

# Newsletter

Spring  
2008

## RSI & OVERUSE INJURY ASSOCIATION OF THE ACT

*Produced with the assistance of ACT Health, the Southern Cross Club,  
and the Australian Computer Society*



November 2008

### NEWS & EVENTS:

#### ANNUAL GENERAL MEETING

We'll be holding our AGM on Thursday, 20th of November, at 12:30 p.m. in room 9 at the Griffin Centre. We'd love to see you there — please see page 2 for more information.

#### CHRISTMAS CARDS

Once again, the RSI Association has its own Christmas cards for you to buy. This is our only fund-raising effort each year, so we hope you'll support us! We have two card designs; blue and silver stars, or a very cute leaping reindeer. They are 70 cents each. Drop into the office or come to the AGM to buy, or visit the Combined Charities Christmas Card Shop: second floor of Theo Notaras Multicultural Centre in the North building, Civic. That's opposite the Legislative Assembly, near the Civic library.

While we're talking about Christmas, remember that the major shopping centres usually have gift wrapping stands where your gifts can be beautifully wrapped at low or no cost. Go early in the day and there won't be a queue.

#### TIME TO RENEW

If there is an asterisk next to your name on the mailing label, it's time to renew! Please fill in the subscription form at the end of this newsletter and post it to us, or make a secure donation via our website. You can also renew at our next meeting.

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#### Opening Hours:

Monday and Thursday  
10am-2.30pm

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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 advice before acting on any of the information within.



## MORE ON THE AGM

Please come and hear what we've been up to over the last year. The official proceedings shouldn't take more than about 20 minutes, so there'll be plenty of time to chat, ask questions and hear what other members have to say on any topic of interest.

Bring your lunch, or we can order it for you from the cafe downstairs, which provides delicious fresh rolls. If you want us to order, ring us on 62625011 and let us know whether you want vegetarian,

smoked salmon, chicken or beef. Cost: \$6.

## JOIN THE COMMITTEE!

The association is only able to survive with the invaluable help of those members who join the committee. We understand that many of you feel that any extra work in your lives will make it difficult to manage your condition – but honestly, we meet just once a month for a one-hour lunch time discussion of the association's activities. There is no writing involved, and

your input could help to make the association more relevant to our members' needs. After all, you have RSI and you know what you need from the association.

If you'd like to talk to us about joining, please phone us at the office on Monday or Thursday or leave a message on our answering machine. By the way, if you can write or use a computer, we desperately need a secretary. Is there someone in your family or friendship circle who could help?

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Here's what one of our committee members has to say about her experience:

*Dear Members,*

*Those of us on the committee would be thrilled to see and meet you at the AGM. It's the main opportunity of the year for you to meet us and put faces to the people who put together the newsletter and make decisions at Committee meetings.*

*I feel many people don't come to the AGM for fear of being asked to be a member of the Committee! I used to be one of those people myself, but am now a Committee member and am very happy to be doing so. It has given me many benefits including keeping up and developing skills in meeting participation and corporate governance of committees in a community setting. I enjoy my time spent with the other committee members as they are positive, supportive and intelligent people with a lot of knowledge and experience on the effects of overuse injuries. Having an overuse injury and not being able to work, it is nice to be able to feel I am making a contribution - especially in an environment where people understand the condition.*

*There is no pressure to be on the Committee. We would just like to meet you, and see our work is supported and useful. However, anyone who does want to be more involved in the committee or other voluntary work would be very welcome.*

*Elizabeth*

# BITS & PIECES

## Grant to Make Our Web Site Disability-Accessible

We recently received a grant from ACT Health to enable us to make our website accessible for people using voice operated computing and for those who need to avoid using the mouse.

The new website will have instructions on how the whole site can be accessed without a mouse and with voice commands. As well, the layout of the entire site will be visible on the homepage, making it much easier to navigate.

We are thrilled to be able to redesign our web site and very grateful to ACT Health for their financial support.

## Can you recommend any good therapists or lawyers?

Our members often ask us to recommend helpful doctors, specialists, physiotherapists, massage therapists etc, to help them recover from RSI, and good lawyers to help with workers comp claims.

We rely on your help for these recommendations: could you let us know about anyone you've found helpful? We won't use your name and we won't overwhelm your provider.

Give us a ring on 62625011 and we'll pass on your recommendations to others who need them!



## Olympic Injuries

Over 1000 athletes participating in the Beijing games had to be treated for an injury—that's 9.6% of all athletes participating. 22% were overuse injuries; the second most common cause of injury, after contact with another player.

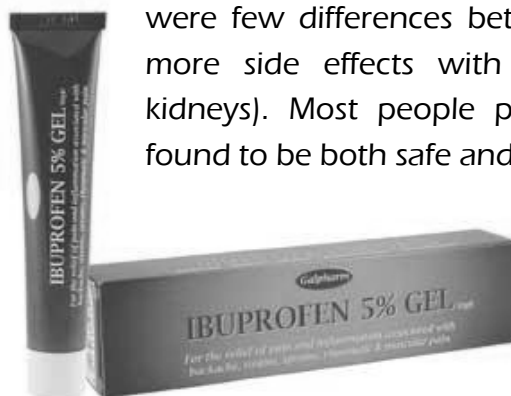
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## Meditation Online

meditation.org.au offers a free online meditation course with guided exercises, music and podcasts. You can put the lessons into practice in your own time, share ideas with others in the online forums, and explore the benefits of meditation in a free and easy way.

## Creams and Gels are Safer than Tablets

A British trial compared people taking oral anti-inflammatories with those using a cream or gel; there were few differences between the two groups, but more side effects with tablets (especially in the kidneys). Most people preferred gels, which were found to be both safe and effective.



**A REVIEW OF BREAK-SOFTWARE — FEATURES AND BENEFITS**

# TIME TO TAKE A BREAK

As many of us know all too well, spending long hours in front of your computer is one of the primary risk factors for the development of RSI. Yet, as much as we acknowledge the importance of taking breaks, tight deadlines and heavy workloads – or just getting absorbed in the task – make it hard to take the breaks we need.

Over the past few months, we’ve been exploring a few programs which aim to assist with the development of healthy computer habits. What follows is an overview of this software, and a few of our impressions and ideas. But before you delve into the table, it’s probably worth defining a few of the features we were looking for:

**Breaks:** the program monitors how intensely you’re working (in terms of mouse and keyboard use) and prompts you to take both micro-pauses and longer rest-breaks when appropriate.

**Exercises and stretches:** whilst you’re on a break, the program instructs you to perform some simple exercises and stretches to promote safe computer use.

**Daily limit:** the program imposes a daily limit on the amount of computer work it will allow you to do, and locks you out of your computer if you exceed this limit.

**Profiles:** you’re able to set up a personal profile to suit your needs

**Reports/logs:** You (or your employer) are provided with an analysis of your working habits. This includes things like how intensely you work, what your peak periods are, and whether you’ve been complying with the breaks.

**Clickless software option:** the program comes with the added option of clickless software, thereby further reducing your need to click.

**Caters for people with RSI:** through profile options, exercises, hints and tips etc, the program explicitly targets and caters for RSI sufferers.

Product	Price	Breaks	Exercises and Stretches	Daily Limit	Profiles	Reports /Logs	Clickless software option	Caters for people with RSI
Work Pace	\$71.50 (free 30 day trial)	√	√	√	√	√	x	√
Work Rave	Free	√	√	√	√	√	x	√
Break Reminder	US\$87.03	√	x	x	√	√	x	√
MacBreakZ	UK€24.95	√	√	x	√	x	x	√
RSI Guard	US \$40 (free 45 day trial)	√	√	√	√	√	√	√

To help you choose the program which best suits your needs, we've trialled a couple of them on our work computers, and explored a few others online. Some cost money and are designed for large organisations as well as personal use, while others are free and are a bit more limited in their features.



**WORKPACE**

[www.workpace.com](http://www.workpace.com)

We recommend downloading the free trial from the website which will give you a month to get used to the program and work out whether it's for you. You'll need 30MB of space on a computer fitted with Windows 2000, XP or Vista.

Soon after downloading, you'll receive a follow up email which directs you to answers to common questions, although to be honest, we didn't have many; installing the program was simple, the settings were extensive

but very easy to understand and you could change your preferences at any time. Work Pace installs icons on your control bar which monitor your workload and break compliance - these help increase awareness of your own work habits by letting you know when you're pushing yourself too hard, and whether you've been ignoring your breaks. There was also an option to set the 'enforcement level' for certain features. So, if you know that you're good at taking long breaks every few hours, but that you often forget to take

small breaks in between, you can tell Work Pace to make sure you don't ignore its prompts for micro-pauses, and thus cater for your strengths and weaknesses.

As well as this, if you're considering using break-software at work, the professional version of Work Pace has a great networking feature whereby the program identifies you by your personal log-in (regardless of what computer you're using), remembers your profile, and sends reports of your work intensity and break compliance to a centralised administrator.

**RSI GUARD** – [www.rsiguard.com](http://www.rsiguard.com)

RSI Guard offers a free 45 day trial (we recommend the standard edition) – once again, a good place to start. The set-up wizard takes you through a simple step-by-step process which allows the program to be set up according to your limitations and expectations.

Once you've got it going, RSI Guard monitors your natural patterns of work and rest, and recommends breaks only when they're needed. When you are on a break, you'll be given short video presentations of stretches and exercises (Work Pace had static pictures) – these are easy to follow and actually quite fun to do!



Screen shot of the RSI Guard Break Time

RSI Guard had a few stand-out features. Prime amongst them was the built-in clickless software. This functions in the same way as regular clickless software, clicking when you hover the cursor over an icon – particularly useful for people with RSI.

On top of this, RSI Guard lets you create 'hotkeys' on your keyboard which allow you to perform double clicks, open your most commonly used programs, type standard chunks of text and more, without any need for the mouse at all.

Another handy feature of this program was its ability to send reports of your computer use to other people (your boss, safety staff or therapist perhaps?).

And finally, RSI Guard presents what it calls 'Forget Me Nots' every fifteen minutes or so. These are non-intrusive reminders to take micro-breaks, make sure your hands aren't cold, assess your posture etc.

Overall, this program felt the most intuitive (in terms of set-up), and the most comprehensive (in terms of features).

### WORKRAVE (free)

[www.workrave.org](http://www.workrave.org)

Work Rave has many of the same standard features as the other programs; micro breaks and long rest breaks, daily limits, records of your work time, type and intensity, the ability to network and set up profiles, exercises (with a particular emphasis on resting and exercising your eyes) etc.

However, we found the lack of a step-by-step tutorial-style introduction made these features a little harder to find – overall it took a bit more effort (and so a bit more clicking and exploration) to get our heads around Workrave.

However, given that this

program offers a vast array of features whilst also being completely free to download and use for an unlimited period, it's still a good option.

Note: if you do choose to give this one a go, right clicking on the sheep icon on your task bar and selecting 'preferences' will take you where you need to go.



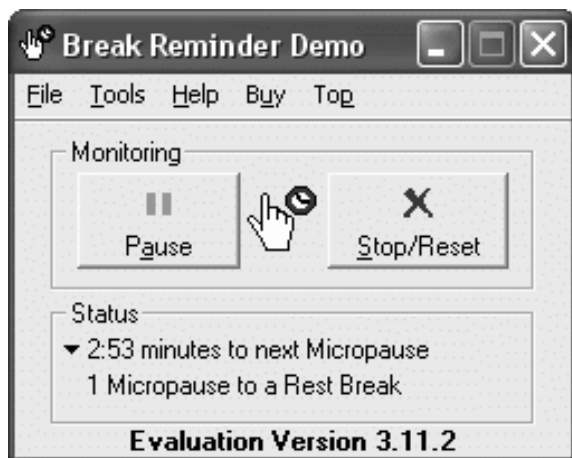
*This box counts down the minutes and seconds to your next micro-pause, rest-break and daily-limit.*

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### BREAK REMINDER – [www.cheqsoft.com](http://www.cheqsoft.com)

Like several of the other programs, Break Reminder can be set up according to your personal preferences. The profile you develop with this program can be highly specific and easily modified. Although it's a little more expensive, Break Reminder does offer free trials so check them out on the website.

One stand-out feature here was the ability to lock down your computer to enforce breaks. If you tend to work intensely and ignore the polite little pop-up reminders most programs offer, Break Reminder may suit you better. The program locks down your mouse for all breaks (including micro-pauses) so you can't ignore them, and also blacks out your screen so that you can't be tempted to continue staring at your work whilst you're on a break. Of course, these options can be turned off if you feel they aren't necessary.



Break Reminder installs an icon on your toolbar which counts down the minutes to your next break, and it gives you the option of setting up a hot key (e.g. ctrl alt B) to bring the program up onto the screen (to change preferences etc).

Break Reminder also offers a limited number of exercises, but you have to go hunting for these – they aren't presented during your breaks as with other programs, which we found a little bit disappointing.

## MACBREAKZ

[www.publicspace.net](http://www.publicspace.net)

MacBreakZ is specifically designed for Macintosh users. We weren't able to trial it, but we checked out the website to compare its features and benefits. The website is clear and comprehensive (more so than any other) so if you're a Mac user, we'd definitely recommend taking some time to browse around.

MacBreakZ offers largely the same features as the other programs; suggesting micro pauses and rest breaks based on your computer use, guided

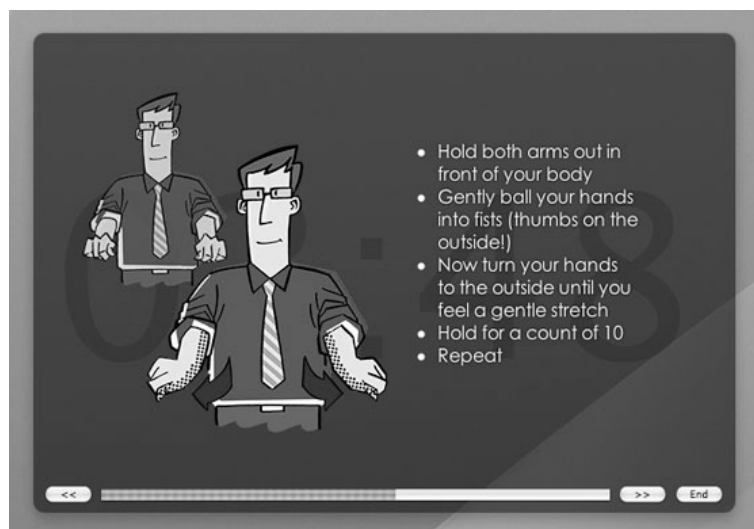
stretches, allowing you to tailor the program to your own needs etc.

Actually, MacBreakZ has one unique feature: it offers an 'adaptation period' during which you can work up to a desired routine of breaks and exercises. The program will automatically (and gradually) adjust your breaks in an attempt to help you form healthy habits naturally, without imposing loads of inconvenient breaks from the get-go. This could be really handy if you're specifically looking to prevent RSI.

As you can see, there wasn't a whole lot to set these programs apart. Most offer the standard range of features, all of which are really helpful, and whilst a few offer some clever additional features, it really comes down to what will best meet your needs.

Whichever program you decide to go for, you'll be making a positive move – whether you're looking to get in early and develop good habits in an attempt to prevent RSI, whether you're experiencing the first signs of pain and so are seeking a healthier way to continue at work, or whether you've already been diagnosed and are looking for a program to assist your gradual return to computer use, these programs will help you take a big step in the right direction.

*Lia van den Bosch*



## AN INSIGHT INTO THE PRESCRIPTION PROCESS

# DOCTORS MAKING DECISIONS

A recent study illustrates some of the difficulties that GPs face when they make prescribing decisions. Researchers looked at non-steroidal anti-inflammatories (N-SAIDs), a group of drugs that is very commonly prescribed in general practice in Australia, not only for RSI, but also for osteoarthritis. These drugs have been the subject of recent controversy following the worldwide withdrawal of Vioxx, a Cox-2 inhibitor, in September 2004. As the authors of this research paper say, "this has generated concerns about the cardiovascular (heart-disease related) safety of all N-SAIDs, and Cox-2 inhibitors in particular."

These researchers conducted focus groups for GPs and patients to explore the issues involved in prescribing N-SAIDs. Interestingly, all the GPs were uncertain about the safe use of N-SAIDs in general, and in particular Cox-2 inhibitors.

"We are dealing with the uncertainty still, trying hard to keep the patients informed, but there is a lot but we don't know", said a GP with 30 years experience. GPs generally found the medical literature confusing and difficult to interpret. They were particularly sceptical about medical information from the pharmaceutical industry.

All of the doctors were very concerned about prescribing

these drugs safely. They felt that it was important that patients knew about and accepted the risks involved (such as gastric problems, and in extreme cases cardiovascular complications). A GP with 25 years experience said "People keep coming and asking for them despite knowing the risks, which makes you feel that you can accept the risk because patients do."

Because of these risks and a degree of uncertainty, doctors tended to be very cautious in prescribing N-SAIDs. For many, it was a balancing act, and they had changed their practice so that they prescribed the lowest effective dose for shorter periods and ensured that they followed up patients frequently. "I am certainly more cautious about not prescribing them on a long-term basis, and I encourage patients to have breaks in between." (GP, 25 years experience)

According to the GPs in the study, patients were generally asking for more information and time was a major problem. Doctors found it a

### Quotes typical of the response from GPs:

"Drug reps promote studies that support their product. Some of them are biased but some are quite reasonable".

"Talks from experts can be very convincing, but I frequently find that the spokesperson is sponsored by the drug company. So I listen carefully to what they say; and unless they present evidence strong enough to change my views about my current treatment choices then I won't."

challenge to describe the risks clearly.

*"The real challenge is to describe the risk in a meaningful way to the patient."* GP of 30 years.



*"I tell the patients the essential things first and ask them to return in two weeks to see how they are going with the medication. This seems to be an incentive for them to return and a good opportunity for me to discuss the other issues."* GP, 25 years experience.

This study is one of many investigating the role of commercial sources, especially pharmaceutical companies, in influencing doctors' drug-prescribing decisions. In a survey reported in *Choice* magazine, 60% of doctors agreed that there weren't enough sources of independent information on new drugs and 55% disagreed with the statement "I trust the information I receive from drug companies just as much as independent sources." Unfortunately, GPs received far more information from drug companies than they do

from independent sources.

Last year, an assistant professor of psychiatry in Boston gave a regretful account of his role in promoting an antidepressant for Wyeth pharmaceuticals. Not only was he paid \$500 to give a one hour talk — \$750 if he had to drive for an hour — but he was flown to New York, put up for two nights at a luxury hotel, given tickets to a show and paid a generous honorarium for attending a Wyeth "faculty development" seminar. Eventually, he withdrew from his "educational" work, after second thoughts about withdrawal symptoms and high blood pressure caused by the drug he was promoting. He is now trying to make up for his "bad deeds" by visiting doctors and educating them about drug company advertising and evidence-based medicine.

Marketing from company-sponsored "experts" is very

effective. Overseas studies show that the more contact doctors have with representatives from drug companies, the lower the quality of their prescribing habits.

Unfortunately, while doctors often think that scientific evidence guides prescription decisions more than information from commercial sources, one study showed that when the two sources of information conflicted, most doctors' beliefs were, in fact, more strongly influenced by drug company information.

We don't often get an insight, as patients, into the difficulties that the doctors face when they make prescribing decisions. Just like us, they frequently feel that they don't have enough information or that the information they are given is not reliable. That makes it even more important for us to keep informed, talk to a pharmacist and ask for a consumer medicine information leaflet so that we can ask the right questions and make best use of our time with a doctor.

*Ann Thomson*

*See page 14 for references*

THE LATEST RESEARCH ON NECK PAIN: PREVALENCE, CAUSES, TREATMENTS

# HOW COMMON IS NECK PAIN?

Neck pain is much more common than you might think. In Europe and North America, it is now the second most common musculoskeletal disorder (after back pain) and has steadily increased over the last 20 years, even among young people.

In a Finish sample consisting of office workers, customer service workers, and designers-  
 63% had musculoskeletal problems in the neck,  
 24% in the shoulders,  
 18% in the elbows and  
 35% in the lower arms and wrists.

A Dutch study of computer workers found that, of all musculoskeletal disorders, those in the neck were the most common. Workers reported pain lasting at least one week during the previous year in the following areas:

- 33% in the neck
- 31% in the shoulders
- 12% in the upper arm
- 11% in the hand
- 8% in the lower arm,
- 8% in the wrist
- 6% in the elbow.

Instead of looking at just workers, some researchers have studied a large sample of an adult population. Ten thousand adults in North Staffordshire, England were surveyed to determine the prevalence of neck and upper limb pain. Participants were shown a picture of the human body and asked to shade in an area where they had had pain that had lasted for more than one day. Over 5000 people replied to the questionnaire and around half of them had experienced neck and upper limb pain in a four week period. In this study,

- 24% of the respondents suffered from pain in the neck,
- 31% in the shoulders,
- 13% in the elbows
- 15% in the forearms and
- 20% in the hands.



A study in Germany found very similar results to the Dutch study above.

## WHAT CAUSES NECK PAIN?

In the North Staffordshire study quoted earlier, many of the participants worked in manual industry, with pottery work very common in the area. Symptoms were associated with repeated lifting of heavy objects, prolonged bending of the neck, working with arms at or above shoulder height and some workplace characteristics – having little job control and little support from their supervisor.




In studies of computer workers, "typing" more than six hours a day had a significant impact on the prevalence of neck symptoms, as did working for more than three quarters of the time at a computer. In fact, this increased the probability of all musculoskeletal disorders in the upper body.

When computer work was interrupted by breaks and when people had other tasks to do, upper body symptoms were less common. Neck pain also seems to be related to the height of the desk at which operators work – it's important that it be adjusted to suit each user.

## WHAT HELPS NECK PAIN?

Some recent studies have shown that particular types of exercise seem to be helpful in treating neck muscle pain. For example, Danish researchers recruited women workers who were doing repetitive work, mostly on computers, in a variety of workplaces: banks, post offices, administrative offices and an industrial production unit.

The women who participated were selected on the basis that they had "quite a lot" of frequent pain in the neck region lasting for more than 30 days during the previous year. They took part in a neck and upper limb examination performed by two doctors and three physiotherapists. If they had pain in the neck area, tightness of the trapezius muscle (across the top of the shoulder) and tenderness in this muscle, they were eligible to participate. Forty-two were selected and randomly assigned to one of the following three groups:

-  strength training for the neck and shoulder area,
-  general fitness training (cycling with relaxed shoulders) or
-  health counselling with no activity.

The first two activities took place in three twenty-minute sessions per week, while the last was a one hour lecture. The whole program lasted 10 weeks.

At the beginning of the study, all the participants were asked to indicate the intensity of their pain on a line measuring 10 cm, with "no pain at all" at one end and "worst possible pain" at the other. They were asked both about pain in general, and the worst pain they had suffered recently.

In the fitness training and health counselling groups, no change in pain took place – although the people in the fitness group did get a lot fitter. The results in the strength training group were much more positive: 17 out of the 18 participants significantly reduced their pain levels and the average decrease in worst pain was 3 1/2 centimetres on the line, and in general pain, two centimetres. The average decrease in pain was about 80% and in the 10 weeks after the end of the trial, the strengthening group remained at the lower pain levels they had achieved

during the trial. It's worth noting that pain actually increased in the strengthening group for up to two hours after each training session, but then levelled off. However, this adverse effect only occurred during the first half of the training period.

The fitness group, on the other hand, experienced a decrease in pain during and immediately after their exercise, but this effect was not long-lasting.

The authors of this study consider that the way these exercises were carried out was crucial to the outcome. In particular, they consider that the following guidelines should be followed:

- ✎ exercises should include both concentric and eccentric contractions (any physio or gym instructor can explain these terms)
- ✎ they should be performed relatively fast (eight to 12 repetitions a minute)
- ✎ a good number of each exercise needs to be performed each session (nine sets, each lasting around 30 seconds)
- ✎ exercises should be repeated every two days or so and loading should be progressively increased

Five different dumbbell exercises were used: arm row, shoulder abduction, shoulder elevation, reverse flies and upright row.

It's important to note that a qualified supervisor was on hand during the strength training and was able to take immediate action to change exercises when necessary.

The authors speculate that the strength training group experienced less pain for the following reasons:

- ✎ high intensity strength training may lead to turnover of painful and abnormal muscle tissue
- ✎ greater strength in the trapezius muscle could mean that the muscle was able to work less during daily work tasks.

Of course, like many studies of treatment of people with overuse injuries, the numbers here are fairly small – just 42 participants. However, the results are supported by other

studies and the decrease in pain was quite dramatic. So the take-home message from this study seems to be that strength training in a gym with experience and expertise in rehabilitation could be really beneficial in reducing pain across the shoulders and neck.

And remember:

- ✎ Don't be discouraged by an increase in pain after each session – it should only last up to two hours and disappear after about five weeks.
- ✎ Make sure you have a qualified supervisor and report any unexpected effects so that exercises can be modified.

If you do decide to try strength training for neck pain, let us know how you go!



*Ann Thomson*

*See page 14 for references*

## BOOK REVIEW

**DR PASCARELLI'S COMPLETE GUIDE TO RSI**

Dr Pascarelli's earlier book, "Repetitive Strain Injury: a Computer User's Guide", co-written with journalist Deborah Quilter, is well known to people with RSI. Now he has published another book on the subject and it is definitely worth buying.

Dr Pascarelli is well qualified to write this book. He was formerly the Medical Director of the Miller Institute for Performing Artists and has examined more than 4000 patients with RSI. He regards it as a neuromuscular illness, "one which primarily involves the upper body and that medical specialists often have difficulty diagnosing".

In spite of all the knowledge that he has gained from treating people with RSI over the years, Dr Pascarelli emphasises the sad truth that there is no quick fix for RSI.

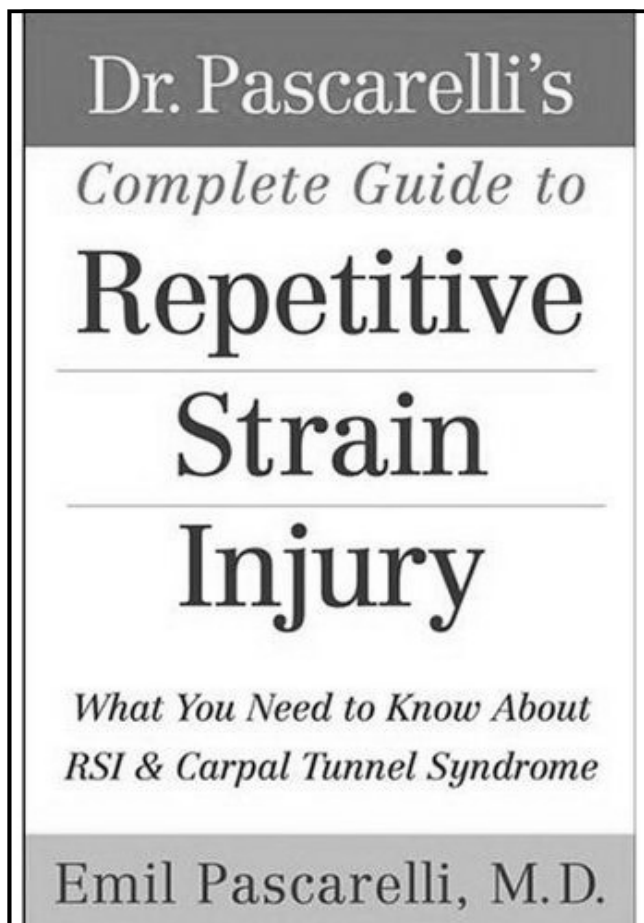
He advises patients to cut down on all activities at work and at home that make the condition worse, while being as active as possible in other ways. Rest, he says, "may be the most important initial step toward healing." Other

treatments that he considers useful include posture correction and retraining, deep tissue massage, strengthening and stretching and ergonomic evaluation of the workplace. These may be combined with medication and psychological counselling to help control pain and deal with stress.

He includes a number of case studies which are particularly interesting. For example, Dr M. was an eye surgeon specialising in cataract operations who spent several weeks each year working in developing countries helping people who couldn't afford to pay for the operation. This work involves crouching over patients while carrying out very delicate and intense work with the hands and fingers. After trying rest and non-steroidal anti-

inflammatory medications without much success, he visited Dr Pascarelli as a last resort. By that time, he was "somewhat sceptical of the ability of his fellow physicians to help". With soft tissue work, strengthening, exercises, postural training and ergonomic changes to his work setup, Dr M. was able to return to work. However, he had to pace himself and make a number of lifestyle changes.

*\*Continued over the page*



The book has a particularly good chapter on musicians' injuries, with suggestions for modifying playing positions and the instruments themselves. It also includes a chapter on eye problems caused by computing and, interestingly, he suggests setting up your monitor so that you look *down* on it. He also advocates the negative tilt keyboard, somewhat of a departure from standard ergonomic advice.

The book is very comprehensive, covering among others, diagnosis, emotional problems, pain management, lower back problems, therapies and ergonomics. It benefits from its copious and clear illustrations, particularly in the chapters on strengthening exercises, computer setup and musicians.

I'd recommend this book to anyone recently diagnosed

with RSI. Unfortunately, it may be a bit difficult to get hold of – and expensive! I ordered my copy on the Internet when the Aussie dollar was getting a much better exchange rate than it is now. We have just one copy in the office so we are unable to lend it out, but do drop in to have a look through it before buying.

*Ann Thomson*

Hi there,

### Letter to the editor

I am a new member and just received your handbook and winter newsletter this week. They are both really wonderful resources, thank you so much! It is marvelous to find a sensible and practical support group.

I was particularly touched by the section on clapping at concerts. I had always felt too guilty to not clap but it was so painful. Now I feel I have "permission" to pretend to clap. It is such a relief!

*Name and address provided*

### Doctors Making Decisions

Lenzer, J. and Brownlee, S. (2008). Doctor takes 'march of shame' to atone for drug company payments, *Observations in The British Medical Journal*, 336, 20-21.

Mikhail, S., Zwar, N., Vagholkar, S., Dennis, S. & O Day, R. (2007). Non-steroidal anti-inflammatory drugs in general practice: a decision-making dilemma. *The Medical Journal of Australia*, 187(3), 160-163..

Promotion Overdose article, *Choice Magazine* – September 2008 edition.

### Neck Pain

Anderson, L., et al. (2008). Effect of two contrasting types of physical exercise on chronic neck muscle pain. *Arthritis & Rheumatism*, 59(1), 84-91.

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### References

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Articles from Past Newsletters	Tick:	Medical Research Papers	Tick:
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<b>Sewing &amp; RSI*</b>		OOS stressors & the workplace – Comcare (1997)	
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\*These resources can be **emailed** to members free of charge – just send a request to rsi@cyberone.com.au  
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