

RSI & OVERUSE INJURY ASSOCIATION OF THE ACT, INC.

BUDGET SUBMISSION FOR 2018/19



Submitted: 23/10/2017

SUMMARY

The RSI & Overuse Injury Association of the ACT is applying to increase its annual grant from \$27,000 to \$154,000 in order to meet the need for a more comprehensive service encompassing a wider range of activities in the areas of prevention, support and safe return-to-work.

WHO WE ARE

The RSI & Overuse Injury Association of the ACT was founded in 1984 and we are now Australia's only support group for people with RSI. Our aims are to help anyone with RSI to manage their condition successfully and to work for the prevention of overuse injuries. We currently have over 100 ACT members, as well as over 50 members elsewhere in Australia.

WHAT IS RSI?

Repetitive Strain Injury (RSI), otherwise known as Occupational Overuse Syndrome (OOS), is a work-related injury to the arms, neck and/or shoulders, which often results in lasting disability, chronic pain, and depression.

HOW MANY PEOPLE ARE AFFECTED BY RSI?

RSI is still very common - in fact, as common as diabetes. *The Lancet*, the world's leading general medical journal, estimated that 5 to 10 per cent of the general population have an overuse injury severe enough to limit normal daily activities.¹

RSI affects workers across a broad range of industries, but some that are well represented in the ACT are particularly vulnerable to overuse injuries:

- **Public Servants**
 - 80% of public servants have suffered from at least one symptom of an overuse injury²
 - 79% of managers and senior executives report neck pain
- **Dentists**
 - 87% of dentists experience at least one symptom of musculoskeletal disorder.³
- **Nurses**
 - 44.6% of nurses suffer from neck and/or shoulder pain⁴

WHY DO PEOPLE WITH RSI NEED SUPPORT?

RSI has a profound impact on people's lives: sufferers are often unable to work, drive or contribute fully to family life. Women with RSI struggle to raise their children – some even make the painful decision not to have children because of their condition.

Disadvantaged groups are more likely to be affected by RSI: women, casual workers, young people and people with less education. They are

- more likely to get RSI,
- more likely to be seriously affected and
- less likely to apply for workers' compensation.

If they do apply, they are less likely to be successful and to remain in the workforce.⁵
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Musculoskeletal disorders like RSI, including neck pain, are one of the three main contributors to years lived with disability throughout the world.⁸

These vulnerable and disadvantaged workers need the support we offer to manage their condition and to stay at work.

RSI AND WORKERS' COMPENSATION

Musculoskeletal problems are the most common work-related problem **not** claimed on workers' compensation.⁹

RSI IN THE FUTURE

Because today's children are exposed to computers at an early age, RSI is likely to be even more common in the future. Intensive use of devices like laptops and notebooks as well as mobile phones is already leading to musculoskeletal problems in childhood. According to experts, "Without some form of ergonomic intervention, these students are likely to enter the workforce with poor computing habits, which places them on the road to future injuries as technology continues to play a dominant role in their lives."^{10 11}

Many children and adolescents are already affected by the increased computer use in their daily lives. In a study of computer use among Australian adolescents, 46.7% had experienced neck and/or shoulder pain and 28% had neck and/or shoulder pain in the last month.¹²

HOW WE HELP PEOPLE WITH RSI

Our Association empowers and supports consumers to coordinate their own care, one of the primary goals of the ACT Primary Health Care Strategy (p21). We also play an important role in increasing health literacy, "an emerging indicator of health outcomes"(p24).

Dealing with pain, finding effective treatments and managing workers' compensation are the most urgent needs of people with RSI. We help them deal with these issues by providing:

- information on for pain management strategies
- referrals to specialists and other therapists
- evidence-based treatment information
- peer support

Our quarterly newsletter is highly valued by our members, who also appreciate our telephone information and referral service, our website and the expert guest speakers we provide.

HELPING MEMBERS STAY AT WORK

We also help people with RSI **stay at work** by providing assistance with voice-operated computing, the opportunity to try out a range of ergonomic devices and advice from experienced peers.

CURRENT CHALLENGES

Our current challenges include:

- High demand for services, only met through paid staff working unpaid hours
- Limited ability to carry out activities in the field of RSI prevention
- Unsustainable demand on staff to put in extra volunteer hours
- Missed opportunities to provide consumer input into important national and local enquiries
- Limited ability to update resources and website

THE DEMAND FOR OUR SERVICES IS HIGH AND DIFFICULT FOR US TO MEET

Over the last two years, demand for referrals and telephone information has risen steadily. As well, 10,000 people access our website each year and 350 people have attended our events over the last year.

At our recent pain symposium 'Getting on Top of Pain', there was very high demand from the public and the event was quickly filled weeks before it was held.

MISSED OPPORTUNITIES

Because of our very limited resources, we are not always able to take up opportunities for consultation that are important to our members and to the nation. Since we are the only RSI Association in Australia, our participation in enquiries and consultations on workers' compensation, medical research and work safety has much to offer because we can give a consumer point of view that no one else is able to present.

UPDATING RESOURCES

The Association has produced a number of high quality and comprehensive resources to assist in the prevention and management of overuse injuries, including our website. However, we are unable to update these resources regularly with new information and resources at our current funding level.

SUSTAINABILITY

The sustainability of the organisation in the long term is doubtful. Although there is a very high need for our services, current funding levels are inadequate to support those services.

WHAT THE ORGANISATION NEEDS TO BE SUSTAINABLE AND MEET THE NEED FOR SERVICE

The organisation needs secure, long-term funding at a sufficient level to attract qualified staff and to open the office for four days a week so that we can provide an accessible, high-quality, sustainable service to our members and to the community.

Increased funding to \$154,000.00 per year would enable us to:

1. expand our current two-day a week service to four days a week,
2. run day-long workshops for people with RSI (similar to those run by the Dutch RSI Association) to help them establish a treatment regime and stay at work or find employment
3. employ a prevention educator to carry out safer computing programs in schools and workplaces, for which there is a proven demand
4. employ a member support officer who would:
 - maintain our website and update it with the latest research
 - organise more frequent guest speakers and events
 - expand and update our written resources and
 - provide intensive targeted assistance to those members who need it, for example by providing an expanded referral service, introduction to voice-operated computing and in-home advice when appropriate.

See **Appendix 3** for more details.

THE NEED: RSI & OVERUSE INJURIES IN AUSTRALIA

Repetitive Strain Injury (RSI), otherwise known as Occupational Overuse Syndrome (OOS), is a work-related injury to the arms, neck and/or shoulders, which can result in disability and chronic pain. It is still very common: *The Lancet* estimated that **5 to 10 per cent** of the general population have an overuse injury severe enough to limit normal daily activities.¹³

According to SafeWork Australia, overuse injuries account for 12.85% of serious claims¹⁴, affected workers lose on average 8.4 weeks of work, the second-highest time lost due to injury. They are also awarded the highest median compensation amount.

The need for a support group for workers with RSI is acute, because the most disadvantaged workers are the most seriously affected. Women, casual workers, young people and people with less education are more likely to get RSI, are more likely to be seriously affected and tend not to apply for workers compensation. If they do apply, they are less likely to be successful and they are less likely to remain in the workforce.¹⁵

THE IMPACT ON INJURED WORKERS

Work

People with RSI often have to face the prospect of financial insecurity and unemployment in their working lives. For example, 26 per cent of injured sonographers had reduced their work hours and 30 per cent had taken time off work. Twenty percent had to stop working in the field.¹⁶

Home

Injured workers' home lives are affected too, with 84 per cent of injured workers saying that their pain interfered with activities at home as well as at work¹⁷. It's often difficult or impossible to carry out everyday tasks like cooking and cleaning and even caring for one's children. (That's why we put together a booklet to help parents with RSI manage caring for their babies.)

Pain

Pain is an urgent problem for many people with RSI, with 65 per cent of injured workers saying that their pain was so intense that it made it difficult to sleep.¹⁸

Mental Health

Like other people with other chronic conditions, it's common for people with RSI to become depressed. In fact, studies have shown that people with MSDs (including RSI) have more than double the rate of depression of the normal population.

Cost: The cost of RSI has been estimated at between 0.5 per cent and 2 per cent of G.N.P.¹⁹

HOW WE HELP

Our Association is the **only** support organisation for people suffering from RSI in Australia.

We help people with RSI in a number of positive and practical ways:

- Our comprehensive **website** (www.rsi.org.au) contains extensive information for people with RSI and overuse injuries. In 2017, we updated our website with a number of new 'Helping Hand' sheets including material on safer computing and apps for stress management.
- Our quarterly 16-page **newsletter** includes information on current treatments, reviews of the latest products, tips and tools to make life easier and the latest medical research.
- Our **telephone referral and information service** is available to members seeking information on any issue related to RSI including information on therapists and doctors recommended by other members.
- We organise **events** for members and the general public, such as social events, seminars and conferences with guest speakers, exhibitions and courses on voice-operated computing and chronic condition self-management. (Full details on our events in 2016/17 can be found in appendix 2)
- We regularly update our **Facebook Page** with articles of interest to our members and others with RSI. These include reports on developing treatments and advice to handle pain and stress.
- Our members have the opportunity to **try out the latest ergonomic devices and tools**, for example, clickless software and different types of ergonomic mouse.
- We have published three **books** which are available from our website:
 - RSI – A Self-Help Guide (196 pages)
 - Moving on with RSI (20 pages)
 - Pregnancy and Parenting with RSI and Other Arm Problems (22 pages)
- We offer information sheets and booklets on topics such as:
 - Managing daily life with RSI, including everyday activities like cooking, gardening and washing
 - Assistance to stay at work, including safer computer use, such as safer mousing, clickless software and voice-operated computing
 - Effective treatments for overuse injuries
 - Emotional health issues affecting people with RSI

ADVOCACY

We advocate for people with OOS in a number of ways, for example writing submissions to national enquiries relevant to the organisation and our members. Recent activities include:

- A submission to The Australian Human Rights Commission's 'Willing to Work: National Inquiry into Employment Discrimination into Older Australian and Australians with a disability' consultation. (2015)
- Our director was a consumer representative on ComCare's 'Health Benefits of Work' project on return-to-work case conferences. (2016)
- A submission to the ACT Legislative Assembly's 'Inquiry into the Employment of people with disabilities'. (2017)

PREVENTION ACTIVITIES

- We researched and wrote an article on safer computing for children for ParentACTion, the newsletter for the ACT Council of P&C Associations. (2016)
- Presented at a meeting of the ACT Council of P&C Associations on Children and Computing. (2017)
- We gave four free workshops on safer computing training at a number of workplaces in the NGO sector. (2016)

OUR RESOURCES

An annual grant from ACT health of \$26,280 provides our core funding. Memberships and donations provide us with approximately another \$2000 every year. Apart from that, what keeps us going is the dedication of our staff and volunteers and the involvement of our members.

PAID STAFF

We have two paid staff: a Director and clerical assistant. The Director is paid for five hours of work a week and works at least that number of hours each week as a volunteer. The clerical assistant works for seven hours a week.

VOLUNTEERS

The Association benefits from a number of volunteers who do graphic design, editing, writing and translating for us. However, our ability to use volunteers is limited by the following factors:

- our office is small, with only one computer available for volunteers
- almost all of our members are too disabled to carry out the type of work that would assist us (for example, word-processing, research on the computer, newsletter mailouts).

GRANTS

We have had extensive experience in successfully managing grants and acquitting funds. Our Association received a number of grants from HealthPact and ACT Health, all of which have been carried through successfully and fully acquitted. These include:

2003-04: we carried out a "Healthy Computing in Schools" program in over 20 ACT schools, with presentations by the Project Officer, a newsletter, posters, stickers and leaflets

2003: we received a grant to write and print a booklet "Pregnancy and Parenting with RSI" to assist new parents struggling with the condition. This was updated in 2009.

2004: a grant enabled us to organise a careers course for our members, entitled "Moving Forward with RSI".

2009: we successfully applied for a grant to redesign our website to make it more accessible for people with a disability who use voice-operated computing.

2012: we received a grant from ACT Health to help improve our members' emotional well-being through a series of seminars.

2013-2017: There has been a major change to the focus of ACT Health grants, which has shifted to obesity prevention and healthy eating. This means that we have been unable to apply for grants that are relevant to our members over the last five years.

PARTICIPATION IN THE ACT COMMUNITY

OUR KEY PARTNERSHIPS

- Health Care Consumers
- ACT Chronic Conditions Alliance
- ACT Council of Social Service Inc (ACTCOSS)
- Volunteering ACT
- Pain Support ACT
- Arthritis ACT
- PainAustralia
- Pain Support ACT

The Association is an active participant in the ACT self-help community.

PRESENTATIONS

We give regular presentations to community organisations on safer computing and have partnered with local and national organisations to present educational events.

These include:

Chronic Conditions Alliance Seminar Series

We are a foundation member of the Chronic Conditions Alliance Seminar Series, assisting in the organisation of guest speakers each month and being responsible for at least one presentation each year.

International links

The Association has strong links with other RSI Associations overseas, in particular the Dutch RSI Association and the UK RSI Association. Our Director has attended international conferences with representatives of these two organisations and has presented at their conferences. Attendance at these events has, however, been carried out entirely at her own expense. We exchange ideas and expertise and our articles are frequently translated for use in the Dutch RSI Association's newsletter.

MEMBERS' FEEDBACK

Some of our most recent workshops on chronic pain and mental health received very positive feedback. Our pain symposium 'Getting on Top of Pain' was highly successful and feedback was unanimously positive:

- 100 per cent of attendees found the event helpful, informative and clear
- 27 per cent reported they had learned new strategies to deal with anxiety and depression
- 21 per cent reported they had some ideas about how to improve function
- 100 per cent agreed that the content was relevant to them

Comments from attendees showed that the event provided useful and practical advice:

"I feel I have some practical small steps to take away"

"Taking some strategies away to talk to clients about" (A Rehab Provider)

"I learned that using a psychologist will not be a threatening but helpful experience"

"As a family member of a chronic pain sufferer, I found it very informative" (A Carer)

We also received these comments from members:

"You are providing an immensely valuable service. I love receiving the newsletters, even during the periods when my RSI is not bothering me. I also appreciate the events you stage being reported in the newsletter. Thank you for all you do!"

"Excellent newsletter. Very well-run organisation that achieves much with very little resources."

"It's really great that you are there, that RSI sufferers have a voice, that there are people in the same situation and that somebody cares."

GOVERNANCE

The Association is governed by a committee which meets monthly and to which the Director reports. The committee is made up of people with RSI, volunteers who help the organisation and people from the broader community with an interest in work safety.

CURRENT CHALLENGES

Our current challenges include:

- High demand for services, only met through paid staff working unpaid hours
- Unsustainable demand on staff to put in extra volunteer hours
- Missed opportunities to provide consumer input into important national and local enquiries
- Limited ability to update and expand resources as needed

THE DEMAND FOR OUR SERVICES IS HIGH AND DIFFICULT FOR US TO MEET

Over the last two years, demand for referrals and telephone information has risen steadily most quarters.

Attendance at events has been high, with, for example, 86 people coming to our event, 'Getting on Top of Pain', which we organised with Pain Support ACT. There were also many who expressed strong interest but missed out due to space restrictions. This event helped people with RSI and other pain conditions to find ways of managing pain while continuing to be active and independent. This event would ideally be annual, but this is beyond our current resources.

MISSED OPPORTUNITIES

Because of our very limited resources, we are not always able to take up opportunities for consultation that are important to our members and to the nation. Since we are the only RSI Association in Australia, our participation in enquiries and consultations on workers compensation, medical research and work safety has much to offer because we can give a consumer point of view that no one else is able to present. When we do take up these opportunities, we are not always able to take full advantage of them to present detailed and fully researched consumer submissions because we just do not have the resources to do so.

UPDATING RESOURCES

The Association has produced a number of high quality and comprehensive resources to assist in the prevention and management of overuse injuries, including our website. However, we are unable to update and expand these resources as often as needed.

SUSTAINABILITY

The sustainability of the organisation in the long term is highly doubtful. Although there is a very high need for our services, current funding levels are inadequate to support those services.

Our current Director is reaching retirement age and we have little or no realistic prospect of replacing her with someone willing to work the same number of unpaid hours to keep the organisation's services going. The pay rate we are currently able to offer the Director is also unlikely to attract someone with the same high level of qualifications as our current Director. Thus, both the quality and the availability of the Association services are likely to decline.

Moreover, volunteers require supervision and support, which is provided by the Director. Our current office volunteers provide editing, writing and computing skills that are very valuable to the organisation. Whether they would be able to do so at current levels if the Director only worked paid hours is very doubtful.

WHAT THE ORGANISATION NEEDS TO BE SUSTAINABLE

The organisation needs secure, long-term funding at a sufficient level to attract qualified staff and to open the office for four days the world a week so that we can meet the need for education in the prevention of overuse injuries as well as offering a comprehensive service to a wider membership and to the community.

APPENDIX 1

ORGANISATION DETAILS

Name: RSI and Overuse Injury Association of the ACT

Location: Griffin Centre, 20 Genge Street Canberra City

Website: www.rsi.org.au

ABN: 60 223 407 198

Tax Status: Gift-deductible charity

Aims and Objectives:

Aims

- To promote the interest of people with RSI
- To inform and educate individuals and organisations in order to prevent RSI

Objectives

- To empower people with RSI to manage their condition successfully, recover direction and find meaning in their lives
- To inform and educate treating and rehabilitation professionals about the condition
- To provide referrals and advice to assist people with RSI
- To advocate on behalf of people with RSI in order to advance their interests and reduce the stigma of the condition
- To inform and educate the community about the prevention of RSI

History

The RSI and Overuse Injury Association of the ACT was founded in 1984 as the "RSI Support Group". At that time, it was one of many support groups for people with RSI around Australia. However, due to lack of funding, other support groups folded and we are now the only one remaining in Australia.

From 1984 until 1996, the Association was able to open for four days a week and employ a full-time Director, thanks to funding from ACT Health. Funding ceased in 1996 and has since only partly been restored to previous levels in real terms.

Under current funding levels, we are now only able to open for eight hours over two days each week. In spite of reduced funding, we have not only maintained our range of services but also expanded them in some areas, such as our website and information sheets as well as three books.

APPENDIX 2

PUBLIC ACTIVITIES 2016/17

Events for members

Dragon Naturally Speaking Drop-In Clinic

Monday, 8th of August, 2016, 12 pm-2pm.

Voice operating computing trainer, Sue Woodward, gave a presentation for members on the most effective way to use Dragon Naturally Speaking. Members made good use of the opportunity to ask questions and get individual help with Dragon.

Association 2016 AGM

Monday, 21st November, 2016, 12:30pm-1:30pm

Lawyer David Lander gave a talk about Comcare and the AAT in which he updated members on recent developments on Comcare's approach to work injury cases. He also spoke about what's been happening at the AAT. This was followed by an extensive Q&A session, summarized in our Autumn newsletter.

Versailles Tour

14th December, 2016, 3:00pm

Members had the opportunity to meet each other while touring the National Gallery of Australia's Versailles Tour at no charge.

'Medications for Pain' – Ben Gilbert

22nd May, 2017, 12:30pm – 1:30pm

Pharmacist and lecturer at the University of Canberra, Ben Gilbert gave a talk on the best use of medications in pain and members were invited to ask questions and get advice.

Public Events

Visit to the Independent Living Centre

Thursday 18th August 12pm to 2pm, 2016

As part of the Chronic Conditions Seminar Series, the Association arranged a visit to the Independent Living Centre where attendees were given an opportunity to see and ask questions about gadgets and tools available to help them manage activities of daily living.

SHOUT Self Help and Wellbeing Expo

Wednesday, 21st September, 10am to 3pm, 2016, Hellenic Club

We had a stall at the Self Help and Wellbeing Expo where the public could visit, explore our extensive range of Helping Hand sheets and find out about our services.

Getting on Top of Pain

Friday, 21st July, 10am to 3pm, 2017, Southern Cross Club Belconnen

We organised a pain symposium with PainSupport ACT with guest speakers Dr Romil Jane, Medical Director at the Canberra Hospital Pain Management Unit,

Jude King from Capital Pain and Rehabilitation Clinic, Dr Randolph Sparks from the ANU and Claudia Cresswell from Health Care Consumers ACT.

Consultations and Submissions

Submission to the Inquiry into the Employment of People with Disabilities

Monday, 1st May, 2017

We made a submission to the Inquiry into the Employment of People with Disabilities detailing some issues faced by people with upper-body injuries in the public service and some recommendations to improve workplace accommodation.

Meeting with Rachel Stephen-Smith, Minister for Disability, Children and Youth and Minister for Workplace Safety and Industrial Relations

Wednesday, 26th April, 2017

Together with Robert Altamore from People with Disabilities ACT, we met with Rachel Stephen-Smith in her role as Minister for Disability to discuss ways to facilitate the use of voice-operated software in the ACT public service.

Seminars

Public Seminar on safer computing for children for the ACT Council of Parents & Citizens Associations

Tuesday, 28th February 2017

Following our article in the ACT Council of Parents & Citizens Associations' magazine 'ParentACTion' in June 2016, we were invited to give a seminar on issues around the safe use of IT in schools. This was followed by an interview with Emily Baker from the Canberra Times, resulting in a full-page article on 'bring your own device' policies at schools on April 8 2017.

APPENDIX 3
PROPOSED BUDGET

	Budget 2018-19
Income	
ACT Health Grant	\$153,868.37
Memberships	\$1,850.00
Book/Brochure Sales	\$560.00
Sponsorship	\$800.00
Donations	\$500.00
Advertising	\$100.00
Total Income	\$157,678.37
Expenses	
Auditing	\$1,000.00
Bank Charges	\$18.00
Bookkeeping	\$800.00
Committee Expenses	\$200.00
Computer Support	\$1,000.00
Electricity	\$700.00
Equipment & Furniture	\$1,000.00
Insurance: public liability, volunteers, business	\$1,400.00
Newsletter print & post	\$800.00
Subscriptions	\$600.00
Office Supplies	\$600.00
Book Printing	\$450.00
Other Printing	\$500.00
Phone, Fax & ISP	\$1,500.00
Postage	\$400.00
Rent	\$5,000.00
Security	\$820.00
Room Hire	\$500.00
Volunteer Expenses	\$200.00
Web Maintenance	\$500.00
Admin Support	
Level 6 director (full time)	\$72,783.88
Member support officer level 4 (0.4 position)	\$23,809.34
Educator level 4 (0.4 position)	\$23,809.34
Superannuation	\$11,438.24
Long Service leave	\$1,926.44
Workers Compensation	\$4,423.13
Staff Training	\$1,500.00
Subtotal	\$157,678.37

REFERENCES

-
- ¹ van Tulder, M., Malmivaara, A. & Koes, B., 2007, "Repetitive strain injury", *Lancet*, 369, 1815-22
- ² Prevalence and risk factors for musculoskeletal symptoms with computer-based work across occupations, 2012, Griffiths K.L., Mackey, M.G., Adamson, B.J., Pepper K.L.
- ³ Musculoskeletal disorders self-reported by dentists in Queensland, Australia, 2006, Leegat P. and Smith D.
- ⁴ Risk factors for musculoskeletal symptoms of the neck or shoulder alone or neck and shoulder among hospital nurses, 2011, Hoe, V.C., Kelsall H.L., Urguhart, D.M, Sim, M.R.
- ⁵ Holland, B.B., et al., 2006, "Gender and socio-economic variations in employment among patients with a diagnosed musculoskeletal disorder: a longitudinal record linkage study on Sweden", *Rheumatology*, 45: 1016-1022
- ⁶ Safe Work Australia, 2011, *Work-related injuries in Australia: Who did and didn't receive workers' compensation in 2009-10*.
- ⁷ Loraine, S., & James, C., 2005, "Injured workers' perspectives of their rehabilitation process under the New South Wales workers compensation system". *Australian Occupational Therapy Journal*, 52, 127-135.
- ⁸ Vos, Theo et al., 2013, Global, regional, and national incidence, prevalence, and years lived with disability for 301 acute and chronic diseases and injuries in 188 countries, 1990-2013: a systematic analysis for the Global Burden of Disease Study, *The Lancet*, Volume 386, Issue 9995, 743 - 800
- ⁹ Coverage of work-related problems by workers' compensation in primary care, 2012, Collie, A., Henderson L., Britt, H., Pan, Y.
- ¹⁰ Straker, L., Pollock, C. & Burgess-Limerick, R., 2006, "Towards evidence-based guidelines for wise use of computers by children", *International Journal of Industrial Ergonomics*, 36: 1045-1053
- ¹¹ Burke, A. & Peper, E., 2002, "Cumulative Trauma Disorder Risk for Children Using Computer Products: Results of a Pilot Investigation with a Student Convenience Sample", *Public Health Reports*, 117
- ¹² Starker, L., O'Sullivan., Kendall, G., Sloan, N., Pollock C., Smith, A., Perry, M., 2011, IT kids: exposure to computers and adolescents' neck posture and pain
- ¹³ van Tulder, M., Malmivaara, A. & Koes, B., 2007, "Repetitive strain injury", *Lancet*, 369: 1815-22
- ¹⁴ WorkSafe Australia, 2017, *Australian Worker's Compensation Statistics 2014-15*
- ¹⁵ Holland, B.B., et al., 2006, "Gender and socio-economic variations in employment among patients with a diagnosed musculoskeletal disorder: a longitudinal record linkage study on Sweden", *Rheumatology*, 45: 1016-1022
- ¹⁶ Mason, B. & Gregory, V., 2006, "2006 ASA Survey Results", *Sound Effects*, 3: 12-15
- ¹⁷ Mason, B. & Gregory, V., 2006, "2006 ASA Survey Results", *Sound Effects*, 3: 12-15
- ¹⁸ Mason, B. & Gregory, V., 2006, "2006 ASA Survey Results", *Sound Effects*, 3: 12-15
- ¹⁹ European Agency for Safety and Health at Work, 1999, *Work-related neck and upper limb musculoskeletal disorders*