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Season's Greetings



Wedding Bells



Polio Regina would like to congratulate President Carol Einfeld and Vice-president Wilf Tiefenbach who were married September 12th 2008. Our best wishes go out to the happy couple. Now there is a congenial executive!

Message from the President

Greetings to all our dear post polio friends.

Well, this surely has been the busiest year for us! What we have done this past year, no one with post polio should ever take on, but it had to be done.

As life goes, since then, we have had sad times and very happy times. On Aug. 4th, I lost my older brother, at the young age of 66. It is very difficult when I think of him, not being able to call him up to say, "How are you?" he was the brother who cut out an article from the Winnipeg Free Press about post polio syndrome, many years ago. He was a caring guy.

September 12th, on a happier note, Wilf and I got married in our front yard. A very happy occasion for us and especially Wilf's Mom.

Unfortunately, we lost her on October 15th, to pulmonary fibrosis. It was just too sudden. We would like to thank everyone who sent cards and also to those who attended the funeral. That was so special, and we certainly appreciated all your kind

words, thoughts and prayers.

Our dear longtime polio member, Lloyd MacPherson, passed away on November 18th. Our thoughts and prayers go out to Inge through this time of mourning. We will miss him dearly sitting at the end of the table, at home and at our meetings.

I would like to take this opportunity to thank all of the hardworking executive for their input into our support group, without you, where would we be? So thank you, thank you to all.

Wilf and I will be leaving for a well earned honeymoon by the middle of January. We might be back in one month. My sister and brother-in-law have graciously offered us their fifth wheel, which is sitting in Texas waiting for us.

May you all have a wonderful Christmas and a happy, healthy, prosperous New Year, filled with much peace, love and joy!

Blessings and Best Wishes,

Carole and Wilf Tiefenbach

My Polio Story

This is the second in a series of members' Polio Stories.

And The Beat Goes On!

My Polio Story



By Blenda Ramsay

Summer 1953 and life for me was wonderful. I was 17 years old and had just completed my Grade 11. I looked forward to working as a “hired girl” on a farm at

Balcarres, Sk. to make some money.

It was another hot sticky Saskatchewan summer and the headlines screamed that the polio epidemic was spreading across the country. Movie Theatres, swimming pools and maybe even churches closed as a precaution because we heard that the polio virus was a very contagious disease. Everyone was talking about it but I didn't give it much thought.

In the meantime I worked hard on the farm, getting up at 6 am and helping the lady of the house do cooking, house work and looking after four small children. I was homesick because I had never been away from home for that length of time, but I kept thinking of all the money I would be making. This was my first real job and I made \$100 for the two months of work.

At the end of August I returned home in time to get settled in school. I felt very tired after working all summer and when people asked how come I was so tired, I said “I guess I'm getting polio”. Little did I know!

On Friday, September 25, 1953, I had planned to go to Regina for the weekend to attend an

Anniversary celebration with some friends. I attended school all day, but as the day wore on, I developed a terrible headache. I returned back to our farm after school and it became obvious that I had something very wrong with me.

I cancelled my trip to Regina and went to bed. Within hours my headache got worse, my neck was so very stiff I could barely move it and I spiked a very high temperature.

What kind of flu was this??? My siblings stayed away from me because they didn't want to catch what I had.

By morning, I was paralyzed and unable to get out of bed, so the doctor came (in those days they came to the house) and I was taken to the Melville Hospital. I was given a spinal tap and of course it confirmed that I had polio. At that point I was too ill to care.

The Air Ambulance came and took me to the General Hospital in Regina where I was put in Isolation. By this time I was paralyzed from my neck down to my toes.

I didn't know what was happening. Being in Isolation was like hell. The iron lungs made eerie sounds, nurses came and put hot rags on my legs, and people cried out in pain day and night. My arms were paralyzed and I don't remember how I fed myself. Of course no one could come to see me. Even the nurses and doctors were timid about treating us because they might become infected as well.

The little five year old girl in the next bed died one night and when I woke in the morning, she was gone. I was in and out on consciousness for days. I had a board at the end of my bed and the nurses kept propping my feet against that board, however, my right foot kept falling down and must have got stretched because I ended up having drop foot.

After a couple weeks on the Isolation Ward, they finally came and took me to a room on “B” flat.

I thought I had died and gone to heaven. It was so much more peaceful on that ward even though we shared the room with 23 other people. They arranged a sling over my bed so I could grab on it and pull myself to sitting position. I couldn't believe how weak I was and it took days before I managed to sit up.

After the initial virus subsided, I required months of physio therapy. Oh my, what pain that was! I dreaded every minute of the stretching, pulling and straightening of tight muscles. My arms and legs would not co-operate without help. I would cry with pain until they returned me back to my room. While in physio, I tried listening to former radio host, Johnny Sandison, (the morning mayor) talk cheerfully on CKCK radio so I could ignore the pain I was going through. The only good thing about going to physio was the nice young porter who came and took me down in the wheelchair.

Christmas time came and I was allowed to go home for a few days. It seemed like a whole new world out there. It was good to be home, but it was hard on everyone because I was still in bed and they had to do everything for me. I remember going to my grandparents that Christmas Eve and they had to carry me into the house.

I received many cards and letters with good wishes that I would soon be fully recovered. Over the months, I made friends with Georgina Heselton and Shirley Best (now Pawlikowski), who were also polio patients. We had great fun together and we still keep in touch. Who would want to walk when you could zoom 20 miles an hour in your wheelchair up and down the hallways, scaring everyone in our path!

My family were too far away to come and visit. My cousin Ivy lived in Regina and she would come and visit me on her days off. One spring Saturday, she even took me through the slush and snow in my wheelchair to a show at the

Broadway Theatre. I felt I was back in the land of the living.

Finally, after being in hospital for six months, I was discharged and allowed to go home! Oh happy day! The first thing I wanted to do when I left the hospital was to go shopping at Eaton's. I'm sure it presented some challenges for my mom but somehow she managed to get me into the store and I still remember the new slacks I bought.

Once I was home, new sleeping arrangements had to be made for me as I could not go upstairs to my old bedroom. I was given several exercises to do and my mother put me through the paces daily. Persistence paid off and eventually I learned to walk with my brace and crutches. I remember walking around and around our kitchen table, hanging on for dear life, but it was the safest place for me to practice. Exercise, Exercise! To this day the word Exercise is a bad word in my vocabulary! As days went by my legs were getting stronger, but progress was very slow.

It was great to be home, but I was jealous of my friends who were able to continue their lives by going to school or doing the things young people do. I had a couple of good friends who would visit me in the evenings and we would play cards - that was one thing I could do. My former landlord taught me how to do "Petti-Point" and he also took me to shows in town. The community bought me a wheel chair.

In the fall of 1954 some friends took me to Winnipeg where I had massage treatments from a doctor named Dr. Dobbie. By Christmas that year I came home from Winnipeg on the train and was able to walk on my own. No more crutches, no more brace! I surprised my family when I walked off the train. My arms recovered after polio, but my legs remained weak. Stairs and steps have always been a problem.

Eventually I forgot about how polio interrupted

my life and I got on with life as best I could. I got married, raised a family, and worked at various jobs.

About 12 years ago I noticed new weakness, some joint pain, fatigue and I seemed cold from September to July. I say it's because of Post Polio Syndrome. I have gone from walking, to using a walker and now I am back in a wheel chair. I use a scooter when I go to the Mall or to the park.

I've decided to use a wheel chair now because it's much safer and I will not have to worry about falling and breaking a hip or my leg. Life does go on; you learn to do what you have to do and adapt your life accordingly. I am thankful for my wonderful husband, family and friends who have supported and helped me all these years and I hope and pray the polio epidemic never comes back to haunt us again.

I found this article interesting since I had several corrective surgeries on my foot and knee when I was a child. I thought that corrective surgery was usually done on children but according to this article it is being done on older adults. - Ivan

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Post-Polio Corrective Surgery: Then and Now

Then ...

*Jacquelin Perry, MD, DSc (Hon),
Pathokinesiology, Rancho Los Amigos National
Rehabilitation Center, Downey, California*

Most of the surgery done in the past still is applicable today, however, there is some limitation in response due to aging of the muscles and tendons.

The purpose of surgery is to improve function. The first reconstructive surgery ever conceived was heel cord (Achilles tendon) lengthening which actually was done with a simple snip in 1821 even before anesthesia was developed. The back of the ankle became tight, and if the heel cord was lengthened, a flat foot resulted. The benefit did not necessarily last unless the surgeon transferred muscles to the front of the foot. On a positive note, the residual return usually was less severe than the initial problem.

Another early surgery to provide a stable foot, for one without muscles, was to fuse everything and was called a pantalar arthodesis. More commonly, the surgeon fused just the foot (a triple arthodesis) leaving the ankle free to provide early knee stability for optimum weight bearing. Total fusion got rid of braces and was considered a great success in the early '40s and '50s. Now it is a disadvantage because the total foot fusion is creating increased demand at the knee. My recommendation is not to get it done if you have not had it done.

Tendon transfers to the heel were also done. One obscure but critical problem was a weak calf which secondarily led to foot deformities and unstable knees. Transferring the tendons of other muscles to the heel restored posterior ankle control and made both the foot and knee more stable. The common growth deformity from a weak calf was a very vertical heel and high arch which resulted in a great deal of instability. Muscles were transferred to the back of the heel. In just three years, the growing foot would respond with a flatter arch and better heel and much more stable foot. By changing the pattern of muscle force we actually influenced bone growth. Obviously, once

the foot has finished growing that would not be an outcome. One can use the same procedure for stability in an adult today, but it will not change the shape of the foot without an accompanying osteotomy.

Another early surgery was done on the upper extremity. Both a problem and a salvation for polio survivors is paralysis of the muscles controlling the shoulder joint with the shoulder blade muscles preserved. The result is a flail arm and inability to use a functional hand. These areas have a different nerve supply than the muscles to the shoulder joint. A solution was to fuse the shoulder blade and the upper arm bone, i.e., a shoulder fusion, which gave a stable arm for hand function as well as reach. Many young girls who had polio in their upper body could flip their arm up on top of their head and fix their hair and did not choose the shoulder fusion. A shoulder fusion was a great advantage if one could not control the hand and use it. It is still a good procedure. I actually did one about two years ago on an adult woman, and now she is able to place her functioning hand in useful positions.

A tendon transfer in the hands to make a pinch by bringing the thumb across is an old procedure. Today, I have found that people substitute so well there are no candidates.

If one did not have any muscles in the hand and wanted stability, we grafted a bone between the first finger and the thumb. This was excellent for people who were fully ambulatory or wheelchair users, but was not good for people who used their hands for transferring because the hand could no longer be flattened for weight bearing.

A challenge to orthopedists then and now is the polio survivor who has no quadriceps and uses hip or calf muscles to lock the knee back in a recurvatum to walk. In the late '50s I designed

a procedure which transferred every available tendon and the iliotibial band and put them behind the knee and called it a triple tenodesis. It worked great in the growing child and resulted in a straight knee, because while they were growing this surgery was kept tight. Once the child stopped growing, the surgery gradually loosened. It is not recommended in adults. The reason is there is nothing to keep it tight, and the person still does not have a quadriceps. Surgery, of course, cannot create a quadriceps, it can only stabilize the knee. If you have no quadriceps today, and your recurvatum has become painful or unstable, a protective brace which still allows free knee flexion for swing is the best answer.

Now ...

*Mary Ann Keenan, MD, Albert Einstein
Healthcare Network, Philadelphia,
Pennsylvania*

The procedures for polio now are the same as then, but fewer are done. The goals for surgery are very much the same — rebalance the muscle forces. Even a weak muscle, totally unopposed across a joint with nothing to balance it on the other side, needs to be in balance. Surgery aims to correct limb deformities, improve function, and to stabilize the spine or limb.

Previously the goal was to eliminate braces. But now the goal is to improve bracing options. Older individuals have less muscle power and polio-affected muscles have been working extra hard.

Surgery cannot increase muscle function or make people as if they never had polio. In fact, when transferring a muscle a little bit of strength is actually lost. Limb surgery can lengthen a tight ligament; eliminate the deforming muscle forces; redirect muscle force for better function or balance; stabilize joints or the spine. When dealing with older individuals, resurfacing arthritic joints

with a joint replacement technique or correcting malalignments may be needed.

The Albert Einstein Medical Center experience based on the first 200 consecutive people.

Lengthening the heel cord (Achilles tendon) is the simplest and the most common procedure done. It was recommended to 25 patients; nine refused; two required additional procedures. The procedure was done on 16 patients with three having both sides done with no complications. Before surgery they had an average of a 25 degree toe-down or equinus position. The mean age was 54 years. The Achilles tendon turns as it attaches from the calf to the heel of the foot. If it is too tight, a foot is held with the heel off the floor. Three or four partial cuts in the tendon release the fibers and the body fills in the gap. The result is a foot that is flat on the floor and can be more appropriately braced.

The second most common surgery was lengthening the iliotibial band, a tendon on the outer side of the thigh running from the hip. When tight, it can tilt the pelvis, and, even more commonly, cause valgus or knock-knee. When contemplating surgery for knock-knee, the bones need to be relatively healthy because, no matter what is done to the tendons or ligaments, it will not correct the deformed bone. If the bones are relatively adequate, then releasing the iliotibial band will correct the deformity and hold the leg in a more appropriate position with a brace.

We recommended this for nine people, two declined. Of the seven patients, four had surgery on both legs. The mean age was about 53 years and approximately 40 years after the onset of polio. Before surgery there was an 18 degree average knock-knee deformity, and after surgery a 10 degree alignment. Normal is seven degrees. If the leg is straightened out, the brace can be a lot

simpler. Again, there were no complications.

A bent knee or flexion deformity is caused by the hamstring muscles in the back of the thigh overpulling weak or absent quadriceps muscle in the front of the thigh. Releasing the deforming forces, which are the hamstring muscles behind the knee, is the solution.

But rather than letting relatively good muscles go unused, surgery can move them to the front and hook them into the quadriceps tendon around the knee cap. A non-helpful muscle is now very useful. This procedure has been done without any complications. After healing in a cast a brace is prescribed. Before surgery, the mean muscle strength of the quadriceps was grade one; after surgery, grade three which means the person's leg could be lifted against gravity. This is not enough to go without a brace, but it improves the bracing choices. For example, a knee joint that is lightweight, hinges, and is offset protecting against hyperextension could be used.

A very high-arched foot, or cavus foot, is difficult to fit into a shoe. The first decision is whether or not there is a bone deformity. If not, and the foot has some flexibility, the ligament on the bottom of the foot that is holding the arch so high is released. This was done on eight patients, all of whom were women; two had both feet done. The foot is painful because it has to stretch out after surgery and then the arch will come down. Before surgery, average degree of arch was about 21 degrees and, after surgery, it was six degrees. Zero degrees or neutral alignment is normal. Three people had scar pain for several months after surgery, primarily from the stretching.

When the bones in the foot are deformed resulting in a high arch, releasing the ligament on the bottom of the foot will not be sufficient. One solution is to cut a little wedge in the top of foot or do an osteotomy (cutting bone). Held with a few staples, walking in a cast is recommended

immediately after surgery to stimulate healing. We performed this surgery in six patients who had an average high-arch deformity of about 24 degrees and, after surgery, a two degree. One person had complications of a sore on the bottom of the foot. Tendon transfers to the heel to improve calf strength are done usually in combination with other procedures. A variety of tendons that run in a calf can be hooked into the heel to improve the pull of the calf. This surgery does not eliminate the need for a brace, but it does improve strength and makes the bracing less complex and lighter weight.

We performed miscellaneous procedures on several individuals such as correcting toe deformities which are very painful inside of a shoe; a bad knock-knee with bone deformity which required cutting the bone to realign the leg to be able to brace it; and one hip replacement. Good muscle strength is needed to hold the hip stable and must be considered in recommending total hip surgery for a polio survivor. We also did a total knee replacement.

Overall, of the first 200 patients, we recommended surgery for 79 and 46 had surgery with 58 different procedures done.

BIBLE

A little boy opened the big family Bible. He was fascinated as he fingered through the old pages. Suddenly, something fell out of the Bible. He picked up the object and looked at it. What he saw was an old leaf that had been pressed in between the pages.

‘Mama, look what I found,’ the boy called out. ‘What have you got there, dear?’

With astonishment in the young boy’s voice, he answered, ‘I think it’s Adam’s underwear!’

Meet Lloyd MacPherson Man of the “Hour

As a tribute to Polio Regina member Lloyd MacPherson, who passed away November 18, 2008, we are reprinting an article which was originally published in the April 1994 issue of Polio PostBox.



Every now and again you hear about people whose sheer courage and determination lets them beat the odds to become successful in life.

Lloyd MacPherson, polio survivor (1947) is definitely one of those people.

Lloyd, a young farmer in 1947 working in the Montmartre area east of Regina, was doing field work one day when he suddenly developed a dooser of a headache. When the headache persisted, he crawled off his tractor and went home. In minutes he was in bed trying to sleep off the agony.

In the morning Lloyd’s whole body was on fire with pain. To his horror, his legs were totally paralyzed. His parents called the local doctor. Although it wasn’t immediately diagnosed, Lloyd had polio.

For about a year, Lloyd couldn’t walk. But thanks to the persistence of his doctor and family, combined with Lloyd’s determination, he slowly and gradually began to improve. The doctor showed Lloyd’s mother how to use warm flat irons to “iron out” his leg muscles. Day after day the treatment was applied, often by Lloyd himself, and in due course Lloyd was able to walk with a limp and was able to resume farming.

He married Inge Wilkie in 1948 and they had five children, three boys and two girls (they now have 12 grandchildren).

Lloyd and Inge farmed for 23 years with the help of Inge and their growing family. "I couldn't have done it otherwise," Lloyd said. The oldest son purchased the farm and the MacPhersons semi-retired to Regina.

But Lloyd wasn't ready to sit back and relax. He got a job as a welder in a machine shop; then worked as a carpet installer. Both jobs were too hard on his legs and back.

He then tried his skills at selling real estate and stayed with it for eight years. Inge, well-experienced in the art of sewing, made window draperies and numerous other projects. Lloyd retired again but he just couldn't sit still.

In his spare time, he worked on antique cars in his garage and fully restored a 1928 Ford Tudor car. It was such a neat job, his son commandeered it as a wedding car!

Lloyd liked to keep busy, but his legs played out quickly and he began looking for a sit-down job.

That's when he got the idea of collecting old watches and clocks. He started fixing the larger grandfather clocks and within a short time drifted into fixing all kinds of time pieces. He became so skilled at his hobby that people were arriving at his house asking him to look at a various assortment of clocks. To learn more about his craft and possibly get catalogues of tools and materials, he joined the National Association of Watch and Clock Collectors Inc.

His work table is loaded with strange-looking clock repair tools and surplus watch parts. The wall in front of him is decorated with all kinds of antique watches. His pride and joy is a Gene Autry wrist watch with a moving six-gun which acts as the second hand. The watch, never used, is in mint condition.

A few years ago the MacPherson kids sprung a surprize on their dad. They bought him a

personalized license plate which read "Tic Toc". Lloyd wasn't too sold about the name at first and still laughs when one of the kids admitted the alternative was to get him a license plate which read: "cuckoo". In an instant, Lloyd gracefully accepted the gift.

Both Lloyd and Inge are devout Christians. Lloyd is a member of the Full Gospel Business Mens Fellowship. They find great comfort in the Gospel teachings because it has provided them with guidance in their daily lives.

The MacPhersons have been members of the Regina Polio Survivors group since its inception and enjoy the information and fellowship provided by the organization.

Cycle to Walk

On April 12th, Ramesh Ferris departed from Victoria, B.C. He travelled more than 7,110 kilometres across Canada by handcycle to Cape Spear, N.L. where he finished his tour on October 1st. His tour, *Cycle to Walk*, aim was to raise funds and awareness to forward the global eradication of polio, to educate about the continuing need for immunization against polio and to support the rehabilitation of polio survivors in poor countries. You can follow Ramesh's tour and find out more about *Cycle to Walk* by visiting the website at www.cycletowalk.com.

A 28-year-old polio survivor, Ramesh was adopted from India by Canadian parents in 1982. He can walk with the assistance of braces and crutches; however, his legs are not strong enough to propel a conventional bicycle. Instead, he rides using a hand cycle which relies upon his powerful upper body strength to maximize distance and speed.

He visited India in 2002 and witnessed the devastating reality for polio victims who do not

have rehabilitative supports. Upon his return to Canada, Ramesh vowed to help. *Cycle to Walk* was born.

Ramesh's *Cycle to Walk* tour was in Regina from May 31st through June 2nd where he attended and spoke at a number of functions promoting the goals of the *Cycle to Walk* tour and Polio related education.

Ramesh visited India from November 12th through November 18th where he met a number of officials who are involved in the fight against polio. He participated in the Sub-National Immunization Day in the District of Moradabad. Ramesh said: "I went to participate in the immunization activities which were occurring at the railway station. I vaccinated my first child in the morning and wow – what an amazing, overwhelming, experience. Giving those two drops of the polio vaccination to that child this morning was a miraculous dream come true for me. Those two drops will protect him for life against a disease which is so debilitating and socially isolating."

I encourage everyone to check out Ramesh's website www.cycletowalk.com to read about his journey across Canada and all the support that he received especially from Rotary International.



Ramesh wheeling down Pasqua Street.

Photo by Mavis Matheson

We Remember

The following friends of Polio Regina have left us. We send our sincerest condolences to their family and friends.

Lloyd MacPherson

Lloyd MacPherson passed away peacefully with his family by his side on Tuesday, November 18, 2008 at the age of 83 years. He is survived by his loving wife of sixty years Inge; children Barry (Donna), Grant (Maxine), Susan (Bill) Peters, Peggy (Terry) Shiplack and Blair (Lynne); son-in-law Antoine 'Tony' Perras; 14 grandchildren; eight great grandchildren; sister Loraine; as well as numerous relatives and friends.

Lloyd and Inge MacPherson were long-time active members of Polio Regina and formerly with Saskatchewan Awareness of Post Polio. Inge served on the executive for four years. In April 2000 Lloyd and Inge were awarded life memberships in Polio Regina.

Carman Feader

Carman Plewes Feader passed away in Regina on April 20, 2008 at the age of 91 years. He was predeceased by his wife Rea. He is survived by his brother Harvey (Audrey) Feader; two daughters Susan (Harold) Bihun and Judith (Randy) Dove; grandson Colin (Tanya) Smart, granddaughter Lauren (Rene) Paquette and great granddaughter Breanne. Carman served as a Regimental Sergeant Major in the Second World War. He worked in the Saskatchewan Department of Health until his retirement in 1979. Carman was a supporter of Polio Regina for many years.

Barry Freeland

Barry Freeland passed away May 26, 2008 in Regina. Barry is survived by his wife Geraldine; his daughters Elizabeth Freeland, Kelly (Cecil) Landon and their family Katie and Matthew and Jeanette Freeland; sister Joan (Harvey) Schneider and their family Keith, Randy (Eunice) and sons Brenden and Tyler, Terrilee Lamer and son Conner. Geraldine was a member of Polio Regina.



Dental Hygiene Clinic

4500 Wascana Parkway 5th Floor

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