

# IN HAND



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

August 2018

## News & Events

### Assisted tour of the American Masters

Hosted by National Gallery of Australia

**When:** Tuesday, 28th August, 10:30am—11:30am

**Where:** National Gallery of Australia Information Desk

**Cost:** Free, all welcome  
(More information on page 12)

### Healthy Gut, Healthy You A Chronic Conditions Seminar

Hosted by Health Care Consumers' Association

**When:** Thursday, 20th September, 7pm – 9pm

**Where:** Pearce Community Centre, Collett Place, Pearce

**Cost:** Free

### Helping people with RSI:

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



*How is technology use affecting kids? Read more on page 6*

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# TIPS AND TOOLS FROM OUR MEMBERS

## Keyboard Tip:

Did you know that you can use the spacebar to scroll down in a website? A useful tip, because the scrollbar can be used with several fingers instead of just one on the pagedown key.

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## Dishware:

One of our members strongly recommends “Corelle” dishware, as they’re not only light but also durable. They’re made from layers of tempered glass, much like Pyrex, are not too expensive and will make carrying dishes and loading and unloading your dishwasher much easier. You can buy them on the web and locally at Big W.



## Hotteeze Heat Pads:

Stick-on heat pads are an easy way to manage localised pain, but they can be very expensive over the long term and some people worry about the effect of the glue on their skin. Hotteeze pads work a little differently: they’re designed to stick to your clothing and you can buy them in bulk from many chemists, for about \$25 for 12. They last around 12 hours and you’ll need reasonably tight clothing for them to work well. In addition, the contents are recyclable: they can be used in your garden as a soil conditioner.

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## Which pen should you use?

Hi, I only just read this newsletter and wanted to let you know:

I used to use fountain pens, as they have a very easy flow, and can be refilled and therefore less waste. The plastic ones are better because they are lighter to hold than metal ones. The refilling from a bottle is very fiddly though. Refilling can be done using cartridges which is a bit easier, but still requires a bit of fiddling.

In addition to the gel pens mentioned in your newsletter, which come from Officeworks, I think any gel pens would be easy to use. They flow easily and require less effort to hold in the hand than ball point pens. I have gotten into the habit of using the gel pens available at Kikki K – they are lightweight plastic and refill cartridges are available. The only fiddly bit is pulling off the little knob on the end before use.

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## A response to our Facebook post on diet and inflammation from a member:

'I agree with Professor Frank Hu that there are some foods which can pacify inflammation and there are other foods which can aggravate inflammation. However, it is applicable to certain type of people only, not everybody. This knowledge has been used in South East Asia for many centuries. In this regard I have...

*Continued on page 5*

*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

## From the director

I recently attended a workshop on E health run by Health Care Consumers ACT and I really encourage you to do the same. There's so much to learn about how this system works; as just one example, did you know that you can assign a personal code to information on the system that you don't want to share without permission? There were a few people at the workshop who decided to change their decision about opting in or out as a result of what they learnt.

If you have a look at our membership section on page 15 of this newsletter, you'll notice that if you want to receive your newsletter by email, membership is now free. We hope you'll welcome this change! If you prefer to receive a printed newsletter, membership fees will stay the same so that we can cover our costs. If you'd like to switch from a printed newsletter to email, do let us know.

Finally, I hope to see you at the National Gallery of Australia on August 28 and have a chance to chat with you afterwards at morning tea.



*Ann*

## 'My Health Record' – Should you opt out?

As announced in the 2017-18 budget, the 'My Health Record' eHealth system will be implemented for every Australian unless they choose to opt out. If you don't want a record created for you, you have until October 15<sup>th</sup> 2018. You can find information about opting out at [www.myhealthrecord.gov.au](http://www.myhealthrecord.gov.au).

So should you opt out? When you create a My Health Record, it allows you to store all of your medical information in one accessible and secure location. You can add information about your allergies, medication and personal medical history; as well as your immunization history. The government has assured consumers that the information will be secure and private but there has been some controversy about whether this is so.

To find out more, attend one of the HCCA seminars on My Health Record.

**What:** My Health Record – What's the Fuss?  
(part of the Chronic Conditions Seminar Series)

**When:** Friday 24 August 10am – 12pm OR  
Monday 10 September 2pm – 4pm

**Where:** Maitland House, 100 Maitland St, Hackett

**Cost:** Free

Alternatively, you can attend the panel discussion of My Health Record being held by ACTCOSS and Capital Health Network .

**When:** Thursday 16th August 5:30pm – 7pm.

**Where:** Goodwin Village – Ainslie Lifestyle Club, 35 Bonney St, Ainslie 2602.

**Cost:** Free

## Are you paying extra fees for printed bills?

Companies may be charging you an extra fee to send your bills by mail to cover their costs to print and post your bill. If you want to avoid this, there are some options that might work for you.

You may be eligible for an exemption from paper billing fees. Companies have different rules about when they will give exemptions. Some companies will give an exemption if customers are seniors or registered for a concession, receive income support, are on a hardship program, or don't have internet access.

Contact each of your providers and ask if you're eligible for an exemption from paper bill fees, and how to apply.

If you have checked with a provider that you are eligible for an exemption, but are having trouble getting your exemption processed, please contact your local Fair Trading or Consumer Affairs agency for help.

# RESEARCH IN BRIEF

## IPAD NECK

The recent term 'iPad neck' refers to the pain people often experience because they are using an iPad or a tablet. An American study showed that posture and gender, **not** screen time, were the two main factors contributing to iPad neck. Women were more than twice as likely to experience musculoskeletal pain when using a tablet. The researchers explain that a lot of tablet users slouch over their devices in uncomfortable positions, sitting without back support, with the tablet in their lap or with it flat on a desk in front of them. They believe this is the reason that many are experiencing musculoskeletal pain when using tablets.

In total, 65% of the respondents reported some discomfort from using their tablet and 10% of those labelled the pain 'severe'. Surprisingly, only 46% of people said they would stop using the device when they started to experience discomfort. The report offered some tips to help prevent iPad neck: sit in a chair with back support, use a 'posture trainer' (an app that alerts you whenever you begin to slouch), get a stand for your tablet to help your posture and do exercises to strengthen your neck and shoulder muscles.

## MUSCULOSKELETAL PAIN IN BANKERS

While bankers may not belong to the most popular profession right now, their high rate of musculoskeletal pain might make you feel a tad more sympathy for them. In a recent Indian study surveying 90 bankers, 61.1% reported pain; almost half of this was neck pain, 37% was in the shoulder, 15.6% was upper-back pain and 12.2% was in the arm.

The report attributes this high rate to "long working hours, static posture, poor office ergonomics, and the repetitive nature of the work". The study also noted that in this group, men were more likely than women to get an overuse injury at work.

## DOES VITAMIN D MAKE A DIFFERENCE TO MUSCLE STRENGTH?

As you may know, dancers are at high risk of overuse injury as well as traumatic injury. A recent study in the UK showed that after a group of dancers were given vitamin D supplementation for four months, their muscular strength increased and they improved their isometric strength. They also found that the incidence of traumatic injury decreased as Vitamin D increased.

## HIGH RISK OF UPPER LIMB DISORDERS IN PHYSICAL WORKERS

A study conducted in France looked at the rates of upper limb musculoskeletal disorders across different professions. The research showed that at the time of the study, 11.6% of women and 15.1% of men had an upper-limb disorder, and 50% of those people were employed in manual labour. In women, 96% of those diagnosed had carpal tunnel syndrome. The report concluded that 31% of manual work injuries could have been prevented. They finish by saying "Physical work exposures, such as repetitive and forceful movements, are an important source of risk and in particular account for a large proportion of excess morbidity among manual workers."

# FROM OUR MEMBERS ...continued

## Diet and inflammation (continued from page 2)

...written a book, " Understanding of Repetition Strain Injury (RSI) with Preliminary Proposal to Treatment" in 2012. I have titled "... with Preliminary Proposal to Treatment" as there is no scientific research done in this area to the best of my knowledge. I am doing research to find whether food can pacify RSI, especially inflammation and nerve-related RSI. If RSI & Overuse Injury Association member would like to know more about my research, they can contact me on (02)95571425, 0406820756 (mobile) or email [keshabbaidya@hotmail.com](mailto:keshabbaidya@hotmail.com).'

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A Facebook user posted in '*RSI: repetitive strain injury and musculoskeletal disorders support group*':

"I really like the concept of the "active break". Taking a break might seem like stopping your productivity and being lazy. Taking an active break to move your full body and supercharge yourself and get the blood flowing is not lazy at all. You are doing things to stay more productive and keep doing things.

Mindset is very important in creating new habits, and so is doing something that makes you feel good, like

moving your body in a way that makes you feel good and gets the blood flowing. An active break can be very energizing.

I really like doing arm circles and throwing punches in the air for 2 minutes every half an hour when I use the computer. At my house I can do whatever I want, even putting on some music and dancing.

Before this change in mindset, being consistent with breaks was very hard. Now because I do things that I like, I'm very consistent and even do the active breaks while waiting for the bus. It might seem a little odd to other people, but what is really odd is being sedentary just like much of society is."

*'RSI: repetitive strain injury and musculoskeletal disorders support group'* is a closed international Facebook group where members can share tips and tricks that they have found beneficial. To join, simply search 'RSI: repetitive strain injury and musculoskeletal disorders support group' into your Facebook search bar, click join and wait for someone to approve your request.

The group is closed, which means only members can see who is in it.

## WHAT'S ON OUR FACEBOOK PAGE?

Like our page on Facebook for regular updates and interesting articles!  
[www.facebook.com/RSIACT](http://www.facebook.com/RSIACT)

- If you want to get a better understanding of your muscles and tendons, here's a documentary with great visuals so you really get the picture: <https://www.youtube.com/watch?v=swlXzrguPxY>
- Shoulder impingement is a type of overuse injury caused by repetitively reaching overhead. If physiotherapy fails to work, it's common to try surgery. But does surgery really work? One way to find out is to use "placebo surgery", where a patient is anaesthetised and cut open, but no surgery takes place. This study found there is no benefit to surgery for shoulder impingement. Read about it here: <https://www.sciencedaily.com/releases/2018/07/180720092518.htm>
- There's not much evidence that changing your posture is going to fix your RSI. Nevertheless, there are good reasons to stand and sit tall, and stop slouching - and they're to do with how 'bad' posture makes you feel. And that's sad and powerless! There's even some evidence that bad posture makes it harder to think straight! <https://www.elitedaily.com/p/how-your-posture-affects-your-mood-actually-makes-a-lot-of-sense-8050225>

# CHILDREN'S IT USE

"The thought of a five or six-year-old sitting in front of the screen learning from a computer all day terrifies me," said Macquarie University professor of digital learning, Gary Falloon, in a recent Canberra Times article on parents' concerns about e-learning. Overall though, he's a fan of digital technology in schools but believes it must be used wisely and appropriately. While there is a lot of concern about the mental and emotional effects of digital technology on children, there's not much commentary on its physical effects.

Dr Leon Straker from Curtin University is out to remedy this if he can. In a recent paper, he describes his research into the use of information technology by 924 children from grades 5 to 12 in a socially-advantaged

school. He comments that "high exposures to technology are still a cause for concern as they are associated with musculoskeletal and vision symptoms." He goes on: "This suggests that even in advantaged communities more needs to be done to help children gain the benefits of technology without being harmed."

While most of the kids in this study were interested in and comfortable with technology and thought their amount of use was about right, there was a surprisingly high incidence of musculoskeletal

symptoms associated with more use of technology. Fifty percent of all participants reported pain in the neck/shoulder region in the previous month, with around 30% reporting symptoms in the lower back or the arm. The risk of experiencing pain in the past month increased by around 10% with every additional hour of technology use.

Dr Straker emphasised that school policies were very important, with many schools requiring access to tablets in grades 5 to 9 and mandating a "bring your own device" policy in grades 10 through 12.



In a BBC interview referring to earlier research, Dr Straker said he believes the future is bleak for UK children unless more work is carried out to tackle such injuries.

"I think we are on a threshold of what could be a global disaster," he said.

"This is the first generation of children who have used computers from early childhood while their muscles and bones are developing.

"If we don't get knowledge quickly about how to use computers safely, then I think we will see a lot of children disabled from using computers."

*Ann Thomson*

*Straker L., Harris C., Joosten J. & Howie E.K. 2017 'Mobile technology dominates school children's IT use in an advantaged school community and is associated with musculoskeletal and visual symptoms'*





# KIDS AND RSI



## How is technology use impacting children?

### THE FACTS



On average, teens spend almost **4 hours a day** on smart devices



### DEVICE USAGE

What devices are kids using the most?



\*percentage refers to the amount of children who used this device in the past month.

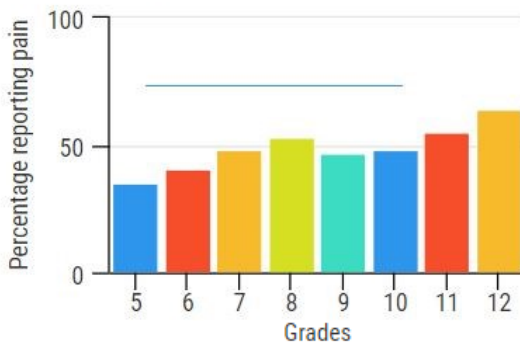
### THE PROBLEM

Excessive use of smart devices is having serious effects on the musculoskeletal health of today's youth.



### How many kids experienced arm pain in the last month?

Nearly half of WA kids have shoulder or neck pain.



- ✓ The year level which has the highest percentage of students experiences musculoskeletal symptoms is year 12.
- ✓ The prevalence of musculoskeletal pain steadily increases as kids go through school.

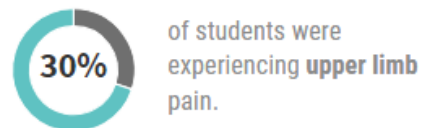
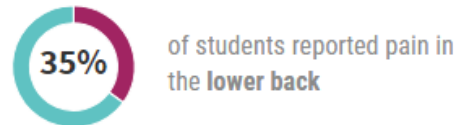
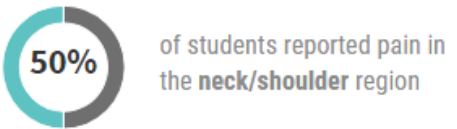
### BOYS VS GIRLS



Girls and boys are using technology for roughly the same amount of time each day, but they're using different devices.

Musculoskeletal symptoms:

## Where is the pain?



### HOW TO FIX IT

There are several possible solutions that should be addressed

#### TOUCH-TYPING

Teaching kids to touch-type could help decrease musculoskeletal issues and RSI in the future.



#### POSTURE

Correct posture when using laptops, desktops and tablets is essential in preventing musculoskeletal disorders.



#### ACTIVE BREAKS

Making sure kids take active breaks every 30-60 minutes can break up long periods of device usage.



# CAN YOU BE TOO PERSISTENT?

Persistence is usually regarded as a very positive quality. "Patience, persistence and perspiration are all you need for success" is just one of many sayings underlining its importance. Recently, however, psychologists have come up with a new term, "negative persistence". This describes someone who keeps on going in a situation where persistence is not rewarded, and probably never will be. For example, imagine someone in a destructive relationship who

stays on in the hope that that someday their partner will change – but they don't! "Negative persistence" can also apply to people with a chronic health



condition, like RSI. One might persist in treatments that don't work, with a doctor who's not on our side or in a workplace that's causing lasting harm.

A recent article in the Dutch RSI magazine illustrates how negative persistence can cause a lot of damage.

RSI coach Roosmarijn Strootman writes:

"Sometimes I am surprised by the perseverance of people with RSI. Day in, day out, week in, week out, they endure. And no matter what, they try to keep on functioning. You could compare them to an oil tanker that never diverts from its course. As long as they blind themselves to the situation and don't dwell on the pain, they are able to keep on tolerating the situation for a long time. I am astonished by the enormous resilience of the human body – and that's not to underestimate the power of the mind.

However, the power of the mind can also work against you. In my practice, I met a young woman who was suffering very badly from RSI. When she told her RSI story, she sounded exhausted and fatigued. She said that she had tried everything over the years, but nothing had helped.

When I asked her what she would like to get from my coaching, she was unable to answer. She had

difficulties staying at her job of 32 hours per week and her personal life had to pay the price. Food shopping had to be done in stages. She was in a lot of pain and had no energy. She was

burnt out. Her body was empty. She had decided a few years ago that nothing would improve her RSI and resigned herself to living with pain and impairment. Essentially, she had inadvertently given up.

During our conversation, she realised how severe her condition was; it was as if she was looking in a mirror, and it scared her. Is this what she wanted from her life? She realised that something needed to change. Things couldn't go on this way any longer and she needed to reconsider her situation. During those years 'fuel for change' had arisen. Enough fuel to stop that tanker. Eventually she was able to move forward and improve her physical and mental health. Now she has found a new path, which will promote balance and allow her to enjoy her life."

*Excerpt from The RSI Magazine, Volume 22, Number 3, September 2016*



# SHOULDER PAIN: WHAT WORKS?

Shoulder problems are the third most common musculoskeletal issue that GPs have to deal with: in any one year, 21% of the population suffers from a shoulder complaint. Pain and disability, lack of sleep and quality of life issues are the most common consequences of shoulder pain.

In an effort to determine the best treatments for shoulder pain, Swiss scientists recently carried out an analysis of over 200 published scientific studies investigating treatments for shoulder pain. These included over 10,000 patients and were the best quality studies they could find.

Unfortunately, for both pain and function, they could only find **very low quality** evidence. This indicated that:

- ultrasound-guided corticosteroid steroid injections were superior to blind injections, but only at the shortest follow-up (this accords with other evidence that corticosteroid injections only work for overuse injuries in the short term and often have very poor results over the longer term).
- nonsteroidal anti-inflammatory drugs ( NSAIDS) had a small advantage over placebo
- manual therapy was superior to placebo, and manual therapy combined with exercise was better than exercise alone, but only at the shortest follow-up.
- laser and extracorporeal shockwave therapy( ECSWT ) were both better than placebo
- tape was superior to sham tape, but only at the shortest follow-up.

The authors conclude: "Although our review only provides very low quality evidence, we suggest that exercise may be considered as the core conservative treatment for shoulder impingement. Furthermore, manual therapy, laser and tape might provide additional benefit. Surgery may be a valid alternative after unsuccessful conservative treatments, and for patients with clearly distinguished clinical signs."

**"Exercise, especially shoulder-specific exercises, should be prescribed for all patients with shoulder impingement. The addition of manual therapy, tape, ECSWT and laser might add a small benefit."**

"For other non-exercise physical therapy modalities, we cannot provide enough evidence for or against, therefore they should only be used in addition with exercise."

This study underlines how little really good-quality evidence there is for the treatment of musculoskeletal conditions. While there's lots of research that is published, very little of it is useful because so much is poorly designed.

*Ann Thomson*



*Steuri R., Sattelmayer M., Elsig S., Kolly C., Tal A., Taeymans J. & Hilfiker R. 2017. 'Effectiveness of conservative interventions including exercise, manual therapy and medical management in adults with shoulder impingement: a systemic review and meta-analysis of RCTs.'*

# STIGMATISING LANGUAGE IN MEDICAL RECORDS: IT MATTERS!

“He has about eight – 10 pain crises a year, for which he typically requires opioid pain medication in the ED.”

“He is narcotic dependent and in our ED frequently.”

These are two notes on the same (fictional) patient’s hospital admission. They are describing the same event, but in quite different ways. So are these differences important? Does the language in medical records affect how patients are viewed by doctors in new encounters, or even the kind of treatment they receive? A newly published study by Mary Beach from Johns Hopkins University School of Medicine suggests that medical notes do play a role in how a patient is treated and how aggressively their pain is managed.

More than 400 doctors in training, some of them already residents in hospitals and others still at university, were presented with different notes about the same fictional patient, a 28 year old man with sickle cell disease and chronic hip pain. The notes contained medically identical information, but one set of notes was more neutral and objective than the other.

Trainee doctors who read notes like the first sentence above – the neutral one – were more likely to have a positive attitude towards the patient and also more likely to decide to treat the patient’s pain aggressively.

Here are a few more examples:

*“The pain is not alleviated by his home pain medication regimen.”*

vs

*“The pain has not been helped by any of the narcotic medications he says he has already taken.”*

*“He is in obvious distress.”*

vs

*“He appears to be in distress.”*

*“He spent yesterday afternoon with friends and wheeled himself around more than usual, which caused dehydration due to the heat.”*

vs

*“Yesterday afternoon, he was hanging out with friends outside McDonald’s where he wheeled himself around more than usual and got dehydrated due to the heat.”*

As you can see, the differences can be quite subtle.

the language used to communicate in healthcare reflects and influences clinician attitudes towards their patients.

The research also explored whether there were differences between doctors already working in hospitals as residents and those who were still in training at medical school.

Unfortunately, they found that hospital residents were more likely to stigmatise patients and treat them differently. “Attitudes seemed to become more negative as trainees progress,” Beach said. “It may be that trainees are influenced by negative attitudes and behaviours among their peers and seniors in the clinical setting.”

One of the co-authors, Anna Goddu, said that the study added to a growing body of evidence “that the language used to communicate in healthcare reflects and influences clinician attitudes towards their patients.”

### E-Health records

With the introduction of e- health records in Australia, patients will be able to look at the notes that have been made about them and delete them or control access to them if they want to. So it’s important to be alert to the kinds of words that lead to stigmatising attitudes. As we’ve said, the differences can be pretty subtle – “narcotic medications” VS “pain medication regimen” or “obvious distress” VS “appears to be in distress”.

One obvious source of stigma for people in the workers compensation system is medicolegal reports. There are some you definitely wouldn’t want widely available to treating practitioners.

The fact that health professionals will know that records are open to patients may deter them from making stigmatising comments such as the ones above. So if you decide not to opt out from having an e-health record, make sure to have a look at it regularly and think about what you want to keep and what you want deleted.

Ann Thomson

*Do words matter? Stigmatising language and the transmission of bias in the medical record. Journal of General internal medicine, 2018; 33 (5):*

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## WISE WORDS?

George Monbiot, a long-running Guardian columnist, recently wrote about his experiences with prostate cancer. Before his operation, he formulated three principles that he felt were essential to happiness:

- imagine how much worse it could be, rather than how much better
- change what you can change, accept what you can’t, and
- do not let fear rule your life.

Recently, after surgery and serious complications that left him in so much pain he was “curled up on the floor, nails hooked into the carpet”, he’s written an article about how well these principles worked during a very difficult time. He writes:

“They held up remarkably well. By reciting them to myself every day – before the operation, in its aftermath, during the complication and as the tests results loomed – I never wavered, never fell to prey to fear or anxiety... I accepted what every day brought without worrying about what might happen on the next.”

Do you have any wise words that keep you going? If you do, we’d love to share them with other members of the association, so let us know!



George Monbiot

Ann Thomson

*Monbiot G., 2018. 'Cancer treatment hasn't been much fun, but I has taught me more about myself and the world around me in two months than I learned in the previous two decades'. The Guardian Weekly 18/5/18.*

# PAIN AND YOUR SOCIAL LIFE

An article by a group of academics at the University of South Australia shines a light on the huge effect chronic and acute pain can have on a person's social life. They write that pain is intrinsically linked to the health of your social life because of its impact on how you form interpersonal connections.

The researchers highlight three ways in which pain prevents people from forming meaningful social bonds. Firstly, people need control in their lives, and pain can often take this away. In a lot of instances, pain can make you dependent on the other people in your life. This can take away your sense of autonomy, leaving you feeling vulnerable and sometimes even guilty.

Secondly, humans need significant social relationships and pain has a tendency to make maintaining these relationships really hard. Not only can pain prevent you from engaging in regular social activities, it can also be a source of stigma and exclusion in your existing social groups.

The report singles out chronic pain as particularly bad for this, because it is "in direct conflict with how our society has come to view pain"; most people consider pain as a short-term, fixable issue. The feeling of being misunderstood and not being taken seriously can often make someone feel very isolated and stop them from wanting to be social at all.

Thirdly, pain can impact on whether people view life as just and fair. "People in pain are not always treated fairly. They are disbelieved, excluded, undertreated, and confronted with allegations of deception, sometimes based on personal characteristics such as ethnicity, race, sex, or age." This unfair treatment can often destroy people's faith in life's fundamental

fairness, leading to more isolation.

Some may be asking why a lack of social life is so important; to them, the researchers say, "It matters because threatening interpersonal needs come with consequences."

These consequences can be mental health issues as well as physical problems. Research shows that when pain has this kind of impact on a person's life, the pain actually becomes worse. The researchers conclude by urging people to recognise the importance of these impacts. They write that "we need to understand, investigate and acknowledge that pain can also have dire costs in the social sphere, and that these costs deserve attention, both in research as well as in the clinic."

*Anna Penington*

*Karos, K., Williams ACC., Meulders, A. & Vlaeyen JWS. 2018. 'Pain as a threat to the social self' BIM.*

People in pain are not always treated fairly. They are disbelieved, excluded, undertreated, and confronted with allegations of deception

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## Assisted tour of the American Masters Exhibition

Join us for a free assisted tour of the NGA's upcoming exhibition on the American Masters. The tour will take place on the 28th of August and will run from 10:30am until 11:30am. You're also welcome to join us after the tour for some morning tea in the NGA café. If you would like to come, please email us at [admin@rsi.org.au](mailto:admin@rsi.org.au) or call us on (02) 6262 5011 to confirm. The tour will start at the NGA Information Desk inside the gallery.

Highlights include paintings and works on paper by the New York School; Sol LeWitt's huge *Wall drawing No. 380 a-d* 1982, specially re-made for this exhibition; and a selection of spectacular light works by Dan Flavin, Bruce Nauman, Keith Sonnier and James Turrell.

# SOCIAL ISOLATION: WHAT CAN YOU DO?

Australians have fewer close friends today than they did thirty years ago, according to a study conducted by Canberra MP Dr Andrew Leigh, formerly a professor at ANU. This decline is cause for concern in an age where people increasingly turn to social media and the internet for emotional connection.

In a recent article on the epidemic of loneliness, Psychology Today provided several tips to help people improve their social connections and fight loneliness. Their suggestions include:

## 1- *Talk to strangers.*

Small talk with absolutely anyone can be a great way to counter feelings of loneliness; even a 30-second conversation with the person next to you on the bus can leave you feeling happier.

## 2- *Give every conversation at least seven minutes.*

The article claims that it takes seven minutes to decide if an interaction is going to be interesting or not, and although it might seem difficult, pushing through those seven minutes will be worth it.

## 3- *Talk face to face.*

Research has found that talking face-to-face with people actually improves your physical health because of the increased production of endorphins in your body.

## 4- *Find a way to see the person you're talking to.*

If it's not possible for you to be physically face-to-face with whoever you are talking to, try to use Skype or Facetime. These programs are the next best thing to actually being together. Additionally, if you can't use Skype, call on the phone; texting and emailing is not a good way to maintain a relationship.

## 5- *Use Facebook to benefit you.*

While Facebook can be a great way of updating lots and lots of people on your life, in order to form connections that are more meaningful over the site,

joining smaller sub-groups on Facebook with people that share your interests can be a great way of forming new bonds.

## 6- *Get to know your neighbours.*

Being friends with the people who live around you can be a really great way of fighting loneliness. Not only that, one study found that it can also decrease your risk of having a heart attack!

## 7- *Have people over for dinner.*

Eating together has been a great form of bonding for thousands of years, and it gives you a chance to sit down and really connect with people.

## 8- *Find a creative hobby*

Involving yourself in some form of artistic impression is a great way to meet new people. You could try joining a choir, learning dance, for example boot-scootin' or Irish dancing, or joining a reading group.

## 8- *Talk about your feelings.*

Discussing your feelings of isolation with someone can really help you to manage those emotions and feel less lonely.

## 9- *Give someone a hug.*

Physically touching someone can have a powerful effect on your mood. When you hug someone, or even just hold their hand, your body releases oxytocin, lowers physiological stress and fights infection all at once.

For people with a disability like RSI, lowering your standards can help you to comfortably maintain a good social life. Buy food, don't cook; clean sparingly; meet outside the house, join a friend for a walk or go to an event together.

*Anna Penington*

*Latson, J. 2018. 'A Cure for Disconnection' Psychology Today.  
<https://www.psychologytoday.com/us/articles/201803/cure-disconnection>*



# TIPS AND TOOLS: MAKING MOUSING EASIER

## The problem:

I've been using clickless mousing and alternating between two mice either side of my keyboard for years, and it's worked pretty well. But recently I've been finding that using the mouse has been causing pain and I've decided to investigate ways of improving the situation.

So I got to work on the internet and suggestion number one was to change the pointer speed. This is easy to do in Windows 7, 8 or 10: just click the start button and then Control Panel. Type 'mouse' into the search box and click it. You will find a slider under 'motion' called "select a pointer speed". Move it to the left to slow the pointer down. I moved it all the way to the left!

How well did it work? I was surprised by how much difference just slowing the movement of the mouse made. It wasn't visually noticeable and didn't slow me down, but definitely made mouse movements more accurate and smoother.

While you're slowing your pointer speed, you can use the same dialogue box to tick the "enhance pointer precision" check box.

This didn't make as much difference as slowing the pointer, but was definitely worth doing.

I also decided to minimise the amount of mousing I needed to do by selecting the "automatically move pointer to the default button in a dialogue box" checkbox under "snap to". This won't make a lot of difference, but every bit helps.

While I'm fiddling around with my mouse settings, I decided to change the scroll speed as well. To do this in Windows, first open your settings and click on devices. Select 'mouse' and then you'll see a slider

bar titled 'Choose how many lines to scroll each time'. Moving the slider further to the right will make scrolling faster on your computer.

Oops! I tried this at the fastest setting and found I was scrolling much too far with very little movement of the wheel. Adjusting the slide bar quite a lot towards the left (13 lines at a time) has made this feature a useful way of making scrolling easier.

One feature that techies absolutely love in Windows 10 is "scroll inactive windows". Some claim it reduces the amount of mousing they have to do by 30%. If you have two windows open next to each other and you are using one but need to scroll through the other at the same time, simply move your mouse over to the inactive window and start scrolling. You don't even need to click on the window first.

With these changes, especially slowing the pointer speed, mousing has become a lot easier and even pain-free. But I'm going to try one more thing and that's changing my left-hand mouse to a wireless model. The cord gets tangled up with my headphone cord for Dragon and creates that extra bit of drag when I'm moving the mouse. And now it's job done! These changes have made all the difference.

What do you do to make mousing easier? Let us know and we'll pass your suggestions on to other members.

*Ann Thomson* ,

### Information Sheets Available:

- A New Approach to Pain
- Assistance through Medicare
- Clickless Software
- How to Win and Keep a Comcare Claim
- Hydrotherapy
- Injections for RSI
- Managing Stress in Your Life
- Managing Your Finances
- Massage
- Medical & Medico-Legal Appointments
- You don't have to live with depression
- Neck Pain
- Pillows & RSI
- Sewing & RSI
- Members Story — Studying with RSI
- Swimming with RSI
- Treatments for Carpal Tunnel Syndrome
- Voice Overuse
- Member's Story — Invalidity Retirement

### Helping Hand Sheets Available:

- |                    |                                |
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| Book Holders       | Sitting at the Computer        |
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*Preventing overuse injury, reducing its impact*

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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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