what the other party wants to achieve in the meeting, and also ask for an agenda. That helps to go along with the confidence we spoke about, the confidence that you know what is going to happen. That can be very helpful in meetings.

We offer people the opportunity to bring support people to our mediations. We always say at the Conflict Resolution Service, that the support people are there to support the person, they are not there to participate in the mediation. But, just having that person sitting beside them is another source of emotional strength for

people in these negotiations. Although they may not advocate or be an active part of the meeting, they are there to hear and sometimes take notes for you. We all know what it is like in a meeting and to have so many people there. You are feeling a little nervous and you are not necessarily going to listen carefully or remember it all. So it is great to have a support person.

When you take a support person with you, don't take a lawyer, because that puts everybody on the defensive. And it would cost you a lot of money too. So here we are talking about emotional support, and a good friend is the best person to have with you.

The night before the meeting, think ahead about the issues you want to discuss. We always say this when people are preparing for a mediation; the first stage is to give each party the opportunity to say what they want to talk about. This is how the agenda is developed. You can only do that when you are really calm. Before you get into the room and if you are feeling nervous, think about what you want to discuss and make notes about that. This way, in the heat of the moment you won't forget what you want to say.

In negotiations, always focus on the problem you are considering. And I imagine it is about how it is possible for you to return or continue to work while taking care of your own health. **That is the issue** and we can try to separate that from how you feel about particular colleagues or supervisors. Focus on the problem, for example "what is the task within the workplace that you are concerned about?" That is a question for your employer or your supervisor as well as yourself that you need to resolve.

Focus on one issue at a time before going to the next one. Sometimes things pile up in your mind and you want to try to rush them or get them all on the table. Actually it is better to take things fairly slowly. Listen carefully to the responses that you get from the other people in the meeting. This is where a support person can be helpful.

Sometimes in the early stages of a mediation, people can feel pressured to agree to a proposal. A meeting can be more effective if you use it to explore the issues very thoroughly so that everyone at the meeting has a good understanding of what the issues are. And at that point you do not have to reach agreement. We call it the exploration phase, because we are just thoroughly informing ourselves. You are not trying to find solutions at

this stage. So try to resist the temptation to reach agreement too early. This is where your support person can help, especially if you have arranged a signal before you start. If your support person gives you that signal it means "slow down, you do not have to say yes."

Take time to consider your responses in the meeting. There is nothing wrong with silence. Many of us have the urge to fill



silence with talking. But if you are asked to agree to something it is quite OK to take ten seconds to give any response at all. And it may be at the end of that time you say “I will have to take more time to think about that and I will have to ask my doctor’s advice.”

We offer people the opportunity to have a break, so if you want to talk to your support person privately you could say: “Can we have a 5-minute break?” Take notes. If you feel you cannot concentrate on taking notes, or you cannot physically manage it, this is where having a support person is really useful.

Rather than seeing yourself as being in a weaker position, remind yourself of your value in the workplace – what you have put in and what you hope to continue to contribute if you can. So do not see yourself as being in a deficit position.

You may find yourself in meetings where people do not want to be recorded. It is not a good idea to record people without asking them. In the sort of meeting we are talking about it is better for someone to take notes.

If it is appropriate, you can ask for the records of the meeting or if you have reached agreement, to have some of it documented. This is so that everyone knows what has been agreed.

What I encourage you to do is that if you have anything you wish to discuss with the Conflict Resolution Service, please do call us (6162 4050). There is no obligation to go ahead but we are very happy to talk to people about whatever situation they find themselves in and to leave it at that. We may be able to refer you to other sources of information or you may want to embark on a mediation process.

So just to recap: The Conflict Resolution Service has to be impartial so we are not allowed to advocate for particular people. Our strength comes from being able to listen to both sides, but we do not take sides, nor do we make judgements about right or wrong. We are happy to discuss options for dispute resolution.

Questions

Q *How does mediation fit in with legal rights? What happens if someone comes into an agreement that is in violation of someone’s legal rights?*

If that is a dimension in a dispute, we advise people to seek legal advice. We cannot give legal advice. We prefer that people know their legal rights before people come to the mediation process.

Q *Can a record of a mediation be used in the AAT?*

The parties are free to do what they want with the agreement, but mediators cannot be called as witnesses or any records subpoenaed. In fact, mediators cannot be called as witnesses in any court, nor can they be asked to provide any documentation. Mediators cannot knowingly preside over illegal agreements.

Q *What happens if one person wants to violate a doctor’s advice?*

Encourage full disclosure. Ensure there is an agenda. Then you can be prepared for the meeting.

Q *How can I deal with stigmatising – The case manager made a joke that was very inappropriate, I thought.*

“Having RSI is like being gay in the 1980s.” Can I use this process to manage that approach?

Use an “I” statement. “When jokes are made about RSI I feel...”

Q *Do you talk about ground rules?*

Yes, these are:

- No interruptions
- No abuse or violence (this would lead to termination)
- Mediators are in control of the process but they do not control the content

CHRONIC CONDITIONS SEMINAR SERIES EVENTS 2015

All talks are held at SHOUT, Collett Place, Pearce (Opposite Pearce Shops) at 7pm .

- **FOOT HEALTH**

18 June, Sarah Marshall—ACT Health

- **DEPRESSION**

16 July, Kathleen Griffiths—Centre for Mental Health Research ANU

- **DISABILITY SUPPORT PENSION AND CARER PAYMENT**

20 August, Karl Jordt—Centrelink

WHAT'S ON OUR FACEBOOK PAGE?

- Is it worth paying up to double for Nurofen "targeted to back pain"? Especially if the ingredients are just the same as in the regular version? The ACCC doesn't think so and is taking the manufacturers to court. <http://www.smh.com.au/national/nurofen-maker-faces-court-over-accclaim-ads-are-misleading-20150304-13vmdf.html>
- Some of our members have tried using their feet to operate the mouse, usually with disastrous results for their feet and legs! However, the method of using a pedal as described in this article may be worth a try to relieve your RSI. <https://github.com/david.../KeyboardCombinerArduinoSketch/wiki>



Is it worth paying double for Nurofen "targeted back pain"?



www.facebook.com/RSIACT

TIPS & TOOLS — ERGONOMIC PENS

We've recently come across a number of pens that claim to have a special ergonomic design. To find out if they're worth the money for people with RSI, some of our members have been giving them a go – and here's what they say.



The **GEDDES Mega Pen** (see left) is a whopping 20cm by 2.5cm cylinder. It has a 6cm black finger grip and a long purple barrel.

“Being large has its advantages. It’s easier to grip than a narrow pen. It has a solid and durable feel. However, for my own part, I find the size off-putting. There’s a further problem. My RSI means I’m after a pen with a very easy ink flow. This pen requires me to press too hard to get legible ink. For this reason I can’t recommend it.” – K

“Clunky, too thick (have to hold like a hammer).” – L

The **BIG GRIPPER PEN** is a smaller version of the GEDDES Mega Pen at 14cm long.

“It’s a good length and has a wide 2cm grip. However, there’s the same problem with the ink flow. You have to press too hard to make it work.” – K

“It is thicker than usual, but has a soft rubber grip. Better than a normal pen, but does not have a roller ball, has a little drag.” – L



Big Gripper Pen

The **STABILO EASYoriginal** is an elegantly sculpted pen, 1.5cm wide.

“ I love the ink flow on this pen. It’s about the best I have come across, and I have tried many, many pens. The ink practically flows on its own, ideal for RSI. The only negative with this pen is that it is too over-sculpted for my liking. There’s only one way you can hold it. There is a cavity for the thumb and forefinger and you are forced into a single position. I would like a bit more flexibility for where I place my fingers.” – K

“Thick, with curved finger grips – nice to hold and the ink flows well.” – L



Stabilo EasyOriginal

The **Ergo-Sof PenAgain** has a curved handle designed to let the weight of the hand press it down to the paper.

“It’s a very unusual pen to hold and takes quite a while to get used to. I found it stressful on the hands. Another problem is that it has a ballpoint, so it doesn’t flow well.” – A

“This was too awkward and difficult to get used to for me.” – L



Ergo-Sof Pen Again

K concludes:

“I’m always on the lookout for a better pen. My favourite for many years has been the Uniball GEL-IMPACT. The STABILO EASYoriginal has superior ink flow even to the Uniball, and is well worth a try for anyone with RSI. The GEDDES and the BIG GRIPPER PEN, for me, are inferior to the uniball, and I won’t be continuing to use them.”

Pen	Price*	Refillable	Ergonomic Features
Stabilo EasyOriginal (Right hand version)	\$9.95	Yes (comes with two refill cartridges)	Push-on cap and a rollerball nib. Lots of colours. Available in left and right handed versions.
Geddes Mega Pen	\$3.95	No	Retractable ballpoint nib.
Big Gripper Pen	\$2.95	No	Retractable ballpoint nib.
Ergo-Sof PenAgain	\$4.95	Yes	Retractable ballpoint nib.

*All pens were purchased from <http://www.thewritingpenstore.com/>. All prices were accurate at time of purchase (January, 2015) and do not include shipping and handling.

Q & A: SHOULD I MENTION MY DISABILITY WHEN I APPLY FOR A JOB?

"I was working as a legal secretary when I developed RSI and my position was legally terminated because I couldn't keep up with the work. The insurers paid for me to retrain for a new job – which was great – but I couldn't find any work in that area. Any time I disclosed my disability to a potential employer, communication would stop. The only time I did receive an interview was when I didn't mention my RSI."

A helpful blog by Graeme Innes has some useful tips for job-seekers with a disability. Graeme himself is visually impaired and is qualified as a lawyer, mediator and company director. Graeme was Australia's Disability Discrimination Commissioner from December 2005–2014, during which time he also served as Australia's Human Rights Commissioner for three and a half years and as Race Discrimination Commissioner for two years.

After Graeme first trained as a lawyer, he attended over 30 job interviews in one year with no success, before he finally took a job as a clerical assistant in NSW. "Part of my work involved answering the phone, and telling people the winning lotto numbers," he writes. "I learned quickly that when I disclosed my disability during a phone conversation with an employer, that was usually the last interaction I had with them. So I just turned up, and surprised them at the interview."

Statistics show that Australians between the ages of 15 to 64 years with a disability are 30% less likely to have a job compared to Australians without a disability, with the unemployment rate for those with a disability increasing by around 2%, and remaining stable for those without a disability. So it is definitely harder to get a job when you have a disability.

One of the biggest issues people with a disability face when applying for a job is whether or not to disclose their disability. You are legally obligated to inform your potential employer of a disability **ONLY WHEN** it may impair your ability to perform the requirements of the job. Graeme says: "Don't accept the employer's argument that you somehow misled them by not disclosing. In the same way that no employer can require you to disclose your sexual orientation, no employer can require you to disclose your disability, or punish you for not doing so."

However, Graeme says there may be some benefit to disclosing your disability. Various employers now run programs aimed at increasing the employment of persons with disabilities – and disclosure may make it easier to negotiate any adjustments or equipment you may need.

If you know you won't be comfortable not disclosing your disability, be prepared to bring it up at the end of the interview, providing any information your potential employer may need to provide you with the right equipment.

If you don't get the position you're after, "be prepared to do some voluntary work, internship, or "stepping into" programmes." Another suggestion Graeme makes is to "take a lower level job and work your way up. The biggest challenge we face is that people can't see how we can do the job. Showing them may just get you over the line."

<http://graemeinnes.com/2014/10/02/10-top-tips-to-getting-a-job/>

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/E82EBA276AB693E5CA257C21000E5013?opendocument>

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

Tips & Tools 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	Your posture at the Computer
Cycling	Choosing a Keyboard
Holidaying	In the kitchen

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 Association Self-Help 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 **\$10**
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: _____

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RSI & Overuse Injury Association of the ACT, Inc.

Room 2.08, Griffin Centre
20 Genge Street
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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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