Newsletter

Summer 2008

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT

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

News & Events:

January 2008

European 'Lighten the Load' Summit

The closing event of the European campaign on Musculoskeletal disorders will be held in Bilbao, Spain on the 26th February 2008. Workshop topics will include MSD statistics, prevention and return to work. Our Director, Ann Thomson, will be attending this summit and we look forward to reporting the latest European RSI news in our next newsletter.

Free Centrelink Talk

Glenn Klein from Centrelink will be speaking to members and available to answer all your questions on the following topics:

- asset tests and how they work
- disability pension
- job capacity assessments
- pensions and allowances
- free financial advice through Centrelink

All welcome: Wednesday February 13th at 12:30pm at Room 13 in the Griffin Centre.

Turner to Monet

This is a beautiful forthcoming exhibition of impressionist paintings at the National Gallery. Please join us for a free special access viewing followed by morning tea. Meet at 9:30am in the foyer on March 22nd.

Does your address label on the back page have an asterisk after the name? This means your subscription is overdue, so please look at page 15 for info on how to maintain your membership.

Inside this issue:

Address: 2nd floor
Griffin Centre
20 Genge St
Civic

Opening Hours:
Monday and Thursday
10am-3pm

Ph: 02 6262 5011
Fax: 02 6249 6700
Email: rsi@cyberone.com.au
Mail: RSI Association
Griffin Centre
20 Genge St
Canberra City
2601
Web: www.rsi.org.au

LETTERS

Dear Editor

Re: Letter from Consultant in Rheumatology & Pain Medicine, Spring 07

Like your correspondent, I am deeply disturbed that personal injury compensation system assessments across Australia have in the last few years moved from being disability-based to impairment-based.

See in the historical context, Australian compensation systems have retreated into the late 19th century, where Tables of Maims were produced that enabled insurers to quantify the monetary value of the entire man (or woman) or parts thereof. Obviously pain has been excluded from such an equation on the grounds that it is inherently immeasurable.

I doubt whether the important issues raised by your correspondent are solvable by purely political means, given that politicians and compensation bureaucrats have subtly conned our once independent medical profession into subserving the needs of compensation insurers, rather than those of its patients in pain.

The sole benefit I see flowing on to people in pain from being excluded from impairment assessment, is that they will no longer have to run the gauntlet of skeptical medical examiners. Hopefully, they will thereby achieve better outcomes than would otherwise be the case.

Yours faithfully

Dr J. Quintner.

Consultant Physician in Rheumatology & Pain Medicine.

Dear Ann

I would like to take the opportunity of updating you as to the RSI situation in the UK. The national RSI charity, RSI Association, after many years of good work, went into liquidation in March 2004. In 2005 RSI support groups in UK got together and agreed to form a new organisation, which is now known as RSI Action. We have our first AGM this month, Saturday 29 September in central London.
RSI Action has two objects, that of RSI prevention, and secondly RSI support. We have no employees, and no offices, and are reliant upon voluntary work at the moment. Much of the resources currently available come from myself.

Although we have only been going for a year, we are already making a significant mark in the UK, and further afield. I have just returned from attending the ICOH International Prevention of Musculoskeletal Disorders Conference held in Boston this August. I also expect to be asked to join the new team to develop guidelines for upper limb Disorders in the workplace for NHS.

RSI Action (and prior to that London RSI support group, of which I am vice-chairman) have held major RSI Awareness Days in London at the end of February 2006 and end of February 2007. These events have drawn 2-300 people each, and we have been able to provide free entrance. We have had high-quality UK and overseas speakers on RSI subjects, and also an exhibition of the taster therapies, advice and information, and related products and books. We are planning our next event on Friday 29 February 2008.

We would be very interested in sharing information with yourselves and other similar groups in Europe or the world. In the UK we have lots to do to challenge the ever-growing mass of erroneous and misleading information. We would very much like to co-operate and keep in touch with yourselves.

Stephen Fisher
RSI Action, chairman of trustees
www.RSIAction.org.uk

Ann Thomson, Director of the RSI & Overuse Injury Association of the ACT, will be traveling to London, and Amsterdam in February 2008 as an invited speaker on 'RSI in Australia' at the UK and Netherlands RSI Conferences—a great opportunity to develop our international contacts.

-Letters continued on page 7-

BITS & PIECES

Counting the cost of chronic pain

A recent study conducted by Access Economics and the University of Sydney's Pain Management Research Institute found that the economic cost of chronic pain in Australia in 2007 was $34.3 billion dollars. Professor Collins, director of the Institute, further estimates that 50% of this expense is wasted due to inadequate medical services and lack of doctor education. He says "Half of that could be saved if people got access to treatments that are available now." Chronic pain, defined as daily pain lasting more than 3 months, most often arises from cancer, musculoskeletal problems (including RSI), and followed surgery. The study also found that only 10% of chronic pain suffers managed to find relief. The researchers hope this study will lead to a more coordinated national approach to treatment and research for chronic pain.

Recent research on RSI prevention

Canadian researchers have conducted a study of 60 000 workers and found that being active in your leisure time was associated with a lower risk of developing work-related RSI. Exercising 3—4 times a week was associated with a 16% reduction in RSI risk. This is probably because regular exercise improves circulation and offsets muscle weakness and tightness in the upper body of sedentary workers. Exercise also improves blood circulation and immune functioning. The study also found no support for the idea that high-impact exercise causes or exacerbates overuse injuries.

Overuse Injury in Airport Workers

Recent research into the conditions of airport check-in workers in Canada and Switzerland has concluded that these workplaces are rife with psychological distress and chronic pain from overuse injuries. In reality, this work is comparable to industrial workplaces which require manual heavy lifting, but this is rarely acknowledged. In fact, workers are expected to perform this work in skirts, dresses and heels. Rosskam's book, "Excess baggage: Levelling the load and changing the workplace" is drawing attention to these issues in the US.

Pre-employment Screening Challenged

An American citizen who applied for a job at a *Black & Decker* factory in Tennessee was given a pre-employment medical test and refused employment. The test was claimed to be effective in screening for future development of carpal tunnel syndrome. The US Equal Opportunity Commission has challenged these tests in court arguing that they are not accurate enough to reliably predict if a person will develop CTS. The man himself has filed a federal class-action lawsuit claiming that the testing violated his rights and others like him under the American Disabilities Act.

Local Contacts:

Sydney:
Keshab Baidya (02) 9557 1425

Melbourne:
Katherine Lind (03) 9689 8845

These people have volunteered to assist people in their area with names of helpful therapists, doctors, lawyers and local info. If this is something you could do in your area, contact us for more info.

DEPRESSION AND RSI

At any one time, 5% of Australians are clinically depressed. But studies have shown that people with musculoskeletal disorders (including RSI) have **more than double** this rate of depression: at least 12% are depressed.

Why is depression so common amongst RSI sufferers?

"Anyone who begins each day awakened by pain is convinced that something is wrong with his or her body. But when a doctor can't find anything and family members grow suspicious, it is difficult not to doubt yourself or to drop into depression."

Psychologists think that depression has two major causes. The first is your personal vulnerability: the kind of person you are and the experiences you've had in your life. The second major factor determining the onset of depression is **stress**, and the kind of stress that is most likely to cause depression involves **loss**. This theory predicts that the more extreme and ongoing stress you experience, the more likely you are to develop depression.

Most people with an overuse injury have undergone not just a single stressful event, but several. Many of these events involve loss – of good health and your job, for instance. Many people lose their social networks, which are closely connected with work. They lose their ability to take part in sports and hobbies that make them feel good and connect them to other people.

The more extreme and ongoing stress you experience, the more likely you are to develop depression.

Many people with overuse injuries lose their independence and suddenly find that they are dependent on families and friends to do simple things like hanging out the washing or cooking a meal. And of course there's the loss of status that goes with losing your job and your income, and suddenly becoming dependent on other people.

"It came to affect my personal relationships because I felt so uncomfortable having to explain my RSI to anyone... I became isolated because I didn't talk to anyone or see anyone. At one point I wouldn't even answer the phone." – Lee

Furthermore, many of the stresses in the lives of people with work-related injuries go on for a long time – for instance, financial insecurity, the workers compensation claim and of course the pain itself. Most of us can recover from short-term stress but stress that continues for a long time is more likely to cause depression.

There are two other important factors in causing depression that are very relevant to people with RSI. The first is pain: studies show that the more pain a person is experiencing, the more likely they are to be depressed. This suggests that it's important to find a doctor who takes your pain seriously and to work with them to reduce pain levels.

The second is helplessness. This is more likely to happen when a person with an overuse injury is in the workers compensation system. Other people may be making important decisions for you and you may feel that you have little control over your own life just at a time when it has become demanding and difficult. Research has shown that situations like this tend to increase the likelihood of developing depression. There are two things that are important here - being in control, and **feeling** that you are in control. You will benefit if you can increase the amount of control you have and also if you can help yourself to feel that you have more control. To help you with this, our information kit has a number of suggestions on how to take back control when you're in this situation.

"What helped me a lot – and I'm not the only one – was the active pursuit of mastery and meaning. I'd had to quit my job, but I found a way to volunteer from home for a cause that meant something to me. What might be even more important is that I started to explore and push the boundaries of what I could do physically. At first I made the mistake of pushing too hard, as if I were getting revenge on my own body for failing, but soon enough I learned how to handle myself with kindness and common sense. It made me friends with my body again. Or, rather, it helps my mind understand that my body had been its friend all along."

There's an old-fashioned view that RSI is *caused* by psychological factors, rather than the other way around. But there's no scientific evidence to support this point of view. In fact, there is a high incidence of depression in sufferers of most chronic illness. Depression has been shown to be a common consequence of a number of diseases - M. S., rheumatoid arthritis, ankylosing spondylitis, cancer, stroke, osteoarthritis.

Although depression can worsen disability, there is now good evidence indicating depression is a **consequence** of overuse injury, rather than a cause. There is also evidence to suggest that the more severe the disability, the greater the likelihood of suffering depression.

The really sad thing is that depression along with a chronic disease leads to a vicious cycle. The depression makes the chronic disease worse, and the chronic disease exacerbates the depression. Part of the problem is that when you're depressed, you are less likely to do the things that will help you to get better - get exercise, sleep well, keep up with treatments and eat good food. The other part is that depression is really bad for anyone's health, even for someone who is in good shape to begin with.

Depression has a big impact on your life; not just on your mental well-being, as you might think, but also on disability and your physical health. That's why it's really important to seek treatment as soon as possible for depression: you're more likely to be able to recover from your overuse injury if depression is treated successfully.

How do I know if I have depression?

The key and most obvious symptom of depression is feeling miserable for at least 2 weeks at a time. What most people don't realise is that anger is also a very common symptom. Changes in sleep patterns, appetite or weight, or in energy levels are also important in diagnosing depression. One very important sign is if your routine has changed to accommodate your other symptoms (eg. seeing your friends less because you want to stay in bed).

What you can do about it:

Depression is a highly treatable condition, and as many as 20% of people experience it at some point. However, it's also extremely disabling – one recent study found that it impacts on health more than heart disease, diabetes or arthritis. So it's important to take your symptoms seriously, and the first step is to see your doctor. This is important for two reasons – firstly, depression can be a symptom of more serious hormonal problems, such as thyroid dysfunction, that should be ruled out through blood testing. Secondly, it is possible to claim psychological treatment through Medicare if your doctor refers you to a therapist. You will need to make a long appointment with your doctor to start this process – to find out more, order our sheet *Assistance through Medicare* on p15.

What happens in therapy?

A lot of people are intimidated by the idea of psychological treatment, perhaps due to the myths surrounding it. Freudian caricatures of therapy that portray it as dream analysis or a search for a troubled childhood are not representative of modern psychology. Two modern psychotherapies which show the best recovery

rate for depression are Cognitive Behavioural Therapy and Interpersonal Therapy, and most therapists in Canberra have some background in these therapies. The former involves examining and questioning the thoughts and behaviours that perpetuate depression, as well as learning to control negative and upsetting thinking. Interpersonal therapy focuses on handling relationships and stress more effectively, as well as learning more adaptive ways of thinking about and managing situations that trigger depression.

If your first experience with a therapist isn't a positive one, try changing therapists.

Some psychologists specialise in treating sufferers of chronic pain, and can provide structured pain management education. If your first experience with therapy isn't a positive one, try changing therapists – the field is quite varied, and a different approach might suit you better.

Some alternative therapies that have good evidence to support them include the herb, St John's wort, and omega-3 fish oils (these seem to play a role in preventing depression). There's also some evidence to support the benefits of acupuncture, massage therapy, relaxation, folate, and yoga breathing exercises.

What about antidepressants?

Medications for depression are sometimes a good option for treating symptoms in the short-term. SSRIs are the most commonly prescribed, as they have the least side effects. However, drug treatments have a much higher relapse rate than psychotherapy and are less effective in the long term. Also, about 30% of people do not respond to drug treatment at all, whereas only about 10% of people report no benefit from a course of psychotherapy.

Preventing depression

- Make your mind up to maintain your social relationships. If you can't do this in the same way as you used to, find new ways to see your friends regularly. Research clearly indicates that social contacts protect you against depression.
- Exercise is also an extremely effective method of preventing **and treating** depression. In addition, it's one of the best ways to speed up recovery of your overuse injury, so it's very important to find the time to engage in exercise that doesn't aggravate your injury, such as brisk walking.
- If you're involved in a medicolegal dispute, try to distance yourself mentally from the hurtful reports and other difficulties that arise. Try not to see it as a personal attack – that's just how the system works.
- Meaningful volunteer work can be a very fulfilling use of your time, and there are lots of positions available that don't require you to use your arms.
- Try to see obstacles as problems that can be solved, rather than giving up or feeling defeated.
- Make decisions about what areas you will need help – it may be necessary to relinquish some independence in order to minimise your pain.

Resources

Beyondblue provides information on depression, will send out info kits and booklets, and refer you to doctors and psychologists. Useful fact sheets include: *Help for Depression, Anxiety and related disorders under Medicare* (Factsheet 24), *Chronic Physical Illness and Depression,* (23) *Arthritis and Depression* (27), *Changing your Thinking* (10), *Why do I need to take Antidepressant Drugs?* (11), *Other Treatments* (14). Call their Info Line on **1300 224 636** or www.beyondblue.com.au

Lifeline 13 11 14 24 hour counselling service staffed by trained volunteers.

Women's Health Matters Info Line 6286 2043

Women's Info and Referral Centre—can refer to relevant courses. 6205 1075

Belconnen Community Service—runs a variety of mental health groups. 6264 0200

Mensline—professional and confidential short-term counselling, plus info and referrals. 1300 789 978

www.moodgym.anu.edu.au - if you can use the internet, this internet course for depression has been shown to be highly effective.

LETTERS CONTINUED

Dear Editor,

I have just read the article on choosing a pillow in the latest Newsletter. I have had enormous difficulties finding a comfortable pillow and wanted to pass on some information.

I have tried many pillows, most of which continued to cause me neck pain and very strong headaches/ migraines. The biggest problem finding a pillow is that generally you cannot return a pillow to the store if you don't like it - which means that finding a pillow can be a very expensive exercise. I recently found a pillow which I would thoroughly recommend to any person who suffers from RSI and neck pain. It is called a 'Chiroflow Waterbase Pillow' and is available from several websites including: http://www.chirostore.com.au.

The pillow is unique in that it contains a water pouch underneath a layer of polyester fibre. According to its makers it is the #1 selling chiro-pillow in the USA. The real advantage of this pillow is that the water pouch means that its height is infinitely adjustable, unlike any other pillow. It is also supportive but very soft, which is perfect for sufferers of neck pain. Furthermore, the pillow comes with a 30 day money back guarantee, so you really can't go wrong! It only took me a week of using this pillow for my neck pain to dramatically decrease. It costs about $100 but I reckon I'll make that cost up pretty quickly in reduced expenses for painkillers.

Regards,

Owen

Dear RSI Association,

I found your site and found it very supportive. I've had an injury for 2 or so years affecting my work and home life and I could relate to the article on Returning to Work. It was valuable and affirming for me. However, I did notice a few typos on the website. This is a great site regardless—yay guys!

-Kerry

Thanks for alerting us to those errors—we are keen to have the website looking as good as possible and they have now been corrected. It appears that headings were retyped in haste when our website was uploaded by trainees at another organisation. If you spot any mistakes in any of our publications, we always appreciate having them pointed out!

Dear Ann,
According to traditional Indian Ayuvadic medical system, not all human beings have the same constitution. Basically, it divides human beings into three categories and it is also possible to have a combination of them. In other words, there are 7 possible combinations of human type.
According to this view, due to the differences in constitution some people get RSI and others do not although they are doing the same work. Also important in this traditional way of looking at health and illness are diet, stress and pollution.
Our group is interested in looking at how these interact with musculoskeletal disorders. If your members would be interested in finding out more, please contact me on keshabbaidya@hotmail.com.

Keshab.

LEE'S STORY

My RSI started in 2003 when I was doing a lot of filing and transcribing from files onto the computer. Handling files was a problem as well as the keyboard. The computer wasn't ergonomically set up; it was a very poor work station. I was working casually and had monthly renewable contracts. They wouldn't say anything to me until the last day about whether I'd be coming in on the Monday. This was quite stressful. I was working six hours a day – I didn't know at the time that you have to take breaks through the day. Because I wanted to drop my kids off at school and then be home by three, I would just work for six hours straight through and not take a break at all. It was poor workplace practice.

After about 12 months, my injury wasn't getting better and I put in a workers' compensation claim. About four months later, I went to the doctor and said that I had been continuing to work with a lot of pain; she said to have three weeks off. I went back on what they called a graduated return, starting on four hours a day and going up to about five hours a day. I was put on more or less the same duties.

No one at work was unkind or said anything derogatory. But the place where I worked on contract had undergone a review of the whole department and they were planning staff cuts. People, particularly those on contract, were very stressed because they knew they'd be the ones to get cut because it was difficult to cut permanent public servants' employment. The whole environment in the department was really very stressful. When I left for the three weeks' break, it was obvious when I came back they would eventually get rid of my job. When I came back, they asked me to continue the sort of work I had been doing but there seemed to be confusion about what I was there for. I didn't have proper supervision. They ended up sticking me in a room by myself and gave me all sorts of odd jobs.

Meanwhile, I did have a workplace rehabilitation provider. At one stage they provided me with a machine to put the electrodes on my arm to try to work out which muscles were most stressed. You were to work on the computer in such a way that you were not setting off these beepers all the time – that was pretty stressful!

In the end, I was in a lot of pain and was absolutely exhausted. I would get home after four hours of work and just lie down. I was getting to the point where I was buying TV dinners. I just couldn't face any more work. I was in a lot of pain, and treatments were not very effective. I went to a chiropractor at one stage, looking for magical cures that don't eventuate. I knew that the only thing that would benefit me was that I would have to give up work. I kept saying to myself: 'What's more important, my work or my health?' I did say to them eventually: 'I've just had it and I'll just resign'. The doctor gave me another week off and the rehab person said to me: 'Whatever you do, don't resign'. Then my workplace decided that they weren't going to renew my contract so that was virtually the end of my working for them.

I had endless difficulties with Comcare and eventually they decided to cease my payments, six months after I had finished work. Then I went to a solicitor. He wasn't very competent, but I did eventually get a settlement. From that period onward, I haven't had any further contact with Comcare. The settlement wasn't very satisfactory: not only did Centrelink take a huge amount out of the settlement but all my back pay was counted as one year's income for tax purposes and I had to repay my HECS debt.

I found dealing with Comcare extremely stressful, despite knowing there's a process involved in which they deny liability and send you off to a whole lot of sham doctors who say there is nothing wrong with you. When you're involved in the compensation system, you're always looking over

your shoulder because you think you could be videoed or have people following you around to see you doing something—then they'll bring this out as evidence that you are not injured. I thought: 'I don't want to live life like that. I'd rather finish it and, because I'm a single parent, go back on sole parent benefit on which I can marginally survive, rather than being in the system where I'm having to deal with all this stressful stuff'. I decided that I had to do what it took to get better or, even if I didn't get better, I didn't want to be under the pressure that Comcare would inflict on me.

Since the settlement, my health has improved a fair bit, although I still have a lot of pain in my arms. I find any kind of vibration quite hard to deal with; long trips in the car, even as a passenger, are very difficult and I have to persuade my kids to mow the lawn .

I've become quite good at voice operated computing and have managed to complete a post-graduate university qualification part-time. While I'm not physically able to work full time, I have found very satisfying part-time work that pays reasonably well.

I tried lots of different treatments, many of which didn't work. When I can afford it, I find massage very helpful – but the right therapist is the key for me. The impact on my finances has been severe – I've struggled on single parent's pension for years and am now on a part disability pension.

Access to Work: VOC & the Public Service

Rates of overuse injury in the Australian Public Service are extremely high. One published study showed rates of RSI in the Australian Public Service as high as 8 out of 10 computer workers with some symptoms, and 2 in 10 in constant pain. These were all people who had *not* put in a workers' compensation claim. These rates are so high because many people in the Public Service spend almost all of their working time on a computer, which is a major risk factor for developing RSI.

When people who do most of their work on a computer are no longer able to type or use a mouse, voice-operated computing (VOC) is a great solution. Dragon NaturallySpeaking is the software that most people use to operate a computer by voice and has come a long way in its effectiveness over the last few years. It's now possible to get at least 95% accuracy on Microsoft Word using VOC. This software is also very useful for people who are blind, have arthritis, rheumatoid arthritis or any kind of upper limb disability.

Unfortunately, there are problems with access to this technology. People who rely on VOC require all their software to be VOC-compatible, and to achieve this, it must be possible to perform all tasks using the keyboard rather than the mouse. This is part of what are called "Universal Design Principles", – if these are followed, people with disabilities can access websites and any kind of software.

The Australian Public Service employs many people with repetitive strain injuries who have turned to VOC as a way of staying at work and successfully managing their injury. But unfortunately, many of them encounter a number of problems that prevent them from being productive workers.

"My Department was very supportive in providing VOC software for me after I got injured. Sadly though, very little consideration was given to VOC users when the department went onto a new operating system and this led to all manner of problems which were out of my control."

One of the major problems is that some of the new software applications used in departments in the public service just don't work with Dragon NaturallySpeaking. The software is specifically designed to work with a range of Microsoft and Lotus Notes applications, but many of the software programs widely used in the APS are not accessible using VOC. These include specialised

software used for:

- records management
- financial management
- personnel records, including flextime recording
- ministerial correspondence, and
- corporate address and phone books.

Many of these specialised applications are developed or procured with little or no consideration given to their compatibility with assistive technologies. As a result, APS staff using speech recognition software are suddenly unable to carry out their work when new software is rolled out. We are aware of cases where injured workers have successfully returned to work, only to be re-injured because their work involves using applications that have been developed without reference to Universal Design Principles, and as a result are not compatible with assistive technologies. The key accessibility issue is the lack of keyboard accessibility. That is, applications may have many tasks that can only be done by mouse.

Another major issue is noise. Although modern microphone headsets perform incredibly well at filtering out unwanted noise, they can't perform miracles. If someone using voice operated computing is located next to a noisy corridor or someone who's listening to a radio on their desk, the software just won't work well.

A further issue is the availability of specialised IT support. Someone who's using VOC software needs access to a help desk that is conversant with VOC issues and able to help them effectively. Such assistance is all too often unavailable.

"Dragon did not work well with all the programs I needed to use. It was not supported by the IT area of the department and there was no on-site assistance. The only way to get telephone technical assistance was from interstate and this was not particularly helpful. Technical problems lasted for several weeks, but I was expected to get on with my usual work, which was impossible without aggravating my injury.

I was positioned on the corridor with only a shortish partition as a barrier which did nothing to stop the noise from corridor traffic, including slamming doors to stairwells and other distractions. This made it difficult to use the software effectively. Nearby colleagues resented my talking into the machine and it appeared they would deliberately make unnecessary noise. On the other hand, some colleagues found my talking into the computer distracting when they wanted quiet to read and think and I could understand that. With all the mousing and typing I had to do to operate new software, my condition worsened and I eventually left work."

The Australian Government Information Management Office's (AGIMO) has produced a "Better Practice Checklist for Assistive Technology for Employees of the Australian Government". These include a *recommendation* to "consider the application of Universal Design Principles when building or procuring new technology products". This is *not* going far enough in supporting access to work for injured and disabled employees. We believe that the application of Universal Design Principles should be a requirement rather than a recommendation.

Currently it's up to each department whether to specify accessibility as a design requirement, and as a consequence many VOC-users are unable to work. Safely fixing these problems wouldn't be at all difficult. All that would be required is for a change to the guidelines on software design to require that Universal Design Principles be followed. Accessible design of applications would provide benefits to staff with disabilities, as well as the wider workforce, including:

- a more ergonomic interface, which reduces work injury
- being more intuitive to use, which requires less training

- increased productivity

In the future, all software used in the Australian Public Service should be required to meet the accessible design guidelines currently being developed by Standards Australia. This would enable people with a range of disabilities to work in the APS.

The RSI Association intends to investigate this issue further in the hope of bringing about a change that would benefit many people. If you have experience with accessibility of software in the APS, please tell us about it on 6262 5011 or rsi@cyberone.com.au.

COMMONWEALTH REHABILITATION SERVICE

Robyn Pender & Anita Xian recently spoke to members at the RSI AGM. Much of the following is drawn from their speech.

CRS is a specialist bulk rehabilitation service which provides assistance to people with a disability, injury or health condition to choose, get and keep a job. Previously, it was the only one, but recently the market has been opened to several other providers.

Welfare to Work

The Government's 'Welfare to Work' scheme has changed the system considerably in recent years. One important consequence of Welfare to Work is that CRS sees fewer people with psychological conditions. These people are referred instead to the disability employment network.

The most significant change is that there is now a requirement for medical evidence of impairment before you can be referred to CRS. The new requirement for medical evidence causes a number of problems. In particular, unmanaged conditions (which a doctor has not diagnosed) cannot be referred to CRS – these people must go to Job Network instead, which provides much less support.

To be eligible for rehab with CRS you must:

- be between 14 and 64 years of age
- have a disability, injury or health condition that impacts on your ability to get or keep a job
- be an Australian citizen or non-time-limited resident
- have *medical evidence* of impairment. You will not be referred to them unless you have a doctor's report verifying your condition.

Job Capacity Assessment (JCA)

Individuals seeking the disability pension or Newstart allowance will require a JCA. This is an appointment with an assessor, who will assess your capacity to work, taking into consideration your individual circumstances.

At the assessment, the interviewer will find out as much as possible about your injury and what you can and can't do, which will usually take ~2 hours. It is important to take as much medical evidence to this as possible. Supportive medical reports can be a big help. Also, to be eligible for the pension, your doctor must indicate in writing that you have a *permanent* condition (non-curable for 2+ years). If a number of conditions are present, your doctor should detail the level of impairment for *each* condition, as this will assist in your application. It is ok to take a friend, relative or advocate with you to the JCA.

JCAs now determine an individual's work capacity and also the best employment agency to suit their needs. The requirements of a JCA must be met in order to receive a benefit. Once you are receiving the disability pension, it is your *choice* whether to look for work. Any income you receive may impact on your pension and needs to be discussed with Centrelink. Entering a rehabilitation program is optional if you're receiving the disability pension, and you are able to drop out of the program at any time without penalty. If you are receiving NewStart or the Single Parent pension, however, you are obligated to continue with the rehab program.

Penny Wong, in a recent article in *Link* magazine

made a number of comments on disability employment. On JCAs, she said: "*There have been many concerns raised about the current Job Capacity Assessment model. Given that this is the tool that determines a person's level of income support and level of assistance, I can assure you that Labor will review the assessment process and remedy its flaws.*"

The requirements of a job capacity assessment must be met in order to receive a benefit.

The Rehabilitation Process

The most important purpose of CRS is to identify barriers to employment and help you to overcome them. Being in the acute stage of an impairment is a barrier, as people tend to be far more ambitious making goals and less able to predict their own capacity. However, CRS is no longer permitted to take the stability of your condition into account when assessing your capacity. Nevertheless, programs tend to be most successful when the impairment is stable. Up to two years can be spent in this process.

In planning a program, the first step is to develop a clear vocational goal – this may take some time. In creating a goal, it's also important to determine whether the JCA is realistic and whether it will aggravate the condition to work to the level it proscribes. There is some awareness that the JCA may not accurately reflect your condition. You could be having a particularly good or bad day, for instance. As such, rehab providers do not rely only on the JCA. The rehab provider will consider your skills, limitations and preferences in helping you decide on an employment goal.

The next stage for a rehab provider is to consider whether training is necessary, and what form it might take. Often traditional applications and skills are no longer relevant, either because of the impairment or due to a long absence from the workforce. For instance, being a proficient typist is no longer a relevant skill if RSI prevents you from using a computer. CRS will fund things that are related to the employment goal. This might be seeing an employment consultant or learning new skills, either through external courses (such as TAFE) or on the job. Voice-operated computing training and workplace modifications may be funded if this is consistent with employment goals—several of our members have benefited from this. However, CRS will not pay for tertiary courses, English language courses being a possible exception.

If the primary condition is psychiatric or chronic, anxiety and depression are common complications (see page 4 for more on this). To address this, CRS runs anxiety and stress management courses. Other courses that they run include managing pain to get active, building capacity (one-on-one with a physiotherapist) and counselling.

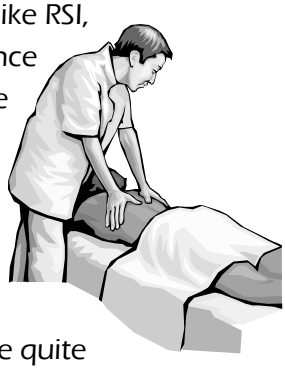
CRS provides support for the first six months once you are employed. This might include calling in workplace assessors to determine the suitability of your workspace, or other professionals which can provide training and support. Of course, if employment is well chosen, the disability may have little or no impact on your job. In this case, there may be little contact between the employer and CRS. However, consultation is important. Many employers are quite pleased to learn about the employee's connection to CRS, as this saves them from having to purchase ergonomic or supportive equipment.

CRS also has a commercial arm, through which they provide services to employers. This may include injury prevention work, such as organising an ergonomic assessment, or advising on equipment to minimise or prevent injury. They also provide risk assessments and training in workstation set-up and OH&S.

For more info about the services that CRS provides, call 1800 624 824 or visit www.crsaustralia.gov.au

The **Welfare and Legal Rights Centre** can provide free legal advice, information and advocacy on tenancy, social security, Centrelink benefits, and legal aid appeals for people on low incomes. Contact 02 6247 2177 or www.welfarerightsact.org

MORE ON ALTERNATIVE TREATMENTS



When you have a condition like RSI, for which there is little evidence for effective treatment, you're likely to be inclined to look beyond standard medicine for alternative options. And increasingly, there is evidence that some of these alternative treatments may be quite effective in relieving your pain.

Tai Chi

Researchers have found Tai Chi to be a safe and effective way of improving balance, flexibility, cardiovascular fitness and mood. It helps with depression and stress, and improves blood pressure as much as aerobic exercise. In addition, chronic pain sufferers who practised Tai Chi showed improved muscle strength and movement.

Strength training

Finnish researchers investigated the effect of strength training on chronic neck pain. They found that strength training increased the range of neck movement, and reduced disability and pain significantly more than aerobic or stretching exercises. Many of our members have found that a carefully graded strength training program has decreased both disability and pain.

"I took an eight week intensive course of stretching and strengthening exercises. It has given me much more mobility than I had before. I would recommend the course to anyone, but I think you have to be prepared to put yourself through a lot of physical discomfort before you see the benefits." - Robyn

Music

It might not sound like medicine, but music therapy is increasingly being recognised as a legitimate way to reduce pain and suffering in a variety of conditions. There's evidence for its effectiveness in cancer patients, eating disorder sufferers and people with osteoarthritis and chronic pain. Listening to 20 minutes of music a day made a cumulative difference to the levels of pain and unhappiness reported by patients. How does it work? Professor Grocke from the University of Melbourne suggests that engagement with music blocks the progression of pain impulses to the brain, and so has a direct effect on the physiological aspects of the illness. The most effective music choices were mellow classical pieces, like Mozart – however, it's important to choose something you like as well!

Cognitive techniques (using your mind to control your body)

These are gradually becoming more mainstream than alternative, as it is clear that they can be at least as effective as painkillers without the nasty side effects. Techniques such as hypnosis, meditation and relaxation can be very useful in managing your pain. Another effective method is biofeedback, where information about your physiological states (eg. tension, blood pressure, heart rate) are provided to you directly. Surprisingly, simply tracking these things carefully can improve your control over them. Some psychologists specialise in cognitive pain management techniques, which focus on learning to live with pain.

Massage

Massage has a long history in many cultures, and has been used to alleviate a range of symptoms. Massage works by enhancing circulation of blood and lymph, resulting in increased supply of oxygen and removal of waste products. Researchers have demonstrated that certain massage techniques can increase the pain threshold and reduce muscular tone. This may be mediated by mental relaxation, which reduces anxiety and the perception of pain. Studies into the effectiveness of massage for chronic pain are encouraging, however more research needs to be done to clarify how it works.

MORE BITS & PIECES

Bike for RSI

If you're looking for a bike that's easy to ride for a person with RSI, the Electra "Townie" range has some very useful features. These bikes look like sturdy old-fashioned bicycles, with high, wide handlebars and an upright seating position. In fact, they're made of alloy and are very light. One model has back-pedal brakes and a 3-speed back-pedal gear system, which means that changing gears and braking can be done by foot. Priced at around $600 and available from most bike shops.

Shoulder Bag for RSI

Are you looking for a shoulder bag with wide straps? Hedgren makes a range of very light shoulder-bags, one of which has straps 5cm wide—much wider than the normal bag. This spreads the strain across your shoulder, which is good for RSI, and the lightness is also a positive feature. Around $100 unfortunately, and available in a range of colours, including black, in most bag shops.

Visiting us by car at the Griffin Centre?

Following all the construction at the Griffin Centre, the easiest place to park is now the Big W carpark, which is the 1st right turn after Genge St if you're travelling east along Cooyong St. There are also some short-term disabled parking spots close to the Griffin Centre.

Join our Committee

Are you committed to helping people with RSI? Have you got energy and commitment? We need you for our committee! Have your say in the organisation, determine priorities and contribute your ideas and suggestions. The committee is friendly and informal. To find out more please ring the Director on 6262 5011.

Meditation Course

The ACT ME/CFS Society are running a 4-session course on *calming and quietening your mind with meditation.* The course will be led by a nun from the Tibetan Buddist Society of Canberra. Sessions of 90 minutes will be held each Tuesday from February 12th. Contact **6290 1984** for more details and to RSVP.

Cheap Massage

Amanda Davidson of ACT Soft Tissue Therapy in Mitchell is offering a 10% discount on massage to members of the RSI Association (just mention this when you make an appointment). She is very experienced with RSI. Call 0400 906 388 or 6253 9302.

Careers for RSI

Would you be interested in a course on **Career options for People with RSI**? We're considering applying for funds to run another of these courses, which have been very successful in the past. The more people who register their interest, the more likely it is that we can get funding to run a course.

Next Newsletter:

- Diagnosing RSI
- News from the EU Summit on Musculoskeletal Disorders
- Private Business switches to Comcare: What are the Problems?
- Plus your letters & our regular features

LIBRARY SERVICE

We have a range of articles and papers available to order (new resources are **bolded**). Tick the desired article/s. Please include one local stamp per article to cover printing costs, and a large self addressed envelope.

Articles from Past Newsletters	Tick:	Medical Research Papers	Tick:
Self-management treatment of OOS pain		**Repetitive Strain Injury in Lancet (2007)***	
Pain and Pain Medications*		Review: Ergonomics & Computer Workstations (2006)*	
Treatment Survey Results		Review of Carpal Tunnel Syndrome research (2006)*	
Why and how massage helps RSI		Increase in cytokines in a rat model (2005)*	
Hydrotherapy		Inflammation reduces tissue tolerance in RSI (2004)*	
Bowen technique		Review: Stretching & sports injury risk (2004)*	
Swimming for RSI*		Women, work and musculoskeletal health (2004)	
Stress & RSI: what it is & how to cope*		Repetitive tasks in a rat model of RSI (2003)*	
Cream, Rubs & Herbs for RSI*		Review: Pathological tissue changes in RSI (2002)*	
Lateral epicondylitis or tennis elbow*		Time to abandon the 'tendinitis' myth (2002)	
Trigger finger or 'reflex tenosynivitis'		RSI and duration of computer & mouse use (2002)	
Worker's Compensation in the ACT		Conservative treatments for OOS (2001)	
Medical & Medico-legal appointments		Why RSI sufferers don't seek compensation (2000)	
Assistance through Medicare*		Vascular basis for RSI (1999)	
Member's story: Invalidity Retirement*		Epidemiological & ergonomic factors for RSI (1999)	
Managing your Finances with RSI*		Histopathology of common tendinopathies (1999)	
Review: Clickless software & Short-Keys*		Multidisciplinary rehabilitation program (1998)	
Seminar: Getting the best out of VOC*		Treatment for RSI in computer users (1998)	
Preventing Voice Overuse*		OOS stressors & the workplace – Comcare (1997)	
Sewing & RSI*			
Musicians and injuries			
Pillows & RSI*			

*These resources can be **emailed** to members free of charge — just send a request to rsi@cyberone.com.au
Tools and gadgets for independent living are available for borrowing, including a TENS machine for pain relief

RENEWAL/APPLICATION FOR MEMBERSHIP & ORDER FORM

If your name has an asterisk on the back of this newsletter, your annual subscription is due! Please renew ASAP to maintain your membership.

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

Name: _____

Address:_____

Phone: _____

Email: _____

☐ I would like to receive my newsletter by email

I enclose:

Membership: ☐ $10 (low income) ☐ $20 (standard) ☐ $30 (high income/organisation*)

SPECIAL OFFER: Buy an additional year's membership for only $10! ☐

Booklets available (details back page): ☐ Info Kit $15 ☐ Moving on with RSI $5 ☐ Pregnancy & Parenting with RSI $5

DONATION $_____

TOTAL $_____

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

*Organisational membership is open to organisations sharing our aims, and entitles you to **50 free brochures.** Minimum rate is $30 with additional donations gratefully accepted.

BOOKLETS AVAILABLE:

ORDER OVERLEAF

The RSI Information Kit

This booklet contains 120 pages of incredibly useful information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

$15

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.

$5

Pregnancy & Parenting with RSI

This booklet includes 20 pages of information designed to help parents and expecting parents with an overuse injury manage the specific challenges they face.

$5

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT

Griffin Centre
20 Genge St
Canberra City
ACT 2601

Phone: (02) 6262 5011
Fax: (02) 6249 6700
E-mail: rsi@cyberone.com.au
www.rsi.org.au

ACT RSI NEWS Summer 2008
Print Post Approved
PP 229219.00118

Preventing Overuse Injury…
…Reducing Its Impact

POSTAGE PAID AUSTRALIA

SURFACE MAIL

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT

Newsletter

Summer 2008

The mission of the RSI and Overuse Injury Association of the ACT, a non-profit organisation, is to provide a comprehensive service that promotes community awareness of overuse disorders and provides assistance to both individuals with overuse disorders and their families.

The content in this newsletter does not necessarily represent the opinions of the RSI & Overuse Injury Association of the ACT. Neither the editors nor the RSI & Overuse Injury Association of the ACT accept responsibility for the accuracy of items.

We are always pleased to hear your news and comments. If you would like to tell us about your experience of an overuse disorder, please drop a line to

RSI & Overuse Injury Association of the ACT
Griffin Centre
20 Genge St
Canberra City
ACT 2601
AUSTRALIA

We're on the web!
www.rsi.org.au