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Polio Regina Incorporated

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# Have a Great Summer



## My Polio Story

The following is Doc Bornholdt's Polio Story as told to Ivan Jorgensen. Doc has been a member of Polio Regina for 15 years or more. He faithfully drives in from Yellow Grass to attend almost every Polio Regina meeting or function.

### Ross (Doc) Bornholdt



Doc was born in 1943 and raised on a farm near Yellow Grass, Saskatchewan. His family moved into town in 1950 but continued to farm the land which was only a mile and a half from town.

Doc contacted polio in the fall of 1953. He doesn't really remember much about it but there are a few things that he can remember. He remembers getting sick and vomiting. He was put into the new hospital in Weyburn, which had just opened. He was

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## Custom Office Chair

By David Cotcher

In 2005 I had an ergonomic assessment by an occupational therapist at my office where I work in Regina at the SaskPower System Control Centre. Ergonomics means the science of designing the job, equipment, and workplace to fit the worker. As an office worker up to 70% or more of my time is spent at my desk using a computer. The occupational therapist examined how my body size and shape fit the chair and desk while using the computer keyboard and mouse, and the viewing angle for looking at the computer screen. As a result of this assessment she provided a report with several recommendations.



As a result of having polio at about 18 months in 1955 I developed kyphoscoliosis of my back starting at about age 7 and progressing as I grew. The kyphoscoliosis is an outward curvature of the right side of my back in addition to a double S-shaped lateral curvature. I am thankful that over the years I have not had as

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### *My Polio Story - Continued*

quarantined in a ward on the first floor with two other children. His parents were only allowed to visit with him through a window. Doc thinks he was only in the hospital for about two weeks.

The only lasting affects of the polio was a bent big toe and the one leg was weaker than the other but as he grew, the weak leg didn't grow as fast as the other therefore it became a little bit shorter, which resulted in Doc having a slight limp. Doc also had polio in the throat which affected his ability to swallow quickly.

Doc's parents took him to the Wascana Rehabilitation Centre in Regina for therapy several times after he had come home from the hospital. His parents also took turns helping him with therapy at home by holding his leg down while he tried to lift it in order to build up the muscles in his leg.

Since Doc was young when he had polio and didn't really know anything different, he grew up like everybody else. He played sports like hockey, curling, baseball, track and field, and he worked on the farm.

Doc took over the farm in 1974 which he operated as a grain farm. Doc retired from farming in 2000 and rented out his land. He sold the farm in 2006. Doc received the Century Family Farm Award in 1998 which acknowledged that the farm had been farmed by the same family for 100 years.

Over the past few years, Doc has noticed that he gets tired easily, his legs play out and he has trouble bending. Doing yard work has become a chore. He sometimes has problems swallowing; his throat seizes up if he drinks water too fast. He has gone for massage therapy and he finds that it helps his legs and back.

Doc had bypass surgery in March 2006 and now has a healthy heart.

Lots of people would like to know how Ross got the nickname Doc. Before Ross was born, his father worked as a nurse at the Weyburn Mental Hospital and the people there called him Doc. When Ross was a little boy he used to follow his dad around like a shadow so people also called him Doc and the nickname stuck.

Doc is a proud supporter of the town of Yellow Grass and has been involved in many community projects.

### *Custom Office Chair - continued*

much back pain as many people with back conditions. However in about 2004 I started to have a lot of pain in my lower and upper back and right shoulder. I tried unsuccessfully to use additional cushions with my standard chair, but it still did not fit my body shape or provide proper support. In the ergonomic assessment the occupational therapist recommended that I get a chair that is more adjustable than the standard office chair and investigate getting a custom made back cushion to fit my back.

I researched available chairs, visited office furniture dealers, and tried out three different ergonomic office chairs available at that time: Herman Miller Aeron, Teknion Contessa, and Steelcase Leap. The recommended features from the ergonomic assessment included: seat adjustable depth, back material either customized, or somewhat flexible material, adjustable seat and back height with back height to support shoulder blades, height adjustable armrests, with 5 prong swivel pedestal base. I evaluated a Steelcase Leap chair for a week in my office and concluded that it was the most suitable for my particular needs.

I was referred to an assessment by a team at the Wascana Rehabilitation Centre including a physiotherapist, occupational therapist and seating technician. They concluded it would be feasible to customize a seat back cushion to fit and support my back, and install it on the ergonomic office chair. At a later appointment they had fitted a plastic bag arrangement on a modified chair back frame. As I sat in the chair, the seating technician poured liquid foam material into the plastic bag to fill the area around and behind my back. This then solidified into a cushion the shape of my back. They later upholstered the moulded chair back cushion to match the seating material. I have been using the finished chair (as shown in the pictures) in my office for the last 5 years.

There were several other recommendations in the ergonomic assessment in 2005 that were implemented and I found quite helpful. There were other simple changes such as moving the location of the telephone so I did not have to reach as far to use it. I got a

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### ***Custom Office Chair - continued***

flat screen monitor that could be moved farther back and lowered down to give a better viewing angle. A keyboard shelf was made for my desk to give the right height. I also switched to using the mouse with my left hand as seen in the picture. I am right handed but using the mouse was aggravating the pain in my right shoulder. Switching to the left hand also allows the mouse to be closer to the keyboard since the numeric keypad is on the right. For 5 years now I have been using the mouse with my left hand at work and my right hand at home. It came quite naturally and I do it now without thinking about it.

The results of the ergonomic recommendations were quite successful for me. The custom office chair was a unique solution for my needs. Many of the other changes were quite simple and still very beneficial. All these changes in combination with the custom chair have enabled me to use the computer at my desk more comfortably with less strain on my back and shoulders.

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## **New Executive for Polio Regina**

A new slate of officers for Polio Regina was elected at the March 2010 Annual General Meeting. The following are the Executive Officers of Polio Regina Inc. for 2010-2011:

**President** – Wilf Tiefenbach

**Vice-President** – Carole Tiefenbach

**Secretary** – Ivan Jorgensen

**Treasurer** – David Cotcher

**Phone Coordinator** – Pat Allonby

**Archivist/Librarian/Web Master** – Dr. Mavis Matheson

**Post Box Editor** – Ivan Jorgensen

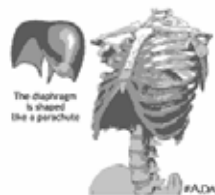
Thank you for accepting these positions. We wish you well during your term.

The following article is “The Breathing Page” from the web site of Southern California PPS Manager. Permission to reprint has been granted by the author and editor Rick Van Der Linden. It can be viewed at: [www.ppsmanager.com/PPSBreathingPage.html](http://www.ppsmanager.com/PPSBreathingPage.html)

## **PPS BREATHING PROBLEMS**

By Rick Van Der Linden

PPS breathing problems are the result of weak muscles. Though the main breathing muscle is the diaphragm, breathing involves all the muscles from mouth to lower abdomen. If you have a weak diaphragm you may suffer pain and fatigue in the muscles of your ribs and back just as a weak left leg may cause pain and fatigue in your good right leg.



Because it's 30% more difficult to breathe while laying down, breathing problems usually show up first as sleep problems.

Sleep apnea can be mild at first becoming more serious as years go by, or a sudden onset may follow a physical or emotional trauma.

The symptoms of sleep apnea include morning headache, difficulty staying asleep at night, falling asleep at inappropriate times, frequent urination during the night, bad dreams, high blood pressure, and more. Cognitive problems include loss of concentration, forgetfulness (some sufferers think they may have Alzheimer's), difficulty making memories, word finding problems, and brain fatigue.

Hypoventilation, or barely breathing, is another word we should be aware of. Weak breathing muscles prompt us to breathe less and less over time. Eventually we get accustomed to getting by on less oxygen while excess carbon dioxide is stored in our muscles and organs. Long term problems include damage to just about every organ and muscle in the body, but the heart and brain are particularly vulnerable. One very dangerous long-term effect is loss of desire to go on living.

The most common MIS-Treatment involves a deadly cascade of events often including CPAP, supplemental oxygen, pain medication, antidepressants, blood pressure medication, and the list goes on.

Proper treatment is simply a matter of proper mechanically assisted ventilation. This can be achieved by means of any one of a variety of products generally described as bilevel ST machines. These can include Bipap ST, VPAP ST, Volume Ventilators, and others. The features they have in common are that they provide a preset positive pressure into the lungs during the inhale cycle, and a lower pressure while exhaling. They also have a built-in timer that can be set for a minimum number of breaths per minute in case the user doesn't initiate a breath in a timely manner.

The user is comfortably hooked up to the machine via a tube (or tubes) and a mask. The most common is a nasal mask.

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## Paratransit Information

*By Blenda Ramsay*

As a full time user of the Paratransit Bus for the past couple years, I thought it was high time that I gave you a little talk about the pros and cons of riding the "bunny bus" as it was called back in the day.

About 25 years ago I had a membership with the Paratransit because I had broken my ankle and I needed to go to Wascana for therapy. I was not able to drive myself and Fred was at work, so I lowered myself to use the "Bunny Bus" because it was the only way I could get to there.

I remember getting on the bus that first time and thinking how uncomfortable I felt. I hoped none of my neighbors saw me get on that bus. I turned my head so they wouldn't even see me and I couldn't help but think that "now it's come down to this!" I can't even be independent anymore. How dreadful!"

I hated each ride about as much as I hated the therapy for those six or eight weeks but I was thankful to get the ride. Then therapy ended and eventually so did that membership.

Then a couple of years ago I found myself back in the wheelchair and transportation was a problem once again. BUT this time I had changed my whole

attitude about the Paratransit Bus. I applied again and my application was accepted right away. I was so thankful and happy to have this wonderful service come right to our door and pick me up and take me where I needed to go.

It seemed like a miracle that I could phone and book it to take me to a medical appointment, or I could go shopping at the Mall or even out for lunch. This past Nov. Fred & I attended a six week evening class so the bus picked us up and brought us home those nights.

At first I paid cash for each trip (I think it was \$2.10 each way). Then I started buying 10 tickets at a time. Last fall I purchased a semi-annual pass and I'm sure it's paid for itself since we use the bus once or twice every week. Now in April I plan to get a yearly pass as I know I will get my money's worth in the next year.

So if you would like to save on parking, buy less gas, stop the wear and tear on your car and become a friend of the environment - then traveling on the Paratransit is the answer.

Yes, sometimes you do have to wait for the bus, and yes, you do have to book in advance, but in our case, we have all the time in the world these days. The bus drivers are very willing and able to make sure you arrive safely. Some of the drivers have disabled people in their own families and know how to handle walkers, wheelchairs, and scooters.

To make a long story short, it's one of the best investments we could have ever made.

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### **ELDERLY**

While working for an organization that delivers lunches to elderly shut-ins, a lady used to take her 4-year-old daughter on her afternoon rounds. She was unfailingly intrigued by the various appliances of old age, particularly the canes, walkers and wheelchairs. One day the lady found her staring at a pair of false teeth soaking in a glass. As she braced herself for the inevitable barrage of questions, her daughter merely turned and whispered, "The tooth fairy will never believe this!"

*The following article was printed in the May/June issue of the "PPS Manager" Permission to reprint has been granted by Gladys Swensrud, Co-Facilitator, San Diego Polio Survivors.*

## **Brief Overview of a Neurological Exam**

By Gladys Swensrud

I often wonder if physicians have any idea of how unsettling it is from the patient's perspective to be sitting in an examination room awaiting a doctor's entrance. Once escorted into the room, do we try to make ourselves comfy on that straight-backed, schoolroom style chair, strategically (but rather uninvitingly) positioned between the door and the sink? Or should we sit on the 5-foot high exam table that requires a two-step footstool to climb up onto, and upon which, if you sit for too long, the pressure from the edge cuts off circulation in your dangling legs? We wonder how much time we will have to introduce our issue and get to the meat of our problem. And we question how we begin to explain what prompted us to make an appointment in the first place?

Who knows; maybe it is just as challenging from the doctor's perspective. He has a patient with an obviously serious concern that brings him/her to his door. Doctors must know the expectation will be for quick answers and solutions to whatever the problem. And, unfortunately, most sick patients don't have a lot of patience, so we expect a high degree of alacrity in determining the problem.

As in my case, when polio survivors begin experiencing symptoms related to Post-Polio Syndrome, we are confused about what is occurring and where to go for help. Because many of our symptoms are neurologic in nature, the doctors from whom we seek help, whether a family practice physician or neurologist, will begin with a neurologic assessment, otherwise known as a neurological exam. The neurological exam is an inexpensive, noninvasive way to determine what might be wrong with a series of simple questions and tests that provide crucial information about the nervous system.

From the moment the doctor walks into the room and extends his hand in greeting, the test begins! Fortunately, physicians are taught in medical school how to put patients at ease while they quickly assess a starting point and begin the diagnostic process. With that simple handshake the doctor will be looking for signs of weakness or strength. Does the hand have normal muscle tone, or are there signs of muscle loss? Your verbal responses also denote voice signals of wellness or weakness, and a simple smile tells part of the picture as well. By the time you start to share your reason for the visit, he is already well on his way to finding answers.

Patients often wonder why doctors ask us to perform certain tasks; however, in an effort to be compliant and not waste a minute of their time, we generally don't question. In reality there is little mystery to the steps physicians follow during a neurological examination, however the results they obtain definitely depend upon the skill, patience, intuition and intelligence of the attending physician. At the same time, correct results are also dependent upon the cooperation of the patient for complete and thorough responses.

The neurological examination is divided into several components, each focusing on a different part of the nervous system:

- Mental status, including language and speech
- Cranial nerves 1-12 – which includes symptoms from Optic to Facial to Hypoglossal (involving muscles of the tongue) and everything in between
- Motor system – both upper and lower limbs
- Sensory system – Touch/Pain/Vibration
- Deep Tendon Reflexes – absent to brisk
- Coordination and the cerebellum – The part of the brain that controls voluntary movement and motor coordination
- Gait

The following is a quick summary of each part of the exam. It is a good bet you'll recognize each portion of the testing process:

The Mental Status examination is designed to test cognitive ability. This is assessed by noting the patient's: awareness and responsiveness, appearance and behavior, mood, orientation to the world around them through examples such as comprehension of time and place, speech and language function, memory and judgment.

The Cranial Nerves are a set of 12 nerves (I-XII) that relay messages between the brain and the head and neck and which control motor and sensory functions, including vision, smell and movement of the tongue and vocal cords. Can you raise your eyebrows? Can your eyes track a moving object? Can you smile and is your smile symmetrical? (Etc., etc.) With swallowing, gag reflex and speaking/vocal cord involvement, it is not difficult to see how cranial nerves played a huge part in the polio puzzle.

The Motor System includes the brain and spinal cord motor pathways and all motor nerves and muscle groups throughout the body. The motor exam has several steps: 1) Observation 2) Inspection, 3) Palpation (explore by touching) 4) Muscle tone testing 5) Functional testing and 6) Strength testing of individual muscle groups.

- Observation includes examining to look for twitches, tremors or other involuntary movements or unusual movements suggestive of a movement disorder.

- In the case of polio survivors inspection might reveal signs of atrophy, fasciculation or myoclonus movements.
- Palpation would be used to detect tenderness.
- Muscle tone is checked through passive movement of each limb at several joints to get a feeling for any resistance or rigidity that may be present.
- Functional testing looks for subtle abnormalities, as when you are asked to hold up your arms and close your eyes to see if your arms drift apart. Fine movements can be checked by rapid finger, hand or foot tapping.
- All polio survivors have had muscle strength testing, which tests the strength of each muscle

group and records it in a systematic fashion on a grading scale of 5 (normal strength) to 0 (no muscle movement)

The Sensory System exam is used to determine areas of abnormal sensation, the quality and type of sensation impairment and the degree and extent of tissue involvement. Changes in Reflexes are often the first sign of neurological dysfunction, so observing reflexes is the most objective part of the neurologic exam. Reflexes are actions performed involuntarily in response to impulses sent to the central nervous system, and since the reflexes are not under voluntary control, testing does not depend upon the patient's cooperation, attitude or awareness. According to Wikipedia, "The deep tendon reflexes provide information on the integrity of the central and peripheral nervous system. Generally, decreased reflexes indicate a peripheral problem, and lively or exaggerated reflexes a central one." Coordination and the Cerebellum – The cerebellum is the part of the brain that controls involuntary movement and motor coordination. When testing coordination it provides clues about conditions that affect the cerebellum. We've all done the finger to nose to finger test. Although most people take the ability to walk for granted, survivors of polio NEVER do! Walking is a very intricate physiological process. How we walk, otherwise known as Gait, is influenced by a number of body mechanics and nervous system reflexes. By observing gait, a neurologist can gather important clues about what might be wrong. The test is composed of walking in different ways (heel to toe in a straight line, turning abruptly, walking on the toes, walking on the heels or running). Take heart, polio survivors! Thanks to the comprehensive teaching techniques at UC San Diego's School of Medicine, all 2nd Year medical students have an opportunity to examine patients with old polio experiencing issues with PPS. Thanks, UCSD, for educating young doctors and teaching them that polio is not gone and the aftereffects are not forgotten!

The following article is reprinted by permission from Mauricio Minotta, Director of Communications, Salk Institute for Biological Studies. Please check out the web site [www.PolioToday.org](http://www.PolioToday.org) for some very interesting video stories of polio survivors.

## Salk Institute Launches Website for Polio Survivors



The Salk has launched PolioToday.org —a resource for polio survivors intended to raise awareness of the crippling post-polio syndrome (PPS), a serious neuromuscular condition that can strike an estimated 40-50 percent of people decades after they were first infected with poliovirus.

The World Health Organization estimates there are about 10-20 million polio survivors worldwide. Characterized by extreme fatigue and renewed weakness or paralysis in the limbs, PPS is often misdiagnosed because its symptoms resemble other crippling neurodegenerative diseases. The severity of paralysis during the original polio infection (decades earlier) does not seem to play in role in whether or when PPS strikes, and the syndrome is typically gradual in onset.

“I have had patients who had very mild cases of polio, or don’t even remember having had polio when they were young, end up with post-polio syndrome,” says Dr. Jacquelin Perry, renowned orthopaedic surgeon and world authority on gait analysis who

treats PPS patients at Rancho Los Amigos National Rehabilitation Center in Downey, California.

PPS mimics other debilitating diseases, and because there is no single diagnostic test to confirm it, it is considered a disease of exclusion – meaning it requires specialized testing by well-trained physicians who rule out all other possibilities to achieve a proper diagnosis. That diagnostic complexity and confusion, coupled with the fact that the U.S. polio survivor population is now elderly (or close to it), has relegated the PPS community to relative obscurity.

“People suffering from PPS seem to exist in the shadows, far from broad public awareness of the disease and its terrible manifestations,” says Susan Trebach, Salk Institute Senior Communications Director. “Our goals are to heighten awareness and understanding of PPS, encourage people to seek proper diagnosis and treatment, and facilitate the growth of online communities of polio survivors around the world.”

PolioToday.org features video testimonials from polio survivors who share recollections of their personal battles with polio when they were young, their more recent diagnosis and management of PPS, and how they are coping with their condition. There is an expert opinion video page featuring several clips by UCLA Neurologist Dr. Susan Perlman, a PPS specialist who explains the cause of PPS and provides relevant information.

“Polio survivors have searched for a way to actively connect to one another for years,” says polio survivor Gladys Swensrud from San Diego, California. “This exciting Salk Institute site, PolioToday.org, offers not only a forum for the distribution of important polio and post-polio related information, but it also creates a much needed link for polio survivors worldwide to connect with one another using modern social networking capabilities.”

Rick Van Der Linden, a polio survivor from Hemet, California adds: “The best part of the site is that it’s been developed just for us. It allows us to communicate with and learn from one another. It’s the best thing going on the Web for the polio survivor community.”

Since going live in August, with no mainstream

public announcement of any kind, the Community section of the site is already attracting attention as polio survivors, some from as far away as Australia, have signed up to participate in various discussions that have been posted. Under the Emotional Stress and PPS discussion topic, for example, members describe the ways they control the anxiety and depression associated with PPS.

“It is amazing to see people openly discuss their deepest health concerns related to PPS as well as how they found us in the first place,” says Mauricio Minotta, the Salk Communications Director leading the website project.

“It is especially gratifying to receive comments, either on Twitter or YouTube, from people who tell us how much they appreciate this new internet resource,” Minotta says.

The Resources page provides users with a growing list of polio survivor groups around the country and PPS and polio-related literature from other organizations such as Post-Polio Health International, the World Health Organization and Rotary International Polio Eradication.

Most of the activity on PolioToday.org to date has been generated through connections made on Twitter, YouTube and Facebook.

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*The following article appeared in the April 2010 “Lion” magazine which is published by Lions Club International.*

## **Polio Push in India**

Polio almost has been wiped out. Even India, once ravaged by the crippling disease, has nearly eliminated it. But children remain at risk, and in January the Aurangabad City Leo Club in India saw to it that 533 children younger than five years old were immunized. The Leos held a rally to publicize the free immunization and went door to door to urge parents to protect their children.

## **Retarded Grandparents**

After Christmas, a teacher asked her young pupils how they spent their holiday away from school. One child wrote the following:

We always used to spend the holidays with Grandma and Grandpa. They used to live in a big brick house but Grandpa got retarded and they moved to Arizona. Now they live in a tin box and have rocks painted green to look like grass. They ride around on their bicycles and wear name tags because they don’t know who they are anymore. They go to a building called a wreck center, but they must have got it fixed because it is all okay now, they do exercises there, but they don’t do them very well. There is a swimming pool too, but they all jump up and down in it with hats on.

At their gate, there is a doll house with a little old man sitting in it. He watches all day so nobody can escape. Sometimes they sneak out, and go cruising in their golf carts.

Nobody there cooks, they just eat out and they eat the same thing every night --- early birds.

Some of the people can’t get out past the man in the doll house. The ones who do get out, bring food back to the wrecked center for pot luck.

My Grandma says that Grandpa worked all his life to earn his retardment and says I should work hard so I can be retarded someday too. When I earn my retardment, I want to be the man in the doll house. Then I will let people out, so they can visit their grandchildren.

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Paul Newman founded the Hole in the Wall Gang Camp for children stricken with cancer, AIDS and blood diseases. One afternoon he and his wife, Joanne Woodward, stopped by to have lunch with the kids. A counsellor at a nearby table, suspecting the young patients wouldn’t know that Newman was a famous movie star, explained, “That’s the man who made this camp possible. Maybe you’ve seen his picture on his salad dressing bottle?” Blank stares. “Well, you’ve probably seen his face on his lemonade carton.” An eight-year-old girl perked up. “How long was he missing?”

## **Canada Ratifies UN Convention on the Rights of Persons with Disabilities**

March 11, 2010 The Honourable Lawrence Cannon, Minister of Foreign Affairs, and the Honourable Diane Finley, Minister of Human Resources and Skills Development, today announced that, with the support of all provinces and territories, the Government of Canada has ratified the Convention on the Rights of Persons with Disabilities at United Nations headquarters in New York City.

“Canada is committed to promoting and protecting the rights of persons with disabilities and enabling their full participation in society,” said Minister Cannon. “Ratification of this convention underscores the Government of Canada’s strong commitment to this goal.”

“Canada is proud to have been one of the first countries to originally sign the Convention in 2007,” said Minister Finley. “The ratification of this agreement is just further acknowledgement that Canada is a world leader in providing persons with disabilities the same opportunities in life as all Canadians.”

“Today is a momentous day for Canadians with disabilities and their families,” said Bendina Miller, President of the Canadian Association for Community Living (CACL). “CACL is thrilled that Canada has ratified the Convention. Canada has been an international leader on disability and human rights, and through ratification can continue to play this important role. CACL looks forward to working with the Government of Canada on implementing and monitoring compliance with the Convention.”

“The Government of Canada’s ratification today of the Convention is a historic event for Canadians with disabilities,” said Marie White, National Chairperson of the Council of Canadians with Disabilities. “It signals the end of an era where people with disabilities were seen as objects of charity. Ratification of the Convention makes real

our goal of recognition as full and equal citizens of Canada.

“Ratification of the Convention puts an end to the medical model and opens exciting new opportunities for building a more inclusive and accessible Canada. Canadians with disabilities applaud the Government of Canada for this historic action.”

“As the Government of Canada continues to play a leading role with respect to the inclusion of persons with disabilities in sport, we wish our paralympic athletes the best of luck at the upcoming Paralympic Games in Vancouver,” said Minister Cannon.

The Convention on the Rights of Persons with Disabilities is an international human rights instrument of the United Nations intended to protect the rights and dignity of persons with disabilities. Parties to the Convention are required to promote, protect and ensure the full enjoyment of human rights by persons with disabilities, and to ensure that they enjoy full equality under the law.

There are approximately 4.4 million persons with disabilities in Canada—about 14.3 percent of the population.

### **Backgrounder - UN Convention on the Rights of Persons with Disabilities**

The United Nations General Assembly adopted the Convention on the Rights of Persons with Disabilities on December 13, 2006, after several years of negotiation in which Canada took an active role.

Canada was among the first countries to sign the Convention when it was opened for signature on March 30, 2007.

The purpose of the Convention is “to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity.” It reaffirms for persons with disabilities existing civil, political, economic,

social and cultural rights set out in international law.

The Convention's core obligations relate to non-discrimination and reasonable accommodation. These core obligations are then elaborated in specific provisions that address such issues as freedom of expression, political rights, liberty and security of the person, legal capacity, education, health and employment. The Convention also contains provisions on issues unique to people with disabilities, such as accessibility, independent living and inclusion in the community, as well as the processes of rehabilitation and habilitation, through which those with disabilities learn to function fully in society.

The Government of Canada consulted provincial and territorial governments throughout the Convention's negotiation, signature and ratification processes. The Canadian government also consulted civil society through a national round table with stakeholders, and an online consultation open to the public. It also sought the views of self-governing Aboriginal groups on how ratification of the Convention might affect their communities.

### **Exercise for the over 40s**

Begin by standing on a comfortable surface, where you have plenty of room at each side. With a 5-lb potato sack in each hand, extend your arms straight out from your sides and hold them there as long as you can. Try to reach a full minute, and then relax. Each day you'll find that you can hold this position for just a bit longer.

After a couple of weeks, move up to 10-lb potato sacks. Then try 50-lb potato sacks and then eventually try to get to where you can lift a 100-lb potato sack in each hand and hold your arms straight for more than a full minute. (I'm at this level.)

After you feel confident at that level, put a potato in each of the sacks.

The **HUMAN BODY** is a machine full of wonder. This collection of human body facts will leave you wondering why in the heck we were designed the way we were. Scientists say the higher your I.Q. the more you dream.

The largest cell in the human body is the female egg.

The smallest is the male sperm.

You use 200 muscles to take one step.

The average woman is 5 inches shorter than the average man.

Your big toes have two bones each while the rest have three.

A pair of human feet contain 250,000 sweat glands.

A full bladder is roughly the size of a soft ball.

The acid in your stomach is strong enough to dissolve razor blades.

It takes food 7 seconds to get from your mouth to your stomach.

The average human dream lasts 2-3 seconds.

Men without hair on their chests are more likely to get cirrhosis of the liver.

At the moment of conception, you spent about half an hour as a single cell.

There are about one trillion bacteria on each of your feet.

Your body gives off enough heat in 30 minutes to bring half a gallon of water to a boil.

The enamel in your teeth is the hardest substance in your body.

Your teeth start developing (in your gums) 6 months before you are born.

When you are looking at someone you love, your pupils dilate, they do the same when you are looking at someone you hate.

Blondes have more hair than dark-haired people.

Your thumb is the same length as your nose.

At this very moment I know full well you are putting this last fact to the test.



# Christmas Party 2009

The Polio Regina Annual Christmas Party was held at The Chimney House Restaurant on December 3, 2009. President Carole Tiefenbach presented Nora Schlosser with a Life Membership. Nora is a long time supporter of Polio Regina and served as secretary for four years.



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## For Sale

1995 Ford Windstar XL Van; 114,000 km., 2 new tires; complete with Bruno electric lift for scooter. \$4,500.00. **Would consider selling without the lift.** For more details call Blenda at (306) 543-6380 or email [fbramsay@sasktel.net](mailto:fbramsay@sasktel.net)

