Season’s Greetings

My Polio Story

Mavis Matheson was Polio Regina’s first president. She has been a regular contributor to the Polio PostBox and a great promoter of Polio Regina as well as being our unofficial medical expert. The following is Mavis Matheson’s Polio Story.

Mavis Matheson

I was born in 1951 in Yorkton, Saskatchewan. During the polio epidemic in the fall of 1952, the little boy who lived in the apartment next door got polio. When I became sick the next week, my parents knew it was likely polio. I was a little over a year old and had a newborn brother who never developed polio symptoms. My parents went to the local doctors but when I started to have troubles breathing, they put me in the car and drove me to Regina. I saw Dr. Spooner at the Wascana rehab center. My records say my left leg was wasted and there was possible neck and shoulder weakness. I don’t know what my treatments were but after my hospital experience, I screamed every time a doctor entered the examining room. I think I was in hospital for about 3 weeks before I went home where I “recovered completely.” I led a busy and active life. I swam competitively and kept up with my peers at sports. I went to the University of Saskatchewan where I got a BSc (Honours) in Mathematics. I moved to British Columbia where I took a year of training at UBC then taught Math and Computer Science at University.
Hill and Churchill Secondary Schools. After 5 years teaching, I went back to UBC to study medicine. Four years later I graduated with my MD and decided to return to Saskatchewan to do my internship. During my internship, I met my partner, Adam. Over the next 8 years, we worked as Family Physicians in Regina and had our family of 2 sons.

When we decided to set up our own clinic and I worked getting the leaseholds done and setting up the business side of the clinic. I had a 2 year old and a 6 year old at home and noticed I was really exhausted a lot of the time. I also had a couple of episodes when I had to sit on the floor in a store because I just couldn’t walk any further. I suspected I had PPS. I consulted local doctors but no-one knew anything about PPS. I finally arranged to go to Edmonton to see Dr. Feldman who had a special interest in PPS. He confirmed my diagnosis and recommended a program of energy conservation and very controlled exercise.

I was totally exhausted all of the time and my right arm and left leg were getting weaker. I tried to cut back at work and found I was seeing almost the same number of patients in less time. Because I was having trouble focusing, I decided to take some time off work and rest. I got a power wheelchair. The rest and chair helped some but it wasn’t enough and I just never felt rested. It wasn’t until 10 years later after seeing Dr. Bruno in New Jersey that we figured out I wasn’t breathing at night. I had tests done here in Regina and after sending the data to Dr. Bruno was started on CPAP. It helped some and over the next year, I researched post-polio breathing and discovered that the appropriate respiratory assistance for polio survivors is Bi-level or VPAP. Unable to get any assistance in Regina, I ordered and set up the machine myself. After a few months, my brain came back! It was wonderful.

I use a power wheelchair and have a lift in my van so I can move it around. I have had a hot tub for the past 20 years and find it really helps with my muscle soreness. Last year I got an electric blanket to help keep me warm. I use my VPAP at night and for 1.5 hours every afternoon and have found a respirologist who has read the literature and understands post-polio. We have raised toilets and bars in the bathrooms and ramps at the front and back doors. I hired someone to clean my home once a week.

Things have been pretty stable or the past 10 years. We enjoy living and gardening in our ranch style home but I’m finding winter more and more difficult so we are looking for a way to avoid it in the future. I meet with three ladies at my home once a week to learn French. I was doing Toastmasters but found as I became more involved with the program it demanded too much of my time and energy. I try not to schedule more than 1 or 2 major activities per week. Adam and I really enjoy traveling and alternate between cruises (We take a folding manual chair and Adam can carry me up 1 or 2 flights of stairs if necessary.) and trips with my van (We take the power chair and the manual chair.).

This summer I signed up to be a Kickstarter supporter for Corner Gas: The Movie.

It was fun and became a shared novel experience for Adam and me. You can see me in the early bar scenes and the final scene in the Ruby as well as the credits.
Hello everyone from Las Vegas, Nevada!

We started out from Regina early morning, September 8th, on our way to Park City Utah! We spent two weeks in Utah doing family history and meeting up with returned missionaries and some of their families. I had a goal to find my biological grandfather and my goal was accomplished, after quite a few days of research, at the Family History center.

Weather was exceptionally cool for this part of the year but we are tough Canadians, right? We managed to hit the pool four times with the weather dipping around the 0 - +5 mark. Cool, but we are tough. Hot tubs were a retreat. Warm up our body and dash into the pool again. Now, (that was a cool experience, you can bet on that). We had no snow until the day we left for St. George, Utah.

The scenery was unbelievable from St. George to Las Vegas. Rock formations like we had never seen before. Some of you have seen it, I’m sure. We arrived in Vegas on the 24th, met our friends from Winnipeg at the airport that evening and we have been very busy since.

We went to a fabulous show called Le Reve or the Dream. There were so many fantastic acrobats, it was hard to fathom. The hotel (the Wynn), was beautiful with tons of real flowers, roses, orchids, every kind you can think of. Too elaborate for anyone, as they end up dying after a few days, only to be replaced again for the next crowd!

We will head back to Salt Lake to see the Christmas lights @ Temple Square on December, 5th. Stay two nights. Start for home on the 7th and hopefully, the Good Lord willing, we will see you all at our Annual Christmas party at Nicky’s on December 11th.

Wishing you all a very happy, peaceful Christmas Season. Love from your president and vice-president, Wilf & Carole Tiefenbach

The Ten Commandments of PPS

By Richard L. Bruno and Nancy M. Frick

1. Listen to Your Body

Polio survivors often turned themselves off from the neck down after they got polio. The first step in treating PPS is to listen to yourself: to what you feel, physically and emotionally, when you feel it and why. Our most powerful tool in treating PPS is the daily logs our patients keep that relate activities to their symptoms. Sometimes, however, you can listen too much: to salesmen who say some herb or supplement will “cure” PPS, to fellow survivors who warn that you will eventually have every possible PPS symptom, and to friends and family members.-
and the voices in your own head—saying you’re getting lazy. Polio survivors need to listen to their own bodies, not to busybodies.

2. Work Smarter, Not Harder

Many polio survivors believe that if they walk around the block five times a day, spend an hour on the exercise bike and take extra trips up and down stairs, their muscle weakness will go away. The opposite is true: The more you overuse your muscles, the more strength you lose. Muscles affected by polio lost at least 60 percent of their motor neurons; even limbs you thought were not affected by polio lost about 40 percent. Most disturbing is that polio survivors with new muscle weakness lose on average seven percent of their motor neurons per year, while survivors with severe weakness can lose up to 50 percent per year! Forget about “use it or lose it.” You need to “conserve it to preserve it.” Stretching may help pain, and nonfatiguing exercise for specific muscles can prevent you from losing the strength you have after you get a brace. But polio survivors need to work smarter, not harder. Remember the Golden Rule for polio survivors: If anything causes fatigue, weakness or pain, don’t do it. Or do lots less of it.

3. Go Slow and Steady

The follow-up study of our patients showed that taking two 15-minute rest breaks per day—that’s doing absolutely nothing for 15 minutes—is the single most effective treatment for PPS symptoms. Another study showed that polio survivors who pace activity—that is, who work and then rest for an equal amount of time—can do 240 percent more work than if they push straight through. Our patients who take rest breaks, pace activities and conserve energy have up to 22 percent less pain, weakness and fatigue. But polio survivors who quit or refuse therapy have 21 percent more fatigue and 76 percent more weakness. For polio survivors, slow and steady wins the race.

4. Be Kind to Your Neurons

Using crutches or braces are not signs of failure or of “giving up.” You use one third of the energy—and look better walking—using a short leg brace on a weakened leg. Muscles and joints hurt and nerves die after decades of doing too much work with too few motor neurons. So why not use a brace, cane, crutches—dare we say even a wheelchair or scooter—if they decrease your symptoms and make it possible to finally take that trip to Disney World? We know, you’ll slow down and take care of yourself “when you’re ready.” And you’ll use a wheelchair “when there’s no other choice.” Well, you don’t drive your car until it’s out of gas. Why drive your body until it’s out of neurons?

5. Say No to Drugs, Unless ...

Five studies have failed to find any drug that treats PPS. And no studies show that herbal remedies or magnets reduce symptoms. Don’t think that you can apply a magnet or pop a pill to make your PPS disappear. Pain, weakness and fatigue are not-so-subtle messages from your body telling you that damage is being done. Masking symptoms—with magnets or morphine—will not cure the damage. However, two studies have shown that polio survivors are twice as sensitive to pain as everyone else and usually need more pain medication for a longer time after surgery or an injury.

6. Sleep Right All Night

The majority of polio survivors have disturbed sleep due to pain, anxiety or sleep disorders such as sleep apnea or twitching muscles. However, you may not be aware that you stop breathing or twitch. If you awaken at night with your heart pounding, anxiety, shortness of breath, choking or twitching, or if you awaken in the morning with a headache or not feeling rested, you need a sleep study. “Post-polio fatigue” may be due to a treatable sleep disorder.

7. Turn Up the Heat

Polio survivors have cold and purple “polio feet” because the nerves that control the size of blood vessels were killed by the poliovirus. Actually, your nerves and muscles function as if it’s 20 degrees colder than the actual outside temperature! Cold is the second most commonly reported cause of muscle weakness and is the easiest to treat. Dress in layers and wear socks made of synthetic fabrics like breathable fiber polypropylene that hold in your body heat.
8. Eat Breakfast or Else

Mom was right. Many polio survivors eat a Type A diet: no breakfast, coffee for lunch and cold pizza for dinner. A recent study shows that the less protein polio survivors have at breakfast the more severe their fatigue and muscle weakness during the day. When our patients follow a “hypoglycemia diet” (16 grams of low-fat protein at breakfast and small, non-carbohydrate snacks throughout the day) they have a remarkable reduction in fatigue. Protein in the morning does stop your midday yawning.

9. Anesthetize with Care

Polio survivors are easily anesthetized because the part of the brain that keeps them awake was damaged by the poliovirus. They also stay anesthetized longer and can have breathing trouble during and after anesthesia. Even nerve blocks using local anesthetics can cause problems. You should have lung function tests before having a general anesthetic. Your complete polio history and any new problems with breathing, sleeping and swallowing should be brought to the attention of your surgeon or dentist—especially your anesthesiologist—long before you go under the knife. You should never have same-day surgery or outpatient tests (like an endoscopy) that require an anesthetic.

10. Do Unto Yourself as You Have Been Doing for Others

Many polio survivors were verbally abused, slapped or even beaten by therapists or family members after they had polio to “motivate” them to get up and walk. So polio survivors took control, becoming Type A superachievers, doing everything for everyone except themselves. Many polio survivors do for others and don’t ask for help because they are afraid of being abused again. Isn’t it time you got something back for all you’ve done for others? Accepting assistance is what can keep you independent. Appearing “disabled” by not doing for others and asking for help may be frightening, but they are also the best ways to manage your PPS.

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Hilda Findlay

The following is an obituary for Hilda Findlay who was a polio survivor and a long-time member of Polio Regina.

Hilda Julia Findlay (nee Butz), born Southey Saskatchewan, passed away peacefully with her family by her side on Friday September 12, 2014 at the age of 89 years. She was predeceased by her parents John and Regina Butz, three sisters, two brothers, her husband Bud and daughter Echo Lavonne Findlay. Hilda is survived by her children; Dennis and Lyle Findlay, Audrey Neufeld and husband Walt Neufeld and her two grandchildren Chad and Kristy Neufeld, her sister Doreen and husband Bill Muloin and sister-in-law Irene Butz, nieces, nephews and friends. The family wishes to thank the staff at Golden Years Manor for their loving care of Hilda during her two year stay there and their kindness to us. Hilda and Bud farmed the family farm 15 miles south of Semans where their engagement and contribution to many community organizations were much valued. Hilda’s dedication to family, her love of gardening, cooking, card playing as well as her loyalty to friends will be remembered and treasured by many. The Memorial Service was held on September 15th 2014 at 10:00 a.m., at Christ Lutheran Church 4825 Dewdney Ave, Regina Sask. with Pastor Lois Knudson Munholland and Pastor Dennis Hendrickson officiating.

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At the Meetings

May 2014 - We received a letter from McMaster University requesting volunteers for a study on why some people who had polio developed paralysis and others did not. They want to check polio survivors’ DNA to see if there were genetic variations that led people to develop paralysis following infection. A number of Polio Regina members took part in the study.

Our annual spring picnic was enjoyed by everyone with lots of great food and conversation. The weather was pleasant and we were able to spend the evening on the deck. Thank you to Mavis and Adam for hosting us in your home and thank you to Carole and Wilf for getting the food and for setting up everything.

September 2014 - Location, dates and times for future Polio Regina meetings – The Regina Qu’Appelle Health Region has decided to charge us rent for the room at Wascana Rehabilitation Centre. The room is actually divided into three rooms, WRC Hostel Rooms 1, 2, & 3. They are charging $45.00 for each room. The parking at Wascana has also been a problem so at our September Polio Regina meeting we decided to find a different place to hold our meetings.

Carole and Wilf Tiefenbach have booked Nicky’s Cafe for our October 30th meeting at 3:30. If we wish to stay for a meal or have a snack before, that is all okay.

December 11th is booked for our Christmas party at 5 p.m. in the solarium room Nicky’s Café.

Nicky’s Café is located on the corner of 8th Avenue and Winnipeg Street. They have extra parking at the back and they are wheelchair accessible.

October 2014 - Dates and times and location for 2015 meetings: We decided to stop having February meetings. We decided to hold the March and April 2015 meetings at Nicky’s Café. The dates are Thursday March 26th, 2015, and Thursday April 30th, 2015 at 3:30 p.m.

Open Forum: David Cotcher did a presentation on “Emergency Preparedness” which made us realize that we need to check our homes to make sure that we are ready and have enough supplies to last us in case of an emergency. There was discussion and exchange of ideas on how we could improve our own preparedness. An outline of David’s presentation is printed on page 7.

Next Meeting – The next meeting will be at our Christmas Party at Nicky’s Café.

The Virus

Polio is caused by a human enterovirus called the poliovirus. Wild polioviruses are those that occur naturally. The poliovirus consists of an RNA genome enclosed in a protein shell called a capsid. There are three serotypes of wild poliovirus – type 1, type 2, and type 3 – each with a slightly different capsid protein. The wild poliovirus as seen through a microscope. The virus invades the nervous system, causing paralysis in one out of every 200 children. From GPEI site photo gallery Type 2 poliovirus has been eliminated in the wild – the last wild type 2 poliovirus was detected in India in 1999. In this final stage of polio eradication, only type 1 and type 3 wild poliovirus continue to circulate in endemic areas. Both are highly infectious and both cause paralytic polio. Type 1 is the most pervasive strain of poliovirus and type 3 is at very low levels. - See more at: [http://www.polioeradication.org/Polioandprevention/Thevirus.aspx#sthash.Ci7bXPHG.dpuf](http://www.polioeradication.org/Polioandprevention/Thevirus.aspx#sthash.Ci7bXPHG.dpuf)
Emergency Preparedness for People with Disabilities

A presentation by David Cotcher

- Everyone should be prepared to cope with an emergency for 72 hours and have a plan, support and resources in place. People with disabilities have specific needs.
- Emergency preparedness: (1) know the risks; (2) make a plan; (3) get an emergency kit.
- Emergencies: Fire, power outage, storms, accidents, hazardous material spills, disease.
- Personal support network: Discuss needs in emergencies with people willing to help. Identify contacts, share emergency information, discuss special needs.
- Emergency plans: Depending on the emergency and type of disability: Plans for evacuation; or Plan to shelter in place (72 hour emergency kit.)
- Personal information kit:
  - My Life Capsule RQHR (in refrigerator)
  - Emergency Response Information Kit (ERIK) http://seniors.cimnet.ca/cim/19C45_51T5882T50T1547.dhtm
- Emergency Kit to be prepared for 72 hours: water, food, battery flashlight, battery radio, prescriptions, first aid, special needs for disability.
- Emergency Assistance for People with Disabilities
  - Mobility needs: people with wheel chairs, scooters, walkers
  - Non visible disabilities: communication, mental health, diabetes, heart, copd
  - Hearing: printed messages, note pad, alarms with flashing lights
  - Vision: white cane, large print, speak clearly and ask how to assist.
  - Seniors / special needs
  - High Rise Safety - residents of the building need emergency plans

- Resources:
  - Emergency Response Information Kit (ERIK) http://seniors.cimnet.ca/cim/19C45_51T5882T50T1547.dhtm
  - City of Regina Emergency Planning http://www.regina.ca/residents/emergency-planning/

- For anyone who does not have access to a computer to check out the information on the websites that David mentioned you can call me (Ivan) at 306 757-8051 and I will send you a copy.

Ever Wonder ....

Why the sun lightens our hair, but darkens our skin?
Why women can’t put on mascara with their mouth closed?
Why don’t you ever see the headline ‘Psychic Wins Lottery’?
Why is ‘abbreviated’ such a long word?
Why is it that doctors call what they do ‘practice’?
Why is lemon juice made with artificial flavor, and dishwashing liquid made with real lemons?
Why is the man who invests all your money called a broker? This one really got to me!
Why is the time of day with the slowest traffic called rush hour?
Why isn’t there mouse-flavored cat food?
Why didn’t Noah swat those two mosquitoes?
Why do they sterilize the needle for lethal injections?
You know that indestructible black box that is used on airplanes? Why don’t they make the whole plane out of that stuff?
Why don’t sheep shrink when it rains?
Why are they called apartments when they are all stuck together?
If flying is so safe, why do they call the airport the terminal?
We are sad to report that Dr. Richard Bruno’s wife, Dr. Nancy Frick, passed away on November 12th, 2014. Our sincerest condolences go out to Dr. Bruno.

Dr. NANCY M. FRICK

Dr. Nancy M. Frick, educator, author, counselor and researcher specializing in the psychology of disability was one of the pioneers who in 1982 first began to study Post-Polio Sequelae (PPS). PPS are the unexpected and often disabling symptoms -- overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold intolerance, and difficulty swallowing and breathing -- that occur decades after the acute poliovirus infection when the reduced number of remaining, polio-damaged neurons “brownout” or fail due to years of overuse. PPS affects the more than one million North Americans who had polio as well as the 20 million polio survivors worldwide.

Dr. Frick, herself a quadriplegic polio survivor from age six, was one of the founding members of the International Post-Polio Task Force and authored numerous journal articles, including the first article in the medical literature on the psychological effects of PPS. With her husband, Dr. Richard Bruno, Dr. Frick also published their International Post-Polio Surveys that documented the widespread physical and emotional abuse young polio survivors experienced, abuse that caused them to develop the hard-driving “Type A” personality and with it the physical and psychological stress that trigger PPS symptoms. She lectured about her work across the United States and Canada to help polio survivors cope with their past abuse and make the lifestyle changes necessary to stop psychological stress and physical overuse to treat PPS.

Dr. Frick’s work on PPS was chronicled frequently in the media. She was featured in the April 1984 “Newsweek” article that provided the first national media coverage about PPS. She also was featured in articles in “The New York Times Magazine” and in the “Times” “SCIENTIST AT WORK” column: “NANCY FRICK - A First-Person Study of Polio’s Painful Legacy.”


Dr. Frick also was an expert in civil rights and accessibility for persons with disabilities, having held positions with the U.S. Department of Education’s Office of Civil Rights and NJ Transit’s Office for Special Services. Dr. Frick created and was executive director of harvest center that provides consulting and education to people with disabilities with special emphasis on the Americans with Disabilities Act and PPS.

Dr. Frick received her bachelor’s degree summa cum laude from Baldwin-Wallace College in Berea, Ohio. She also received a master’s degree in pastoral counseling magna cum laude from Drew University and did her clinical training at the American Foundation of Religion and Psychiatry and The New York Hospital-Cornell Medical Center. Dr. Frick received numerous honors for her work including the “Civil Rights Activist Award” from the City University of New York and was named Pilot Club International’s Northeast “Professional Handicapped Woman of the Year.” She received the Alumni Merit Award as well as a Doctor of Humane Letters degree from Baldwin-Wallace College for her work on behalf of those with disabilities.
The following was posted by Dr. Richard Bruno in harvest center’s Post-Polio “COFFEE HOUSE” on November 7th 2014.

We Vaccinate Too Little and Too Much So the Poliovirus Mutates

Explaining the High 2010 Republic of the Congo Death Rate. We will need a fourth Type I vaccine for Africa…and beyond.

Researchers identify vaccine-resistant strain of polio.

UPI PARIS, Nov. 5 (UPI) -- Polio has been largely eradicated around the world, thanks to a vaccine developed by Albert Sabin. But in 2010, 445 people of Pointe-Noire, Republic of the Congo were infected by a polio outbreak. Almost half of the infected died.

Now, researchers at France’s Institut de Recherche pour le Développement have identified the offending strain of polio. In a paper published this week in the journal PNAS, IRD researchers say the high mortality rate of the Congolese outbreak was in part due to a new strain of polio resistant to current vaccines.

Health officials initially blamed the especially deadly outbreak on poor vaccination coverage, but new DNA analysis of the offending polio strain suggest the virus has genetically evolved to better disguise itself and evade the antibodies produced by a vaccinated immune system.

Researchers tested the new strain on blood samples from vaccinated study participants in both Gabon, Congo’s African neighbor, and Germany. The blood samples were less effective at warding off this particular strain of polio than they were at battling others.

Researchers worry other vaccine-resistant strains of polio are lurking out there in nature, and could strike again. They warn that poorly vaccinated communities are especially vulnerable. (How are they “especially vulnerable” when the current vaccines were ineffective against the new strain?) Doctors and health officials should remain vigilant for paralysis.

Though the occasional polio outbreak still surfaces, the disease is rarer and rarer. According to the World Health Organization, in 1988 there were a reported 350,000 cases of polio. In 2013, there were just 416.

But researchers responsible for this newest polio study suggest those positive trends could be undermined by vaccine-resistant strains, should health officials lose focus of a disease now largely absent from the public consciousness.

My inconclusive travel plans for 2015

I have been in many places, but I’ve never been in Cahoots. Apparently, you can’t go alone. You have to be in Cahoots with someone.

I’ve also never been in Cognito. I hear no one recognizes you there.

I have, however, been in Sane. They don’t have an airport; you have to be driven there. I have made several trips there, thanks to my friends, family and work.

I would like to go to Conclusions, but you have to jump, and I’m not too much on physical activity anymore.

I have also been in Doubt. That is a sad place to go, and I try not to visit there too often.

I’ve been in Flexible, but only when it was very important to stand firm.

Sometimes I’m in Capable, and I go there more often as I’m getting older.

One of my favorite places to be is in Suspense! It really gets the adrenalin flowing and pumps up the old heart! At my age I need all the stimuli I can get!

And, sometimes I think I am in Vincible, but life shows me I am not.

People keep telling me I’m in Denial but I’m positive I’ve never been there before!

I may have been in Continent, but I don’t remember what country I was in. It’s an age thing. They tell me it is very wet and damp there.
Two Polio-Like Enterovirus Cases in BC

Two boys who were hospitalized in BC with the respiratory illness enterovirus D68 developed polio-like symptoms. Both were previously healthy and had symptom onset in late August 2014. They reside several hundred kilometres apart and are not epidemiologically linked.

The one boy who is between the age of five and 10 years old had a 5-day history of fever, cough, rhinorrhea and congestion. Household members, both adult and children, had similar cold-like symptoms. Two days prior to admission, the child experienced headache and neck pain radiating to the left shoulder, worsened by coughing. The child developed sudden onset of left arm weakness. There was no improvement in neurological symptoms during the 9-day course in hospital and the child was discharged with outpatient follow-up. There remains no neurological improvement nearly one-month post-admission.

The other boy, a teen between the age of 15 and 20, had a prior history of shingles in the late spring and respiratory symptoms over the past 2-3 months. He awoke with right arm weakness and went to the hospital with one-day history of flu-like symptoms including mild fever, general aches and fatigue. No other family members had cold-like symptoms. The patient rapidly deteriorated over the ensuing 24 hours with difficulty breathing requiring intubation and mechanical ventilation. Nearly one month post-admission, the patient still requires assistance with ventilation.

Enterovirus D68 (EV-D68) is a rare but known non-polio enterovirus that causes mild to severe respiratory illness. Recently, several clusters of severe respiratory illness in hospitalized children due to EV-D68 infection have been found in the United States and Canada.  

Information from BC Centre for Disease Control and http://www.promedmail.org

Kids Are the Only Ones Who Make Sense!

A three-year-old boy went with his dad to see a litter of kittens. On returning home, he breathlessly informed his mother, “There were 2 boy kittens and 2 girl kittens.” “How did you know?” his mother asked.

“Daddy picked them up and looked underneath,” he replied.

“I think it’s printed on the bottom.”

Another three-year-old put his shoes on by himself. His mother noticed that the left shoe was on the right foot. She said, “Son, your shoes are on the wrong feet.” He looked up at her with a raised brow and said, “Don’t kid me, Mom. They’re the only feet I got!”

On the first day of school, about midmorning, the kindergarten teacher said, “If anyone has to go to the bathroom, hold up two fingers.”

A little voice from the back of the room asked, “How will that help?”

A mother and her young son returned from the grocery store and began putting away the groceries. The boy opened the box of animal crackers and spread them all over the table. “What are you doing?” his mother asked.

“The box says not to eat them if the seal is broken,” the boy explained. “I’m looking for the seal.”

A father was at the beach with his children when his four-year-old son ran up to him, grabbed his hand, and led him to the shore, where a seagull lay dead in the sand. “Daddy, what happened to him?” the son asked.

“He died and went to Heaven,” the dad replied.

The boy thought a moment and then said, “Did God throw him back down?”

After the church service a little boy told the pastor, “When I grow up, I’m going to give you some money.” “Well, thank you,” the pastor replied, “but why?”

“Because my daddy says you’re the poorest preacher we’ve ever had.”
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

The next two Polio Regina meetings will be held at Nicky’s Café, on the corner of Eighth Avenue and Winnipeg Street, on Thursday March 26th, 2015, and Thursday April 30th, 2015 at 3:30 p.m. Nicky’s has extra parking at the back and it is wheelchair accessible. The spring picnic will be held at a private residence in May. We will also have fall meetings at a time and location yet to be determined.

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.

The executive of Polio Regina would like to wish all our members and their families a Merry Christmas and a Healthy and Happy New Year.

MEMBERSHIP APPLICATION POLIO REGINA Inc.

Name ____________________________________________________________

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

Address

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Postal Code____________________________________Phone: ________________________

Annual membership fee: (Jan.- Dec.) Membership Fees are due January 5, 2015

$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.)
Spring Picnic 2014

Our annual spring picnic was enjoyed by everyone with lots of great food and conversation. The weather was pleasant and we were able to spend the evening on the deck. Thank you to Mavis and Adam for hosting us in your lovely home and thank you to Carole and Wilf for getting the food and setting everything up.