

THE RSI NETWORK

People Concerned About Tendinitis, Carpal Tunnel Syndrome, and Other Repetitive Strain Injuries
Issue 44, December 2000

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THE SOMATIC-CENTERED APPROACH: The Missing Link in Injury Prevention

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While the incidence and cost of cumulative trauma disorders (CTDs) continue to rise dangerously, a major aspect of injury prevention strategy—the somatic-centered approach—is often overlooked. The somatic-centered approach (SCA) emphasizes body and movement awareness. Even with the most ideal ergonomic workstation, CTDs are likely to develop without attention to this aspect.

We must consider the SCA approach in designing ergonomic training programs if these programs are to be truly effective in preventing injuries. This means making somatic awareness and knowledge an

important ergonomic priority, followed by corrective actions. The following four ideas are important SCA areas that need to be emphasized.

Listen to Your Body

Tuning inside so one hears when one's body is "whispering" will help prevent "shouts" from developing. If one does not notice and pay attention to early indications of mild, transitory discomforts, minor symptoms are likely to build. By the time real pain is experienced, more serious problems may have arisen, which can prove costly in terms of time, treatment, and expense. How can people be encouraged to develop this awareness?

Like any other skill, practice is essential. The following exercise—Minimal Difference Awareness Training—can be valuable in developing such awareness. Have employees do a progressive variable tension-relaxation scan through their bodies.

To do this, have them firmly tighten one part at a time, such as clenching their right hand into a fist, then have them notice how it feels to relax it, asking them to pay close attention to the differences they feel. Have them repeat this a second time, but this time ask them only very barely and gently tighten that same area, such as just starting to bend the fingers of their right hand, and see if they can still discern the difference.

Practicing so as to notice such minimal differences can go a long way toward helping people realize when tension is first beginning to build in their bodies, so they can release it sooner rather than later.

Check Your Alignment Often

Encouraging employees to make frequent alignment checks can help decrease the chance of awkward positioning, a major cause of CTDs. One of the most common awkward postures that can take a considerable toll on the body is that of the forward-head syndrome.

The perils of the forward-head syndrome. In the typical scenario, someone holds his head considerably out in front of his body, with his shoulders rounded forward, his spine in a curved "C" position, his abdomen collapsed, and his pelvis tucked under. This phenomenon is both common and frightening, and can lead to a plethora of problems from neck, shoulder, and back strain to headaches and arm and hand discomfort.

One easy, effective exercise for helping people align their head and neck is the "pigeon." Help guide them to carefully glide their head slightly forward, making sure they keep their chin level. Slowly and gently have them begin to glide their head back. Encourage them to think of lengthening the back of their head upwards at the same time they gently glide their head backwards. Anyone with neck discomfort should be encouraged to keep these movements very small and be reminded to do them very gently and slowly.

Giving employees postural cues and postural exercises can be very beneficial. Knowing about and practicing correct posture, body mechanics, and appropriate exercises can help workers maintain proper relationships between various parts of their body. This can be invaluable in helping people avoid neck, back, and shoulder problems.

The essential "neutral range." It is vital to learn about what it means to move within a neutral range, particularly before initiating movements like bending and reaching. This can be done effectively only by having people actually practice various movement sequences.

It is especially important for them to practice noticing the differences in how it both looks and feels to move in and out of alignment. An example would be noticing how one's back and neck feel when correctly bending forward from the hip joints instead of from the waist, as many people usually do. A trained movement specialist can be invaluable in teaching this, as can use of videotaping.

The value of videotaping and mirrors. Because the lack of kinesthetic awareness is very common, few people are ever really aware of how they are actually moving their bodies and working. Seeing

themselves on video can both help increase their awareness and their motivation to make appropriate changes. Once people become aware of the need to move in new ways, mirrors can be set up so they can regularly check their alignment. This can help them to implement new, improved ways of working.

Shift Your Position Often

Sometimes it is said that the best position is the next one. Often, employees have seen a visual image and description of an "ideal" position they try to emulate, if they think about positioning at all. However, maintaining any posture for an appreciable length of time is not only undesirable but dangerous. Static positioning is probably near the top of the list for causing musculoskeletal problems.

How often do employees get engrossed in a project, and then lose track of their own body? Encouraging workers to keep changing their position is essential, even if it just involves very minute shifts. They also need to be encouraged to shift into positions that are appropriate for the tasks they are doing and to consider possible sit-stand options.

Take Frequent Microbreaks

Many employees, when asked about their "breaks," will confess they rarely take them. They need to know that the lack of breaks can actually lead to problems and cut down their productivity in the long run. Taking breaks before, not after, tension sets in, is particularly important. It is too late to take a break once the pain has begun.

Even breaks that last only a few seconds in duration can make a significant difference, if they are taken frequently enough. What can be done during such microbreaks?

Brief ideas include gently shaking out or stretching a limb, squeezing one's shoulder blades together, leaning back in the chair, blinking or closing one's eyes, or taking a deep breath. During longer breaks encourage workers to briefly leave their workstation and move more actively.

Incorporating SCA body and movement awareness suggestions into ergonomic training can be a major key to avoiding injury and to promoting comfort, effectiveness, and productivity—for workers and managers alike.

About the Author

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BOOK REVIEWS

TENDON AND LIGAMENT HEALING: A New Approach Through Manual Therapy

(William Weintraub, North Atlantic Books, Berkeley, Calif., 1999)

Reviewed by Ruth Lowengart, MD, MS Occupational Medicine, Medford, Oregon, phone: 541-776-5111

Don't even think about reading more than one chapter of this book unless you are a skilled osteopathic manual therapy practitioner with skills in cranio-sacral and visceral manipulation. Weintraub also uses strain-counterstrain, myofascial release, zero balancing (a technique based on acupuncture), and body-mind centering. I am not personally familiar with the last two approaches.

If you can find a practitioner who is familiar with all of these techniques or most of them, you've found yourself a rare (1 in a 1000 or less) manual therapist. Get this practitioner to read this book, and you may experience exceptional results, far beyond the traditional medical model of treatment or even the current standard of excellence for most chiropractors, osteopaths, and manual physical therapists.

If you are a therapist with some or all of these skills, read this book. The basic principle of Weintraub's therapeutic approach is to specifically and directly alter the structure of the tendon/ligament, including its

microstructure (i.e., fiber realignment). He mobilizes the joints around the ligament/tendon (e.g., wrist and thumb joints for a thumb tendon) and addresses the spine in relationship to the extremity (e.g., the neck and upper thoracic area for the upper limbs). He addresses excessive muscle tensions and fascial pulls that put strain on a tendon or ligament. In addition, he discusses restoration of blood flow and blood/lymph drainage. He also addresses the cranial and visceral (abdominal and thoracic) structures and their associated inherent rhythms to remove connecting fascial pulls on the injured area.

Weintraub brings out the important interrelation of the nervous system and the musculoskeletal system. Although this concept is obvious to any manual practitioner with osteopathic or chiropractic background, the standard medical practitioner remains oblivious to its importance in most "tendinitis," chronic strain, or RSI. Weintraub's sophisticated and elegant methods address more than just releasing pressure on the affected nerve root in the spine and peripheral nerve. He discusses reducing excessive proprioceptor activity (feedback from the brain about position of joints) using counterstrain techniques. He uses cranial and visceral manipulation techniques to reduce tension in the fascia that can pressure nerve supplies to an injured area, and to reduce excessive sympathetic nervous tone in a region. He then harmonizes the area with the cranial rhythmic impulse.

His chapter on self-help strategies is the only section suitable for the lay public. He recommends the following:

- Splints are often unnecessary
- If you suspect you have major tearing of a ligament or tendon, have it assessed
- Adequate rest is vital to recovery
- Maintain good nutrition and consider appropriate vitamins, herbs, minerals, homeopathic remedies, and proteolytic enzymes
- Certain Chinese and homeopathic topical preparations can be helpful
- Prevent swelling by elevation, ice, or various anti-inflammatory supplements
- Enhance circulation with contrast baths, periods of gentle movement, and overall aerobic exercise
- Learn to experience full relaxation of the effected area
- Improve body mechanics
- Reduce excessive muscle tension around the area
- Use passive stretch methods
- Resistance exercise can be beneficial to restore stability

Weintraub does not offer a cookbook approach. Even the most skilled therapist could not take the book and reproduce his success without extensive previous training in the techniques he discusses. I think the main value of the book is to open the eyes of the semi-disbelievers and the already believers who never thought about applying new approaches in treating this type of injury. Unfortunately, his book is so eclectic that the true disbelievers will not bother to read it. To the holistic practitioners among us, the book reinforces our belief that practitioners who treat only the areas where patients feel pain are indeed lost. There are always distant sites in the body that influence the apparently injured area, and if those are not treated, results will be incomplete.

About the Author

Dr. Ruth Lowengart is a holistic, hands-on occupational and orthopedic medicine specialist in private practice in Medford. She has had training in osteopathic manipulation, including cranio-sacral therapy, visceral manipulation, myofascial release, and counterstrain, among other modalities. She also does extensive evaluation and treatment with nutrition and diet. She previously worked as a physician at the Alta Bates Hospital Occupational Medicine Clinic in Berkeley, California.

HEALTHY COMPUTING WITH MUSCLE BIOFEEDBACK: A Practical Manual for Preventing Repetitive Motion Injury

by Erik Peper and Katherine Hughes Gibney

This book debunks what the authors call the "myth" of repetitive strain injury with insight gained from research, observation, and working with clients and corporations. The authors note that muscle groups

are used repetitively all the time without injury, and think this is merely one of the factors that contribute to what they call "computer-related disorders."

Peper, a behavioral psychologist and internationally renowned biofeedback specialist who directs the Institute for Holistic Healing Studies at San Francisco State University, believes "Ergonomics doesn't provide all the answers. You can be working in the 'optimum ergonomic position' and still be tense." He attributes computer-related disorders to inappropriate muscle tension. Studies by Peper and his colleagues show that people working at a computer often raise their shoulders and breathe more shallowly and quickly, resulting in one or more of a host of symptoms that could lead to disabling conditions: arm and shoulder numbness, pain and/or tingling in the wrist or arm, neck and back pain, or eye strain. Their solution is for individuals to retrain their work habits.

The program described in the book uses a portable surface electromyograph (sEMG) to help identify work patterns that contribute to unhealthy behavior. The sEMG provides auditory feedback from electrodes placed on the skin. The electrodes monitor a muscle's bioelectrical activity when it contracts and produce signals that emit a range of pitches. The tenser the muscle, the higher the bioelectrical activity and the higher the pitch that the monitor emits. This signals inappropriate muscle tension, and the need to relax the muscles being monitored. The sEMG returns to its normal level when a muscle relaxes, helping the computer user identify what is required to maintain relaxed muscles.

Co-author Hughes Gibney believes these sEMG monitors have several advantages: they help employees retrain their computing habits; help companies determine which employees are most at risk and thus a priority for the program; and help those who have gone through the training maintain healthy habits.

The book methodically outlines training modules, providing a clear and systematic approach to understanding and preventing computer-related disorders. The beginning sections focus on assessment and measurement of upper-extremity musculoskeletal stress, and include practical techniques and instructions for using portable sEMG monitors at various worksites. The next section describes techniques for monitoring responses to a set of standardized biofeedback exercises. The standardized protocols Peper and Hughes Gibney developed are designed to increase muscle awareness during computer use, and represent a significant advance for assessment, treatment, and training. Until now, the lack of standardization made the task of eliminating CTDs quite difficult.

The authors suggest several approaches for replacing old computing habits with healthy ones and for taking the guesswork out of ergonomic evaluations. The text flows logically and reads easily, with clear illustrations on electrode placement. This book will find a natural audience among ergonomists, physical and occupational therapists, psychologists, physicians and osteopaths, chiropractors, body workers, and other health practitioners who work with somatic disorders.

Healthy Computing with Muscle Biofeedback: A Practical Manual for Preventing Repetitive Motion Injury, is published by the Biofeedback Foundation of Europe, and is available from Work Solutions USA, 2236 Derby Street, Berkeley, CA 94705; e-mail worksolusa@aol.com; fax (510) 658-9801. The cost is US\$29.95 plus shipping and handling (US\$5 for the U.S. and Canada; US\$20 international); California residents add applicable sales tax. For quantities of six or more, contact Work Solutions USA for price information.

NEWS ITEMS

OSHA's Ergonomics Rule Praised by Many, Attacked by Others

(NYCOSH Update on Safety and Health, November 30, 2000; <<http://www.nycosh.org>>)

The OSHA ergonomics standard has been at the center of controversy for more than a decade, and its final publication on Nov. 14 did nothing to calm the dispute. Even before the rule was formally published, it was hailed by unions and safety and health activists and vilified by some employers and members of Congress.

"OSHA's final ergonomics standard is the most important worker safety action developed in the agency's history," said AFL-CIO President John Sweeney, adding, "We will do everything necessary to defend this important worker protection measure from certain political and legal attack by corporate opponents and anti-worker members of Congress."

The attacks that Sweeney predicted came swiftly. At least five employer Groups—the National Association of Manufacturers (NAM), the American Insurance Association (AIA), the U.S. Chamber of Commerce, the American Iron and Steel Institute and the National Coalition on Ergonomics—filed separate federal lawsuits asking that the courts invalidate the rule. A NAM spokesperson said that the rule is "too broad, overly vague and unsound scientifically," and "you [referring to OSHA] cannot do something this big this fast and still do it right."

One lawsuit against the standard was filed by 12 large workers' compensation insurance companies represented by AIA. According to AIA, the standard will interfere with what it describes as "the current and successful workers' compensation system" by requiring employers to pay a worker with an ergonomic injury at least 90 percent of the worker's normal wage for up to 90 days. According to AIA, the standard's pay requirement will "impede efforts to promptly return the injured worker to the job." In addition, the insurance companies object that "liberalization of benefit levels result in increases in the number of [workers' compensation] claims and the duration of benefits paid. Adoption of the ergonomics standard thus will have a spillover effect on state systems by increasing the frequency of claims."

Some Republicans have said they will try to use the unusual post-election session of Congress, which convenes Dec. 5, to prevent the rule from going into effect. "We still have 60 days from the time they publish the rule before they can implement it," said Sen. Mike Enzi (R-Wyo). "It's hard to predict what will develop during those 60 days, but I will be doing what I can to lessen and eliminate the damage this rule presents."

In addition to the AFL-CIO, many unions and other organizations, including the United Auto Workers, the United Food and Commercial Workers (UFCW) and UNITE!, have announced their support for the ergonomics standard and their commitment to preventing attempts to interfere with it. Several labor organizations—the AFL-CIO and the Oregon AFL-CIO, UFCW, the International Brotherhood of Teamsters, UNITE! and the United Steelworkers—have filed federal lawsuits asking the courts to order OSHA to strengthen the rule. The unions object most strongly to the fact that employers will have almost no obligation under the rule until one of their employees has sustained a documented ergonomic injury. No other OSHA rule is similarly ineffective until after an injury has occurred.

Under federal court rules, all the lawsuits, pro and con, will be consolidated into a single action in one federal court. The court where the case is heard will be chosen by lottery from among all the courts, scattered across the country, where the lawsuits have been filed. Any of the groups that has filed suit could ask the court for an injunction that would prevent the rule from going into effect until after the lawsuits have been resolved, but none of the litigants has yet made such a request for a stay. If the final rule goes into effect on Jan. 14, as scheduled, it will give employers nine months to gear up for it, so no one will be required to do anything to comply with it until Oct. 14, 2001.

One professional organization that had supported OSHA's ergonomics rulemaking the American College of Occupational and Environmental Medicine (ACOEM), which represents 7,000 specialist physicians announced that it opposes the final rule published by OSHA. One aspect of the rule that is unacceptable to ACOEM is the rule's failure to require that a physician be involved in the diagnosis of ergonomic injuries. ACOEM vice president Edward Bernacki, MD, explained that ACOEM wants workers to receive the best possible care for work-related injuries, "which they won't get from one of these medical mills." Bernacki pointed out that expert diagnosis was essential for the protection of the worker: "I'm worried about the one case of back pain in a hundred that is a symptom of metastatic cancer, or the carpal-tunnel syndrome that is caused by a brain tumor, even in a worker who is definitely exposed an ergonomic hazard."

The OSHA rule does not require any professional diagnosis of an ergonomic injury, allowing an employer to determine whether an worker's injury is the result of an ergonomic hazard. Under the rule, if an employer decides that an injury is not related to ergonomics, an employee has the right to obtain a contrary opinion from any licensed health care provider (including, in some states, a nurse or physician's assistant). If the employer does not accept that opinion, then the employer and the worker's health care provider would choose a third party who is a licensed health care provider, but not necessarily a physician, whose opinion would be binding on the employer and employee.

Several professional organizations—including the American Association of Occupational Health Nurses and the American Society of Safety Engineers—have voiced critical support for the rule. Each organization issued a statement that strongly supports OSHA's effort to protect workers from ergonomic injuries, but criticized aspects of the rule, including its lack of emphasis on prevention of injuries and its mandating employer participation in diagnosing ergonomic injuries.

"The next six weeks will be critical for the ergonomics standard," said NYCOSH Executive Director Joel Shufro. "Republicans in Congress are certain to try to reverse OSHA before the courts can hold a hearing. Members of Congress need to hear their constituents tell them how important this rule is and how many crippling injuries that it will prevent. I urge everyone to telephone or write their Representative and Senators with the message, 'Don't interfere with the ergonomics standard!'"

Letters that can be printed out or e-mailed to members of Congress are available on the home page of the NYCOSH website at <<http://www.nycosh.org>>. For additional, updated information on the ergonomics rule, visit "The Clipping File," part of the Health & Safety News section of the NYCOSH website.

NIOSH Study on Regular, Short Rest Breaks

Report from the Summer 2000 issue of "FYI: Health and Safety for Office Workers," published by the Labor Coalition, Ithaca, NY. The US National Institute for Occupational Safety and Health (NIOSH) has recently released a study showing that regular short rest breaks can reduce eyestrain and musculoskeletal discomfort for computer operators without reducing productivity. Workers who took four 5-minute rest breaks spaced throughout the work day, in addition to their regular two 15-minute breaks, consistently reported less eye soreness, visual blurring, and upper-body discomfort than those who just took the two 15-minute breaks. Quantity and quality of work in both groups was the same.

RSI Day Events/News

This is a reminder that the Second Annual International RSI Awareness Day is February 28, 2001. This year, groups in 14 or 15 countries organized events and campaigns, both small and large. The effectiveness of the European campaigns can be seen in the recent releases below about findings and policy changes. As before, overall organization and planning for International RSI Awareness Day will take place via the RSI Day e-mail mailing list. Join/Subscribe at: <<http://www.egroups.com/subscribe/RSIDay>>. Remember, work shouldn't hurt!

Europe's Back Hurts

European Agency for Safety and Health at Work—Press Release, Bilbao, Spain, 25 October 2000
According to a European Agency report, work-related low back disorders will affect between 60% and 90% of people during their working life. Up to 42% of workers may be suffering at any one time. Although more than 60% of workers recover within 6 weeks, the consequences are a significant loss in working time and a reoccurrence rate of between 20% and 44%. Workers in all types of jobs and employment sectors are affected including construction and agricultural workers, nursing staff and cleaners. The social and economic impact on Europe of such a prevalent work-related illness is considerable.

The report "Work-Related Low Back Disorders" covers both low back pain and low back injuries, which are a significant and increasing problem in Europe. The report identifies key findings on the prevalence, origins, work-related risk factors and effective prevention strategies for low back disorders, as well as the main work factors that increase the risk of low back disorders:

- Physical aspects of work such as heavy physical work, lifting and handling of loads, awkward postures, whole body vibration

- Work organisation factors such as poor work organisation and low job content
- Psychosocial work-related factors such as low social support and low job satisfaction.

For more information and the report's recommended workplace prevention strategies in English (and a short summary fact sheet in several languages), see the following webpage references:

<<http://agency.osha.eu.int/publications/reports/lowback/>>;
<<http://agency.osha.eu.int/publications/factsheets/>>

The Agency has also published a second report which provides an "Inventory of Socio-economic information on work-related Musculoskeletal Disorders" and includes details about the work-related aspects of MSDs, medical and rehabilitation costs, short term and long term absence due to MSDs, the likelihood of resuming work after absence due to an MSD and the cost incurred by enterprises through MSD cases. This is also available at the Agency website at the following reference:

<<http://agency.osha.eu.int/publications/factsheets/facts9/>>

Work-Related Musculoskeletal Disorders Are Fast Becoming the Greatest Health and Safety Challenge for Europe

European Agency for Safety and Health at Work—Press Release 17 November 2000

<http://agency.osha.eu.int/news/press_releases/001117/>

This is the main conclusion of the European Week for Safety and Health at Work, with Musculoskeletal Disorders (MSDs) accounting for up to 40 or 50% of all work-related ill-health and affecting over 40 million European workers. Europe's competitiveness is being considerably reduced by the social and economic impact of this increasing work-related disorder. Some estimates in the UK put costs to companies at between £5,251 and £11,498 per reported case. Estimates in several member states indicate that the overall costs could be between 0.5% and 2% of Gross National Product, which is a significant burden on the EU economy. In the case of MSD prevention, it is clear that a healthy workplace could also contribute to a healthy business environment. (See the release for more details.)

Job Strain Is Now Illegal in Scandinavian Countries

As reported November 7 by Rory O'Neill, editor of Hazards magazine (UK) and a major campaigner against repetitive strain injuries throughout Europe, "job strain is now illegal in Scandinavian countries.

The Job Stress Network website (well worth a visit) now has a page [that] . . . gives links to laws and related materials from Denmark, Norway and Sweden." The Job Stress Network site is

<<http://www.workhealth.org/>>; see specifically <<http://www.workhealth.org/prevention/illegal.html>>.

Musculoskeletal Disorders and Disabilities in the Workplace: Ergonomic Prevention and Accommodation

December 14-15 Conference in Burlingame, California

This is an annual program sponsored by the University of Michigan (Center for Occupational Health and Safety Engineering, and the Rehabilitation Engineering Research Center) and the University of California (Center for Occupational and Environmental Health), which are both NIOSH-sponsored education and research centers. Continuing education credits will be given to physicians, qualified medical evaluators, nurses, industrial hygienists, and safety professionals. For information contact the Center for Occupational and Environmental Health Continuing Education Program, UC Berkeley, by phone (510-231-5645) or fax (510-231-5648).

Change in California Telephone Access Program

CTAP is changing three features in how services are provided to people with disabilities who need specialized telephone equipment:

1. New toll-free customer service numbers: 1-800-806-1191 for voice, in English and Spanish; and 1-800-806-4474 for TTY
2. Six new customer service centers
3. Extended business hours for customer service, including evenings and Saturdays

PRODUCTS

EasyMotion CPM

<<http://www.activeinput.com>>

This year has seen the debut of an innovative oscillating keyboard platform by Active Input Solutions. They have combined the therapeutic benefits of Continuous Passive Motion (CPM) with the ergonomically correct range of motion where the user remains passive while the machine does all the work. The CPM modality is used extensively in the medical field, primarily by physical therapists, to heal muscles, ligaments, soft tissues and joints. CPM helps to relieve static muscle tension, vascular stasis (low blood flow), ligamentous rigidity (stiffness) and edema (pooling of fluids) to promote health and healing.

The Keybowl

<<http://www.keybowl.com>>

The Keybowl keyboard represents an entirely new method of typing. It is the first keyboard that totally eliminates finger motion and wrist motion. It is also the first ergonomically designed keyboard geared to all typists, especially those with Carpal Tunnel Syndrome (CTS) or other physical upper extremity disabilities.

Key Features Include:

- Total elimination of finger movement while typing and navigating
- Minimization of wrist movement
- Easy to learn
- A solution to help combat carpal tunnel syndrome (CTS) as it relates to typing
- Allows people with upper extremity disabilities an ability to effectively type and navigate computer systems with little or no pain
- Extensively researched keyboard. Visit their ergonomic research section to learn about the development of the Keybowl

The Keybowl's target launch date is December 2000 with a price of \$399 and a 20% pre-order discount.

ErgoCat Hand Support System

<<http://www.ergodevices.com>>

The movable ErgoCat Hand Support is a soft yet supportive, low-profile device that surrounds the mouse, raises, and slightly rotates and cushions the palm of the right hand while allowing the fingers and hand to move independently to control the mouse. Included is a hard-surface, ultra-thin mousepad that provides superior mouse ball tracking and minimizes the effort to move the mouse and your hand. If you are unable to order this product from the developer's home site, go to <<http://www.google.com>> and search for ErgoCat.

BioRelief

<<http://www.bioergo.com>>

BioRelief is a breakthrough, self-administered massage device designed for people suffering from repetitive strain injuries (including carpal tunnel syndrome, tennis elbow, and tendinitis) to the forearm, wrist, hand, and elbow who are willing to promote their own health.

Fingerweights

<<http://www.fingerweights.com>>

This new product was designed to help prevent repetitive strain injuries. A good portion of the population is faced with RSI every day, such as musicians, computer users, sports and fitness enthusiasts. Fingerweights provides weight-training rings for musicians, computer users, arthritis sufferers and sports and fitness participants. Helps condition the fingers for injury prevention and also provides pain management and flexibility through exercise for arthritis sufferers.

READING

Worker Health Chartbook, 2000

DHHS (NIOSH) Publication No. 2000-127
<<http://www.cdc.gov/niosh/00-127pd.html>>

This brings together into one comprehensive and comprehensible guide the patchwork of systems that monitor occupational illness and injury. A primary goal in compiling the chartbook was to create a resource that could be used by anyone interested in workplace safety and health.

Workplace Health & Safety Publications—Ergonomics

Alberta Human Resources and Employment Factsheets Available for Download
<<http://www.gov.ab.ca/lab/facts/ohs/#erg>>
<<http://www.gov.ab.ca/lab/facts/ohs/downohs.html#ergo>>

The Illusion of Efficiency in Workers Compensation Reform, by Martha T. McCluskey

An excellent article on workers' compensation for the Rutgers Law Review. Ms McCluskey is a law professor at University of Buffalo law school and a member of Injured Workers of New York, Inc. It is available by calling: 973-353-5391 or 973-353-5460. It costs about \$10-\$15.

Safety Tips for Home-Based Workers

<<http://www.safetyonline.com/read/nl20000505/129364>>

Home-based office workers, whether telecommuting or self-employed, face a number of hazards in their daily routines. To meet the needs of this growing segment of the workforce, the American Industrial Hygiene Association (AIHA) has released a consumer brochure covering home office safety. "There's No Place Like Home ... for Workplace Safety" covers a range of topics from indoor air quality to choosing the correct computer chair. The brochure is one of the first, if not the first, devoted exclusively to the home office. A Spanish-language version is expected in June.

FROM THE NETWORK—LETTERS, POSTINGS, ETC.

Letter Carrier's Carpal Tunnel and Tendinitis

As a letter carrier for the post office I have suffered and continue to suffer from symptoms related to carpal tunnel syndrome and elbow tendinitis for approximately 5 yrs. In varying levels of pain, from moderate to extreme and debilitating at times. Most of my pain was relieved after wearing a strap around the tendon of my elbow designed to reduce constant motion of the tendon and with my carpal tunnel the hand/wrist wrap or brace helps a lot. Although I've heard wearing the wrist brace at night while asleep is helpful I have yet to try doing that. I have found also that other methods of treatment or exercises have helped, which include a method I was reading about in a book in my chiropractor's office designed for chiropractor's to help their patients with. Although my chiropractor had not yet shared this information with me, which was reverse wrist curls with light to moderately weighted dumbbells, this is of course for helping with the carpal tunnel. Massaging my elbow tendon aggressively seems to help relieve some pain. Of course these are things that must continuously be done, especially if one continues to subject them to repetitive motion. I find it puzzling that since there are constantly growing numbers of postal workers suffering these painful symptoms there is no effort to educate the workers by the postal service as to ways to combat these problems. I noticed that my symptoms occurred after automation of letter processing came into force, requiring a dramatic increase in repetitive motion especially in my craft as a letter carrier. Well, I hope my sharing this little bit of information can help someone with relief of their pain. Maybe I'll E-"MAIL" the P.O. now.

Benefiting from Carpal Tunnel Surgery?

Is there any way I could find out from your readers, or other sources, how many people who have had CT surgery that actually benefited them? When I had my first surgery in 1995 not much was heard about CTS. Since I have had three subsequent surgeries, two for CT redo (with a hypothenar fat flap, also) and an ulnar nerve transposition (due to a mistake that the doctor made) and have to wear a wrist brace continually, people constantly approach me with questions about my disability. They often tell me that

they know someone who has had CT surgery and that the problem usually returned within a year or two. I have been looking for answers, as I have CTS in my left hand also (just hunting and pecking to type this has my hand cold and numb). How could I possibly consider surgery on my left hand when I no longer have much use of my right? I would appreciate any info you could send me.
Sincerely, Carol Jovanovich, botncarol2@aol.com

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