

IN HAND



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

Winter 2014

News & Events

Mindfulness to Reduce Stress

Hosted by Chronic Conditions Seminar Series

Speaker: Sue Hayes from Simply Mindful
When: 7pm, June 19th
Where: SHOUT, Collett Place, Pearce
Cost: Free, all welcome

Practical Solutions to Everyday Life Activities

Hosted by Chronic Conditions Seminar Series

Speaker: Karen Elliot, Occupational Therapist
When: 2:30pm, July 17th
Where: Independent Living Centre
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



Which stylus is best? See page 8

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PRACTICAL SOLUTIONS TO EVERYDAY LIFE ACTIVITIES

This event will include guest speaker and occupational therapist Karen Elliot presenting a talk on techniques and tools that you can use to help with daily tasks at home, in the workplace or in the community. This is a great opportunity to try out some of the hundreds of pieces of equipment that the Independent Living Centre has to offer, including everything from computer gadgets to pieces of furniture. You will also have the opportunity to gain professional advice on what equipment is right for you!

This event will be held on **Thursday the 17th of July, 2:30pm** at the **Independent Living Centre** (24 Parkinson St, Weston; near Coleman Court) and is hosted by the Chronic Conditions Seminar Series.

LETTER TO THE EDITOR

JUDITH'S STORY: A LEARNING EXPERIENCE WITH DRAGON VOICE ACTIVATED SOFTWARE

I have been using Dragon for nearly 6 months. In hindsight, I realise now that learning how to use Dragon (something I am still doing) actually required me to have an extraordinary amount of patience right at a time when due to my injury, my life was turned upside down. I say this because of the combination of a number of factors.

When learning how to use Dragon, I think you have to retrain your brain to switch from "thinking to typing" to "thinking to voicing". This is more difficult than it sounds as you are moving from naturally "thinking to an action, using your hands i.e. typing" to "thinking, remembering to not use your hands and instead use your voice whilst trying to formulate what it is you want to say". To try and give you an understanding, it would be like switching from "thinking to drawing" to "thinking to using the voice to draw".

There is so much to learn about Dragon and your brain can only fit so much in at any one time. Whilst at work, I was in pain constantly. I was trying various treatments without success. I was making numerous adjustments in the workplace; trying to maintain my hours and continue my work, dealing with the impact on my colleagues, trying not to have breakdowns at work (or in Dragon training sessions where it can feel so overwhelming to be so inadequate with your skill when the trainer is so good at it; you are already feeling like a failure for having an injury that limits your ability and it feels like such a monumental task to learn how to use voice activated software), keeping up with paperwork processes and procedures etc...

Continued on page 13.

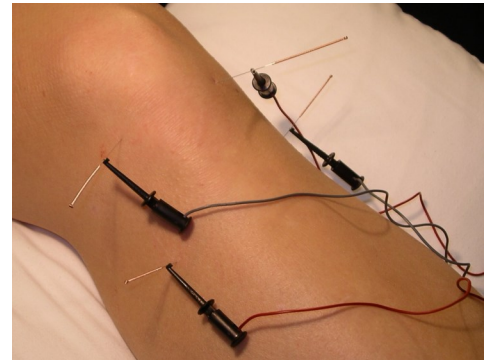
The contents of this newsletter do not necessarily represent the opinions of the Association. Whilst all care has been taken in the preparation of the newsletter, we do not accept responsibility for its accuracy and advise you to seek medical, legal or other advice before acting on any of the information within.

BITS & PIECES

ELECTRO ACUPUNCTURE COULD BE GOOD FOR TENDON HEALING

Evidence is emerging that acupuncture can do more than help with just the pain of overuse injuries. Recent research on rat tendons suggests that it can also produce effects in the affected tendon that help it to heal. In particular, it seems that electro-acupuncture may be effective in reducing inflammation, increasing collagen synthesis and promoting the realignment of collagen fibres.

The authors of one study write "Electro-acupuncture may offer therapeutic benefits for the treatment of tendon injuries by increasing the concentration of collagen and by inducing a better molecular organization of the collagen fibres, which may improve the mechanical strength of the tendon after injury." This evidence suggests that acupuncture of the right kind might be a helpful therapy in the early stages of overuse injury.



de Almeida, M. S., Guerra, F. R., de Oliveira, L., P., Vieira, C. P., and Pimentel, E. R. (2012) A hypothesis for the anti-inflammatory and mechanotransduction molecular mechanisms underlying acupuncture tendon healing . *Journal of Acupuncture Medicine*, 32, 178-182.

SLEEP AND PAIN

We all know that it's difficult to get to sleep when you're in pain, but it seems the relationship between sleep and pain is not just one way. Pain affects sleep and sleep affects pain. The author of a recent article on sleep and pain says that "from a day-to-day perspective, the temporal effect of sleep on pain may be stronger than that of pain on sleep."

Disturbed sleep has been shown to have a substantial effect on pain perception, increasing sensitivity to pain. Moreover, if you can actually get a good sleep, it's likely that pain sensitivity will reduce. Another surprising finding is that poor sleep reduces the effectiveness of analgesics used in chronic pain patients, particularly opioids. Furthermore, chronic pain that also disturbs sleep could lead to long lasting effects on the sleep-wake cycle. This research suggests that dealing with sleep problems is a vital part of managing chronic pain.

"Emerging trends on the relationship between sleep and pain", Danny Camfferman, "*Body in Mind*" 27th March 2014.

USING A MOUSE OR A TOUCHPAD TO MOVE YOUR CURSOR

When using a laptop, is it safer to use a mouse or a touchpad to move the cursor? This study aimed to answer this question by measuring the postures and muscular activity associated with the two devices. It turns out that using a mouse with a laptop is a safer choice, because it is associated with more variation in posture and freer use of the arm, while touchpad users are forced to maintain a more static posture.

Conte, C., Ranavolo, A., Serrao, M., Silveti, A., Orengo, G., Man, S., Forzano, F., Lavicoli, S. & Draicchio, F. (2014). Kinematic and electromyographic differences between mouse and touchpad use on laptop computers. *International Journal of Industrial Ergonomics*, 44, 413-420.

RESEARCH IN BRIEF

TEACHERS AND RSI

Does the teaching profession suffer from overuse injuries? That's the question that interested some Brazilian researchers, so they interviewed 160 elementary school teachers in the city of Prato Branco. Teachers in Brazil work hard – 40 hours a week in front of their classes and many hours of marking and preparation at home. They do a lot of blackboard work, with their arms held up to write on the board. So it makes sense that they would feel discomfort in the shoulders and neck. In fact, more than half of the teachers had pain in the trapezius muscle region – 52.5% on the left and 50.6% on the right. Presumably, some teachers had pain on both sides.

There was also a strong relationship between the level of pain experienced by the teachers and the amount of work that they did. About 90% of these teachers said they were fatigued by their work, with 25% of them reporting being "very tired". Pain, muscle tension and fatigue were the main symptoms reported.

Antonelli, A. B., Xavier, A. A., Oenning, P., Baumer, M. H., Silva, T. F. A. and Pilatti, L. A. (2012). Prevalence of cervicobrachial discomforts in elementary school teachers. *Work: A Journal of Prevention, Assessment and Rehabilitation*, 41, 5709-5714.

ACUPUNCTURE FOR CHRONIC PAIN — IS MORE BETTER?

Research shows that acupuncture can be effective for chronic pain. However, do some types of acupuncture achieve better or worse results for chronic pain? When a group of researchers looked at twenty-nine acupuncture trials involving over 17,000 patients, they found that there was little evidence that different styles of acupuncture made any difference. The number or placement of needles was not important either and nor was the experience of the acupuncturist. However, better pain outcomes were observed when more needles were used and when there were more acupuncture treatment sessions provided.

Macpherson, H., Maschino, A. C. , Lewith, G., Foster, N. E., Witt, C., Vickers, A. J., on behalf of the Acupuncture Trialists Collaboration. (2013). Characteristics of acupuncture treatment associated with outcome: an individual patient meta-analysis of 17,922 patients with chronic pain in randomised controlled trials. *PLoS ONE* 8 (10).

HIGH PERSONAL COSTS FOR OPTOMETRISTS WITH RSI

Neck, shoulder and arm problems are common in Australian optometrists. In a study carried out by researchers at the University of Queensland, the personal and work consequences of "work-related discomfort" were explored. More than half of the optometrists surveyed reported that home activities like sport and driving made their conditions worse, and for some this impacted on home and leisure activities. One third stopped work because of discomfort, but the majority continued to work. Fifteen per cent reported that they received multiple therapies per week to stay at work, with most participants accessing treatment in their own time and at their own expense. Only a small number received funding through workers' compensation or income protection. The researchers concluded "work-related discomfort has significant financial and personal costs for some Australian optometrists".

Long, Jennifer, Burgess-Limerick, Robin and Stapleton, Fiona (2014) Personal consequences of work-related physical discomfort: an exploratory study. *Clinical and Experimental Optometry*, 97 1: 30-35.

UNDERSTANDING THE EXTENDED MEDICARE SAFETY NET

Regular doctor or specialist visits can have a harsh effect on your wallet. The Medicare Safety Net is designed to help you with these costs. Once you've paid a certain amount from your own pocket, you may be entitled to additional Medicare benefits. Here are some terms you'll need to understand to make sense of this article:

- **Scheduled Fee** – what Medicare says your doctor should charge for a consultation. This amount is currently \$42.05; your doctor may, in fact, charge more than the scheduled fee.
- **Out-of-pocket costs** – the difference between the Medicare benefit and what your doctor charges you, (which is often higher than the scheduled fee).

The purpose of the Medicare Safety Net is to minimise excessive medical expenses by covering more of the costs of visiting a doctor after your medical expenses reach a certain level ('the threshold') each **calendar** year. Individuals do not need to register for the Medicare Safety Net, however, they do need to keep their details updated with the Department of Human Services.

Families and couples **do need** to register for the Medicare Safety Net. When Medicare knows who is in your family they can link records of medical expenses, so that they all count towards your Safety Net threshold.

EMSN—THE EXTENDED MEDICARE SAFETY NET

The Extended Medicare Safety Net provides rebates for Medicare card holders who have crossed their threshold for **out-of-pocket costs**. For those who hold a concession card this threshold is \$624.10. For all other individuals and families this threshold is \$1,248.90. Once the relevant threshold is reached, you are entitled to an **additional** rebate of 80% of out-of-pocket fees.

Example of EMSN GP	
Doctors Consultation Fee	\$75
Medicare Scheduled Fee	\$42.05
Out-of-pocket cost	\$31.95
Additional Medicare Benefit (80% of out-of-pocket cost)	\$25.56
Now, all you pay is	\$6.39

For example, Alice and her husband have a health care card and find that they have paid more than \$624.10 (the 'threshold amount') to their doctor, pathologist and specialists, over and above what Medicare covers by April 2014. From this point on until the end of 2014, Medicare will cover 80% of out-of-pocket costs for visits to the doctor and other out-of-hospital services.

If you've been putting off visits to a specialist because of the high costs and you've reached the threshold, it would be a good time to make an appointment.

SO WHAT COUNTS TOWARDS THE SAFETY NET?

The Safety Net includes **out-of-hospital** doctor's visits and tests that are covered by the Medicare Benefits Scheme. For example, GP and specialist consultations, blood tests, CT scans, pap smears, psychiatry, radiotherapy, tissue biopsies, ultrasounds and x-rays all count as out-of-hospital costs towards the Safety Net.

The Safety Net **does not** cover **in-hospital** doctor visits. If you see a doctor, have tests done or undergo surgery whilst in hospital, the cost will not count towards the Safety Net benefit threshold.

WHAT IS THE PHARMACEUTICAL BENEFITS SCHEME (PBS)?

The PBS for prescriptions works in a similar way to the Medicare Safety Net system. The only problem is that you need a record of how much you've spent on prescriptions. If you stick to one (or maybe two) chemists and ask them to keep a record, this will help a lot!

	General Patients	Concession Card Holders
Normal Patient Contribution for Prescriptions	Up to \$36.10	\$5.90
Safety Net Threshold for Singles and Families	\$1390	\$354
What you pay after reaching the threshold	\$5.90	Free

HINTS AND TIPS:

- Always keep all bills and proof of payment for your medical expenses. Because receipts fade over time, it's a good idea to scan them onto a computer, or to take a photo of them, so that they are preserved as proof of prescription payments.
- You are entitled to ask your doctor for a specialist that does not charge more than the scheduled fee; however, these can be hard to find and have longer waiting lists.
- If you are confused by any of the information found above, or that you have read online, visit Medicare. You may ask for someone to clarify the information further. Often, you may be referred back to the website, but be firm in saying that you would like further assistance.

More on Medicare savings in our next newsletter:

- Help for those with chronic conditions: How to plan and manage a treatment plan, and what you can claim back.
- Access and entitlement to Allied Health Services: chiropractors, psychologists, mental health workers ...

**NOW AVAILABLE ON
KINDLE**

Our book "RSI: A Self Help Guide"
is now available to purchase through
Amazon Kindle for \$4.95.




RSI: A SELF-
HELP GUIDE

TABLETS AND RSI INJURIES

Hand-held tablet computers are increasingly popular forms of technology that enable easy access to all the benefits of the Internet and on some devices even telephone contacts. However, tablets currently do not conform to any standard of ergonomics. A tablet can be designed to look sleek and operate smoothly, but not be functionally shaped for easy use in your hands. The finger tapping required for touch screens can add an additional level of stress to your body.

The research study “Holding a tablet computer with one hand” published in the *Proceedings of the Human Factors and Ergonomics Society Annual Meeting* reports that smaller tablets and styluses tapered from thick tops to smaller tips are considered most comfortable to hold and use.

Desktop computers and keyboards have undergone ergonomic review and adjustment over time, but newer technologies have not yet undergone the same scrutiny. The 1995 regulations from the United States Department of Defense advised that hand-held equipment should weigh less than 2.3kg and be smaller than 100mm high by 255mm deep by 125mm wide.

These weights and dimensions seem irrelevant to the increasingly thin, modern style of devices we are accustomed to using, and make no statement about the most ergonomic shape of the device. Although our modern tablet computers are small and lightweight, their shape and the way we hold them make ergonomic assessment essential.

Tablet computers are often held in the user’s non-dominant hand while the user operates the device with their dominant hand. Shoulders, necks, and thumbs are most often the sites of pain associated with cellphone texting, which requires similar biomechanics to using tablet computers. Additionally, users flex their necks and slouch their backs more when using a tablet than when using a desktop computer. Over time, the poor posture and shorter viewing distance can create back pain and vision problems.

The shape, size, and weight of different tablets were evaluated for ease of use in the research study, conducted as a collaboration between researchers at University of California Berkeley, Microsoft, and Synaptics, an American company that designs laptop mouse pad and touch-screen interfaces.

For users with decreased dexterity in their fingers, a stylus can be more comfortable and accurate than finger-tapping the screen. Gripping the stylus with the hand for extended times can create its own problems, though. Therefore the diameter and shape of different styles of stylus were also included in the study.

The research team designed non-functional models of some popular tablets, like the iPad (large tablet), Kindle (medium tablet), and Samsung Galaxy Note (small tablet). In addition to size, the researchers added differently shaped backs to the models to test if adding a handle to the standard flat back of the tablet affects a user’s comfort. Three different models of styluses were also included to evaluate which size and shape is most comfortable to use: thick like a large marker, thin like a pencil, or tapered from thick at the top to thin at the tip. The researchers observed thirty different study participants complete a variety of typing tasks using the tablets

Three different models of styluses were also included to evaluate which size and shape is most comfortable to use ...



Thick Stylus
(Like a marker)
Voted: Average



Thin Stylus
(Like a pencil)
Voted: Worst



Tapered Stylus
(Thick at top to thin at the tip)
Voted: Best

and then asked the users to complete surveys about their comfort or discomfort after using the device. The study participants also wore sensors to measure the activity of five different muscles in their forearms.

The small model tablet received better rankings for all parameters in the study than the medium and large model tablets, including requiring less muscle activity and creating less discomfort for the user. Adding a handle to the back of the large tablet did make holding the large tablet more comfortable, but the small tablet was just as comfortable to hold with or without a handle.

Holding a tablet in the portrait or landscape orientations did not change the study participants' typing efficiency, but the portrait orientation required less wrist extension and was more comfortable for the shoulder and forearm. The research also revealed that when study participants felt more confident and secure that they would not accidentally drop the device, their comfort ratings improved. Indeed, the psychology of how users hold their tablets is as important as the mechanics.

The tapered stylus received better rankings than the thick (second best) and thin (worst) stylus models. The researchers attribute the popularity of the tapered stylus to it not requiring as much of a pinch grip as the thin stylus and being lighter than the thick stylus. Although not mentioned in the research article, the popularity of the tapered stylus suggests that perhaps the shape of pen or pencil we write with when not using our electronic devices is something to consider.

Older individuals are considered at higher risk for the types of repetitive strain injuries related to tablet use because of their greater propensity to injury, but the small joints of the hand and wrist make it susceptible to injury at any age. Taking breaks while using a tablet, or any device, for long periods can give the entire body – back, shoulders, arms, and hands – a chance to return to more natural or comfortable positions and reduce the risk of developing overuse injuries.

Caitlin Devor, Australian National University Student

Pereira A., Miller T., Huang Y-M., Odell D., & Rempel D. (2013). Holding a tablet computer with one hand. *Proceedings of the Human Factors and Ergonomics Society Annual Meeting (57)*1, 1634-1638.

OVER-COMMITMENT AND RSI

- *I get easily overwhelmed by time pressures at work.*
- *As soon as I get up in the morning I start thinking about work problems.*
- *When I get home I can't easily relax and switch off work.*
- *People close to me say I sacrifice too much for my job.*
- *Work rarely lets me go, it's still on my mind when I go to bed.*
- *If I postpone something that I was supposed to do today, I'll have trouble sleeping at night.*

Does this sound like you? If so, you might be suffering from "over-commitment", a quality that's been linked to musculoskeletal disorders in a number of research studies. It's also associated with poorer outcomes when returning to work.

Researchers from the Netherlands followed almost 2000 office workers over two years, regularly collecting data on risk factors and upper extremity symptoms. The most important factor they identified was, not surprisingly, previous disabling symptoms. For symptoms in the arms, wrists and hands, the next most important factors were at least four hours a day of computer use at work and a high level of over-commitment.

Another study looked at the effect of a high sense of responsibility on persisting with a painful task, something which could well be a factor in developing a musculoskeletal disorder. A high sense of responsibility was associated with painful task persistence. Researchers also found that an increase in pain as the task went on was associated with subjects working for longer, working harder, and working better. Fear of pain did not affect task persistence at all in this study.

Psychologist Ulrica von Thiele Schwarz followed one hundred and sixty women working in dental care over six months to find out what factors influenced stress-related ill-health. "Inability to withdraw from work" is a core component of over-commitment, and this was found to strongly predict fatigue and poor next-day recovery.

High measured activity in the trapezius muscle is often considered to be a precursor to neck and shoulder symptoms. A group of Dutch and American researchers looked at whether over-commitment and low reward at work had a role to play in this area. One hundred and twenty office workers had the muscle activity in their right and left trapezius measured using surface electrodes fixed to the skin. Results showed that "over-commitment was a relevant and essential predictor of significant results. Increased trapezius muscle activity and neck flexion (*bending the neck forwards*) were only observed for participants with simultaneously high over-commitment and lower reward."

In yet another study, 118 house cleaners in Denmark who were on sick leave because of musculoskeletal disorders or mental illness were followed over a period of time to try to determine factors related to return to work. The three most important factors associated with successful return to work were high work ability, strong social support from colleagues and over-commitment.

What are the connections between over-commitment and musculoskeletal disorders? The Dutch and American researchers above suggest that there could be a number of different pathways.

Firstly, over-commitment could be a reaction to stressful working conditions. Then again, it could simply be related to an individual's personal make-up. Thirdly, "increased over-commitment may directly influence biomechanical loading. For example, overcommitted individuals might be more greatly affected by pressures at work, exerting greater efforts than are required to complete a work-task."

These pathways are not mutually exclusive; in fact, it seems likely that they could all act together. Someone with a strong sense of responsibility and high commitment to their work is in a workplace where there is just too much to do and not enough time to do it, and perhaps little support from management. High levels of stress are the result, and they are reflected in greater physical effort than is needed.

If you feel that over-commitment is part of the way that you work, what can you do? Here are some helpful tips from the American Psychological Association:

- Focus on what's urgent and important first, and then tackle whatever else is important and learn to let go of the rest. It can be a good idea to organise your commitments in a schedule, keeping in mind it's easy to underestimate your time constraints.
- Have you already taken on too much? See if you can scale back on any commitments you've already made.
- Learn to say no. When you're already running at full capacity, learn to say no and mean it! "It's better for you and your reputation to do a few things exceedingly well, than do a lot of things in a mediocre way."

Ceulemans, K., Karsdorp, P. A., Vlaeyen, J. W. S. (2013). Effects of responsibility and mood on painful task persistence. *Journal of Behaviour Therapy and Experimental Psychiatry*, 44, 186-193.

Garza, J. L. B., Eickelhof, B. H. W., Huysmans, M. A., Catalano, P. J., Katz, J. N., Johnson, P. W., van Dieen, J. H., van der Beek, A. J. & Dennerlein, J. T. (2013). The effect of over-commitment and reward on trapezius muscle activity and shoulder, head, neck, and torso postures during computer use in the field. *American Journal of Industrial Medicine*, 56, 1190-1200.

Huysmans, M. A., Ijmker, S., Blatter, B. M., Knol, D. L., van Mechelen, W., Bongers, P. M., & van der Beek, A. (2011). The relative contribution of work exposure, leisure time exposure, and individuals characteristics in the onset of arm-wrist-hand and neck-shoulder symptoms among office workers. *International Archives of Occupational and Environmental Health*, 85, 651-666.

Jensen, C. (2013). Towards a parsimonious program theory of return to work intervention. *Journal of Work*, 44, 155-164.

von Thiele Schwarz, U. (2011). Inability to withdraw from work as related to poor next-day recovery and fatigue among women. *Journal of Applied Psychology*, 60, 377-396.

ACCUPUNCTURE, CHINESE HERBS & MASSAGE

We specialise in the treatment of:

- RSI & overuse injury
- Neck & lumbar pain
- Shoulder pain
- Sports injury
- Frozen shoulder
- Tennis elbow
- Depression & anxiety
- Chronic pain



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TIPS & TOOLS

HEAT THERAPY FOR PAIN

With the colder weather settling, in many people who suffer from RSI may find themselves feeling a little bit worse for wear. So what can you do to ease your aches when rugging up just isn't enough? Here are some ways of using heat to warm up and relieve pain.

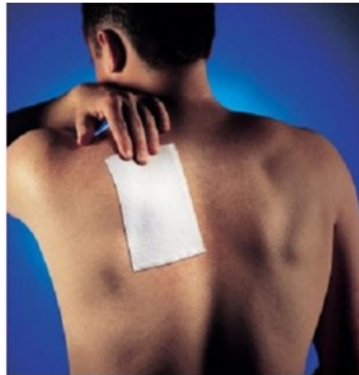
AIR ACTIVATED HEAT PATCHES

WHAT ARE THEY?

Heat activated patches are flexible fabric patches that may be applied either directly to the skin (like **Deep Heat** patches) or over clothing (like **FlexEze** patches). The patch is activated by contact with the air and it gradually heats up to relieve muscle pain and cramping. These single use patches are used to gain relief for between 8 and 12 hours (depending on the brand).

HOW DO THEY WORK?

These patches contain minerals such as iron that quickly oxidize to produce a thermal reaction – they get hot! This heat blocks messages of pain travelling to the brain, which reduces the perception of pain.



Pain patch directly onto skin



Pain patch on top of clothing

ELASTOPLAST CAPSAICIN HEAT PATCHES

Elastoplast capsaicin heat patches are a brand of air activated patch that can be applied directly to the skin. The patch contains high concentrations of dried capsicum peppers to create a sensation of heat and reduce pain. The patch claims to use the heat capsicum peppers produce to relax the muscles and increase blood flow to the site of pain. This increased blood flow brings with it helpful nutrients, whilst also pumping out toxins from the site. The heat then prevents the re-accumulation of pain signals to stop further pain.

A study conducted by Elastoplast included 320 participants with pain and aimed to determine if these patches actually worked. Half were given the actual Elastoplast Capsaicin patch, and half a placebo patch. For three weeks participants used the patches daily for 4 to 8 hours. Participants using the Elastoplast pain patches reported a higher reduction in pain than those using placebo patches. Some participants did experience a side effect called epythema (reddening of the skin caused by dilated capillaries); this was said to be due to reaction

to the capsicum pepper, with different people having different tolerance levels. Other independent research does support the claim that capsaicin is a successful inducer of heat and pain reduction.

KATHMANDU INSTANT HEAT GEL PACKS



Kathmandu instant heat gel packs are a re-useable, portable remedy for pain. The gel pads are a loose gel-filled package that contain a metal disk floating in a solution of sodium-acetate. 'Clicking' this metal disk creates a chaotic reaction in the gel solution which causes the pad to quickly solidify and heat up. This heat lasts for around one hour before you need to boil the solid pad in a pot to turn it back into a gel.

These gel pads are sold in packs of two at **Kathmandu** stores for \$19.98.

HOT WATER BOTTLES AND HEAT BAGS

If clicking, boiling and repeating isn't your style, hot water bottles are a cheaper alternative to instant gel pads. When applied to areas affected by pain, the surrounding blood vessels dilate to allow a rush of extra blood carrying nutrients to the site. These nutrients – including oxygen – remove toxins in the tissue and reduce pain. Microwavable wheat filled heat bags are another method of heat application commonly used to reduce pain. These act in a similar way to the hot water bottle, by increasing blood flow to the target tissue.

BUT I'M ALLERGIC TO WHEAT PRODUCTS!



Lupin-filled heat bags

For those allergic to wheat products, it's useful to know that there is an alternative. Lupin! Lupin is a legume – much like a pea – that is also used to fill heat bags. These bags weigh around 30% less than a wheat bag of the same size, and also easily heat in the microwave to provide the same benefits as a wheat pack. Various shapes and sizes of these heat packs can be purchased online at <http://www.heatbagsplus.com.au/>

ELECTRIC HOT PACKS

Electric hot packs are becoming a popular alternative to the traditional hot water bottle. There's no need to lift a heavy kettle full of boiling water, let alone try to direct a stream of hot water into a narrow opening. We tried out the "Skyla" electric hot pack, which costs about \$35 to \$40. It's a bit smaller than a normal hot water bottle and fairly thick at 5 cm. You plug it in, wait for the LED light to go off in about 15 minutes, unplug and use.



I found that the pack was pleasantly hot and the heat lasted well for about three or four hours. There's a soft cap where the cord plugs in, so the whole thing feels quite comfortable against your body. It's a little too thick to fit nicely behind a shoulder but it does drape reasonably well over the shoulder and is great in the small of your back. The cover provided with the pack is rather flimsy and doesn't fasten. I'd suggest that you use a standard

hot water bottle cover instead.

Overall, this is a useful way of applying therapeutic heat when you're at home or sleeping. It's definitely better than the standard hot water bottle and a lot safer.

... JUDITH'S STORY CONTINUED

A LEARNING EXPERIENCE WITH DRAGON VOICE ACTIVATED SOFTWARE

My pain deteriorated to the point where I was in pain not just at work but in my personal life as well. Hence I had to make numerous adjustments with how I maintain my home, lifting children etc. I was in mental and emotional anguish due to being constantly in pain, moving from being very independent to being dependent, never feeling like treatment was working, adjusting to working in a new way and living life outside of work in a different way etc.

I realise now that the combination of all these aspects made it very hard for me to be in a mindset to learn a new way of working AND because the pain was "in control of me", it was hard for me to focus on anything else, let alone training my brain to make a switch from "typing" to "voicing".

For me, learning a new way of working, due to an injury that changed my life, has been really hard. Now that I am starting to feel better, I wanted to provide a snapshot that might help others understand how the experience with my injury has affected my learning of Dragon. I think it is important to understand the reality that an injury has such a huge impact on how you live your life and consequently learning how to use voice activated software takes time, training, patience, perseverance and practice. Just keep going!

WHAT'S ON OUR FACEBOOK PAGE?

- The New Access Scheme — a program aimed at providing up to six free sessions with an Access coach (by phone or in person) for those over 18 with mild depression
- A link to a 30 minute podcast with Chris Littlewood, Craig Purdam and Ebonie Rio on the science behind tendon injury and tendon pain
- Links to short YouTube stretching videos that you can perform in real time whilst sitting at your desk
- Quick reviews of computer break software (and where to find them)
- The Federal Budget and what it means for people with overuse injuries
- Information on upcoming Chronic Conditions Seminar Series events, free community programs, and opportunities to connect with other members.



www.facebook.com/RSIACT

CHANGES TO SUBSCRIPTION COSTS

The Association has not increased subscription costs for many years, however, due to the increased cost of postage our subscription fees have also been slightly raised. These changes may be seen on page 15.

KEEP COOKING: EASY RECIPES

EASY LEMON AND THYME BRAISED LAMB

An easy recipe for braised lamb on the bone.

1kg chump chops
2 onions*
2 celery sticks
1 lemon cut in half
4 bay leaves
6-8 sprigs of thyme, or 1 teaspoon of dried thyme
1 teaspoon of salt
Lots of black pepper
Approximately 1 litre of water or stock

- Preheat your oven to 180°C.
- In a food processor, roughly chop the onions and celery sticks.
- Place all the ingredients on the bottom of a casserole dish and top with a layer of chops. Pour in just enough water or stock to cover the meat.
- Cover the dish with foil and bake for 70 minutes or so until the meat is tender then turn the heat up to 220° and continue baking uncovered for about 20 to 30 minutes, or until sauce is thick and meat is browned.
- Serve with potatoes baked in their jackets or on a bed of couscous or rice.

*Onions can be easily peeled after you have poured boiling water over them in the sink.

CHRONIC CONDITIONS SEMINAR SERIES EVENTS

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

- **MINDFULNESS TO REDUCE STRESS**
19 June, Guest speaker, Sue Hays from Simply Mindful—Canberra Mindfulness Centre
- **PRACTICAL SOLUTIONS TO EVERYDAY LIFE ACTIVITIES**
17 July, Guest speaker, Karen Elliot, occupational therapist
NOTE: This session will be held at the Independent Living Centre, commencing at 2:30pm
- **PSYCHO-NEURO-IMMUNOLOGY FOR PAIN**
21 August, Guest Speaker, Randolph Sparks, psychologist

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	Writing and Pens
Holidaying	In the kitchen
	Choosing a Keyboard

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

Save with our two year membership for just \$30.00

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.

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

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Contact Us

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

Opening Hours: Mondays and Thursdays,
10am to 2pm

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