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Polio Regina Incorporated

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Have a Great Summer



Profile on Fred Ramsay

The following is an article that Blenda Ramsay wrote for the Santa Maria Newsletter. Fred and Blenda were founding members of Polio Regina. Fred was editor of the Polio PostBox from 1994 until 2005.

By Blenda Ramsay, February 2012

Fred was born at Ile-à-la-Crosse, Sask. His father was from Scotland and his mother was Metis with a French Canadian father. The French Canadian priests had built a Catholic Mission there and his father was a boiler engineer for the Mission.



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My Polio Story

Murray Grant is a long time member of Polio Regina. He has been a valuable contributor to our meetings and the PostBox. The following is Murray Grant's Polio Story.

Murray Grant



The years 1936 and 1937 were very difficult for my parents. They were a young Winnipeg couple, age 40 with four sons to raise at a time when everything

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Identity Card (Blue) and Attendance Card (Yellow) for the Hospital For Sick Children in downtown Toronto, 1937-1939. There was a small charge each visit, marked Paid.

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Profile on Fred Ramsay - continued

Fred has two brothers and three sisters. His parents separated in mid 40's and the children were placed in Kilburn Hall (an orphanage) in Saskatoon. Fred was about nine years of age at that time. He lived at the orphanage until he was 16. He attended Nutana Elementary School and Saskatoon Technical School. During his youth, he was a newspaper carrier and made extra money by cutting lawns or shovelling snow.

After graduation he got into the Newspaper business and worked as a reporter for the Saskatoon Star Phoenix, the Moose Jaw Times Herald and when we got married in 1957 he was stationed in Red Deer as News Bureau Manager for the Calgary Herald.

We returned back to Sask. in 1959 and he worked in Public Relations for Sask. Wheat Pool (seven years) and then switched to SaskPower where he worked for 27 years.

I know him as a wonderful husband, a father of our three children, grandfather of six grandchildren and great grandfather of three.

He was a writer/photographer and took hundreds of wedding pictures over the years. He was a Toast Master and gave "Toasts" at weddings.

He wrote two books called "Hit The Road Fred" and "Hit The Road Again, Fred" - full of short, humorous stories about his life, work and travels. If you are interested, let me know.

After he retired he started a picture Framing Business in our home.

He had many hobbies and interests. He spent hours doing volunteer work in the community. He was a Mr. Fix-it kind of guy. He carved a Totem Pole on a tree in our back yard - thus the picture of a totem pole on the wall in his room. He loved gardening and tried his hand at making wine from some berry bushes we grew. He owned and drove several Volkswagens.

He was diagnosed with Alzheimer's in spring of 2006. Fred enjoyed attending the Day Program at Pioneer Village for almost a year.

In April, 2011 he became very ill and spent some time in Hospital before moving to Santa Maria Sr. Home.

My Polio Story - Murray Grant continued

possible was going wrong. Prairie crops were dying for lack of rain. Thousands lost their jobs in cities and farms. My father moved to Toronto in 1936, taking our oldest brother, in hope of finding work as an accountant. In September, our mother placed us three (ages from 7 to 13) in a boarding school at St. Boniface. That summer, I kept cool and played with friends at Lake Ninette in southwest Manitoba. I helped my aunt and uncle take care of little cousins. The boarding school had similar youngsters, and one was a small fellow from Fort Frances. I remembered him years later when we met in Regina. He was Paul Rousseau, auto dealer and member of the Saskatchewan legislature.

After just a few weeks I felt very sick, and was taken to isolation hospital in St. Boniface. It was terrible. My guts seemed to be in such distress that I knew that hell had arrived in my bedroom. When I reached my 9th birthday there was no pleasure. I was too sick to move to a window to see my mother outside. If I dropped a cartoon book or other gift on the floor, it was destroyed.

I did not know it, but Manitoba and Saskatchewan in 1936-37 had 1,519 reported cases of polio – 31 per cent of Canada's total.



Polio victims among children in a Winnipeg hospital.

My life improved on the 5th of November of '36 -- I was moved to the Winnipeg unit of Shriners' Hospitals for Crippled Children. For the first time, my mother could visit me. And the children were excited when they learned the Shriners were to

visit. Those were special occasions for me, since my parents were friends with several Shriners.

It was still a frightening time for me. I did not know why I was in hospital. Certain days of the week were known for surgeries. Would I be one of them? Boys and girls who returned from the operating room would suffer and cry. Was this my fate too? Most had been crippled by polio, but several children from farms were burn victims.

The janitor was a kindly family man. When he was pushing a broom near my bed, I asked, "Do you know why I'm here?"

"I'll look at your chart," he said. "It says you have been diagnosed with infantile paralysis."

"Thank you, John," I told him. "You are the first person in a hospital to tell me anything."

A nurse told me more. She explained that children requiring surgery had bone and other problems that needed early surgery before the children grew older. In my case, doctors had decided to keep me flat on my back. I spent each day, flat from November to March of 1937.

One afternoon, the nurses carried a thick Eaton's mail-order catalogue from bed to bed. Each child was invited to choose an item from the catalogue. It was to be a Christmas gift from the Shriners. Little girls chose pretty dolls. Boys picked toys or an article of clothing. My choice was a cartoon projector with a hand crank. I could point it at the ceiling above me and share the cartoons with nearby children.

Santa and the Shriners arrived with the gifts, Dec. 23rd. A writer and photographer from the Winnipeg Free Press attended, and took pictures. My gift was in a large box that hid much of my face. The photo ran on Page One of the newspaper next day – Christmas Eve. What a thrill for my mother!

One Shriner I'll bless forever. He brought the gift of a toy typewriter I could prop against my knees, and write stories. It gave me hope for the future, perhaps as a writer. Shriners took boys and girls, warmly dressed, for early evening tours of Winnipeg to see colourful Christmas lights on trees and houses. Not me, though. I remained in bed, flat on my back. Not complaining.



Photo caption below front-page photo, Winnipeg Free Press -- Dec. 24th 1936

There is a Santa Claus, and besides driving reindeer named Donner and Blitzen about the country-side Christmas Eve with a sleighful of toys, he can play the cornet. Sure he can -- Santa turned exhibitionist Wednesday evening, at the Shriners' party at the Children's hospital, and played "Drink to Me Only With Thine Eyes." If you don't believe it, look at the top photo. The lower illustration shows the genial old-timer bearing the proverbial boxful of goodwill to bedridden Murray Grant. It was a swell party and not even the nurses were forgotten, though the bearded gent did complain about the absence of mistletoe.



Murray at grandparents' home in Winnipeg, age 9 in spring of 1937. His first arm splint was heavy - galvanized sheet metal like a stove pipe.

Cold winter days were an opportunity for nurses to wheel us, bed and all, smothered with blankets, out to a balcony for fresh air. There was a large radio and we could listen to news reports we could not forget. King George V had died early in 1936 and Edward, the popular Duke of Windsor had succeeded him. Each day, there was alarming news! Edward had proposed marriage to an American woman (ouch) who had divorced her first husband and was seeking a divorce from her second (OW!!). With a reign of 326 days, Edward quit (thank heavens!) and Albert, George VI took his place.

Worse news came from Nazi Germany. Adolf Hitler had introduced compulsory 2-year period of military conscription. As the year 1937 began, we were just 21 months away from the start of WWII.

Shriners often visited. They brightened our days and helped operate the electric trains on a model railway

project they had built in a large room nearby.

Early in March I was invited to step out of bed and begin to move. It took me almost two weeks to walk again. My doctor dictated five pages of his observations and the hospital provided them for my mother to take with us to Toronto. She planned for us to join our father and big brother in the summer, at Toronto.

“There is weakness of all the muscles of the upper extremities, the weakness being most pronounced on the right side,” he wrote. “The muscles of the shoulder girdle are paralyzed on both sides, more so on the right,... there is great weakness in the left deltoid.”

He saw his young patient in late April and noted, “He still has weakness in the right deltoid. No power in the triceps.”

The hospital provided an airplane splint that held my right arm in a raised position. I wore it for three years. As I grew taller, the first splint (sheet-metal, just like stove pipe) was replaced by a magnesium model, much lighter.

The prairies continued to roast, and grasshoppers were a curse. On July 5th at Midale and **Yellow Grass**, south of Regina, they had the highest temperature ever in Canada, with a record high of 45 °C (113 °F).

The Shriners were my first angels. In Toronto, it was the Junior League society. They provided a therapy pool in the Sick Children's hospital and I attended clinics several times a month. A chauffeur-driven 2-door sedan took me there each clinic day. I owe my thanks to the Denton Massey family for their kindness. Rotarians were sponsors of a huge Christmas party for children each year in the ballroom of the Royal York Hotel. There were many in wheel chairs, and some with crutches or splints on arms and legs.

Years later, I began to hike with friends in Banff National Park. At first, we back-packed for a few days. Then I joined Skyline Hikers for a full 6 days on mountain trails. As late as 2000, at the age of 72 I could hike up to 12 miles a day. With the memory of the long days in hospital, flat on my back, I was determined to hike and walk, even if I couldn't raise my right arm ever again.

The following article from the Winnipeg Free Press was condensed and sent to me from Murray Grant. Thanks Murray.

Aging group's legacy of caring for kids not forgotten - Shriners 'possible last hurrah' in Winnipeg?



“More than 800 Shriners gathered in Winnipeg last August for a convention that happens there only once every 14 years. With an aging membership and service clubs shrinking everywhere, it may be the Khartum Shriners’ last big hurrah in Winnipeg” reported Carol Sanders in the Winnipeg Free Press edition of August 4th 2011.

“Long after they’re gone, the kids Shriners and their hospitals help will be around -- a living legacy outlasting the clowns, parades and funny little cars.”

“They’re a great group and someone should show some appreciation,” said Winnipeg real estate agent Gary Bachman, a former Shriners Hospitals for Children patient.

When Bachman was five, he had a rare disease that slowly disintegrates the hip bone. “Those were the days before Medicare,” he said. “My parents had exhausted every other alternative.”

Thanks to the Shriners, today Bachman’s walking just fine.

“I was diagnosed when I was five and cured when I was 10,” he said.

Bachman has never spoken publicly about his time at the Shriners Hospital for Children in Winnipeg. He wanted to share his story and give thanks to the organization when it met in Winnipeg.

“It was hard to walk on crutches and braces,” he said. The devices and care helped, though. “When I was 10 I was healed,” said Bachman. Still, one leg was shorter and smaller. After getting rid of the brace and crutches he’d worn for five years, he would’ve been happy to just wear a shoe with a raised heel, but his mom insisted he try to even them out.

“I had therapy every day. My mother would get out the yardstick” as an incentive, he said.

Today, Shriners hospitals still help kids with specialized care in orthopedics, for burns and rehabilitation. carol.sanders@freepress.mb.ca

Church Ladies With typewriters . . .

They’re Back! Those wonderful Church Bulletins! Thank God for church ladies with typewriters. These sentences (with all the BLOOPERS) actually appeared in church bulletins or were announced in church services:

The Fasting & Prayer Conference includes meals.

The sermon this morning: ‘Jesus Walks on the Water.’
The sermon tonight: ‘Searching for Jesus.’

Ladies, don’t forget the rummage sale. It’s a chance to get rid of those things not worth keeping around the house. Bring your husbands.

Remember in prayer the many who are sick of our community. Smile at someone who is hard to love. Say ‘Hell’ to someone who doesn’t care much about you.

Don’t let worry kill you off - let the Church help.

Miss Charlene Mason sang ‘I will not pass this way again,’ giving obvious pleasure to the congregation.

A bean supper will be held on Tuesday evening in the church hall. Music will follow.

The following articles are reprinted with permission from Polio Quebec "Folio Polio No. 48 – Fall 2011" Thank you to Deborah Grausem, Coordinator, Polio Quebec Association.

PUBLISHED RESEARCH

From the Post-Polio Clinic

By Dre Daria Trojan

Here are two summaries of recently published research from the Montreal Neurological Institute and Hospital Post-Polio-Clinic. More summaries are available on the Polio Quebec website: <http://www.polioquebec.org/EN-polio--research.html>.

1. Fatigue in post-poliomyelitis syndrome: association with disease-related, behavioral, and psychosocial factors

Summary

The purpose of this study was to determine which factors are associated with general, physical, and mental fatigue in post-poliomyelitis syndrome patients, and to evaluate the contribution of potentially modifiable factors to fatigue. A number of disease-related, behavioural, and psychosocial factors were considered. This study was a cross-sectional study (one evaluation only) in 52 ambulatory post-polio syndrome patients.

We found that in multivariate statistical models, important predictors for general fatigue were decreased respiratory muscle strength, presence of fibromyalgia, reduced muscle strength in the extremities, and increased stress and depression. Important predictors of physical fatigue were reduced respiratory muscle strength, decreased muscle strength in the extremities, increased age, less time since acute polio, reduced physical activity, and increased pain. An important predictor of mental fatigue was increased stress. We concluded that there are different types of fatigue in post-polio syndrome patients, and that different variables are important for different types of fatigue. Potentially modifiable factors (such as stress, depression, pain, physical activity) account for a portion of fatigue in

post-polio syndrome patients. Because this study was cross-sectional, we cannot conclude that these factors were causes of fatigue. However, because many of the factors identified are amenable to treatment, our results suggest that with treatment an improvement in fatigue may be possible. Because several potentially modifiable factors were identified as important for general and physical fatigue, our results suggest that an interdisciplinary rehabilitation management program that focuses on several contributors would likely be most useful in managing these fatigue types.

Reference

Trojan DA, Arnold D, Collet J-P, Shapiro S, Bar-Or A, Robinson A, Le Cruguel J-P, Ducruet T, Narayanan S, Arcelin K, Tartaglia MC, Caramanos Z, Da Costa D. Fatigue in post-poliomyelitis syndrome: association with disease-related, behavioral, and psychosocial factors. *Physical Medicine and Rehabilitation* 2009;1:442-449.

2. Osteoporosis in a post-polio clinic population

Summary

The aim of this study was to determine the frequency of osteoporosis at the hip and lumbar spine (lower back) in a post-polio clinic population, and to evaluate the relationship of muscle strength and other factors with bone density at the hip. The study involved a chart review of 379 post-polio clinic charts from our institution. 164 patients met study inclusion criteria (including bone mineral densitometry measurement).

We concluded that in this preliminary study, osteoporosis and osteopenia at the hip occur commonly in post-polio clinic patients referred for bone densitometry. Osteoporosis and osteopenia at the hip occurred commonly in men, pre-menopausal women, and post-menopausal women in our patient population. Bone density

at the hip was associated with muscle strength in the same leg that the bone density assessment was performed. The weaker the leg, the more likely it was for the patient to have osteoporosis at the hip in the same leg.

Based on these results, we recommend that all post-polio patients be evaluated for osteoporosis at both hips (or preferably at the hip of the weaker lower extremity) and at the lumbar spine. It is possible that with treatment, bone mineral density will improve, although this was not evaluated in our study, and has not been specifically evaluated in a post-polio population. Further work in this area is in progress.

Reference

Haziza M, Kremer R, Benedetti A, Trojan DA. Osteoporosis in a post-polio clinic population. Archives of Physical Medicine and Rehabilitation. 2007;88:1030-1035.

Kid's Religious Exam

Can you imagine the nun sitting at her desk grading these papers, trying to keep a straight face and maintain her composure? Pay special attention to the wording and spelling. If you know the bible even a little, you'll find this hilarious! It comes from a Catholic elementary school test.

Kids were asked questions about the old and new testaments. The following 25 statements about the bible were written by children. They have not been retouched or corrected. Incorrect spelling has been left in.

1. In the first book of the bible, Guinnessis. God got tired of creating the world so he took the Sabbath off.
2. Adam and Eve were created from an apple tree. Noah's wife was Joan of Ark. Noah built and ark and the animals came on in pears.
3. Lots wife was a pillar of salt during the day, but a ball of fire during the night.

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The following article is reprinted with permission from Polio Quebec "Folio Polio No. 49 – Winter 2012".

ACCESSIBILITY: A NEW TOOL AVAILABLE!

You want to visit a place you do not know. And you are worried? You do not know if you can access it without trouble. This is a situation in which many of us find ourselves. A situation that creates a lot of anxiety and sometimes, stops us from leaving home because it reminds us of times where things were inaccessible to us.

The RICK HANSEN Foundation has come to the rescue. For their 25th anniversary, this non-profit organization, whose main goal is to promote an inclusive and accessible society for everyone, just made its GLOBAL ACCESSIBILITY MAP available on its website which was already very interesting. Moreover, this map is not useful only for disabled people, but for everybody.

Therefore, an **original** tool to help people living their lives, integrating themselves into their environment, and contribute actively to economic, social and cultural development in society. In practical terms, it allows us to locate the most accessible places to shop, have a meal, work, and take part in leisure activities as well as obtain services from all around the world.

A **modern** tool that uses the latest information technology that allows access through a computer, an I-Pad, an I-Phone or a BlackBerry.

Long term, the Foundation pledges to improve the efficiency of this tool adequately for everyone's needs.

Finally, an **interactive** tool that is easy to use to obtain useful information for our trips. It also allows us to add information about places we know.

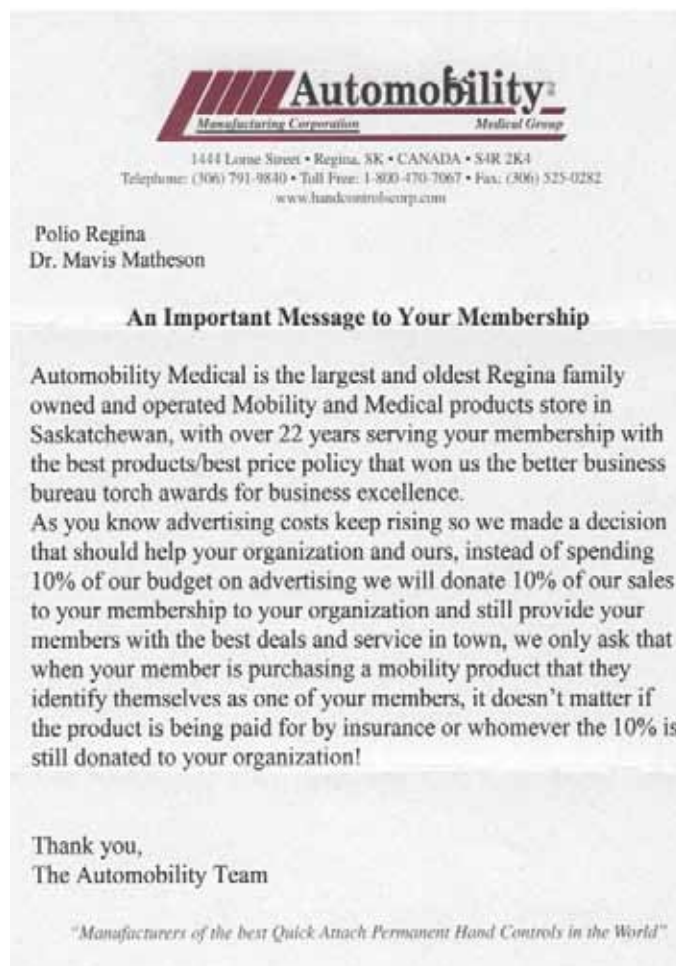
If you go to the Foundation's website at **www.rickhansenglobalaccessibilitymap.com**, you are welcome to register new websites or to add a comment to already existing websites, which are analyzed by a five-point checklist. It is a great opportunity to share your knowledge and to provide support to your community.

At The Meetings

February 2012

We received a letter from Automobility Manufacturing Corporation stating that they would donate 10% of sales made to any member of our organization to Polio Regina as long as the purchaser identifies themselves as a member of Polio Regina. It doesn't matter if the product is being paid for by insurance or whomever, the 10% is still donated to Polio Regina.

The following is the letter from Automobility



Open forum: Winter vacations. We discussed vacations that members had taken. Mavis Matheson circulated pictures of accessible cruise ship staterooms and Murray Grant shared pictures of his trip to BC. Ivan and Judy Jorgensen showed a presentation of pictures from their vacation in the Galapagos Islands and Peru.

March 2012

The election of the executive was held. The following are the Executive Officers of Polio Regina Inc. for 2012-2013:

President – Carole Tiefenbach

Vice-President – Wilf Tiefenbach

Secretary – Ivan Jorgensen

Treasurer – David Cotcher

Phone Coordinator – Carole Tiefenbach

Archivist/Librarian/Web Master – Dr. Mavis Matheson

Post Box Editor – Ivan Jorgensen

Special Guest: Mavis Matheson welcomed special guest Sue Jones from the March of Dimes. Each member introduced themselves and said when we had polio. Sue explained some of the support services that the March of Dimes could bring to our group such as conference support, wellness retreats, Alaska cruise, Post Polio flyers and information on the March of Dimes web site.

Open forum: David Cotcher led the open forum on Assisted Devices and programs that may pay or credit part of the purchase price. He spoke about Saskatchewan Aids to Independent Living (SAIL), Orthopaedic Services, Special Needs Program, Home Respiratory Services, Therapeutic Nutritional Products and Paraplegia Programs. There was discussion and David answered questions.

The following is a copy of David's handout from his presentation. The material is summarized from the Sask. Health /SAIL website that has more information. <http://www.health.gov.sk.ca/sail>

Saskatchewan Aids to Independent Living (SAIL)

The program provides benefits for:

- People whose long term disabilities or illnesses leave them unable to function fully. The aim is to assist people in leading more independent and active lifestyles.
- Residents who are eligible for orthopaedic services, special needs equipment and home respiratory services, excluding persons eligible under departments or agencies of the Government of Canada, the Workers' Compensation Board, Saskatchewan Government Insurance or

residents of general, rehabilitation or extended care hospitals.

- Persons with specific disabling conditions may be eligible for benefits under the various Special Benefit Programs (Paraplegia Program, Cystic Fibrosis Program, End Stage Renal Disease Program, Ostomy Program and Aids to the Blind Program).

Orthopaedic Services

- Prosthetic Appliances - artificial limbs and accessories are supplied, fitted, adjusted and repaired.
- Orthotic Appliances - higher-cost back braces, knee braces and splints are supplied, fitted, adjusted and repaired.
- Specialized/adaptive seating: specialized types of wheelchairs and adaptations to wheelchairs are supported when medical criteria are met.

**Services for all of the above benefits are provided by the orthotics and prosthetics departments of the Wascana Rehabilitation Centre - Regina and the Saskatchewan Abilities Council - Saskatoon.

- Custom pressure or burn garments: supplied and fitted when medical criteria are met.

Special Needs Equipment Program

- Operated by the Saskatchewan Abilities Council under contract with Saskatchewan Health. Equipment depots located in Prince Albert, Regina, Saskatoon, Swift Current and Yorkton.
- Mobility Aids - wheelchairs, walkers, and specialized crutches are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need.
- Environmental Aids - higher-cost equipment such as hospital beds and accessories, transfer assists and commodes are loaned, maintained and repaired without charge. Eligibility is based on assessed long-term need and subject to medical criteria.

Home Respiratory Services

- Home Oxygen Therapy - home oxygen and related equipment are benefits for patients who meet the medical criteria. Saskatchewan Health covers the cost of the basic systems, which are supplied by private medical oxygen supply firms under contract with Saskatchewan Health.
- Respiratory Equipment - Saskatchewan Health

shares the purchase cost of aerosol therapy compressors for eligible beneficiaries. Home respiratory equipment such as ventilators, CPAP units, suction pumps, percussors, postural drainage boards and tracheostomy humidification packs are loaned, maintained and repaired without charge. Eligibility is based on specific medical criteria.

For additional information see the website for the Canadian Lung Association.

Therapeutic Nutritional Products

The program assists with the cost of specialized nutritional products for persons with complex medical conditions who rely on such products as their primary source of nutrition. Referrals are through a registered dietician.

Paraplegia Program

Patients must be referred by a specialist in rehabilitation medicine (physiatrist) for benefits. Benefits include:

- Drugs listed in the Saskatchewan Formulary and certain drugs approved for coverage under the Drug Plan Exception Drug Status
- Incontinence management and dressing supplies for chronic conditions
- Specialized rehabilitation equipment
- Financial assistance for vehicle hand controls, ramps and wheelchair lifts
- Eligibility criteria is for paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord. (Disease examples include polio).

April 2012

We finalized arrangements for our annual spring picnic to be held May 31, 2012.

Open Forum: Zenny Burton led an open forum on "Dealing with Frustration". She defined the meaning of frustration and how our brain deals with it and how our body reacts to it. Then she talked about what we can do defuse our frustration. We then went around the table and each person talked about what frustrated them and what they do to relieve their frustrations. The following is a copy of Zenny's handout from her presentation.

DEALING WITH FRUSTRATION

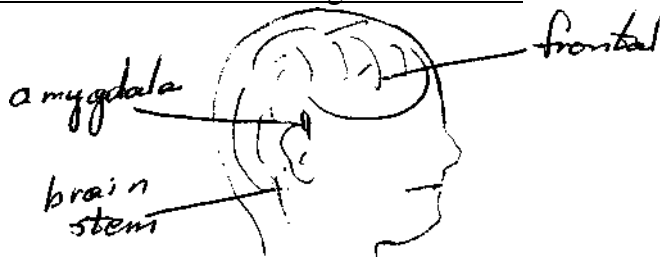
Definition

1. To keep (someone) from doing or achieving something / baffle the efforts/hopes or desires.
2. To keep plans or hopes from being fulfilled/to bring to nothing.
3. Baffle

Frustration can lead to: (notice the words are mostly negative)

- | | | |
|------------|----------------|--------------------|
| - afraid | - exhaustion | - irritation |
| annoyance | - envy | - nervousness |
| alienation | -fright | -panic |
| anger | - guilt | - resentment |
| agitation | -hurt | - vulnerability |
| anxiety | - hopelessness | - worry |
| depression | - impatience | - (anything else?) |

How the brain works with regard to emotions



Frontal lobe - where we "think" - problem solve, plan, build positive relationships.

Amygdala - the emotional response centre - "the fight or flight centre" - an almond sized area back between your ears, on either side of the brain stem.

As small as the amygdala is, it responds 1,000 times faster than the frontal lobe. These two areas work in synch - the frontal lobes calm and the amygdala gives energy and information.

If we can go from calm to fiery in no time flat - what are some bodily reactions?

- a) Rapid breathing
- b) Heart starts pounding
- c) Muscles tighten - Throat? Chest? Shoulders? Hands clench? Jaw clenched
- d) Break into a sweat
- e) What else?

What can be done to slow down or defuse going to the next step of frustration? (as per earlier list)

1. Take a deep breath or several - oxygen to the brain helps to counteract the rush of adrenaline -this can help shift your response giving you time and space and ability to think
2. Take a break - coffee break/ bathroom break/ fresh air break
3. Remove yourself from the scene or situation if possible
4. Take stock of the situation
5. Long term - try to break or change pattern of reaction

Could some of the following lead to frustration? How can you minimize it?

1. Are you tired? fatigued? worried?
2. Have you taken on more than you can handle physically or mentally?
3. Are you a pleaser? Try saying NO more often - try not to accommodate everyone all the time. Others will expect you to do what they want with no respect for your circumstances.
4. High level or chronic stress?
5. Listen to our bodies telling us we are doing or have done too much - fatigue/ bad or interrupted sleep/ increased muscle aches or pains/ feeling of pressure and tension/ etc.
6. Schedule rest periods, e.g. An hour or two snooze or relax period daily each afternoon. Regular bed time schedules.
7. If you have something major to do - break it into smaller steps or longer time frame
8. Do you have to do it all? Get help, e.g. buy prepared food/ cleaning help or yard help/ let someone else chair the meeting/ your kids - they owe you! !
9. Diet - are you drinking a lot of coffee or cola? Caffeine helps keep you wound up. How about chocolate or sugar overload? Or do you eat when you're frustrated?
10. Share problems or feelings with trusted friends/ PPS group/ others. Sometimes you just need to vent and get it out of our system - not looking for a solution.
11. Can you maintain or find your sense of humor?
12. Get a hobby/ new interest/ read/ listen to music.
13. Time of day - many people are tired, anxious or wound up in late afternoon. Should planning/ making decisions/ etc. take place early in the day when one is fresh? Change in routine? e.g. big meal at noon/ medical and dental appointments in AM / major work in AM?
14. Extra noise can add to frustration - TV and radio; ask those engaged in loud or argumentative conversations to calm down or move elsewhere.
15. Meditation - can assist in controlling or lessening reaction of the amygdala. Over time, this discipline will assist individuals to manage anxiety, anger or problems e.g. Buddhist monks.
16. Journaling - by writing down your thoughts you are stating what is bothering you. At the end of the week, read this over and then burn it and let it go. Continue as long as you need to.
17. As you settle down for sleep think about the positive happenings of the day - nice and sunny day; you had a calm day; anything pleasant no matter how small will assist in a peaceful night's rest and a good start for the next day.

There is a saying, "Happiness shared, multiplies it. Sharing problems, divides them." Maybe we should be sharing our common problems in this group and sharing solutions.

The next Polio Regina meeting will be held September 27, 2012 at 7:00 p.m. in Room H203 at the Wascana Rehabilitation Centre.

News From Around the World

India marked a major success in its battle against polio by being removed from the World Health Organization's list of countries plagued by the crippling disease. The milestone is a major victory in the global effort to eradicate polio and leaves only three countries with endemic polio — Pakistan, Nigeria and Afghanistan. India must pass another two years without new cases to be declared polio-free. India's success in fighting polio has been credited to a partnership between the government, the WHO, UNICEF and Rotary International, whose members have contributed more than \$1 billion to the global eradication effort.

United Nations Secretary-General Ban Ki-moon launched a national polio vaccination campaign in Angola, where the crippling disease has returned despite being eradicated in 2001, and praised the Government for its leadership on the issue. Angola provides a large majority of the funding needed to vaccinate the country's children. Angola had eradicated polio in 2001, but the disease returned within the following four years. The Secretary-General said this showed the importance of responding to any new cases and immunizing every child against polio and other vaccine-preventable diseases.

Church Ladies With Typewriters . . .

At the evening service tonight, the sermon topic will be 'What Is Hell?' Come early and listen to our choir practice.

Eight new choir robes are currently needed due to the addition of several new members and to the deterioration of some older ones.

Scouts are saving aluminum cans, bottles and other items to be recycled. Proceeds will be used to cripple children.

Please place your donation in the envelope along with the deceased person you want remembered.

The following article is reprinted with permission from Polio Quebec "Folio Polio No. 49 – Winter 2012".

What you should know about your Medications : A guide for Polio Survivors

From : J.M. Walker Ph.D., PT and AM Whelan, Phar. D

MEDICAL ADVICES - Why You Should be informed

A survey in 1994 revealed that 57% of respondents, polio survivors, were over 60 years of age and 27% were over 70 years. Medications (drugs), may be by prescription, or Over-The-Counter (OTC). As a polio survivor you should become an informed user of drugs because:

The drug effect may enhance post-polio symptoms while influencing the primary condition. Fatigue, muscle weakness, muscle irritability (cramps), ability to cough and clear secretions, anxiety feelings, may be increased so that your performance decreases.

With increasing age the potential for interaction between drugs increases and this effect is often more severe.

With increasing age individuals are more likely to be taking or be prescribed medications for a variety of conditions.

You may have experienced a 'full recovery', Grade 5, from polio, Manual Muscle Test of involved muscles and were unaware of any involvement of your respiratory muscles, however, research has shown that these so-called 'normal' muscles are not necessarily normal and may be supplied by only 60% of the usual number of spinal nerve cells.

What you should do

1. Change your lifestyle **before** resorting to use of an OTC drug or requesting a prescription.
2. Always inform your doctor(s) about which drugs you are currently taking regularly, prescription and OTC drugs.

3. Ask your doctor about potential side effects, particularly those that may increase or cause

- fatigue
- respiratory weakness
- muscle weakness
- dizziness and/or drowsiness which may impede your balance and cause falls
- increase depression thus changing your perception of pain, making it seem worse
- insomnia, sleeplessness, will increase fatigue
- vaso-constriction, may increase cold intolerance.

Remember:

Taking fewer medications is better.

It is no solution to use drugs and continue to abuse your joints, overuse your muscles.

It is your responsibility to be informed about your medications so that you can monitor the side effects.

When certain drugs are taken for a long time you can develop a tolerance so that larger and larger doses are needed.

Physical dependency, addiction can develop from taking certain drugs, especially narcotic analgesics.

Laxatives: before medications try

Firstly change your diet and drink more fluids. Get more exercise (If advised by your PPS doctor. LincsPPN)

bulk forming stool agents, always with fluids (e.g. bran, Metamucil, Prodiem)

stool softeners, avoid long term use (e.g. Colace, Surfak, Correctol)

stimulant laxatives, occasional use only (e.g. Dicolax, Castor Oil, Ex-lax)

Osmotic laxatives, occasional use only (e.g. Milk of Magnesia, Fleet enemas)

Cough Medicines & Expectorants.

May contain alcohol or a narcotic (e.g. codeine)

These suppress coughing or loosen secretions. They also cause drowsiness, decreased co-ordination, may give a feeling of chilliness.

Analgesics

These are the most abused class of drugs and long term use can cause addiction. There are two classes:

1. Non narcotic Analgesics. Although some may be produced over-the-counter they are real drugs, with potential side effects, interaction effects or dependency effects.

Non steroid anti-inflammatory drugs (NSAIDs) can control inflammation and pain but may cause dizziness, muscle weakness, drowsiness.

2. Narcotic Analgesics. These may be used in dental surgery, other surgeries, or as sedatives, pain relieving drugs.

Produce central nervous system depression.

Can produce physical dependency

Increase respiratory depression

May require increasingly larger doses to gain the same effect.

May cause postural hypotension (fainting).

Things to consider:

Can a pudendal, spinal or epidural anaesthetic be used instead of a general anaesthetic?

Avoid unnecessary elective surgery.

Avoid taking narcotics, try aspirin, NSAIDs.

Protect your joints! Use a cane or other ambulatory aids. Wear your orthosis.

Try hot or cold packs, taking a shower, a bath, going to a pool to relieve muscle and joint pains.

Change your lifestyle, practice a work-rest routine.

Antidepressants, Anti-anxiety drugs.

One third to one half normal dosage may be adequate. Many of these drugs (benzodiazepines e.g. Valium, Librium, Ativan) are also muscle relaxants, sedatives and may increase fatigue, decrease strength.

Barbiturates may be used for sedative, hypnotic or anticonvulsant activities.

Avoid drinks and foods that may enhance effect, e.g. Alcohol, coffee, especially at night and if you have respiratory muscle weakness.

Seek out social contacts, find a distraction.

Conclusion

This is only a brief review. Drugs taken for cardiovascular and other problems may have important interactions with polio related symptoms.

Only you can identify yourself as a polio survivor to your doctor (and dentist), ensure your doctor knows what drugs you are taking, and become familiar with potential side effects.

Always remember, it is no solution to take medications and continue to abuse your joints and muscles; change your lifestyle and protect your joints and muscles FIRST.

Kid's Religious Exam Continued from Page 7

4. The Jews were a proud people and throughout history they had trouble with unsympathetic genitals.

5. Sampson was a strongman who let himself be led astray by a Jezebel like Delilah.

6. Samson slayed the Philistines with the axe of the apostles.

7. Moses led the Jews to the Red Sea where they made unleavened bread, which is bread without any ingredients.

8. The Egyptians were all drowned in the desert. Afterwards, Moses went up to Mount Cyanide to get the ten commandments.

INTERESTING POLIO HISTORY

By Prof. Michael Kossove

Touro College, School of Health Sciences

Early on, polio was called Heine-Medin Disease, after Jacob Von Heine and Karl Oskar Medin.

Jacob Heine in 1840 reported on this disease to the German Society of Natural Scientists and Physicians in Freiburg. He described paralysis in children that may occur following convulsions.

The German neurologist Ernst Adolph Gustav Gottfried Von Strumpell (1853-1925) described the cerebral form of polio, which he called Strumpell's Disease 2.

The Swedish physician Oskar Karl Medin (1847-1928) in 1890 was the first to carefully study an epidemic of poliomyelitis and drew attention to the epidemic character of the disease.

In 1909, the Australian born American immunologist and pathologist Karl Landsteiner (1868-1943), and German Pathologist Erwin Popper, were able to produce signs of paralysis similar to those of poliomyelitis in a rhesus monkey, using cells and fluid from the brain and spinal cord of a child that died from the disease.

Larger epidemics of the viruses such as smallpox, yellow fever, influenza, and measles were noted much further back in history.

9. The first commandments was when Eve told Adam to eat the apple.

10. The seventh commandment is thou shalt not admit adultery.

11. Moses died before he ever reached Canada then Joshua led the Hebrews in the battle of geritol.

12. The greatest miricle in the bible is when Joshua told his son to stand still and he obeyed him.

13. David was a Hebrew king who was skilled at playing the liar. He fought the Finkelsteins, a race of people who lived in biblical times.

You Are Invited

Polio Regina is inviting people who have had poliomyelitis and are now experiencing new symptoms such as fatigue, muscle weakness and cold intolerance, to join our self-help support group to learn how they can cope with post polio syndrome. Spouses and partners of polio survivors are also welcome. Polio Regina Inc. was formed to help people from southern Saskatchewan.

Our Objectives:

- To develop, promote and increase awareness of Post Polio Syndrome.
- To disseminate information concerning research and treatment pertaining to Post Polio Syndrome.
- To provide support to survivors of polio, other than financial aid.

Where to meet

Our Polio Regina group meets at 7:00 p.m. on the last Thursday of the month at room H203 at the Wascana Rehabilitation Centre 2180-23rd. Ave., Regina, SK. Enter the main doors of the Wascana Rehabilitation Centre and turn left and take the elevator that is across from the information desk. Push button “2” (not 2R) on

the elevator. When you leave the elevator turn left and go past the information desk, through a recreation area, past the pool table to room H203 which is the first meeting room. Our group should be in there. There are no meetings in January, June, July, August or December. We usually have our Spring Picnic in May at a private residence and our Christmas Party in November at a different location.



Web Site:

Check out our website for more information on Polio Regina and links to other useful related information at: <http://nonprofits.accesscomm.ca/polio/> or you can just Google **Polio Regina**. Our email address is: polio@accesscomm.ca

Disclaimer

Information published in the Polio PostBox may not represent the opinion of Polio Regina. It is not to be regarded as Polio Regina’s endorsement of treatment, products or individuals. If you have or suspect you may have a health problem, please consult your health care professional.

MEMBERSHIP APPLICATION POLIO REGINA Inc.

Name _____
Active () if you had polio Associate () New () Renewal ()

Address _____

Postal Code _____ Phone: _____

Annual membership fee: (Jan.- Dec.)
\$10 Single; \$15 family \$ _____
My donation to Polio Regina Inc. :* \$ _____
Total \$ _____

(If you require sponsorship for your fee, inform our membership chairman)

Please make cheque payable to: **Polio Regina Inc.** and mail this application form and cheque to:
Polio Regina Inc., 825 McDonald St. Regina, Sk. S4N 2X5

*(Official receipt of donation for income tax purposes will be mailed.)



2012-13 Executive

Back – Vice-President Wilf Tiefenbach, President Carole Tiefenbach, Secretary Ivan Jorgensen, Front – Web Master Mavis Matheson, Treasurer David Cotcher.



Jeanne Hoffman was presented with a “Polio Regina Lifetime Membership” at the 2011 Polio Regina Christmas party by Blenda Ramsay.



2011 Christmas Party

Our annual Christmas party was held at Broadway Terrace on November 24, 2011. We all enjoyed a delicious buffet style turkey dinner with all the trimmings. We also enjoyed a relaxing time visiting with fellow members.

