



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

WINTER 2020

## THANK YOU FOR YOUR SUPPORT

Our exercise videos are our most popular Facebook posts ever! Thank you for your support, we really appreciate it. To make access easier we have recently added them to our YouTube channel .

We're now looking at doing a special range of new exercise sheets and videos with additional tips and modifications to minimise stress from RSI. If you have any exercises that you would like featured, please let us know!



See page 8 for the full interview with Kit Laughlin

### 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

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# From the Director

Dear readers, I hope that you are all doing well and feeling resilient in these often stressful times.

Here at the RSI Office we have stayed positive and appreciate being in the Canberra 'bubble'. My favourite part of winter so far has been an interview with Kit Laughlin, author of many books including *Overcome Neck and Back Pain*. The interview is featured in the middle of our newsletter. There are also some great free videos and chats on the Stretch Therapy Facebook page and website if you are interested in learning more. Kit and I worked together on exercise videos more than 20 years ago, and his approach has gained momentum and taken him all over the world. He has recently gained more insight from meditation, allowing exercise to be more focused and relaxed.


We also have the next instalment in our Dragon Naturally Speaking articles by Sue Woodward. This is a helpful software and we are lucky to have Sue share her expertise.


We will be producing more exercise videos over the next few months. For those who prefer the written version, accompanying exercise sheets and tips on exercising with RSI will also be produced. ***If there are any particular topics that you would like to be covered, please provide feedback via email or Facebook.***

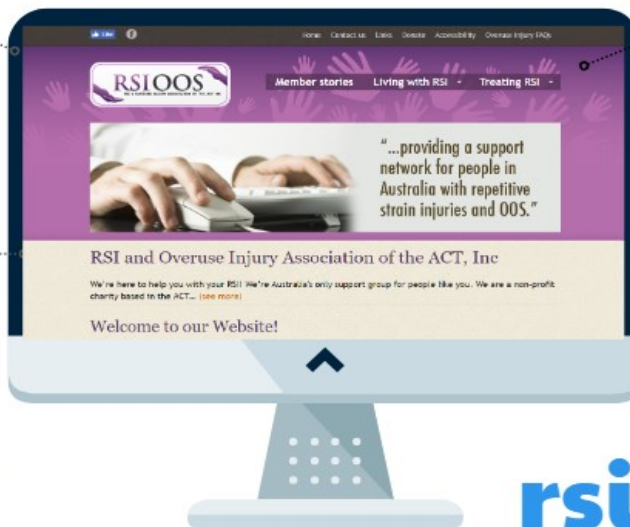
Also keep an eye out for the member surveys which should be coming in the next newsletter. The RSI & Overuse Injury Association of the ACT is a very small organisation, therefore we are very keen to make sure that our limited resources are used in the best possible way. Your thoughts, support and any handy hints or information that you can share with others are greatly appreciated. Please feel free to email us at any time on [admin@rsi.org.au](mailto:admin@rsi.org.au)


*Janine Robertson*

## What's on our website?

 Access to other online resources and current research

 **Helping Hands Sheets**  
helpful information for living with RSI on a range of topics from gardening to computer software



 Lots of helpful information and advice including:

- Member Stories
- Living with RSI
- Treating RSI
- Where to buy our book

Visit our website

**rsi.org.au**

# Notice Board

The theme of this notice board is little things that can make your life easier! We look at products which have been designed to reduce strain on the wrists and arms in particular.

We have received a review from a member who thought the nutribullet was a good alternative to a knife and chopping board. It was able to cut things into smaller pieces for cooking, reducing motions which strained their wrists and arms. They did note however that the base can be heavy and hard to move around.

**You can use “rules” in Microsoft Office to create shortcuts. This allows you to flag, reply or move emails based on sender, topic or any other factor you choose. Simply right click on the message and “select” rules to create one. This helps reduce the number of clicks you will need to do, which is what we are all about!**

**Assistive Technology Australia Infoline is run to provide information and advice on assistive technology. They can be contacted by calling 1300 452 679 or emailing [help@at-aust.org](mailto:help@at-aust.org) An occupational therapist usually answers calls.**

If you have any recommendations, please get in touch via email, Facebook or phone so we can share it amongst our community :-)

Another review we received was for a steam mop. This member found the steam mop was a great alternative to a traditional mop and bucket. It simply requires a push/pull motion, and does not need detergent or a heavy bucket of water to work. Be aware that some models have buttons that had to be held for long times, so be conscious of this mechanism if you are looking to invest in one.

# Research in Brief

## MENTAL FATIGUE WHILE WORKING WITH RSI

Managing mental fatigue is particularly important for people with musculo-skeletal conditions and who are still working. Almost 65 percent of people in this situation have severe fatigue, with the majority reporting difficulties in work leading to absenteeism and early retirement. This was found by Irish researchers, who surveyed 234 workers to determine how different types of fatigue (general, mental, physical, reduced motivation, and reduced activity levels) affected people's ability to work. While physical fatigue was the most common kind, the researchers found that having mental fatigue was the most significant predictor of difficulty meeting work demands. The researchers concluded that "self-management interventions focusing on mental fatigue and work ability are required for individuals to manage the demands of their work" (along with their condition).

Source: D. Connolly, C. Fitzpatrick, L. O'toole, et al 2020, OPO265-HPR Factors Associated with Meeting Work Demands for Individuals with Rheumatic Diseases, [\*Annals of Rheumatic Diseases\*](#).

## RECEPTORS, MOOD AND MENTAL HEALTH

A study from Florida Atlantic University is the first to identify the role of a receptor that 'straddles the intersection' between social stress, inflammation and anxiety. Findings suggest the possibility of developing better medications for mood changes associated with stress by limiting inflammatory signals through a receptor that acts directly on neurons.

Given that anxiety and depression are significantly heightened during times of great stress such as the COVID-19 pandemic, developing resilience is a key factor in management. However, for those that need medical support, this research will assist scientists and clinicians to develop more tailored treatments and therapies for people who struggle with anxiety, depression and other psychological disorders.

Source : Gisele Galoustian 2020, Summary: Chronic Stress? Limiting inflammatory signalling to specific brain circuits, [\*Science Daily\*](#).

## USEFUL PLUG-INS TO REDUCE CLICKS

A way to reduce your mouse clicks is to use a plug-in in your internet browser. You simply download the plug-in and substitute the mouse clicks with keyboard strokes. Typing involves different movements in different directions, so many people find it easier than the repetitive action of clicking. Plug-ins can be tricky to use at first, as it is a little bit like learning a new language, but lots of programs have helpful cheat sheets and beginners guides you can access for free. Which plug-in you use depends on your internet browser. If you use Chrome (or Edge) try shortkeys, venom or cVim. If you use Firefox try Tridactyl and Vicium- FF. Qutebrowser works for both platforms.

If you have any recommendations, would like to share some good tricks or want to write a review for our next newsletter, get in touch with us.

Source: May 2020. RSI just isn't cute– the best mouse alternative is a keyboard, [\*T HQ\*](#).

# Radiography and RSI Diagnosis

Getting a diagnosis for RSI can be a complicated and arduous process. It is most common to receive a diagnosis based on clinical factors. This can include details of the intensity, frequency and location of swelling and pain. These factors however, can lead to an inconclusive finding, as many musculoskeletal disorders (MSDs) and injuries can present with similar symptoms.

Muacevic and Adler conducted a study to assess the usefulness of diagnosing RSI with imaging techniques (MRI, X-Ray, plain radiography and computed tomography). The study involved 80 participants who had already been clinically diagnosed with de Quervain's disease, tennis elbow and plantar fasciitis. The

participants then underwent further imaging to determine if there were differences in their physiology.

The study found that each MSD had distinct radiological features which were evident through comprehensive imaging. It identified these and found that a diagnosis could be made based off the images. While the article emphasises the importance of using imaging techniques, it is worth noting that emerging evidence does not generally recommend radiography for osteoarthritis and other MSDs.

*Our next issue will explore this debate further.*

Source: Nazia Azeem & Madiha Ariff 2020, Association of Clinical and Radiological Features in Various Repetitive Stress Injuries, [Cureus](#).

# Opioid Development

Treating chronic pain, such as pain that can be caused by RSI and other overuse injuries can be a challenge. This study on the effectiveness of opioid treatment was conducted using cells from humans and mice with inflammatory bowel disease, but can translate to pain caused by RSI and overuse injuries.

It is first important to understand how opioid treatments work. Opioids such as Oxycodone and morphine inhibit the *mu* opioid receptors, stopping pain signals from being transmitted. While this method of pain relief works well for some, it can have negative side effects and can be very addictive.

This study identified *delta* opioid receptors as an alternative receptor that could be targeted. When activated, it inhibits pain and has fewer side effects than *mu* opioid receptors. Unlike *mu* opioid receptors, *delta* opioid receptors are contained in the endosome of the

*In Hand*

cell, not on the cell wall. This means they can signal for longer periods of time, providing longer pain relief.

Taking this knowledge, the study attached drugs that targeted the *delta* opioid receptor to nanoparticles. Nanoparticles are microscopic particles which are used to deliver drugs to cells and slowly release the pain killer to activate the *delta* opioid receptor. This process of drug delivery is more stable and accurate. This increased the effectiveness as small targeted doses could be delivered, reducing the risk of side effects.

This study is an exciting advancement in the use of opioid pain relief for chronic inflammatory pain.

Understanding how painkillers work is interesting, and helpful in finding a solution that may work best for you.

Source: New York University 2020, *Delta* opioid receptor identified as promising therapeutic target for inflammatory pain relief, [medical Xpress](#). First published in *PNAS*



# Tennis Elbow treatments

Lateral Epicondylitis is one of the most common overuse syndromes, occurring in 1-3% of the population. Most people who get symptoms will recover within a year, with no treatment required. However, it can cause long lasting pain for which a treatment plan will be needed. The exact cause of lateral epicondylitis varies from person to person but is clinically recognised as the chronic symptomatic degeneration of the forearm common extensor tendons. (see the diagram below)

There are many different forms of treatment which you may find helpful when dealing with lateral epicondylitis. Treatments can be broken into two different categories: non-operative or operative.

## Non-operative

### **Activity Modification**

This involves the modification of activities which are necessary and the avoidance of overwork. Different techniques can be used to transfer force away from the lateral epicondyle. This can involve turning your palm up when lifting and avoiding activity which requires your palm to face down.

### **Physiotherapy**

Physiotherapy can improve function and reduce pain by stretching and strengthening the affected wrist extensors. Research has shown that eccentric exercise, that is stretches with the use of a weight is more effective than therapeutic ultrasounds and bracing.

### **Nonsteroidal anti-inflammatory medications**

This form of medication can applied directly onto the affected site through a cream or ointment or taken orally. The medication is generally effective within four weeks of beginning treatment. Nonsteroidal anti-inflammatory medications have been found to have fewer long term negative side effects than

corticosteroid injections, despite being not as effective in the short term.

### **Bracing**

A brace may be used to press on the forearm extensor muscles and inhibit and disperse stress on the origin of the pain. This can limit the firing of the ECRB tendon (which is also often affected) and can promote healing.

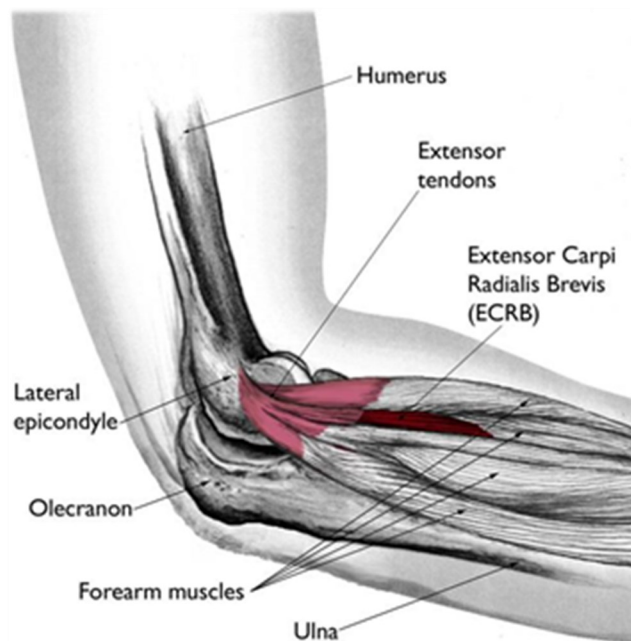
### **Extracorporeal Shockwave Therapy**

This involves low-frequency acoustic shockwaves, which are generated in a hand held device, being fired into your body. The shockwaves are said to promote healing by encouraging the release of growth factors, and also increase blood supply. It reduces short-term pain from tennis elbow among most

patients, however it has not been proved as effective in treating the root issue.

### **Acupuncture**

Acupuncture is a cheap and accessible treatment which involves stimulating certain points on the body, most often with a needle inserted into the skin. The literature is not settled on how and if this can



effectively promote healing or pain relief, but it is widely recognised as an form of treatment that should be considered.

### **Autologous blood injections (ABI)**

ABI involves the injection of the patient's own blood into the affected site. An ultrasound machine is used to ensure the injection is going to the affected area. There are two contested theories as to why this may be an effective treatment. (1) It initiates an inflammatory response around the affected tendon and can result in cellular and humoral mediators to induce a healing cascade OR (2) it allows for the delivery of growth factors which trigger stem cells and collagen formation. ABI is recognised as providing good short term relief, however the medium and longer term benefits are still unknown.

### **Platelet-rich Plasma Injections**

This is a relatively new therapy, and as such the exact benefits and mechanisms are not known. The patient's own plasma is injected into them, under the guidance of an ultrasound machine. It is suggested that it works when the platelets release high concentrations of platelet derived growth factors which enhance healing.

### **Operative**

#### **Open surgery**

Open surgery involves a small lateral incision into the arm.

This allows for the dissection and debridement (cleaning up) of denatured tendon tissues. The main structure of the tissue can be repaired, lengthened and fixed by drilling. A recent study found that most patients rated their short and long term outcomes as "good" or "excellent". There is a risk that other ligaments may experience instability from the surgery.

#### **Percutaneous surgery**

Percutaneous surgery is used to release the common extensor tendon origin at the epicondyle. This surgery is regarded as safe, reliable and cost effected, although the patients of open or arthroscopic surgery rated the outcomes of their surgery higher.

#### **Arthroscopic surgery**

Arthroscopic surgery involves the surgeon inserting a small camera into the joint so the amount and type of injury can be best diagnosed. This ensures the repair can be done accurately. Because the incision required is so small, the recovery time from this procedure is far less than other types of surgery.

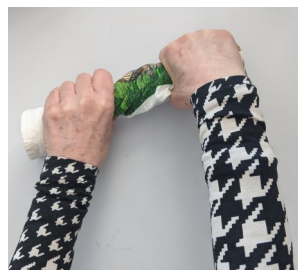
When considering which treatment option is best for you, ensure you consult a trained medical practitioner who can take all your personal circumstances into account.

*Sourece: Kun-Long Ma & Hai-Qiang Wang 2020, Management of Lateral Epicondylitis: A narrative literature review, [Pain Research and Management: The Journal of the Canadian Pain Society](#).*

## Stretches for Tennis Elbow



**Towel scrunch:** This is a way of achieving the strength/stretch combination. Fingers are relaxed, the focus is on the forward movement of the leading wrist.



**Arm across chest stretch:** This may be felt across the arm, shoulder or even mid-back. Shoulders need to be gently drawn downward and fingers relaxed



# An Interview with Kit Laughlin

I first met Kit when we were presenting at a fitness conference in 2001, and he commented on how I demonstrate exercises using my knuckles rather than my hands for push-ups, due to my RSI. I was teaching fitness instructors how to engage in mind-body exercise, and he was talking about his (then) recent research and books. We bonded over the fact that when resistance is applied at end-of-range, stretching can be strength work in its own right. This technique involves applying resistance once you reach your individual stretching limits in order to achieve a deeper stretch.

Kit has written three best-selling books about Stretch Therapy, including *Overcome Neck & Back Pain* (for injury rehabilitation, now in its 4th Edition) and *Stretching & Flexibility* (for performance enhancement, well being, and injury prevention, now in its 2nd edition) along with numerous DVDs, videos and many articles. There are many free videos and exercise demonstrations on his Stretch Therapy website and Facebook page. Kit also teaches Stretch Therapy to many different practitioners and individuals, with a focus on rehabilitation, injury avoidance, performance enhancement and maximising wellbeing. Kit describes the goals of stretch therapy as "grace and ease", and this is experienced through enhanced awareness in movement.

I had the opportunity for an hour long recorded interview with Kit about his learnings, highlights and where he's at today.

When talking about Stretch Therapy, the practice which he researched and developed. Kit was quick to emphasise the importance of relaxation as one of the three pillars on which his approach rests. A key aim of stretch therapy is to reduce the tension in the muscles and by extension, joints in order to reduce the experience, frequency and severity of pain.



Kit explained that tension is a learnt habit which is the new norm in our busy lives. We perceive life as something that is overly stressful, that we must react against. Most of us are unaware that we react in this way, and as such, are unaware of the physical and mental tension we accumulate throughout the day. Kit believes tension can and should be 'unlearnt' in favour of relaxation. Unlearning tension is an important form of control individuals can take over aspects of their lives.

In his classes, Kit uses sitting relaxation, which is heavily centred in Buddhist practices, although he argues that he simply follows the practices that make him a better person, rather than adopting a spiritual approach. Sitting relaxation is unique in that it emphasises the importance of connecting oneself to the body rather than a mental object. It can profoundly change relationship you have with your own body and helps to "reset" the base level of tension you can carry.

While the relaxation element of his practice is key, stretching (as the name gives away) is really what it is all about. Stretch therapy begins with simple movements and slowly progresses into complex, dynamic and extended



poses. These stretches are based on detailed knowledge of anatomy and physiology and aim to increase the range of movement where desirable, freeing the body of pain and optimising its function.

Kit provided a few helpful words of wisdom for anyone who was hesitant about starting stretch therapy or any other form of exercise.

### **Don't be goal oriented**

Goals, especially unrealistic goals, are not helpful when you are first trying to start exercise. Kit believes before you start, and all throughout your practice, you should celebrate your body for what it is, a self-healing organism. Learning to be comfortable in your own body is essential before you begin and this is where relaxation is key.

### **The greatest barrier to starting a practice is your own mind**

Kit employs a bit of tough love here, telling people to stop making up excuses. For example to people who say they can't do something or don't come from a sporting background Kit argues that this is ideal because you have no bad habits and can start from scratch. *"Beginning is the hardest part, throw your fears to the wind and start doing something today"*.



This photo is taken from Kit's video on frozen shoulder shared on Facebook on 16 July.



Kit demonstrates a version of the Child's pose. RSI modifications can include arms behind or stacking fists on forehead to support the head.

### **Come willing to learn new things**

Even if you come from a sporting background or have experience with exercise, it is important to come willing to learn new things from the class and your own body. The beginners classes start right at the basics, for example how to get on the floor or seated variants for those who need it.

### **Have a good support network and community**

Having a group of people you can ask questions to is really important. It is also important to know that someone else has been through the same things you are experiencing and can provide practical tips and emotional guidance.

### **Enjoy feeling strong**

Kit is quick to acknowledge how empowering feeling truly strong is. This comes from relaxation and stretching which he teaches and does himself. There are lots of free resources on the stretch therapy [Facebook page](#) and [YouTube channel](#) which you can access. He recommends the Absolute Beginners Series (paid) for those looking to start from scratch.

In Kit's parting comments he invited those listening to sit down and do something nurturing and caring for themselves today. I think this really speaks true about the centrality of the mind to his practice.

**Janine Robertson**

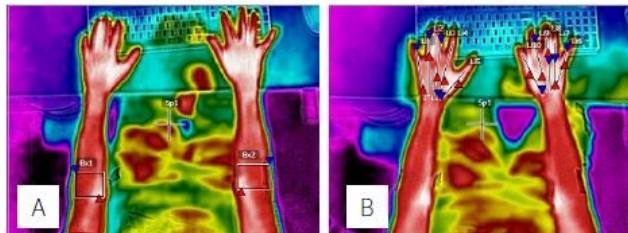
# Cold Fingers?

With winter well and truly upon us everyone is feeling the cold pinch, but this recent study suggests those with RSI may not be generating as much heat as those without. The study by researchers out of the Centro Universitário da Serra Gaúcha in Brazil used thermographic technology to measure the distribution of the skin temperature of people while typing. There were 24 participants, half of whom had Musculoskeletal disorders. The other half did not and served as the control group. Each individual typed a non-technical but unknown piece for ten minutes and thermographic pictures were taken at rest, at 0-2 minutes, at 3-5 minutes and at 8-10 minutes. The pictures captured the elbow, forearm and wrist so as to get a full picture of what was occurring.



**Figure 1.** Position of the upper arms on the desk during the capture of thermography images (A) usual image, (B) thermography image.

Three interesting findings were gathered from the study. Firstly those with MSDs had a lower minimum temperature, mean temperature and maximum



**Figure 2.** Thermography analysis (A) of elbow, (B) fingers.

temperature than the control group. The authors hypothesised that this may be due to the decrease in blood flow that is associated with chronic conditions. It is well accepted that a higher blood flow results in a higher body temperature. An everyday example of this can be seen when you exercise and your blood is pumping faster, causing you to feel warmer. This is in contrast with acute injury which can increase the skin temperature through processes such as active inflammation. As the individuals who had MSDs had a lower temperature, it can be reasonably inferred that they had chronic conditions. The

authors also provided a secondary theory that MSDs can cause blood flow to be directed away from the skin, towards the muscles, leading to a drop in skin temperature.

Secondly, the researchers did not find any difference of temperature on the different areas of the hand, wrist and arms that were measured. The right arm of all participants however, was warmer than the left arm. This most likely reflects the hand dominance of the participants, as all were right-handed. Thirdly, the temperature did not significantly change across the whole exercise.

This study found that individuals who have MSDs would have a lower skin temperature than those without, and hence thermography could be useful when assessing people with MSDs.

While this study was conducted with good academic rigour, they did not take into account the speed at which each participant typed. While they were selected based on typing for greater than five hours per day, inferring they would be reasonably fast typists, this was not controlled for during the experiment.

*Source:* Luan ramos, Ana Luiza Bertan, José Davi Oltramari & William Dhein 2020, 'Thermal Behaviour of the skin region of the wrist and finger extensor muscles during a typing task', *Revista Brasileira de Medicina do Trabalho*.

# Chronic Pain in Australia

## The facts:

- GPs are seeing more people for chronic pain— patient encounters have risen by 67% over 10 years
- 1.6 million (1 in 5) Australians aged 45 and over had chronic pain in 2016.
- People with chronic pain are 5 times as likely as those without pain to be ‘limited a lot’ in daily activities
- People with chronic pain are almost 3 times as likely to be dispensed opioids and other analgesics and migraine medication as those without pain
- In 2017–18, there were nearly 105,000 hospitalisations involving chronic pain
- People with chronic pain are more likely than those without chronic pain to experience mental health conditions, including depression, anxiety, sleep disturbance and fatigue.

Day-to-day pain is pain that is acute, or short-term and is a response to damaged tissue. It usually disappears once the tissue has healed. Chronic pain is more complex, and may result from damage to body tissue from an acute or chronic condition, or changes in the nerves or nervous system that result in the nerves continuing to signal pain after the original condition has healed.

Medication is the most commonly prescribed treatment for pain, however there is increasing evidence that “*exercise is medicine*”. The AIHW study on chronic pain in Australia reported that more than half (57%) of people with chronic pain were dispensed analgesics, compared with 1 in 5 (21%) people without chronic pain. These medications included prescription opioids, with paracetamol being the most common analgesic.

If you experience chronic pain, the following services can be really useful

**Pain Link Helpline: 1300 340 357**

Pain Link Helpline is a call-back service run by the Australian Pain Management Association. Trained volunteers assist people living with unrelieved pain and its impacts. They provide an important listening ear and suggest practical tips and actions plans to help relieve your pain. This service is particularly useful for people who are housebound or live in rural and remote areas.



**NPS (National Prescribing Service): 1300 633 424**

The NPS provides information for consumers on prescription, over-the-counter and complementary medicines. When you call the number you will be put in contact with a pharmacist (Queensland and Victorian numbers) or registered nurse (rest of Australia) who can answer any questions you may have about medication and refer you onto other appropriate practitioners or forms of support. The service operates 9-5 Monday-Friday AEST, but information can be easily accessed anytime via their [website](#)



Source: Chronic Pain in Australia 2020, Report, [Australian Institute of Health and Wellbeing \(AIHW\)](#).

# Using Dragon Naturally Speaking: The Basics

## A series by Sue Woodward, Dragon Trainer

This article was kindly written by *Sue Woodward*, a Dragon Trainer. It is the third part of a series on the Dragon Speech Recognition software she has written. See the Spring 2019 and Summer 2019-2020 issues for the first two articles on purchasing the software and setting up the user profile. This article discusses the basics of using Dragon speech recognition software.

Once you have set up a user profile it is important to adjust dragon's settings. This can be done at Dragon bar/tools/options (or say "Show Dragon options"). Recommended settings for Dragon 15 can be found [HERE](#).

### Tips for using Dragon:

Open Dragon first, before your other applications such as Microsoft Word, Outlook etc. If dragon is not opened first, it's functionality will be compromised. It's important to close Dragon before you shut your computer down. Say "Exit Dragon".

### Three options for controlling the microphone:

The microphone symbol is at the far left of the DragonBar. Green indicates On; Yellow = Asleep; Red = Off.

- 1) Click on the microphone symbol using the mouse
- 2) Assign a keyboard shortcut/hotkey to control the microphone (see settings above)

- 3) By voice say "Go to sleep" or "Stop listening" to put the microphone asleep; "Wake up" or "Listen to me" to turn the microphone on. For these voice commands to work, the microphone must be either on (green), or in sleep mode (yellow). If the microphone is totally off (red) Dragon can't hear *any* commands. In this case you will need to turn the microphone on by using methods 1 or 2 above.



### How does Dragon distinguish between text and commands?

As well as dictating text, Dragon has a range of built-in commands for example "Bold that", "Cap that", "Go to top". For Dragon to recognise what you say as a command you need to pause before and after the command phrase, but not in the middle.

You can press keys by voice — just add the word *Press* as a prefix e.g. "Press enter", "Press delete", "Press control S", "Press Windows L" etc. Pressing a key is a command so remember to pause before and after.

### Vocabulary

Dragon comes with a large built-in vocabulary and you can also add your own words and phrases. To access the vocabulary say "Edit vocabulary".

### Recognition errors

If dragon misrecognises what you say the error can be

corrected by selecting the incorrect text and saying "Correct that".

## Formatting

### Selecting text

To format text, you will often need to select it first by saying "Select <text>" or "Select <text> to <text>". For example I could say "Select to format text", or "Select if dragon to incorrect".

### Deleting text

There are many different ways to delete text. A simple way is to select the text and then say "Press delete".

### New para & new line

"New paragraph" is equivalent to pressing the Enter key twice, and will automatically capitalise the next word

"New line" is equivalent to pressing the Enter key once, will *not* automatically capitalise the next word

## For more information

Dragon help: Say "Give me Help" or the [Nuance website](#).

Sue trains with Viva Voce, who provide face-to-face and remote training. More information about training sessions and useful tips can be found on their website [HERE](#).

The next article will discuss more advanced aspects of using Dragon.

**Sue Woodward**

# Building Resilience

Resilience is the ability to cope with challenging times while maintaining good mental health. It is often described as your ability to "bounce back" after an unexpected challenge or change in your life. Stressful and adverse situations cannot always be avoided, but you can build your capacity to handle them. Developing the below ideas before you reach a stressful situation is a good idea, so you can form a routine and know which strategy works best for you.

Develop good coping strategies, including:

- Taking time out to relax
- Exercise
- Meditation
- Breaking a challenge down into small, achievable goals
- Celebrating achieving your goals

- Keeping a journal
- Reflecting on the big picture

Build your resilience, by:

- Knowing your strengths
- Building your self esteem
- Building healthy relationships
- Knowing when to ask for help
- Managing stress and anxiety levels
- Working on problem solving skills

Some important resources to use if you are struggling include:

Beyond Blue: 1300 22 4636 or [chat online](#)

Lifeline : 13 11 14 or [chat online](#)

Health Direct: 1800 022 222

Source: Building Resilience, 2019, [Health direct](#),



# Musicians and RSI

One profession who is particularly at risk of developing RSI and other overuse injuries are musicians. Repetitive action, where muscles are often engaged or in positions of stress, are a key part of playing an instrument. Overuse injuries can stop musicians from playing their instruments, which has a wide variety of consequences, including preventing them from generating income or stopping them from doing something they love. Risk factors for musicians include, intense repetitive use during practice, increase in playing time before an audition or concert, recent changes in conductors or teachers, psychological stress, poor fitting of the instrument, wrong technique and joint laxity (loose joints).

A major concern about the prevalence of pain for musicians is the small number of people with symptoms who seek professional help. One study found that 35% of music students who were affected by pain when playing did not ask for help at all. They instead employed their own self-help strategies or found their own pain reduction techniques. Music students also often turned to peers, tutors and instructors over medical professionals for help. Given only 28% of people reported being treated satisfactorily by a medical professional, students may have felt seeking professional help would not assist them. Other barriers such as cost and location may also impact people's decisions..

It is well recognised that treatment for RSI and overuse injuries are inherently personal and each individual will have a different treatment or combination of treatments that work best for them. With musicians on the preferred methods of treatment, radical rest (stopping all aggravating activity) is sometimes not viable, especially if it is their source of income.

In light of this, there has been a push towards a more holistic approach, with a focus on prevention. This involves ensuring correct playing technique, instrument specific and general well being. Informing young music students of the existence and risks of RSI and prevention techniques is essential to reduce the number of musicians affected by it.



*Source: Julia Betzl, Ursula Kraneburg and Kai Megerle 2020, 'Overuse syndrome of the hand and wrist in musicians: a systematic review' [Journal of Hand Surgery \(European Volume\)](#)*

### 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 Hands Sheets Available:

- |                    |                                |
|--------------------|--------------------------------|
| Driving            | Getting on top of your emails  |
| Sewing             | Gadgets to help with medicines |
| In the Laundry     | Writing and Pens               |
| Handles            | In the Garden                  |
| Book Holders       | Sitting at the Computer        |
| Cycling            | Choosing a Keyboard            |
| Holidaying         | In the kitchen                 |
| Break software     | Heat therapy for pain          |
| Clickless software | Which keyboard?                |

To order an electronic copy of any of the above info sheets, please email us at

*Save with our two year post membership for just \$40.00*

### Booklets Available:

#### The RSI Survival Guide

**\$25**

Really useful and practical information on treatments, medico-legal matters, maintaining emotional health and managing at home and at work.

#### Moving on with RSI

**\$10**

Stories of people who have learnt to live with serious RSI, with many ideas on how to survive emotionally and successfully manage the condition.

#### Pregnancy & Parenting with RSI

**\$20**

Information designed to help parents with an overuse injury to manage the specific challenges they face.

***Booklets can be purchased online ([www.rsi.org.au](http://www.rsi.org.au)), requested by email, or ordered by mail using the form below.***

### Renewal for Membership & Order Form

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

Name: \_\_\_\_\_

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|                 | Email |                          | Post     |                          |      |                          |
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| Low Income      | Free  | <input type="checkbox"/> | \$15     | <input type="checkbox"/> | \$25 | <input type="checkbox"/> |
| Standard Income | Free  | <input type="checkbox"/> | \$25     | <input type="checkbox"/> | \$40 | <input type="checkbox"/> |
| Organisation    |       |                          | \$60     | <input type="checkbox"/> |      |                          |

| Booklets Available:    | Cost: |                          |
|------------------------|-------|--------------------------|
| The RSI Survival Guide | \$25  | <input type="checkbox"/> |
| Moving on with RSI     | \$10  | <input type="checkbox"/> |
| Pregnancy & Parenting  | \$20  | <input type="checkbox"/> |

Donation (tax-deductible): \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

## **COMING IN THE NEXT ISSUE:**

- An Interview with Marshall O'Brien– Clinical Psychologist
- Gardening with RSI
- Meditation and Better Health



**ACT**  
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Health

### **Contact Us**

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

**Phone:** (02) 6262 5011

**Email:** [admin@rsi.org.au](mailto:admin@rsi.org.au)

**Website:** [www.rsi.org.au](http://www.rsi.org.au)

### **Opening Hours:**

Mondays and Thursdays, 11.30am to 2.30pm

### **RSI & Overuse Injury Association of the ACT, Inc.**

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