

## **Welcome...**

Hello and welcome to [www.howibeatrsi.com](http://www.howibeatrsi.com). Please ensure you read the following before reading other sections.

[www.howibeatrsi.com](http://www.howibeatrsi.com) is simply **MY STORY** about the nature of my injury and what steps I took and implemented in order to overcome it.

I believe my case is definitely in the more severe category of repetitive induced disorders and I hope this site, more than anything, offers hope to those who think beating a debilitating condition is impossible.

Thanks for visiting this site, I hope it can be of some benefit to you, please don't hesitate to contact me for further information

Here is the whole contents of the site in Acrobat format - for people who do not want to use the computer too much, it's easier for printing too. [HowIBeatRSI.pdf](#)

### **UPDATE 11TH MAY 2007**

**Thank you to all who have e-mailed these past few years.**

**I am so pleased to hear this site has been helpful to those going through hard times.**

**A few people enquired about how I was travelling now so I've included an updated portion, please find this at the end of "My Story" section.**

**The information on this page is not medical advice nor is it intended to affect any medical advice from any medical practitioner, and should not be used as such.**

**This intention of this website is not meant to put forward any scientific opinions, conjecture nor engage in RSI debate. I am not a trained scientist and the opinions I put forth are simply empirical observations from the point of view of a sufferer.**

## **What is RSI?**

In short RSI stands for Repetitive Strain Injury or Repetitive Stress Injury; it refers to conditions more accurately known as occupational overuse syndromes, cumulative trauma disorder (CTD) , postural dysfunction and other broad terms that refer to a musculoskeletal disorder (MSD) originating from a combination of repetitive motions, poor posture and muscle overloading.

RSI is prevalent in modern times mostly due to the advent of computers and an ever increasing sedentary lifestyle. Many statistics worldwide point to RSI as the leading cause for workers injury/time off work.

For further RSI reading I found Wikipedia provides an accurate overview of repetitive strain injuries, with some very good links at the end. [Wikipedia RSI Page](#)

### Some other excellent sites worth exploring:

RSI Warrior

<http://home.clara.net/ruegg/>

<http://eeshop.unl.edu/rsi.html>

<http://www.fishersweb.co.uk/rsi.html>

### RSI-Relief - Repetitive Strain Injury Prevention, Support, & Recovery

I'm reading a great RSI book at the moment (late Jan 2006) called: **It's Not Carpal Tunnel Syndrome: RSI Theory and Therapy for Computer Professionals** by Suparna Damany & Jack Bellis. I highly recommend this book to RSI sufferers and people wanting to know about RSI. It's very comprehensive, well-researched and features individual RSI stories from patients. Great work Suparna and Jack!

I have not investigated many other RSI books so I can't refer many but is widely acknowledged that Deborah Quilter's **The Repetitive Strain Injury Recovery Book** is another good place to start.

The internet is useful tool to get stories and advice from fellow sufferers and the medical community at large, but remember if you are experiencing any pain the **first step is always to see your LOCAL HEALTH CARE PROFESSIONAL** and take it from there. Don't speculate or make comparisons with your symptoms and other symptoms listed on websites.

Broadening your knowledge about overuse injuries is of benefit, but my advice is not to get too obsessed with getting into detail if you are suffering pain/discomfort. See your health professional first. Sometimes becoming equipped with knowledge whilst you are suffering from the anxiety of pain and future uncertainty will lead to 'self-diagnoses'. Don't do this! See your local doctor first. A good GP should refer you to the appropriate specialist and not advise on treating your injury.

**Any course of action you undertake without professional advice is putting your health in jeopardy. Be sensible, see a professional.**

## *The RSI Grey Area*

RSI type conditions are often complicated for the medical industry and sufferer alike as each case is unique; the scope of different symptoms and timeframe for recovery can vary dramatically from person to person and the knowledge about it from doctor to doctor, even within the same specialty, can differ radically.

A lot of cases seem to fall into a grey area where a neurological (nerve) condition has resulted but help/advice from doctors, such as neurologists, could be limited as their knowledge of neuro-muscular pain may be small. On the other side, physiotherapists without a good understanding of how peripheral nerves function and operate in a musculoskeletal framework may offer unsuitable recovery programs.

So often sufferers are confused as to who to turn to for proper advice. Advice from different camps can seem contradictory – exercise, rest, use splint, don't use splints, stretch, don't stretch and so on. It can get very frustrating, especially if you have to quit work and want to find a quick path back to it.

What I learned through my experience is that you should find a specialist with an excellent understanding of muscles and proper muscle movement. Despite pain being normally felt in the extremities or around the shoulder/neck region, the real problem area most often occurs around the core section of the body where all movement derives. Repetitive Strain Injuries are bio-mechanical injuries and the first thing to do is address the muscle imbalances that are causing dysfunction.

Severe RSI cases will often necessitate vast changes in the sufferer's behaviour, lifestyle and attitudes. In my discussions with many people who have suffered overuse injuries, a 'quick' magic bullet solution has never, ever been present. It takes patience, persistence and perseverance to restore proper function to a body that has been misused for a long time.

## *My Story*

This section is a long one but it encapsulates my whole story.

*The months of decline are from July 2002-October 2004*

*The months for recovery are from November 2004- Now*

### *July 2002*

My first encounter with RSI was in July 2002. I was working about 9 hours a day on the computer and practicing piano 3-4 hours per night for about six months. One day at work I developed a strong, diffuse ache in my right hand and was unable to type without severe pain. I stopped work for 2 weeks. The injury healed fairly quickly, I remember quite a severe burning sensation in the hand whilst recovering.

An occupational therapist then reviewed my desktop and assessed my injury. He diagnosed it a **Repetitive Strain Injury** but not a serious one. He said it more of a case of hand fatigue than anything else. He made some slight modifications to the desktop and I resumed work promptly. He also recommended more physical exercise to build up strength around the shoulders. I did begin this but only continued for a couple of weeks before stopping. He also recommended that I cut down or stop piano; however I firmly resisted this idea and like most under-25 year olds thought my bodies infinite ability to regenerate would always save my poor use.

### *June 2003*

Fast forward to June 2003, that's when all the big problems began to surface. Once again the onset of symptoms was a dead hand, this time my left hand. I went to a physiotherapist, he identified a postural problem and gave me mainly stretches – forearms and scalene – to do during work and at night. This stretches helped in the very short-term (for a few hours for example) but the overall problem was getting worse and worse.

I cut work to part-time and still studied piano quite aggressively. I decided that I wanted to study music full time so I devoted many hours to practicing the piano in spite of all the symptoms indicating that something was wrong and was in need of attention.

For the next few months I continued to plough on with the stretching program all the while still working part-time and practicing piano. Things were getting worse. I would get a diffuse ache in both hands upon doing any fine motor movement. I was always typing in pain.

I was also getting severe neck and shoulder pain. This pattern went on and on until January 2004 when I was forced to quit all employment and stop piano practices altogether. My body was in a shocking state; I could barely stand for more than half an hour without getting a very sore neck and mid back. I could not type for two minutes without very sore hand pain; I was getting burning sensations in both hands at night and also shooting sensation and pins and needles down both arms and hands. I was consoled by the fact I had my family behind me so I could take the time for my body to heal properly.

### *January 2004*

I went to a local physiotherapist. He have performed few spinal adjustments and instructed me a few stretches to do. A few weeks passed without any improvement, only in the very short-term. By short-term I mean slight temporary relief from pain, like taking Panadol for a headache. I was getting very fed up with the physiotherapy route and so decided to explore what I thought was the 'conventional' doctor avenue.

The first stop was my local GP. She referred me to a hospital for nerve conduction studies (testing for Carpal Tunnel Syndrome). These came back all in the clear. Then another referral to Physical Rehabilitation Specialist. He performed a few simple tests to determine if any nerve damage or something sinister was at play – no signs of nerve damage or any spinal cord complications. His assessment was that weak thoracic-scapula area was causing my muscles to overload. He was at a loss to explain some of my neurological (nerve) symptoms. He referred me to a physiotherapist and recommended massage therapy.

### *February – June 2004*

I approached physiotherapy with frustration from my previous experiences. The new physio focused more on strength and gave me exercises to do at home with a Theraband. Exercise targeting muscles that stabilize the shoulder blade. I tried this for two months but during that time things got worse and worse. Massage therapy again only offered very short-term relief. I went back to the doctor, he recommend I stay with physio and prescribed some anti-depressants Endep which apparently countered nerve pain. I adhered to the prescribed program but in hindsight made some errors in that I was so eager to beat this problem, and beat it quickly, that I did many things in addition to the recovery program that were not recommended. The main activity, in addition, was being swimming, an activity which can be disastrous for people with no core strength. In my case it probably over-worked my rotator cuff and prevented my muscles from recovering properly after the strength exercise.

I was stuck in an injury cycle that I couldn't seem to break out of. Reading what my body could manage and what it couldn't became impossible. Exercise and stretching seemed to exacerbate the pain. I was lost.

I continued to suffer diffuse bilateral aching sensations in both hands when trying to type or do anything with my hands. Severe burning sensations would also be present in both hands; it would get so bad that I had to ice them for several hours. Pain would come in waves even when I was not typing. My body began to wake during some nights with throbbing/burning hand pain. Mentally I was losing more and more confidence in my ability to recover.

### ***July- October 2004***

Physical pain was increasing and overall strength and endurance was getting very low that simple daily activity such as washing my hair, brushing teeth or hanging up clothes, became extremely difficult and sometimes impossible.

In desperation I looked up similar RSI web sites for some advice. Upon reading some stories I plunged into so-called solutions to the problem: Rolfing, Alexander Technique (was doing five lessons a week at one stage), chiropractic (I had such severe neck restrictions that the first chiropractic session produced an eleven-hour period of pure euphoria!).

Once again I was seeing no real improvement, and generally I was getting weaker and weaker. I also started Pilates but only did it briefly. My physical exercise began to drop significantly - although I tried to walk at least half an hour a day. I was bunching up these different treatment modalities so it was impossible to gauge what was working and what wasn't - but it didn't really matter, as the general direction was getting worse and worse. Physically and emotionally this month was 'rock bottom' for me.

### ***November 2004***

This month was the turning point for me. I was still getting lots of treatment - a massage every week, a couple of chiropractic adjustments a week! But the same problems were escalating. An increasing problem in the past few months had been the emergence of a 'dead arm' feeling. The feeling emanated from the shoulder down; it felt like the shoulder was out of position. The dead arm feeling would alternate from left arm to right but mainly on the left side. I'm left handed and in most RSI-type cases the worst side is on the writing side. The dead arm sensations lasted several hours, my hands grip strength was getting incredibly weak too.

I found a website that promoted Active Release Technique, a soft-tissue manipulation therapy that aimed to eliminate scar-tissue adhesions that form between weak and misused muscles. I located a close ART provider who was both a physiotherapist and chiropractor. He found a lot of scar tissue around neck/scalene/shoulder/arms/wrist that were entrapping nerves. See report. Like the Rehabilitation Doctor, he identified a very weak thoracic base. To his credit he very firmly planted the fact that only a lot of exercise and stretching would get me out of this problem. I began my proper physical recovery program in late November; more details on the exercises are listed in the exercise program section.

### ***December 2004***

Some progress at last! The November/December periods were few of the hardest months of my life. I was suffering tones of anxiety/stress and clinical depression but adhered strongly to the physical recovery program with belief in myself. The pain was still ever present, but ever so slowly I became more aware of pain patterns (eg worse in morning and night and after workout session) and also practiced Yoga Nidra, a deep-

relaxation meditation, on a daily basis. I was slowly getting more and more in touch with my body, muscle awareness was growing, and daily chores fatigued me less and less. More importantly nerve-related pain such as aching/burning hands, dead arms were slowly, but surely, going.

But a new problem emerged – referred nerve pain into both feet. I suspected there were some problems with the feet in the past, for example some massage sessions over the lower back produced pins and needles in the feet, but never thought it was that major... I was wrong.

As it turned out all the problems around the upper extremity that were putting pressure on nerves – dysfunctional thoracic and neck joints, TMJ disorder, forward head/neck carriage – had similar sister problems down around the lower lumbar spine such as Iliac/Sacral dysfunction lordosis and a host of other dysfunctions.

Again similar reasons prevailed: tight and weak muscles. My hamstrings, hip flexors and abdominal muscles were so restricted that if I was to go to a kneeling/praying position I would feel a strong stretch that I could not hold for long.

Most RSI sufferers predominately only complain of pain somewhere in the upper extremity, so I found it strange that I was getting such strong nerve pain in both feet, very similar to the pain in the hands, diffuse aches, occasional burning, and occasional ‘dead’ feeling. But basically the reasoning behind the pain is the same – muscle injury – scar tissue formation – entrapped nerves, the bulk of the pain is referred to the extremities.

### ***January 2005***

January onward represents the bulk of my proper recovery – physically, emotionally and spiritually. As I was going through various phases of anxiety and stress associated with counselling for emotional issues my mind fervently clung to the idea that I was not physically getting better despite clear signs to the contrary. That being said however, there were many relapses and progress was very slow despite committing 1.5 hours for stretching every day and 40 mins of exercise every two days. I erred on the side of caution and avoided computer use and driving when possible. I graduated to a harder physical exercise program in early January.

### ***February 2005***

Improvements again - but very slow. I began to slowly become more aware of muscles; circulation began to improve because I was getting less cold feet and hands. I continued to make some notes on pain patterns and on my general state of being.

### ***March 2005***

This was the last month of mental ‘resistance’. In the past 14 months I was always so locked in the anxiety trap of constant worry and analysis. I continued to suffer slight

dead arms and diffuse hand ache periodically and still resisted doing any aggravating activities such as driving and computer use. March was another long and tough month. I was attending therapy to both help deal with the trauma and pain that surrounding the injury and also understand how I got into that condition in the first place. Confronting these issues is not easy but, in the long term, absolutely essential. A great amount of insight can be learned and from this CHANGE can be initiated. I should write MUST instead of can; because after you slowly work yourself out of a condition does it make sense to maintain the same thought patterns that got you into the problem?

I wrote that last November was the turning month that, in a sense, was true; it was the month that I realized I needed to CHANGE in many ways mental health wise and body health wise. The real turning point for me was in late March early April. I dug deep inside myself, confronted all issues that were unaddressed and had a complete spiritual reawakening in the process!

### *April 2005*

Everything is starting to get better. I finally resume driving, after a very, very long absence. Slowly I work myself back onto the computer. Only a few minutes a day first, my hands didn't like it, straight away I was getting ache again, but, then again, what would you expect from muscles that have not been used like this for 16 months? I continued ART treatment and frequent massage therapy. Was still having bad days; sometimes had shockingly bad days, but I stuck to the program and had faith in my bodies ability to heal.

### *May 2005*

Now it was only a matter of time before I could go back to work. I was resuming stopped activities such as driving and slowly upping the computer use. I found it hard getting back on the computer, my hands would quickly let me know that they didn't like this, but I kept on stretching, stretching and stretching and slowly I built up more and more endurance. Also I had to drastically alter my behaviour when doing these tasks, in that I observed regular breaks religiously and kept standing up and generally loosening the body whenever possible.

Another important thing was that I didn't prioritise my recovery exercises as the central feature of my day; rather I incorporated them into daily living. For example during November-April I would do around two sessions of 50 minute stretching exercises per day, but by May I was doing similar amounts of stretching but staggering them throughout the day, often doing them whilst doing another activity but still paying enough attention to perform the stretches properly.

### *June/July 2005*

I spent the end of June and July overseas to visit family and get a well earned break from all the exercise. I still continued to do my stretching and exercises overseas but a change

of scenery was necessary for me. The trip proved very valuable in sorting out what I wanted to do when I get back to Australia, getting this website up and running was top priority.

### ***August/September 2005***

Spent August/September finishing this website also resumed work and began other projects that are in the pipeline. Very busy times for me but I love it and it's great to be out of chronic pain.

### ***October 2005***

Got back into the workforce doing temp work which was good as it wasn't full time and to a certain extent I could control the hours. It took a long time for my hands to get used to typing, I would take many breaks when possible and always held onto the belief that things would get totally; it just was taking a long time, that's all. I also made a decision to switch my career completely and pursue a career in counseling - my long term goal is to work with people who suffer chronic pain. Going through this RSI experience exposed me to the helping professions , such as counseling, self-help groups, doctors, physios etc, and I began to see how valuable these role are and noticed the crucial need for more men in counseling type roles, so I enrolled in a college doing a post-grad counseling course.

### ***November 2005***

Studies are in full swing now and still doing temp work for money. As more and more commitments piled up the absolutely necessity to remember to consciously slow down when possible was very important. As I mention elsewhere in this site people who develop RSI are prone to get over-zealous on the keyboard or other work-type apparatus and I found it quite hard to break out of the pattern of forgetting myself and working/pushing too hard, especially when I was really getting into something. This is where using a journal and doing meditation comes in handy.

### *December - Now*

The RSI pain has totally, 100% gone. Finally! :) I still stretch, I still exercise and now I do quite a bit of running, about three four Km runs per week I love running, in many ways I find it the closest physical activity to meditation. I don't get the time to do as much exercise and stretching as I did before but that's understandable because of work and study commitments. Through this realization it occurred to me how hard it is for so many RSI sufferers who have to battle through these commitments whilst recovering. It makes the process that much harder and frustrating. As mentioned on the front page please do not give up, don't give up. You can and will get better it just takes a long time sometimes. Going through the long-term RSI really reshaped I view the universe, I'm not kidding.

### **\*\*\*Update - 11th May 2007\*\*\***

I mentioned that this injury has really reshaped the way I view the universe, I still hold firm to this statement. It has inevitably made me more attuned to the suffering of other's and has been able to open up my heart and also my mind to ways to reaching out and helping others in need. This is an important point I should make. One of the greatest contributions to my own recovery was taking in active interest and becoming friend's fellow sufferers.

Getting to know people who have gone through a similar chronic pain condition or at least have gone through something which requires drastic, painful and slow changes is of immense benefit. Anyone can say: just look at people who are less fortunate and be grateful. Yes on the surface that should work, it will create gratitude and make you count your blessings. But here is the deal with people with chronic pain: that's not enough. You need to become familiar with fellow sufferers, become their friend. Let them help you. You alone can do it but you can't do it alone. To best help others let them help you. This is a golden law of the universe I was so happy to firmly acquaint myself during my long battle with RSI.

After my nearly two years of unemployment I slowly ventured back into the workforce, at the beginning I started with temporary positions. Such a re-entry was beneficial as I was not tied to a company or contract (therefore I wasn't fretting at night about not being able to fulfil it) and if the pain was to get unbearable again I could either change jobs duties which did require high keyboard use, or if a job did have high keyboard use I only went for one-to-two week stints, so psychologically there was always an 'exit'. This was very important to me. Confidence takes time to build and you will put your health

and well-being in jeopardy if you jump from unemployment to full time work. It's important to build yourself up slowly by gradual exposure, the temptation for the long-term unemployed is to launch back into it, sometimes with the justification: "I'm making up for lost time". This is nonsense! I acknowledge there will be times when you need to be firm and sometimes push yourself and type with pain, but these moments become bearable when you endure the hardship with deep-seated knowledge that you are getting better and the best of life, love and happiness is ahead of you and not behind you.

So, to reiterate a previous section on thought patters, here are some positive mental thoughts to cultivate when you are getting back into the workforce:

"This is only temporary, I am getting better. This is only a setback which I can endure with patience and perseverance"

"My body is adjusting to this activity again, muscles will get used to this I just need to be patient and persistent"

It's important you actively try and change the language and thoughts in your head. So pay careful attention to the words coming out of your mouth and change them if you hear hard damning language or overly self critical language such as:

"I can't...it won't, it's useless, no one can help me, no one understands, I am an idiot and so on". There are many examples. Avoid global language such as: "it's too hard to recover, or no one understands"; instead highly personalise your expression language: I am going through this right now and this is what it feels for me. Own your experience.

I still need to combat destructive thoughts on a day-to-day basis. You don't just "get better" you actively and continuously work on changing the habits and thoughts that got you into the problem. This is a war that can easily be won, at first it seems like hard and even impossible work. But good habits will begin to become ingrained and then lo and behold many become second-nature so that you're doing them with unconscious competence and life becomes a whole lot easier.

Ok, back to my story. Well after a few months of doing fairly mundane temporary jobs I started to pursue my real interest – getting in to the helping professions and beginning to be of service to others. You know how all companies and motivational speakers go on about knowing your product and believing in it in order to sell it. Well I totally believe in everyone's ability to recover from a seemingly impossible situation. Hope was my newest and healthiest addiction.

It was not easy adjusting to the workforce. On top of my body slowly getting used to keyboard activity again and the fear associated with it, you also have the anxiety and stress of being in a totally different environment again which causes additional burden.

I was always very upfront about my RSI condition and, in fact, steered all potential employers to this website [www.howibeatsrsi.com](http://www.howibeatsrsi.com) so they could understand where I was coming from; it also explained some of the gaps in the resume too, thus serving a

double

purpose.

In this site I've tried to be as open as possible when communicating my struggles and I encourage you to be open with your struggles too. When approaching an employer you will not want to scare them off with potential insurance and injury complications, but then again if you say nothing and complications from the work arise you may need to quit which in turn disappoint your employer and yourself and could lead into more mental health problems.

It was hard at getting back to regular keyboard work. I would get that awful, and all too familiar nasty sharp pain in both hands whilst typing and sometimes feels as if I had very little strength in my forearms and hands. Occasionally I felt a certain arm/shoulder going weak again but never as bad as the dead-arm feeling I used to get. I was still on anti-depressant medication when I went back in – this time the medication was called Avanza – a fairly new type of anti-depressant which is also effective against anxiety. Working on anti-depressants was also hard as many times I felt groggy and as if the floor was moving. I received a couple of e-mails asking me to give thoughts on anti-depressant medication. I'll simply say: they are not a long-term solution, they lower functional impairment to assist you with facing and dealing with the deep-seated problems that cause depression. And for that purpose they are remarkably effective.

During my RSI struggles I had a very powerful encounter with God and was powerfully converted into the Christian faith. My life is now totally devoted to the purpose of communicating God's unconditional love in the person of Jesus Christ, my Lord and Saviour.

So, after temping for a few months I found my vocation and followed my calling in Christ and started working for a Christian organisation in Sydney called Wesley Mission as a welfare worker in a homeless shelter. I worked there for just over one year and during this time I was barely on the keyboard. Again, this helped a lot. Sometimes if your RSI condition is that bad and you want to make good progress with your exercises and minimise aggravation you must change work. I know for some people this is simply impossible, but for others who can, please think about doing so.

After a year and a bit of working at the homeless shelter - an experience I shall always treasure dearly - I started working full time in an again for another Christian organisation called Mission Australia as a case worker in programme assisting the long term unemployed overcome barriers such as drug addition, mental health problems and homelessness. I am still studying counselling too and really enjoying how my work, study, church life and personal faith are intensifying and complementing each other.

As for the pain – well when I started my case work in the office got a flare up of RSI pain. This came as a complete shock to the system as I thought the RSI was dead and buried. But I did not panic too much:

I thought sensibly: this is a new job and there is always a certain amount of tension and anxiety that goes with a new job, or a drastic change in environment for that matter. I

need to absorb this tension and continue to do what I know is right, NOT WHAT I FEEL IS RIGHT. So I went back to physio, checked ergonomic position. Continued my stretches, continued journaling and always talked, talked, talked. Guess what the pain got better, quickly. I believe a lot of it was anxiety-fuelled. But man when I feel that pain I can't admit that fact. Because the pain is real and you don't want anyone insinuating you are somehow manufacturing or inventing the pain through some screwed up psychosomatic scheme to garner unwarranted attention.

I now can type for more than eight hours a day, play guitar regularly and never think of the pain. I ensure every day to be grateful when its pain free. I fear complacency just as much as I fear the return of the condition.

But more important than the functional restoration of my body, I have changed as a person. I have slowed down and lost the compulsion to always rush ahead and do everything on my speed and on my terms. In slowing down I can now more effectively tune into others, and therefore help others. Really help others, and in doing so I have become connected to the community in ways I never really thought possible.

God bless you all. I will always thank those people who helped me during those hard dark times. MY family, Jeremy, James, you guys were inspirational and saw something in me that I couldn't see at that point. I'll never forget it.

I thank my girlfriend of one year, Katherine, who so many times along the way has helped me when my mind was going back to anxious territory. Kat inspires me every day and has rekindled my love of creativity. I love you very much Kat.

Take care everyone. Chronic pain takes its toll on many sufferers and their families, but believe me when I say there is always hope. Mutual understating opens the door for hope to barge in and rearrange all the mental furniture that was never really serving a proper purpose anyway.

I pray that you all catch this disease of hope which has clearly affecting me severely.

Justin - May 2007

## ***My Medical Scans & Assessments***

The following are findings from scans, x-rays and reports:

### ***January 2004***

Nerve conduction studies, mainly assessing the likelihood of Carpal Tunnel Syndrome, came back all in the clear.

### ***July 2004***

CT scan of cervical and thoracic spine - detected no nerve root compression. Slight scoliosis at T4/T5 detected.

### ***August 2004***

MRI of cervical spine and brachial plexus identified no nerve root compression or any other structural complications.

X-Ray of whole spine revealed unhealthy spine alignment from top to bottom, and a badly uneven and twisted pelvis, right side 14mm higher than left.

### ***Medical Assessments***

Here are extracts from two third-party reports from practitioners in Sydney who helped me enormously. Both were written in the September/October period.

The first, written in September 2003, is from a certified chiropractor:

*There are possibly two mechanisms responsible for Mr Bennett's symptoms. Firstly, the zygapophyseal joints of the spine, like any synovial joints, need stimulation through movement to provide proprioceptive feed back to the brain. The zygapophyseal joints can become restricted with adhesions over a period of time, building up the capsule and thus reducing the proprioceptive input to the brain. It has been noted that a decrease in the firing rate of mechano receptors in the joint leads to an increased firing rate of the nociceptors, associated with pain and inflammation.*

*Due to the direct neural input of the zygapophyseal joints in the cervical spine to the trigeminal nucleus of the brain, it has been suggested that these aberrant signals and noxious chemicals can affect the spinal reflex through the efferent nerves. This manifestation in the spinal reflex can produce such symptoms in the hand. All literature and studies can be supplied on the above discussion (if you would like further information).*

*Secondly, and less likely is the dysfunction of the zygapophyseal joints and the lack of mechanical input may possibly increase the inflammatory properties in the local area, thus directly affecting the nerve supply to the hand.*

*In conclusion, the moderate to severe spinal restrictions, especially in the cervical spine, are consistent with the typical symptoms that can occur in the hand. Burning sensation is also a sign of centralised neural degeneration also consistent with a noxious stimuli.*

The second extract, from a report written October 2004, is from a certified physiotherapist and chiropractor:

*Initial assessment revealed adhesions / entrapments of the brachial plexus between the scalene muscles and under the medial pectoral tunnel, as well entrapment of the medial cord of the brachial plexus near the subscapularis muscle on both side. Scar tissue adhesion was also found around the median nerve near the transverse carpal ligament, flexor digitorum superficialis muscle, pronator teres, and ligament of Struthers on both sides. Entrapment the median nerve and the brachial plexus can give rise to neurological symptoms in both hands. Repetitive overuse is suspected to contribute to the formation of scar tissues. All the nerve adhesion sites detected above reproduced Mr. Bennett's hand symptoms, thus further confirm the diagnosis of peripheral nerve entrapment.*

*Initial treatments were directed to minimize scar tissue at these adhesion sites to promote proper sliding of the nerve and surrounding soft tissues. The main techniques use is the **Active Release Technique** or **A.R.T.** Further information on A.R.T. is attached. Corrective stretches have also been prescribed to maintain muscle flexibility and neural mobility.*

*Further assessment revealed postural dysfunction including a forward head carriage and rounded shoulders, which are frequently observed in sedentary population and office workers with poor ergonomics. In Mr. Bennett's case, we suspect that chronic postural dysfunction in turns lead to disuse and weakness of postural muscles such as thoracic extensors, deep neck stabilizers, and scapular stabilizers and perpetuates overuse of other muscles for dynamic stability. Chronic overuse will eventually lead to muscle fatigue and injury; this is followed by scar tissue formation as the repair progress sets in. A corrective exercise plan has been implemented to strengthen these postural muscles and restore proper function.*

### ***Summary of findings***

The medical scans did not detect any structural problems thus confirming that is was a soft-tissue injury and enabling me to safely being a guided exercise program.

The chiropractic reports mainly refers to restrictions in the neck affecting nerves that lead to the hand while the physiotherapists report refers to muscle imbalances causing injury and the formation of scar tissue (or adhesions, as mentioned in the chiropractic report) that lead to peripheral nerve entrapment and pain.

## ***My Exercise Program***

My exercise regime has two basic components: strengthening and stretching. There is not a huge emphasis on cardio-vascular; the first thing for me was to correct the major muscle imbalances. Activities like running and swimming would not do this for me, if anything they could cause more and more complications. That being said, I did take regular walks and occasional runs, especially before stretching to get the blood pumping and muscles loose.

**Remember, do not copy this program! Seek medical advice if you're in pain. All the following exercises were tailor made and shown to me under supervision.**

### ***Stretching***

In RSI cases muscles become very short and very weak; as the muscles re-grow it is absolutely imperative that they lengthen as frequently as possible. In the long-run a good stretching routine improves posture and re-trains the nervous by telling the brain to switch off unnecessary muscle tension/holding patters.

I began my stretching regime in late November 2004 and rarely has there been a day since in which I did not do at least 45-50 mins of stretching. That may seem a lot, or excessive but the more adept at staggering them in and fitting them around your life the easier and more automatic the whole process is.

I stretched pretty much every major muscle group of the body. I was going to get into particulars but when it comes to stretching there are so many different types. Again, make sure you are shown the proper technique. I made it a habit to always run my stretching technique by my physiotherapist every time I see him. It is so easy for the body to sink into lazy habits whilst stretching

Stretch properly. Hone your attention into the muscle that you are trying to relax, don't get distracted. The first stretch should release some tension, the second repetition should do the same plus some lengthening, and before the third the muscle should be significantly relaxed so that noticeable lengthening should be apparent. The stretch should also be held for a sufficient time, normally at least 10-15 seconds (and good seconds, not rushed ones!)

Don't force it, muscles will loosen in time. Don't stretch into excruciating pain, and there should not be any pain felt after the stretch. This is all common sense stuff. The

more your stretch properly, the better you get at it – it's that's simple. And trust me, you'll love your know found flexibility after awhile, you'll feel like a limber kid again.

### ***Strengthening***

All my strengthening exercises are targeted around improving core stability. Little, if any, weights are involved as most of my activity is done with the use of a large Swiss ball or just the body alone. I found that my arms and legs were getting stronger as a by-product of doing all the exercise. I found that focusing on gaining strength in the limbs via weights was a sure fire way to aggravate my injury.

The following exercises were particularly good in re-training and strengthening major muscles of the back to provide a sufficient foundation so that constant muscle injury would not occur.

An example: A huge problem for many RSI sufferers is the overactive and worn-out upper-trapezius muscle, the 'hunch up' that causes rounded shoulders and an out of place/forward head/neck relationship. This puts lots and lots of pressure on muscles like the scalene muscle and causes lots and lots of complications.

The following exercises increased greater awareness of the lats and the lower traps and laid a foundation that prevented my upper-traps from engaging unnecessarily.

#### ***1<sup>st</sup> Base Conditioning Program (November 2004 - January 2005)***

1. Seated Trainer: sitting upright in a healthy position on the Swiss ball, lifting one foot off the ground and keeping the body still.
2. Supine Hip extension: In supine position, the ball supporting head/shoulders/supper back, lifting the hips, holding then releasing
3. Horse Stance : on all fours, simultaneously lifting a hand and the opposite foot
4. Prone Cobra: lay face down lifting up from mid back and squeezing shoulder blades together.

#### ***2<sup>nd</sup> Base Conditioning Program (January 2005- NOW)***

1. Lateral Ball Roll: Supine position on ball, shuffling feet a few steps left and right. Keeping pelvis stable
2. Swiss Ball Squat: Ball as support, wedged between lower back and wall, squat down keeping healthy spine alignment and keeping knees behind feet.
3. Alternating Superman: Lying over ball, lifting one arm and the opposite foot simultaneously, not shifting the body, to compensate, while doing this is

important.

4. Back extension : Lying over ball, extending up through the mid-back, feet staying on ground, squeeze the shoulder blades together, avoid hunching and using the upper traps.

### ***Alternative 2<sup>nd</sup> Base without ball (May 2005 – NOW)***

1. Lunge : Lunge forward, again feet in front of hips, with back knee just touching ground, back remaining straight throughout.
2. Squat: Squat without ball support, making sure back is straight and pelvis in good alignment.
3. Back Extension: without ball, using light weights for more resistance.

So at the moment I alternate between the 2 base conditioning programs. I do eventually intend to use greater weights for more resistance, but these will be very light ones.

I normally do three repetition of each set, around 8-15 reps of each activity. By the third set the endorphin rush has kicked in. But I never ever push it. That whole 'no pain no gain' thing is so eighties. There is always going to be some sort of pain/resistance with getting fit but always respect the natural time it takes for the body to grow properly. Don't consign fitness to the modern attitude of boot camp/military barracks style of bodily punishment. It's good to be focused and disciplined but you run the risk of burning out if you are too hard on yourself.

I'll ensure this section gets updated when I graduate to harder programs

### ***Other exercise activities (October 2005-February 2006)***

My RSI pain really dropped off around October/November 2005. When it did I started using weights, only light ones for more resistance. I also started push ups and have worked up to about 80-120 per day (not in a row!) just about 20 per set interspersed throughout the day. I also started running, and activity I really enjoy and do about three runs per week. My lower back is still very tight and I need to stretch that constantly. As my pain dissipated it became harder to adhere to the stretching program. My mind sometimes easily forgot the pain and wanted to sink back into lazy corner-cutting stretching techniques or just blatant procrastination. It takes time to change deep-seated habits, but it's getting better everyday - one day at a time hey!

### *3rd Base Conditioning Program February 2006 - NOW*

I went back to the physiotherapist in Feb because I needed something more structured and interesting to take on. I always recommend doing a program that is tailor-made and which can be monitored and reviewed regularly. In those past few months I definitely went too hard on the running and hamstring/ mid-section muscles were getting really tight again. All part of the learning process.

I'm about to be given a new program in a few weeks. When I get it I'll post it up on this page - Justin May 11 2007

## ***Anxiety & Chronic Pain***

Firstly I should point out that chronic pain is a very broad term. Statistics point out that roughly one in five persons in the western world suffer it! Perhaps the term is used too loosely sometimes. Some people unfortunately suffer chronic pain their whole lives as a result of incurable medical conditions (my heart goes out to you), while others, like myself, can recover from a chronic injury through the human bodies/minds amazing healing and regenerative abilities.

The chronic pain/anxiety issue is a complex one. Is the anxiety always there, choosing to latch onto the pain at will? Or is constant pain a menacing force that handicaps the mind? Obviously each person's psychological/physiological make-up will create a unique situation case by case. I believe the above questions cannot be answered categorically; chronic pain and anxiety will always intensify each other. Therefore it's always best to treat both anxiety and chronic pain together!

I had to deal with the emotional/psychological issues that go hand in hand with chronic pain. The longer my pain/injury continued the greater its importance was inflated by anxiety; the unmanaged anxiety continued to magnify the pain and cripple my recovery process.

As my pain was progressively getting worse I became obsessed with the notion that something 'larger' was being missed. I also become very paranoid about my body, and very scared of doing anything that could irritate my condition. This paranoia surged to ridiculous levels; I would analyse everything! e.g. the way I turned doorknobs. I also frequently analysed my posture and became convinced that I because I had a 'postural dysfunction' that the long-term solution was be the slow correction of posture. Posture correction is the long-term goal but the key is to let the body naturally open up to a balanced posture and correct functioning through corrective exercises and stretching.

It is true that it's impossible for the body to be completely relaxed whilst the mind is tense and so by constantly analysing and thinking about the body I inadvertently put my muscles in perpetual and unnecessary tension.

## *Patterns of Thought*

The following quotation marks represent generalised thoughts in my head during recovery . The contrast between negative and positive indicates my change of thinking for the better as time went on.

### *Negative*

“This chronic pain condition is restricting my life, everything will fall back into place when I correct the problem, therefore I must devote a lot of attention to this problem so I can resume a happy life again”

“I've gone out to socialise with friends or out to parties during which the pain has been bad. When it strikes I only think about relief and when that is not immediately at hand my discomfort is prolonged and I feel uncomfortable - I only want to get home! This happens again and again and I start to feel that every time I make an effort to have fun it gets slammed in my face. If I choose to stay at home I get the comfort that some form of relief is at hand, plus my friends can always visit me”

“Pain seems to strike at random occasions, sometimes for no reasons. Because it's referred pain I don't know the source – it feels sinister and I feel held hostage by my body”

“I've followed stretching and exercise programs given to me by competent authorities but in the short-term the pain seems to get worse- I don't want it to get worse because I can't stand the prospect of living with more pain. My pain is severe yet there is no diagnostic evidence to show the source, shouldn't I be safe rather than sorry and rule out all possibilities to give me peace of mind?”

“There must be something that is missing here! My symptoms are similar to symptoms attached to very serious disorders - what if I have one of them!”

I could go on giving more and more examples but I think this enough to establish a generalised pattern of destructive thought. It incredible, but at the time these thoughts seemed extremely sensible, rational and logical. The mind has an uncanny ability to rationalise its irrational thoughts!

Chronic pain for me was a tough, tough experience and the patterns of thought cited above demonstrate the anxiety that runs hand-in-hand with chronic pain. I think it's very natural to feel vulnerable and exposed when one is injured, but I also believe that

no one gets out of chronic pain by insulating himself or herself in a risk-free environment.

When I started to heal properly – that is through mind body and soul; my thought patterns began to shift. Pessimism turning into optimism; fatalism into hope and so on.

### ***Positive***

“Pain is a messenger that somewhere along the line there is something wrong. It is the body screaming at you, pleading for a more harmonious and balanced relationship internally”

“In a chronic overuse/misuse of the body type injury muscles often get very weak and short from a long accumulation of stress and negligence. Like and mechanical problem it CAN be corrected and the larger issues of body maintenance, care and control and also be learned and practiced.”

“Ok I’ve got a problem, and yes it’s really bad, but I’m human and all humans suffer from time to time, this can only make me stronger in the long term.”

“Hey I am slowly getting better, I will get better it’s just a matter of doing what it takes and not getting so obsessed with instant results, they’ll take care of themselves when my attitude and work is targeted in the right direction.”

## ***Anxiety/Pain Management***

I found that getting more and more familiar with pain patterns creates a greater sense of management; the pain becomes less and less an insidious force waiting to strike and will to more of a necessary ache that goes with readjusting the body into a correct and healthy alignment.

Remaining positive is much easier said than done, especially when you have been out of the workforce for a lengthy time! Try not to become the injury; don’t let it dominate thoughts and feelings. My best recovery periods occurred during times that I kept very mentally and physically busy.

I stuck to my physical reconditioning program diligently and made a conscious effort not to ‘overdo’ it. Not overdoing it can be sometimes a very difficult thing, especially for people who develop an overuse/RSI type of injury, as it normally takes a ‘push push push’ mentality to get the condition in the first place.

There are tonnes of ways to curb and eliminate anxiety, but generally speaking and from first-hand experience here is ten points to help those who suffer anxiety that accompanies chronic-pain:

- 1.** Don't be shy about speaking about your pain and fears to others. Don't feel embarrassed if you feel like a broken record. If finances permit, talking therapies (psychotherapy, cognitive behavioural therapies and so on) can also be of enormous benefit.
- 2.** Make some kind of journal to note improvements in pain, also make notes on how you were feeling the same day – sooner or later some form of pattern will emerge and this can give you greater clarity going forward (but note – don't get obsessed with the journal or analyse it constantly. Note the links between anxiety and pain).
- 3.** Setbacks are often very disconcerting and frustrating. It is very easy to think you are back at evil old square one again. Rest assured that setbacks are very common when recovering from a chronic injury, it may be the case that you are slightly being too aggressive or that something you may have modified is not working yet. Review your exercise program/journal and remember – talk!
- 4.** Start meditation. It can be very hard at first but meditation was of enormous benefit to me. I practice yoga nidra, which is deep relaxation into a deep-sleep state of consciousness, on a daily basis. There are so many benefits in doing meditation; it enabled me to get my body (that is, getting more in touch with it) and was also a beneficial tool to perform after stretching or exercise as the bodies repairing mechanisms goes to work. Meditation greatly assists in muscle relaxing which is what you need as your body will tighten muscles against pain.
- 5.** Search for self-support groups. There are many support groups for chronic pain conditions. Getting in touch with people who share similar stories, frustrations and experiences is of HUGE benefit to your anxiety levels as, unconsciously, you will begin to shrink the focus off your condition.
- 6.** Gear your diet around recovery to ensure that you are giving your body the necessary fuel for proper re-growth. Investigate vitamins and herbs that are beneficial for tissue and nerve re-growth eg. Vitamin e, various fatty oils etc and lots and lots of protein. A suitable diet can help anxiety and aid re-growth enormously.
- 7.** Don't put too much hope and faith on third-party treatments, such as acupuncture and massage, to alleviate pain and restore health. They all have a good part to play in restoring and maintaining good health but ultimately cannot be leaned on too heavily or unfairly. Always bear in mind that the objective of all good medical practice is to phase itself out.
- 8.** Investigate the concept of 'anxiety' a bit more. I found it very helpful reading books on it – I could always relate to stories from sufferers. Getting more scientifically aligned with the physiological symptoms of stress and anxiety will not necessarily help, but some grounded understanding can enlighten past behaviour and reinforce the idea that unwarranted flight/fight responses can be defeated.

9. Your mind will be very paranoid about performing certain activities again, especially activities that led to the injury. Again be gentle with yourself, allow gradual exposure, frequent breaks and stretching. Confidence will build. Slow and steady.

10. Enjoy the experience! Pulling yourself out of a chronic pain condition is always a great feeling. I'm sure all people who have done so would agree that it gives you a new outlook on life, a better appreciation of health and a more balanced and considered mind.

## *Final Comment*

To go right back to my mission statement, this website is just my story. Everything mentioned is personal advice based on personal experience.

I believe that the RSI problem is still a huge issue for the community at large - the sufferer and his/her family and friends, the medical industry and workforce all have to work together to increase awareness and reinforce preventative behaviours.

My experience is that sound medical advice and assistance can give you all the guidance that is necessary to make a full physical recovery, but sufferers who experience pain, sometimes excruciating, debilitating pain, often suffer many other associated problems: workers compensation issues, anxiety, depression, loneliness, isolation, unemployment and so on. These issues, intertwined with ongoing physical pain, can make the recovery process that much harder.

But there is always hope.

My two year battle with RSI was the best thing that ever happened to me; funny how things work out sometimes.

Thank you for visiting this site. I hope it was of some benefit to you.

**A final mention of thanks to some people who helped me create this site:**

Jeff Gordon, Graphic Artist - [conradexodus@hotmail.com](mailto:conradexodus@hotmail.com)

Kramtek Computing [www.kramtek.com.au](http://www.kramtek.com.au)

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**Thank you to GROW Australia, a twelve-step program for people battling. [www.grow.net.au](http://www.grow.net.au)**

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God bless you all!

Justin Bennett – May 2007