

Newsletter

Spring
2012

November

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

News & Events

RSI AND OVERUSE INJURY ASSOCIATION
OF THE ACT INC.

ANNUAL GENERAL MEETING

We invite you to attend this year's Annual General Meeting. Instead of a speaker, this year we thought we would give our members the opportunity to meet each other, swap ideas and suggestions, and have a friendly chat. The AGM should take about 15 minutes and then there will be a chance to talk to other members over a light lunch.

WHEN: THURSDAY, NOVEMBER 15TH, 12:15 PM

WHERE: ROOM 6, 1ST FLOOR, GRIFFIN CENTRE

So that we can cater, please phone or email us to let us know if you will be attending.

STRESS LESS AND LIVE HEALTHY

A psychologist will talk about how to manage stress while living with a chronic condition.

WHEN: THURSDAY 15 NOVEMBER, 7PM

WHERE: SHOUT, PEARCE COMMUNITY CENTRE, COLLETT
PL, PEARCE

COST: FREE

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Opening Hours: Mondays and Thursdays
10.00 am – 2.30 pm

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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.

HANDS EXPO



RSI Association joins with Arthritis ACT to present “Hands Expo”

Even before the doors opened to our Hands Expo at the Belconnen Labor Club on Tuesday 4th September, people were waiting to come in and try out the many tools and devices on display. Participants included Technical Aid for the Disabled, the Independent Living Centre and Pegasus Mobility, as well as the two organisations who organised the event, the RSI and Overuse Injury Association and Arthritis ACT.



There were tables of sewing accessories generously provided by Hobbysew and a wide range of garden tools from Bunnings in Belconnen. We’re very grateful to all

the above organisations for their support.

At lunchtime, Sue Woodward from you Vivavoce gave a talk and demonstration of voice-operated computing to a lively and interested audience. We couldn’t have organised and staffed this event without the support of our volunteers, Robert,, Max, Svetlana and Liane. Our heartfelt thanks go to them for providing their time and expertise.

We worked hard before the event preparing a number of “tips and tools ‘



handouts which proved very popular. These will be available at future meetings of the Association and include advice on sewing, cycling, driving, bookholders, holidays and managing medicines and e-mails.



RSI AND OVERUSE INJURY ASSOCIATION OF THE ACT ANNUAL GENERAL MEETING

Committee Members Needed

Positions vacant: President, vice-president, secretary, treasurer, committee members (3)

We are looking for new members of the committee and the executive. This involves coming to a meeting once a month at the Griffin Centre with lunch provided; you would need to be able to commit for an entire year. The committee meetings are friendly, informal and very welcoming. Please contact the Association to talk about nominating or for a nomination form.

BITS & PIECES

"URGENT NEED FOR HEALTHY COMPUTING ENVIRONMENT" IN HONG KONG ADOLESCENTS

A recent Chinese study investigated the link between computer-related activities and musculoskeletal discomfort among Hong Kong students. Students from Year 1 to 7 in six local high schools were asked to complete a questionnaire; 68.3% of the students reported musculoskeletal discomfort. Shoulder and neck discomfort (37.7% and 35% respectively) were most frequent and females reported a higher rate of discomfort.

Students who reported musculoskeletal discomfort tended to be older and spent more time on computer-related activities.

Work: A Journal of Prevention, Assessment and Rehabilitation, 2009

EYE DOCTORS AND RSI

A recent University of Iowa study showed musculoskeletal disorders were more than twice as prevalent among eye physicians than family medicine physicians, with neck pain being reported at 17% and 7% respectively, and hand/wrist pain at 26% vs 9%. Reported job factors included "performing the same task repeatedly, working in awkward/cramped positions, working in the same position for long periods, and bending/twisting the back".

Ophthalmology, 2011

HIGH RATE OF MSD IN SONOGRAPHERS

Sonographers work in a high demand/low control environment. A new survey has found that they are likely to

experience some kind of musculoskeletal symptoms due to their work. Ninety-six per cent of subjects in the study reported some type of musculoskeletal symptoms within the past year; 73 per cent in the shoulders, 69 per cent in the lower back and 54 per cent experienced symptoms in the wrist and hand.

Physical size, job strain, time on the job, abdominal girth, work pace and variability, and the time spent standing were all predictors of musculoskeletal symptoms.

Work: A Journal of Prevention, Assessment and Rehabilitation, August 2009

NEW REGISTRATION SCHEME FOR THERAPISTS

Australia's national registration and accreditation scheme for health practitioners is up and running, with occupational therapists and practitioners of Chinese medicine the latest to join.

Each profession has a national board which sets the professional standards that each practitioner must meet to be registered. The scheme includes chiropractors, dentists, osteopaths, physiotherapists, and many others. If you have concerns about a particular practitioner, you can contact the relevant board for that profession.

NUROFEN ADS "MISLEADING"

"Nurofen goes to where the pain is"; "Nurofen for headaches" — ever wondered about Nurofen's claims that it targets particular parts of the body? Well, it seems

that this claim is misleading, according to the advertising complaints resolution panel of the TGA.

They thought that reasonable consumers would get the impression that Nurofen goes immediately to the source of pain and has no effect in the rest of the body; this is simply not true. Nurofen has been ordered not to use the claims in future advertising, at least for headaches.

EUROPEAN EMPLOYERS FAIL TO CONSIDER HUMAN COST OF MSD

Nine European employers' associations oppose legislation on work-related MSDs, despite musculoskeletal disorders being the top cause of absenteeism (half of all absences over 3 days) and permanent inability to work (60%), according to the European Commission. Employers say such a directive would be a huge financial and administrative burden, with an external consultant estimating the cost to be 3.7 billion euro. This view, however, fails to consider the much higher cost of MSDs, economic and human. The European Commission drew up a draft proposal in January 2010, and an official proposed directive is set to be released soon.

"Europe's bosses want nothing to do with a directive on MSD", European Trade Union Institute, 2012

YOU DON'T HAVE TO LIVE WITH DEPRESSION

Julia Reynolds is a Clinical Psychologist and e-hub Clinical Services Manager at the Centre for Mental Health Research at the Australian National University. In May this year, she gave a public seminar on how to deal with depression and anxiety. This article, written by Rebecca Cuzzillo, is based on the content of her seminar.



Public perceptions around depression and anxiety are changing. A study by the Australian Bureau of Statistics (2007) has found that 45 per cent of the general Australian population will experience a mental health problem at some point in their lifetimes. In the last year alone, 20 per cent of Australians experienced one of these conditions. This means that all of us will either experience one of these disorders ourselves or know someone who does. Depression and anxiety will affect us all in some way at least once in our lives.

The study also found that in the last 12 months, only 35 per cent of people with these disorders sought help for their condition. People often do not seek help because they are not clear on whether they are just feeling a "bit depressed" or a "bit anxious", or whether they are experiencing an actual treatable disorder.

Depression and anxiety are closely related conditions. Up to 39 per cent of people with depression also have anxiety, and 44 per cent of people with anxiety also have depression. People with anxiety are also nine times more likely to develop depression.

What is depression?

Depression affects how we feel physically and emotionally, how we think and how we behave. It causes actual physiological changes that prevent a person from functioning as they usually would. Scans have shown visible changes in the brain when a person is recovering from depression.

There is not one specific cause of depression, but a combination of a variety of factors for each individual. We do know some of the factors; biological factors such as genetic differences, age or illness-related changes in brain function, alcohol and some medication can all have an impact; life experience and our personality can also play a role; and those who experience loss and increased stress are more susceptible to developing depression.

Depression is a complicated condition and different for every individual. It can be caused by a combination of a number of the above factors and can affect all aspects of our experience.

What is anxiety?

All of us will feel anxious at some time in our lives, but one in four of us will experience an anxiety disorder in our lifetime. Anxiety can often be confused with stress. Stress is the name given to the body's response to any kind of threat. At a very high level, the stress response, also commonly known as the "fight or flight" response, is preparing your body to run away or stay and fight.

"I just want to bust a few myths about depression. Depression is not weakness, it's not craziness, it's not someone being lazy, and it's different from grief and sadness. It is not incurable too. It is very, very curable."

Such a high level of stress is what we call anxiety. A lower level response is what most people would call "feeling a bit

stressed". Stress varies from a very low level up to a very high level, and the high level is where we rate anxiety.

Depression and RSI

"If people call depression the black dog, I'm not sure what colour dog pain is, but the two of them are very close companions."

Pain and depression are very closely linked. Some studies have shown that up to 80-90 per cent of people with chronic pain have depression.

A study from the US looked at people with RSI specifically and found that, four years after being involved in workers compensation claims, many of them were still experiencing RSI symptoms and 31 per cent had depression, a much higher rate than for the general population.

Other research has shown that pain can lead to depression. This is not surprising, chronic pain can be exhausting and difficult to deal with. It also works in the reverse, with depression making pain worse. Depression causes actual physical processes which make the brain much more sensitive to pain signals. Depression can also make it much harder for a person to cope with pain and the other life changes that a person with RSI or other chronic pain condition may be experiencing.

There is something you can do about it.

There is a variety of different techniques and treatments for depression and anxiety disorders, with varying effectiveness for each individual. Be prepared to try something else if the first technique or treatment you try isn't effective. The most important thing is to not give up.

There is increasing evidence that **exercise** can be very helpful for many people with depression, particularly for those experiencing mild to moderate levels of depression. **Mindfulness-based therapies** can also be effective for people with depression. This involves training your mind's awareness through meditation and other practices to help reduce distress.

The following **psychological therapies** can be helpful.

Supportive counselling provides a space where you can be listened to and feel deeply understood and accepted. This allows your healing processes to function more effectively and increases your problem-solving capacity.

Interpersonal therapy focuses on solving relationship issues and dealing with isolation, changes in roles and settling disputes.

Cognitive behaviour therapy has a strong evidence base for its effectiveness. It is based on the concept that we can reduce unhelpful thought patterns and behaviours, and increase helpful ones, in order to cope with certain situations that are

"Depression is kind of like turning up the volume on pain."

making us depressed.

A study has found that cognitive behaviour therapy was effective in helping people with chronic work-related upper-limb pain cope better with their pain. Their anxiety, depression, distress and pain all improved after nine sessions of cognitive behaviour therapy.

Anti-depressant medications are also a common treatment for depression. All medications available tend to have similar effectiveness, but differing side effects. If you choose to take medication you are likely to find that one is more effective for you as an

What works and what doesn't work for depression

Very useful and strongly supported by scientific evidence:

- Antidepressants
- Electroconvulsive therapy
- Cognitive behaviour therapy

Promising, may be useful, supported by some scientific evidence

- Oestrogen
- Reminiscence therapy
- Acupuncture
- Alcohol avoidance
- Aromatherapy
- Massage therapy
- Negative air ionisation
- Relaxation therapy
- SAMe – a dietary supplement
- Vitamins
- Yoga

Useful and supported by scientific evidence:

- Bibliotherapy
- Interpersonal psychotherapy
- Psychodynamic psychotherapy
- Supportive counselling
- Exercise
- Light therapy
- St John's Wort

Not effective on available evidence

- Tranquillisers
- Ginkgo biloba
- Music
- Painkillers
- Sugar avoidance
- Tryptophan
- Tyrosine

People with RSI have an increased risk of developing depression

Some aspects of RSI may increase the risk of developing depression or anxiety disorders:

- Pain can be worse at night–disturbed sleep can contribute to depression.
- Difficulties in maintaining exercise–for those who enjoyed exercise, the loss of the ability to exercise can be devastating. Exercise itself can help to ease anxiety and depression.
- Concerns about seeking help–attempting to deal with RSI alone and worrying about the consequences of reporting their condition, particularly to their employer, can be stressful and increase risk of depression.
- Uncertainties in diagnosis and treatment, some reactions from medical professionals and workers compensation, negative stigma–all cause stress and increase the risk of depression.
- Difficulties in coping with changes in lifestyle–dealing with significant life changes is a major contributing factor to depression.
- Increased muscle tension–anxiety disorders causes muscle tension which can increase pain.

individual than others. Some of the older medications can be particularly helpful in easing pain. It is important that you give them a chance to work, both in terms of giving them enough time and also experimenting with different doses with your doctor. Be prepared to try another type if the first isn't effective.

You need to seek professional help.

If you feel that you may be suffering from depression, anxiety or other mental health disorder, it is important that you seek professional help. You need a proper assessment of your condition, as different treatments are more effective for different types of disorders. Visiting your GP is a good first step. If you don't have a regular GP, and don't feel comfortable talking to someone new, but you do have a good relationship with another health professional, such as a practice nurse, then do talk to them to start the ball rolling.

Be open to different sorts of treatments including trialling medications and seeing a psychologist, psychiatrist or counsellor. It is important to be persistent, as different treatments will work for different people at different times of their lives. You have to work out the best treatment there is for you. For many people the best approach is to tackle lifestyle changes to make sure you are taking good care of yourself as well as seeking more formal help.

There is lots of good information on the internet.

Beyondblue (www.beyondblue.org.au) has a range of resources on its website as well as a 24-hour phone service (1300 22 4636) and can provide you with information and

suggestions on how to access affordable counselling and therapy in your local area.

The Black Dog Institute

(www.blackdoginstitute.org.au) also has an informative website with a particular focus on bipolar disorder. There is a variety of other websites that you can visit, For websites that can help you, see the next page.

The **Centre for Mental Health Research** at the Australian National University has five different

Helping others with depression

Given the statistic that 45 per cent of us will experience a mental health disorder at some point in our lives, it is likely that each of us will have other people in our lives that have these conditions.

Here are a few tips if you are supporting someone else with one of these conditions:

- Just listen. Being heard can be a great comfort–anxiety and depression reduce a person's problem-solving ability and often cause them to repeat the same problem over and over. The solution may seem simple to you, but the person may find advice unhelpful. Just listen, and if they are open to it, talk them through some problem-solving instead of giving them the solution.
- Encourage normal activities–particularly around eating and give them reassurance that everything will be alright.
- If possible help them to reduce or avoid alcohol–it can make depression much worse.
- Take them seriously–if their condition is deteriorating or they have suggested they may harm themselves then you need to make sure they tell their doctor.
- Get support for yourself through your GP or phone beyondblue to find out about support available in your area.

Blue Pages (www.bluepages.anu.edu.au) is a comprehensive, evidence-based information website that looks specifically at what works and what doesn't work for depression.

Mood Gym (www.moodgym.anu.edu.au) is an automated online program, made up of five modules based on cognitive behaviour therapy. Each takes about 30 minutes to complete.

ECouch (www.ecouch.anu.edu.au) is an interactive online program suitable for all ages targeting both depression and anxiety as well as other mental health disorders. The program suggests different self-help activities that may assist including physical exercise, cognitive behaviour therapy, interpersonal therapy and different relaxation techniques.

Beacon (www.beacon.anu.edu.au) lists a variety of different online programs for both physical and mental health conditions and looks specifically at how much evidence the programs have behind them.

Blue Board (www.blueboard.anu.edu.au) is a moderated online peer support program where people who are experiencing mental health disorders, or those caring for someone who is, can share ideas and provide support for one another

The internet is a great place to start and find information, but it is important to seek professional help and gain a proper assessment from a health professional who can point you in the right direction. It is important to remember that depression and anxiety are treatable conditions. With help and support, it is possible to overcome depression and anxiety and regain your quality of life.

With a diagnosis and recommendation from your doctor, Medicare will subsidise up to 12 sessions with a psychologist or specialist clinical psychologist each year. Sometimes, depending on the psychologist, this will cover all or most of the cost.

Our members have found that not all psychologists are equally helpful. Get a recommendation from your GP, a friend you trust, or contact us for a recommendation. Be prepared to switch if you're not making progress. Remember, the psychologist that suits your friend may not suit you!

Rebecca Cuzzillo

This seminar is one of a series of three seminars organised by the RSI and Overuse Injury Association of the ACT. The seminars are supported by the ACT Government under the ACT Health Promotion Grants Program.

Available Resources & Services

Information Websites:

- beyondblue: www.beyondblue.org.au; www.youthbeyondblue.com
- The Black Dog Institute: www.blackdoginstitute.org.au; www.biteback.org.au
- Centre for Clinical Interventions, Government of Western Australia, Department of Health: www.cci.health.wa.gov.au
- Clinical Research Unit for Anxiety and Depression (CRUfAD), St Vincent's Hospital, Sydney: www.crufad.com
- e-hub, the Australian National University: www.bluepages.anu.edu.au
- National e-Therapy Centre, Swinburne University: www.anxietyonline.org.au

Online Cognitive Behaviour Therapy Programs:

- Anxiety Online, Swinburne University: www.anxietyonline.org.au
- CRUfAD clinic programs: <https://crufadclinic.org>
- e-hub, the Australian National University: www.ecouch.anu.edu.au; www.moodgym.anu.edu.au
- OnTrack, Queensland University of Technology: www.ontrack.org.au

Other online self-help programs can be found at www.beacon.anu.edu.au.

24/7 Phone Services:

- Lifeline: 13 11 14; www.lifeline.org.au
- Crisis Support Services: 1300 659 467; www.suicidecallbackservice.org.au
- Salvo Care Line: 1300 36 36 22; www.salvos.org.au/salvoscareline
- beyondblue Information Service: 1300 22 46 36

Urgent Help:

If you are feeling suicidal or in need of urgent help call:
Emergency: 000 (or 112 from a mobile phone)

SOMETIMES IT'S A LEAP OF FAITH

by Hedda Murray

Many of us know and experience the pain of RSI, not just the physical pain but the psychological pain, often starting with a difficult work situation and a poor equipment set-up. For lots of us it can be a struggle and many readers will know this from bitter experience.

I recently spoke with three women, Viv, Laura and Anna, each of whom sustained serious repetition strain injuries at work. They were each faced with the choice to stay in their workplace and lose themselves to injury, pain and a distressing environment, or to cut ties, leave, and regain hope and health in their lives through study. Facing the reality of leaving work demanded courage in taking a radically new direction, and once that move had been made, none went back to the unhappiness they'd left behind.

Finding study and finding where that study took each of them highlighted for me their determination to make good things happen. Their journeys were by no means easy, but as you'll see, the changes they made in their lives both in work and in study brought relief and a tangible belief that a better future could become a reality.

Thanks to all three for their time and sharing their stories.

Viv

Viv sustained her injury while working in an office environment in the public sector. She was responsible for testing new IT programs before they were released and this demanded intensive mouse and key work. The work was high pressure but manageable. Unfortunately this changed when she was given a

particularly demanding job with a lot of pressure, immovable deadlines, poor ergonomics and no real staff support to back her up. She sustained a repetition strain injury that has never fully settled.

Her injury became severely aggravated and because the workplace was so heavily IT-based it was difficult to re-organise her work in a manageable and meaningful way. She went through extremely stressful and adversarial battles to get her rights met but, realistically, the extent of Viv's injury was such that she needed a lengthy recovery. It also permeated all aspects of her life. Her state of mind and her health were very poor, the pain from her injury and the battles with work were simply exhausting, and getting through each day in her role as a parent was very difficult.

It was a bleak position to be in and one that some readers may relate to. But Viv's decision to resign from her job was pivotal. It brought her great rewards. She took up study and took off!

"I was either going to earn or learn, so I quit work and went to study. There was no point being in pain and not able to really work and be depressed.. My health was more important than a career."

"So I was on the sole parent pension and I thought that would be terrible and I'd be poverty-stricken, but you know what, it gave me so many things! I set up my life better, started part-time waitressing and then decided to go to uni.

It was really fabulous, absolutely amazing, to have new opportunities and options.

I feel really happy that I had an opportunity to

go to uni and study something I was interested in. I graduated in 2009. Now I do technical stuff in the field I studied in and it feels good!! My goal was to re-enter the workforce with particular organisations relevant to my degree, get a leg on the rung and then suss out the market place!"

Key to Viv's success was talking to people all along the way and seeking support when she really needed it. This included support from her GP when she faced depression, getting involved with RSI support groups and events, speaking with the Disability Adviser before enrolling, and listening and sharing with lecturers and other students once she was there. She had a plan, she was organised, and she measured her time.

"Don't try to be superwoman and work and never sleep, that doesn't work! Pace yourself to use the best part of the day for your study, be flexible, do it when you're well and more likely to achieve, then you'll make progress. If you can't write at certain times of the day, can't hold a pen, then don't do it!"

For the first semester it's about getting your feet in the water, seeing what you like and don't like, and asking questions. Don't worry about trying to get the highest mark. It can be a competitive environment and the other students don't always have the barriers you have, so just showing up every day is a marvellous thing!"

Laura

Laura developed RSI by using a computer that was incorrectly set up at work, in an environment that was very negative, undermining and lacking support. Initially the people at work were OK



about her taking time off for a repetition strain injury. However, they operated from ignorance by

changing her work plan in such a way that it compounded her injury, both physically and psychologically. Her work was not only physically demanding, especially with her RSI, but also pretty meaningless and quite demeaning, cleaning desk tops and doing paper filing. She was

on contract and so, when her contract finished, it wasn't renewed – Laura's decision to leave work, or move to another area, was out of her hands. By the time she left work, her arms were in a very, very bad state and, despite a compensation pay-out, she needed a long time to recover.

It sure hasn't been easy. Leaving a bad workplace is an important step, but it's also important to acknowledge the fact that you may need to start from a lower base and that your injury means you can't necessarily transfer your skills. This can be frustrating. "Nevertheless, the way I look at RSI is a bit different because if I get to the point where I think this is really harming me then I must get away from it. And I don't mind if I lose the income that goes with the job."

"I mean obviously your income is going to be greatly affected if you leave a job and you're no longer on good wages. I don't think there can be a pay-off if your physical and mental state continues to deteriorate. How can it possibly do you any good?"

Ultimately Laura took up tertiary study and within two years graduated with a Certificate in Teaching, a subject she chose because teaching, in itself, requires so little interaction with computers and IT.

Ironically this wasn't the case while actually doing her study; there were assignments and computer work necessary to get through the course. "It's important to talk to people. The Disability Adviser provided me with Dragon Dictate on my computer at home. It was really good and the lectures had power point slides on-line, so you didn't have to write a lot ...there was no trouble getting a scribe and you do get as much support as you need from the Disability Adviser."

If assignments were going to be problematic, then imagination and flexibility was brought to bear between the lecturer, the Disability Adviser, and Laura herself to enable things to be done creatively, differently, yet just as effectively as other students.

Laura's been back working for six years and she's been doing it on her own terms in a healthy and stimulating environment that works well for her, with colleagues that support each other. It may not be as intellectually stimulating as she would like, but importantly it is Laura that decides on these sacrifices or pay-offs; she is the one in control.

Now I have a job with the autonomy that I have and the people I work with are incredibly nice.

Try to think laterally about what you can do. There are lots of opportunities, business schemes, a seed of an idea, study. Learn to downsize life a bit for the sake of your health. A whole weight gets lifted off you when you no longer have to deal with people or situations that are unpleasant to you or undermine you. Sometimes you've got to see you're in a trap and the only way out is to take another direction—a leap of faith!"

Anna

Anna developed RSI a couple of decades ago when she basically had a computer plonked on her desk with no consideration of her ergonomic needs. In addition to learning this new technology, she was running a small unit with insufficient staff. She was under pressure, she had no ergonomic support or

computer training, and she didn't have enough staff to do the required work.

"We were so busy that I didn't take any time off work after I was injured because I just felt that I couldn't put that work onto my co-worker; I couldn't let her down, and so of course that just compounded the injury and so it went on from there. I continued working and then went to part-time before I took a voluntary redundancy." Anna had done tertiary studies in the past and now loved having the opportunity to gain new qualifications in the area of health promotion; however her injury was quite serious. "There was no way I could study full time with RSI. I did one unit at a time, never more than one unit at a time."

Some of the units were only offered in an intensive mode, which meant that they ran over six weeks or two months instead of a full semester. And that meant lots of assignments in a very short period of time. "I made a big mistake by not going to the lecturer to explain my problem before the course started. Sometimes when you talk to them in the middle of a course without any preparation, they aren't very sympathetic. If I'd gone to her in the beginning and been very clear about what I needed and talked to the Disability Adviser and said that I can't do all these assignments in six weeks I think I would have got more help."

"I didn't plan very well and thought everything will be OK. I was very confident and didn't really think what a problem it would be. I managed, but at the cost of my arms, which was very silly. Toward the end of my studies the voice operated computing was very good and I relied on that *and* I got better organised!"

Anna was already working as a volunteer in the area of health promotion she was passionate about. She was required to write a mini-thesis at uni and it seemed obvious to do it on something that was important to her personally.

Her studies informed her work and her work informed her

study. It was good experience and it was a great outcome.

Anna's tips? "Go to the Disability Adviser first. And then be quite pushy if necessary to talk to lecturers before every single course and be clear about what you can do and what you can't do."

"Get them all on side before the course starts and time yourself carefully. I think it was a really good thing that I only took one unit at a time, even if that meant three years to complete instead of a year. That really helped me manage it. Another thing you can do is negotiate different forms of assessment, like talking instead of writing. Break things up, really pace it."

Want more?

These stories of real people and real lives show that managing RSI though work to study and back again is a complex thing. Solutions are not entirely straightforward. Yet being open to change and taking risks can throw up life-changing options.

If you would like more information go to the comprehensive study section at our website: <http://www.rsi.org.au/study.html>, or contact the Disability Advisers directly at your university or TAFE (CIT) to talk through your needs.

Happy studying!

Hedda Murray is a freelance writer based in Canberra

GENDER GAP: WOMEN SHOULDERING A BIGGER BURDEN OF PAIN

New research at Stanford University suggests that when men and women have the same condition—whether it's a back problem or a sinus infection—women appear to suffer more.

The study, in *The Journal of Pain*, analyses data from electronic medical records of 11,000 patients whose pain scores were recorded as a routine part of their care. The pain scores involve rating pain on a scale from 0 for no pain, to 10, for "worst pain imaginable."

In several diagnoses, an average pain score of at least one point higher for women than men was found, which is considered a clinically meaningful difference. Commenting on the results, the study's senior author, Dr Atul Buttes says, "You have to think about biological causes for the difference."

An extensive report in 2007 by the International Association for the Study of Pain cited studies showing that sex hormones may play a role

The research "really highlights the need for more treatment and better treatment that is gender-specific, and the need for far more research to really understand why women's brains process pain differently than men.

For 21 of 22 ailments with meaningful sample sizes, researchers found that women reported higher levels of pain than men. For back pain, women reported a score of 6.03, and men 5.53. For joint and inflammatory pain, women were 6, and men 4.93. The same trend continued with significantly higher pain levels reported in women with diabetes, hypertension, ankle injuries and even sinus infections.

in pain response. Some of the gender differences, particularly regarding headache and abdominal pain, may begin to diminish after women reach menopause. Other research suggests that men and women react differently to anaesthesia and pain drugs, reporting different levels of efficacy and side effects, bolstering the idea that men and women experience pain.

Volunteers needed!

Can you help out at the Charity Christmas card shop in Civic on Monday 19th November? The RSI association will be staffing the shop that day and if you can help for an hour or two between 9:30am and 3:30pm that would be a great help. You do not need to be able to write or even handle cards. Phone us on 6262 5011 or email us at rsi@cyberone.com.au if you can help.

TIPS & TOOLS – HAND-FRIENDLY PHONES

Choosing a phone

What to look for:

- keys that are easy to press; generally, larger keys are softer and easier to use, as well as requiring less precision – also a problem for people with RSI.
- a light and comfortable handset
- a speakerphone will enable you to use the phone without holding the handset.
- memory keys will enable you to dial a number by pressing just one or two keys.
- with a mobile, you want to be able to carry out the most frequent operations – calling, and possibly texting – without going through a lot of menu options. It's also important to be able to lock the phone easily so that you don't accidentally make calls.

In general, the phones that meet these specifications are designed for "seniors". We include two of them here that our members have found easy to use.



Mobile

Telstra easy call 2 \$79

- *Big buttons and large font for easy dialling
- *Very simple to lock: there's a switch on the outside which is easy to activate
- *Volume control
- *torch and FM radio

Telephone

Big Button/Multi-Purpose phone:

This phone has been especially designed to suit people with vision or dexterity impairment. The buttons are double the size of those on a standard phone, and you can activate the hands-free function and dial

programmed numbers with the push of a button.

Features:

- *Large print and large button keypad
- *Hands-free microphone and speaker that



activate by touching any button

- *Three one-touch and ten two-touch memory buttons for frequently called numbers
- *Adjustable ringer volume
- *Adjustable volume control to amplify incoming speech
- *Additional port so that you can add a single, external switch if you have difficulty dialling on the phone

For more ideas...

Telstra's Disability Equipment Program
<http://www.telstra.com.au/abouttelstra/commitments/disability-services/apply-for-equipment/index.htm#who>
 Vodafone <http://www.vodafone.com.au/aboutvodafone/disabilityservices>

Disability Lifestyles <http://www.disabilitylifestyles.org.au/index.html?page=13311&pid=0>

Information about telephone features that are suitable for people with disabilities. <http://www.tiresias.org/phoneability/telephones/>

RSI —A 20TH CENTURY PHENOMENON OR AN AGE-OLD DISEASE? PART ONE

Life was tough for most people in Henry VIII's Britain with disease, war and religious conflict raging, so it might come as a surprise to hear that a common complaint at the time was repetitive strain injury. Five centuries before the computer or the modern office, men were struggling with an epidemic of achy shoulders and bad backs.

The condition has been traced by sports scientists at Swansea University who have examined preserved skeletons on board Henry's stricken warship, the *Mary Rose*, which sank in 1545 and is now preserved in Plymouth dockyard. And the reason for their ailments? It was the craze for archery practised in towns and villages up and down the country. The king was a talented archer in his younger days and made a weekly practice compulsory for every male aged between seven and 60. Archery was not just a leisure activity but crucial to Britain's security, as guns were relatively new and not very accurate.

Professional archers could fire 12 arrows a minute – each one the equivalent of pulling weights of up to about 90 kg, the weight of a well-built man. Nowadays an Olympic archer would only pull around 22 kg! While experts noticed that the skeletons had evidence of strain to their bones when the shipwreck was raised, new computer models have been able to show exactly which muscles were strained and the impact this would have had on their bodies and posture.

Taking time off work was probably not an option on board the *Mary Rose*. The great warship had been launched in 1511 and served in several wars against France. It would have carried the head of the royal fleet – the Lord High Admiral – and a crew of hundreds of sailors, soldiers and gunners.

So far, 92 complete skeletons have been recovered from the wreckage along with a treasure trove of medieval weaponry from the ship which was raised

from the seabed in 1982. The toll of repetitive strain injury has come out of an 18-month study by scientists, surgeons and engineers Swansea in collaboration with the Mary Rose Trust which runs the ship site.

The investigators used a laser scanner to create three-dimensional images of pairs of bones – those between the wrist and elbow – from 23 skeletons allowing them to measure the bones and virtually slice them into cross-sections.

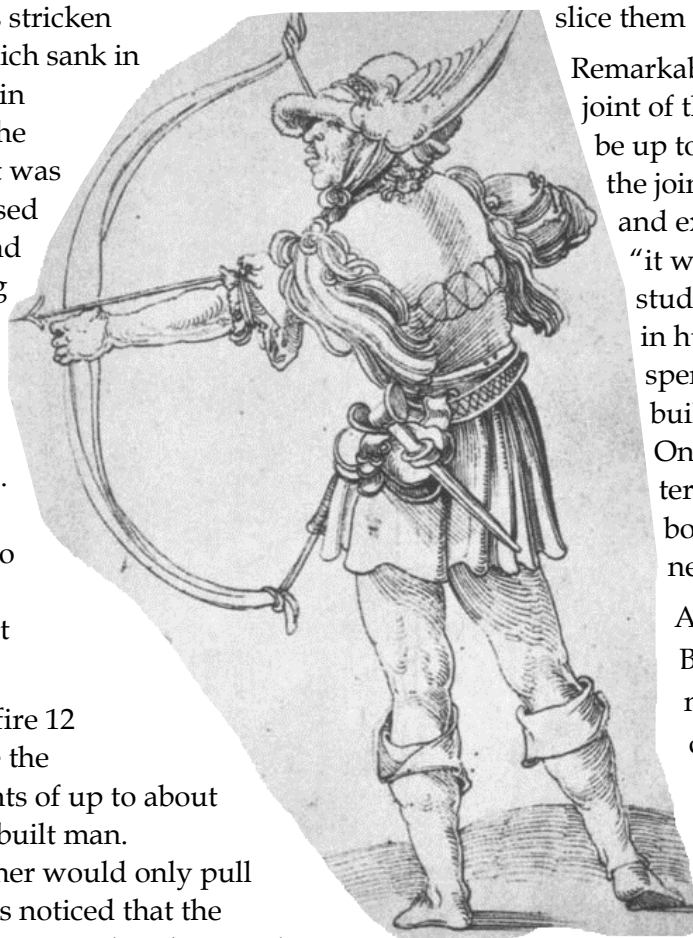
Remarkably it showed the elbow joint of the bow-pulling arm could be up to 48 per cent bigger than the joint on the other arm. A sport and exercise bio-mechanist said "it was a unique opportunity to study activity-related changes in human skeletons as they had spent a lifetime training and building up immense strength. One of the skeletons had terrible osteo-arthritis on his bow arm that you would never see today."

According to author Paul Brennan, this was by no means the first recorded case of a repetitive strain injury. In his 1985 book "Repetitive Strain Injuries", he lists several instances of what could be termed RSI, beginning

with 1490 when Italian genius, Leonardo da Vinci, reported cramps in his hands after long periods of drawing

The next entry is dated 1550. The Flemish anatomist, Andreas Versalius noticed many of his scribes were developing pains in their hands and wrists after many hours of copying drawings for his classical medical text, *De Humani Corporis Fabrica*.

In 1700 the Italian medical professor at Modena University, Bernardino Ramazzini (often called "the father of occupational medicine") published *De Morbis Artificum Diatriba* (Diseases of Workers),



noting that, “incessant driving of the pen over paper causes fatigue of the hand and the whole arm because of the continuous strain on the muscles and tendons, which in course of time results in the failure of power in the right hand.” He recommended rubbing the painful area with a mixture of oil of sweet almond and brandy. (Perhaps sufferers would have got more relief by drinking it than applying it!)

Ramazzini (1633–1714) studied medicine at the University of Parma where his interest in occupational diseases began. In his book he outlined the health hazards of chemicals, dust, metals, repetitive or violent motions, odd postures, and other disease-causative agents encountered by workers in 52

occupations. This was one of the founding and seminal works of occupational medicine and played a substantial role in its development. He proposed that physicians should extend the list of questions that Hippocrates recommended they ask their patients by adding, “What is your occupation?”

In 1825 a French doctor, Alfred Velpeau (1795–1867), introduced the term tenosynovitis for inflammation of the tendon sheath. He recommended immobilisation of the arms by wrapping them in crinoline bandages.

In 1875 the British Medical Journal, *The Lancet*, published an article entitled ‘A Telegraphic Malady’, saying that: “Something like a panic must have been caused amongst the telegraphists of this country by the announcement – for which a French physician is answerable – that their occupation exposes them to a disease which was said to be very common amongst telegraph clerks. Although the

disease is said to be common, only one instance of it is quoted, that of a man who, after nine years’ work in a telegraph office, began to experience a difficulty in making certain signals, the attempt to do so being followed by cramp of the hand. First his thumb failed, then the first and second fingers, and when he had recourse to his wrist as a substitute for the hand, this became disabled also. This story is likely enough, and it seems possible that we may have to add *telegraphists’ cramp* to the list of those diseases which are aptly named *professional impotences*.”

The Lancet in its wisdom also announced: “It is well known that the constant repetition of any one act is liable in persons of a certain constitution to bring about a disability to perform that act.”

The Lancet in its wisdom also announced: “It is well known that the constant repetition of any one act is liable in persons of a certain constitution to bring about a disability to perform that act.”

In 1911 The British government began an inquiry into complaints about pain caused by *cramps* and *fatigue* from hundreds of Morse Key telegraphists. The British committee wrote to the Ministries of Post and Telegraphs in Austria, Belgium, France, Germany and Italy. The Austrians had never heard of it, the Belgians had ten people with these kinds of complaints, and the French, Italians and Germans had doubts as to its existence. As a rule, they were all doing ‘the same work’ using ‘the same Morse tapping key’ but did not report ‘the same pains’.

Irene Turpie

Part Two of this article will appear in our next newsletter and will cover the period up to the present.

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Review: Clickless software & Short-Keys	
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Neck pain: prevalence, causes, treatment	
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How to win and keep a Comcare claim	
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A new approach to pain [NEW]	
Managing stress in your life [NEW]	
You don't have to live with depression [NEW]	

BOOKLETS AVAILABLE:

The RSI Association Self-Help Guide
 This booklet contains 120 pages of really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.
\$20

Moving on with RSI
 This booklet covers the stories of people who have learnt to live with serious RSI. It contains many ideas on how to survive emotionally and successfully manage the condition.
\$10

Pregnancy & Parenting with RSI
 This booklet contains 20 pages of information designed to help parents with an overuse injury to manage the specific challenges they face.
\$10

Booklets can be purchased online (www.rsi.org.au), requested by email, or ordered by mail using the form below.

To order an electronic copy of any of the above info sheets, please email us at rsi@cyberone.com.au or for a hard copy of any of the above please tick the appropriate boxes on this form and mail it to us (see address on front page). Please include one local stamp per info sheet to cover printing costs, and a large self-addressed envelope.

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Coming Soon:



Stretching- does it help



How long does RSI last?- new research



Tips & Tools— Standing desks



Acupuncture and RSI



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