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May 2009

Polio Regina Incorporated

Have a Great Summer



At the Meeting

The February meeting was cancelled due to inclement weather. The April meeting was cancelled because we were afraid that there would not be a quorum.

March 2009

The Annual General Meeting of Polio Regina Inc. was held March 26, 2009 at Wascana Rehabilitation Centre.



2009 Executive: L-R: Wilf Tiefenbach, Carole Tiefenbach, Verna Copeland, Ivan Jorgensen, Front: Mavis Matheson

My Polio Story

This is the forth in a series of our members' Polio Stories. I would like to hear more of our members' Polio Stories. My contact information is above in the header of the newsletter.- Ivan. Now here is David Cotcher's Polio Story.

David Cotcher



David and Elaine Cotcher at David's 30 year award ceremony at Sask Power in 2006

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I was born in 1953 in North Battleford, Saskatchewan. I had polio when I was less than two years old so I do not remember being sick. Actually while I was very ill it was not known that I had polio. A doctor had said I had a bad case of the "flu." It was later that my parents were told that I had polio.

What I know of having polio is from what my parents told me. I was not in hospital and my parents cared for me at home. My parents took turns being up at

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At the Meeting - Continued

Blenda Ramsay reported that she had scaled down the mailing list. There was some discussion as to whether people who have not paid their dues or had any contact with Polio Regina for years should be receiving the Polio PostBox. It was agreed that Blenda would put a note in with the mailing of the Polio PostBox asking the recipient whether they wanted to continue to be on the mailing list.

Polio Regina welcomed new members Ivy and Albert Ludwig.

Blenda Ramsay reported that some Polio Regina members have been ill recently.

Pat Allonby is now home from hospital and is recovering from surgery.

Jackie Ball's husband Keith is in hospital and is having chemo treatments.

They would appreciate our prayers.

Elections: Dr. Mavis Matheson guided us through the elections; the following are the Executive Officers of Polio Regina Inc. for 2009-2010:

President: Carole Tiefenbach

Vice President: Wilf Tiefenbach

Secretary: Ivan Jorgensen

Treasurer: Verna Copeland

Convenor: Verna Copeland

Program Director: Shared by all Executive Officers

Archivist, Librarian and Web Master:

Dr. Mavis Matheson

Polio PostBox Editor: Ivan Jorgensen

Phone Co-ordinator: Pat Allonby

Program: Don Volpel and his daughter Janette made a presentation about the CIPAG Clinic in Tijuana, Mexico which is operated by Dr. Isai Castillo.

My Polio Story - Continued

night caring for me. My father worked long hours as a milk delivery man. When my mother wanted him to get some sleep instead of caring for me he said, "Who wants to sleep when you have a little boy?" I was very blessed to have loving parents who cared for me and had a strong faith in God.

I did not walk while I was sick and for some time afterward. I do not know if I had some paralysis or if it was weakness from being ill. When I was recovering my mother had me riding a little tricycle around the rooms in the house and my legs regained strength. Then from about three years old to seven years old I was a fairly well and active child.

At about seven I started to have a curvature of my back that developed into a double curvature called kyphoscoliosis. As I grew my muscles were weaker on one side than the other causing the back problem. I had a back brace to wear for a while as a child but it did not really prevent the curvature worsening. I had some muscle weakness in my arms and back, but as a child and teenager this did not prevent me from being in some activities like playing ball or skating.

After high school, I attended university in electrical engineering and then got a job in Regina in 1976. I married Elaine the following year and we had three children who are all now adults. My health was reasonably good for a number of years although I had to pace myself or I would get out of breath. I was still able to do a lot of things around the home during these years like building a garage and finishing the basement. Then gradually as I got toward my forties I had less and less energy and when I got home from the office just had to rest all evening. I could not walk any distance without being so out of breath I felt like I would pass out.

Then in 1995 I got a bad lung infection and ended up in hospital with pneumonia. They found that my oxygen level was very low and likely had been low even before the illness. When I got out of hospital I was prescribed to be on full time oxygen. After a few months I reduced to using oxygen at night and on exertion. I had a reasonably stable health condition for the next ten years, although I was having more fatigue and had to reduce my activities.

My breathing significantly worsened in 2006. I went back on full time oxygen and then was told to increase my oxygen usage. I was sleeping more and more and Elaine had trouble waking me to go to work. At work I had always dealt with complex technical and business issues. But then I was struggling with my memory and could not understand what people were telling me. This worsened until I was becoming incoherent in early January 2007 and Elaine took me to emergency at the Pasqua hospital.

At the ER they found that my oxygen was low but more significantly my CO₂ was very high. They put me on a bi-level pressure support ventilator (BiPAP) and were able to stabilize my condition. After being transferred to the General hospital, I went home and continued using a BiPAP with a nasal mask. While I had been in hospital my mother had passed away at age 90. The funeral was put off a few weeks until we thought I was well enough for the trip to North Battleford. Unfortunately while there I had a relapse and had to be flown by air ambulance back to the hospital in Regina. After another week I was sent back home but my condition continued to worsen.

Then on February 24, 2007 I was back to the General ER with respiratory failure. My oxygen level dropped to 30% and my CO₂ was 150mm (over 3 times the normal limit.) When I regained consciousness about two days later I found that I was intubated and on a ventilator in ICU. I ended up having a tracheostomy and stayed in hospital until mid April recovering. They found that I still needed to be on a ventilator at night to keep my CO₂ level under control. So now at home I have continued to use a volume ventilator connected to my trach tube while I am sleeping at night. This ensures I get a measured volume of air with a small amount of extra oxygen added on each breath.

Now two years have gone by since I got out of hospital, and I have adapted to having a trach and using the ventilator at night. I actually feel better than I have in several years. I went back to work 3 hours per day in June 2007, and later increased to 5 hours per day. I am hoping I can continue this for about another two years before retiring. I still get pain periodically in shoulders, back, hips and legs, as well as fatigue. But considering my kyphoscoliosis back condition I feel like I do fairly well.

All in all I count myself to be very blessed. Elaine has been a tremendous help and encouragement to me, along with our wonderful family. And I am strengthened by faith in God and the support of the people of our church. We are glad to have met all the people at Polio Regina with their cheerful positive attitudes. No matter what our background or our experience with our “polio story” the key is to maintain a positive outlook on life.

2010 Paralympics Winter Games from the Newspaper Article

By Betty Williams

This is a review of the article that was in the Leader-Post Thursday March 12, 2009 called *Vancouver Site's New Standard for Access*.

Three years ago access was a bit of a joke. If you used a wheelchair to go to the Turin Winter Paralympics you can imagine a scene of mud and other obstacles that confronted people in wheelchairs trying to get to events.

It irritated Sir Phil Craven, International Paralympics Committee President. This helped one of the failings that often overshadow the Paralympics. It is not enough to invite us to be part of a sport event while the whole accommodations are lacking.

The article pointed out “Paralympics, unlike the Olympics, are not just a group of sporting events where the best athletes come to compete. They also serve a parallel social agenda of raising awareness around the issues of accessibility, human rights and equal treatment for people with disabilities.”

It is in this regard that many Paralympics cities, if relating this to everyone with a disability, fall short even as they try to improve.

The article gave examples of how cities hosting Paralympics events are recognizing the lack of accessibility and transportation. They point to 2004 Athens when everything was disabled-unfriendly to Turin 2006 where they had to hire a fleet of wheelchair accessible vans as their trolley bus system could not handle wheelchairs and in the commercial

core there were “tall stone lips” or steps or curbs that barred access for wheelchairs and were a hazard for the visually impaired.

Last summer, Beijing made great strides to make the city tourist sites accessible this being a country that encouraged people to keep disabled relatives from public view. Even so restaurants and City Hall were not accessible.

Vancouver is a city working hard to be accessible in every way. I think having had a mayor that was in a wheelchair has done a lot for that city that continues today. I know that when we have been in Vancouver that I could ride the sky train, the West Coast Express and it was easy to get a wheelchair accessible taxi.

Not so in Miami. We had to spend a day or two there before and after our cruise. It was almost impossible to get a wheelchair accessible taxi and when we did; they did not have proper tie downs and my chair moved all around back and forth with every stop and start and turn. Not a good feeling!

In Regina, I have no trouble where I go around today except for voting Federally. I have to go and vote early at an indoor voting station as the school we are to go to is not set up well. The door is in the middle of the street, parking is across the street and you have to go down to the end to get off and cross the street and then back up to the door. If it is very cold that is not a good set up for Post Polio patients.

In years gone by I could not get in the Arthritic Society door and their one step was long and narrow and I had to be lifted up and someone had to hold the door so I could get in. I wonder if my trip to a meeting there and my subsequent letter made a difference.

The other fiasco I had was going to the Music Conservatory on College. It is a block long building and the door and wheelchair parking is in the middle. Only, it is steps to get in the front door. I was taking a child to a recital she was in. We had to go around the back on gravel to a ramp that was two tiered and someone has to push me up those ramps. We came out on the second floor and there was no way to the third floor where the recital was. I sent the child up the stairs and went back down the ramp to my van and waited for her.


I wrote a letter over that too which brings me to my last comment. Our cities have come a long way - most changes now are an economic issue; the cost of making changes. That building on College Avenue is huge and I am sure they could have put in an elevator. I am equally sure that the cost is what stops it. Or maybe it has been done as I have never gone back.

What challenges do you face in Regina and when you travel? Have you found ways to manage or will you never go back?

*The following article is part two of “Exercise and the Polio Survivor”. Part one was printed in the March 2009 issue of the **Polio PostBox**. This article was originally printed in the San Francisco Bay Area Polio Survivors Newsletter, Volume 19, Issues 2 and 3 October and November. Permission to reprint has been granted by Phyllis Hartke, SFBAPS past President (1998-2005) and current member of SFBAPS Board of Directors.*

Part Two

EXERCISE AND THE POLIO SURVIVOR



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San Francisco Bay Area Polio Survivors
Sept 20, 2008 Presentation

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Flexibility

- **Pliability or elasticity of muscles, connective tissue, tendons and ligaments**
- **Ideal range of flexibility maximizes muscles function**



Flexibility is the elasticity or pliability of muscles, connective tissues, tendons, and ligaments. Every muscle has an ideal range of flexibility and in that range is where it functions optimally. After polio you have muscles affected to a various degrees. Some might be very strong and some might be very weak in and around the same joint. That's a problem. Your stronger muscles tend to tighten to the point where it cannot lengthen to its full length.

For example, my biceps may be really strong but my triceps, the muscle that extends the elbow, weak. Over time the biceps will start to shorten because I don't have the triceps to provide counterforce-pulling the muscle all the way out to its full length. Eventually, I can't extend my elbow all the way because the muscle has tightened to the point where it doesn't lengthen fully. Then I start to lose function because certain activities rely on extending the arm all the way.

Flexibility / Stretching Exercises

- **Restoration and maintenance of functional range of motion**
- **Identify any restrictions of motion that impact function and stress other tissues**
- **If connective tissue is not stretched, it will gradually shorten**
- **Genetics, gender, age, temperature affect flexibility**
- **Excess motion is not beneficial**

Many times stretching muscles and tendons around key joints can make a huge difference in function. Loss of ability to do certain activities can result from a muscle or joint restriction preventing effective function. Flexibility, restoring or maintaining a functional range of motion, can be very important for polio survivors.

Gender and genetics impact flexibility. Women are usually more flexible than men. Men often have to work harder at this than women. Genetics play a role. We all know people who are very flexible, can put their foot behind their head or do the splits and others who cannot.

Temperature affects flexibility. When you are working on stretching, your muscles and tendons

are more pliable when they are warm. It is a good idea to do another activity first. Get moving and get the muscles warmed up, maybe use heat. Once the tissues are warmer they are easier to stretch.

Now you don't need to stretch to the point that you can put your foot behind your head or do the splits. Excess flexibility doesn't do you any good. In fact, you're at more risk of developing arthritis if the ligaments around the joint are laxer. You don't have to be super flexible. If you are very flexible and have good range of motion, you don't need to stretch those areas further. What you need to focus on stretching are the muscles that are tightening up or areas with restricted range of motion.

Stretching Exercise

- **Ballistic stretching - repetitious bouncing**
- **Greatest risk of injury**
- **Static stretching - slowly applied and held for several seconds**
- **15-20 seconds**
- **4 repetitions**
- **PNF stretching –**
- **Contract- relax or agonist contract- relax**

The good thing about stretching is that it is the easiest exercise to do from an energy cost perspective. You don't have to sweat and pant, but many people hate it anyway you should stretch to the point of feeling uncomfortable.

“Ballistic stretching” or a bouncing stretch was common when I was in school. We don't advise that anymore. It puts you at risk of muscle strain because if your muscle reacts to perceived overstretching and contracts, you can end up tearing the muscle in the middle of a bounce.

The preferred method of stretching nowadays is a “static stretch”. Slow stretching, applying a little bit of pressure and relaxing muscle. With static stretching, you take the muscle or tendon to its full length and then apply pressure so that it is uncomfortable but it really doesn't hurt and then hold it for 15 or 20 seconds. You repeat the stretch three or four times. Studies have shown that stretching more than four

times per session doesn't add more benefit.

“PNF stretching” is a concept involving stretching, contracting the muscle against the resistance, then relaxing it to get more stretch.

Guidelines for Polio Survivors

- **No fear of muscle “overuse”**
- **Static stretching safest method**
- **Heat before stretching**
- **Muscle imbalance around a joint will lead to loss of motion if not stretched**
- **Bony changes/ fusions may also contribute to loss of motion- never force stretch**
- **Do not stretch an over-lax joint**

With stretching there is no risk of overusing the muscle when you are static stretching. You can do stretches every day or more than once a day. It is important to know if you are at risk of contractures around the joints where you have muscle imbalance.

Sometimes the joint has lost range of motion not because of muscle contracture but because of bony changes within the joint either from arthritis, previous surgery, or degenerative changes. In that case you will never be able to stretch the joint to its full range. You never want to push too hard because you could fracture a bone, especially in a polio-afflicted limb that has low bone density to start. So don't ever force it.

Don't stretch around a joint that is unstable and moving more than it should. You don't want to worsen instability.

Q – Are there stretching muscles that we can do to build our respiratory muscles?

A – There are some. Most of them involve expanding the lungs as best as you can and then holding it. Expand the diaphragm; expand the rib cage as much as you can.

If you have weak muscles around the rib cage, there are some stretches you can do for rib cage and

chest muscles. To stretch the rib cage, move the trunk, like side bends and forward bending, separating the ribs and stretching the muscles in between. Get the shoulders and arms back. When people get older, they have a tendency to slouch forward, so keep the shoulders back so the lungs have more room.

Coordination and Balance

- **Improved proprioception – awareness of position and movement of body parts**
- **May be affected by arthritis, neuropathy, age, range of motion**
- **Balance exercises**
- **Strengthening postural muscles**
- **Proprioceptive feedback with external stimulus**



Improving coordination has to do with training for a specific activity and developing nerve pathways or shortcuts that make the nervous system more efficient resulting in faster, more synchronized muscle contractions.

Coordination is also dependent on proprioception, or knowing where your body is, where your joints are, where your limbs are, an awareness of position and movement of your different limbs or body parts. This is impaired if you have neuropathy, when you've lost sensation in a limb or a joint. If you have arthritis in a joint it can be difficult. As you get older proprioception worsens as range of motion is lost.

I've noticed that sometimes in a severely polio-affected limb that somebody hasn't used a lot or hasn't used for many activities, they have a harder time telling where that limb is. Polio differs from many other neuromuscular diseases in that sensation is intact. The polio virus doesn't attack sensory nerves. This makes your ability to use a weak limb much greater than if you lose sensation in the limb as well. Because you get sensory feedback through the limb, you feel where it is, you feel the ground, you can use the limb. In neurological illness that affects sensation as well as strength, it's impossible to know where the limb is in space. That's part of the reason

why polio survivors were able to rehab so well after the acute polio and regain functional mobility.

Core muscles are very important to balance. Much of balance comes from the muscles that maintain posture. These are mostly in the trunk, including the neck muscles that support the head, and pelvic girdle muscles, the muscles that stabilize the hips as you are walking or moving. If they are weak, it impacts balance.

I know that Zechariah has been working on core conditioning with the group. If you have to target one group of muscles to improve function; that is the group to choose. Unfortunately some of you have trunk muscle weakness from polio so you can't strengthen those muscles significantly. In that case, we have to find other means of stabilizing or other ways of doing exercise.

Exercise Guidelines Based on Polio Involvement of Muscles

- **Individual muscles and limbs have different exercise needs and tolerance**
- **Careful assessment important to design appropriate exercise program**
- **Developed by the National Rehabilitation Hospital based on available research on polio survivors**

I did want to go into how to decide what muscles of yours are safe to exercise or not. I looked at a lot of research on exercise in polio and the best technique I found was a polio muscle classification developed by the National Rehabilitation Hospital.

NRH Polio Muscle Classification

Class I	No clinical polio
Class II	Subclinical polio
Class III	Clinically stable polio
Class IV	Clinically unstable polio
Class V	Severely atrophic polio

Class I is no polio. Class II is sub-clinical polio. These are muscles that were affected when you first had polio but recovered and you've been using them

like a normal muscle. Class III is a clinically stable polio muscle. This is a muscle that is weaker than normal but it is stable, hasn't changed. Class IV is the clinically unstable muscle, a muscle that has been weak and getting weaker. They are ones that have become problems or symptomatic. Class V muscles are really polio-involved and pretty much non-functional. So obviously you are not going to use those for exercise.

Exercise Goals Based on NRH Classification

- **Class I Muscle: No clinical polio (Grade 4-5)**
 - Increase muscle strength
 - Improve cardiovascular endurance: can use these muscles for aerobic exercise
 - May exercise 3-4 times/ week for 15-30 minutes at a HR of 60-80% max
 - Stretching

A Class I muscle has no clinical evidence of any weakness. You can use them for cardiovascular conditioning. You can work on gaining muscle strength in them. You can do stretching. It may be different for certain people but you can probably exercise those muscles three to four times a week for 15 to 30 minutes as a pretty standard exercise program.

- **Class II Muscles: Subclinical Polio No history of past or new weakness but with EMG evidence of polio involvement (Grade 4-5)**
 - Maintain normal strength
 - May be used for aerobic conditioning
 - 3-4 times/ week for 10-20 minutes
 - Paced activity with alternating rest intervals/ days
 - Monitor for signs of overuse

The Class II muscles are ones that you might not be aware of polio involvement. It may be hard to tell the difference between a Class I and a Class II muscle. The Class II may be subtly weak. Unless you remember the acute polio infection, and a lot of people don't because they were too young, you may not know if it was involved or not. We may only be able to identify sub-clinical polio by performing an

EMG and seeing evidence of chronic nerve damage.

It is wise to be careful with the muscles you think are Class I in case they are a Class II. With a strengthening program you have to be careful because in Class I you'll be able to build strength, but in Class II you want to maintain strength, not build a lot of strength. With any strengthening program you should start with gently work. If you start to see any signs of overuse, back off and try to maintain.

The Class II muscles that you think are strong and normal can be used for aerobic conditioning. You can probably exercise them two or three times a week and for 10 to 20 minutes but you may need to do some pacing with rest interval. Consider all your muscles at least Class II and monitor for the signs of overuse.

- **Class III Muscles: Clinically Stable Polio Remote history of weakness with no new weakness (Grade 3-4)**
 - Maintain strength and gain strength if deconditioned
 - Active or passive range of motion
 - Modified strengthening with pacing and careful monitoring
 - Non-weight bearing exercise preferred

Class III muscles are weak but you can use them. They are functional, and not getting weaker. Your focus here is to maintain strength. If you think they are deconditioned, if they used to be stronger, you can gently try to strengthen them but be very careful. Range of motion and stretching are safe. If you want to attempt to strengthen them you should pace activity and monitor very carefully. If you are using these muscles for aerobic exercise, which you can do to a limited extent, it should not be weight-bearing. Use these muscles in a pool or on a stationary bike or another activity that does not involve bearing your body weight at the same time.

- **Class IV Muscles: Clinically Unstable Polio Developing new weakness**
 - Prevent further weakness
 - Decrease activity if overuse suspected
 - If disuse suspected, rest does not help:

- Range of motion exercises
- Non-fatiguing exercise, gravity eliminated
- Careful monitoring
- No more than 3 times/ week

A Class IV muscle is an unstable muscle developing new weakness, a post-polio syndrome muscle. Your goal is to prevent further weakness. If there is any chance that it is getting weaker because you are overusing it, you must decrease activity and see what happens. If you eliminate activity and it continues to get weaker, disuse weakness is a possibility. You can start a very mild exercise and see if it starts to improve. These are the trickiest muscles for you. Always start with rest or decreased activity to see what happens. If you have symptoms of fatigue or cramping, your best bet is to lay off and not try to strengthen.

- **Class V Muscles: Severely Atrophic Polio (Grade 1- 2)**
 - Passive range of motion or
 - Active range of motion in pool, monitoring for signs of overuse

Class V are the severely atrophic muscles. Other than doing some passive range of motion, you are not going to be using them for exercise.

Symptoms/ Signs of Overuse

- **Significant fatigue lasting more than 2-3 hours after activity**
- **Increased weakness after activity**
- **Painful muscles**
- **Muscle twitching, cramping, “crawling”**
- **Symptoms may not present until 1-2 days after activity**

It is important to know the signs and symptoms of overuse. This includes significant fatigue either in a particular muscle group or generalized fatigue that lasts for more than a few hours after ending the activity. It is not unusual to be tired after an exercise

session but you should be able to rest briefly and get up and continue the rest of your day normally. You should not be wiped out for the whole day. If you are weaker after the activity or after doing it for a few weeks, you are overdoing in at least some of the muscle groups.

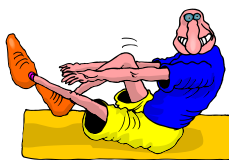
Painful muscles are another sign. Keep in mind that mild pain is part of normal exercise. If I were to go out and run 5 miles today I would be sore tomorrow. None of you should push so hard that you have significant muscle soreness. You don't have to push that hard to make gains. You can progress slow and steady. Because there is already so much muscle pain associated with the post-polio, additional muscle pain should be avoided. I recommend a slow gradual non-painful exercise program for you.

Muscle cramping, twitching, crawling sensations at night are other signs of overuse. Identify which muscles are symptomatic and what you did with those muscles to determine which activities to modify.

Remember some of the overuse symptoms may not come on until a day or two later. They may not occur the night after you do the activity; it might be the next day. So again, there is good reason for resting in between and monitor what is going on.

Summary

- **Exercise is not the enemy**
- **Exercise should not hurt but is not “easy”**
- **Exercise programs must be individualized**
- **Medical assessment before starting**
- **Know your body and learn it's signals**
- **Exercise performed with a proper prescription, instruction and technique can lead to improved function and well-being**



To summarize before I answer your questions, exercise is not the enemy but you have to be careful. Exercise shouldn't hurt but it is also not necessarily easy, unless you are at a maintenance level. If you are trying to improve it is going to be a little bit of

work.

Your exercise programs need to be individualized. You may need medical assessment before starting if you have not been evaluated recently. You can talk to your general doctor about starting an exercise program. You might get an ok, or might need further tests first.

Know your body. Like with everything else related to post-polio, know your body and how it responds, and know its symptoms of overuse. Learn to know yourself. And don't let anybody talk you into doing something you know you should not do.

Proper exercise with good technique can help you. I know that Phyllis can testify to that and probably many others of you. I think we did the polio community a disservice initially when we told everybody “Stop doing things” and “Cut back, cut back, cut back”. It is a balancing act between what's OK, what's good to do, and what's too much.

Now I'll take questions ---

Q – I get weaker as the day progresses, my leg. If I keep pushing it, am I essentially doing permanent damage?

A – There is no hard evidence that that damage is permanent but I would say that if there is pain, there is damage. Pain is your body's warning signal. But if there is not pain associated with it I couldn't tell you that you are doing damage. As the muscle fatigues and it is not activating as quickly, your coordination is reduced. If you are maintaining activity despite being fatigued, you're at a much higher risk of falling or causing an injury because you are not in as much control.

Q – (undecipherable) – experience muscle spasms on inside of thigh when doing isometric exercise

A – You might need to do it in a different position. When you have that other leg bent, your bad leg is trying to stabilize while you are lifting this one and your abductor is probably weak and that's why you are cramping up. So you might want to change the way you are exercising that other leg so you do not

have to use this one at the same time. The next time you see the therapist, tell them what is happening. Talk to me afterwards and I'll run through some changes you can make.

Q - (undecipherable)

A – Often the pool is the easiest way to do exercise safely because you have that gravity eliminated and it compensates for some of the imbalances. That said, often when you get in the pool, especially the first few times, you feel like “I can do anything” “Wow, I can move” and the tendency is to overdo the first couple of sessions because you feel so good while you are doing it. So depending on what activity level you are at, the first time you go into the pool you should set a time limit as to how long you are going to be in. If you are not doing much of anything, you may think 10 minutes the first time is hard doing anything active in the water and then wait and see how you feel the next day and if you feel fine, then you didn't overdo. You can build up to that.

But if you are talking about swimming laps like strokes, there can be a lot of problems. A lot of the strokes are stressful on the shoulder joint if you have weakness in that area. So again, what you specifically do in the water has to be tailored to you.

But the water is safer in general because of the less pressure on joints; you can exercise muscles without putting weight through the joints.

Q – (undecipherable)

A – The main guideline for whether or not you are overdoing are your symptoms afterwards –pain or muscle cramping, twitching, indicate that whatever the exercise was, it was too much for you and you need to go to a lower level. If you are not having any symptoms, then you are safe to continue.

Q – (undecipherable)

A – With a stretch, you should tell the therapist how much it is hurting. When they stretch you it is usually more painful than when you do it yourself.

There is a difference between that kind of”it is really uncomfortable” and like “AYE, STOP!”

Q – (undecipherable)

A – The pool is not for everyone, either. .. Have somebody with you, for sure.

Q – Arm a little numb at nighttime when lying down, so I move it around some. Do you know what is causing that?

A – Usually it is compression of the nerve somewhere or compression of the blood flow. Often it is at the shoulder where you are compressing some vessels or it can be in the wrist where you are compressing the nerve. There are different things that can cause that.

Q – What do you think about tempur-pedic pillow?

A – That depends on how bad your neck pain is. They are very good but there are cheaper pillows that also work. With neck problems you want a pillow that maintains your neck in a neutral position. Peoples' needs vary depending on what position they sleep in. If you are on your side it is different from when you are on your back. There are lots of different options out there.

Q – I just want you to repeat. Overuse does not cause long-term deterioration of the muscle?

A – We do not have proof that working to fatigue causes long-term deterioration. Probably all of you have experienced that when you overuse a muscle it can become weaker. If you keep overusing with no recovery periods, the muscle will keep getting weaker. What is not clear is whether an unstable muscle, a polio muscle getting weaker losing neurons, is caused by overuse over the years or a function of aging. We don't know whether there is a correlation to amount of use or overuse. When I see some of the younger polio survivors, I don't tell them “Oh, don't do those activities because down the line you might be weaker because you did them.” We don't know that. In fact, they might be worse off down the

line. Pain is one of your best indicators and the other muscle overuse symptoms. Most polio pain can be eliminated by changing what you are doing.

Q – Insurance limit on number of days for PT coverage, regardless of there being a chronic condition

A – Now we are talking about insurance companies and their rules. The 120 days is actually very generous for your insurance company.

Insurances don't cover chronic conditions very well. They certainly won't cover physical therapy for a chronic condition because Medicare guidelines do not cover chronic treatments. Medicare changes its rules every several years, but it still doesn't cover chronic conditions.

Usually if I have a polio survivor that I am trying to get into an exercise program we'll identify an acute problem for the therapist to work on to get them the therapy sessions. Most of the time what the therapist will do, they will be treating an acute condition but can also review a general exercise program.

But our goal with everyone, because there is no such thing as chronic therapy or therapy for a chronic condition, is have the therapist get you to a point you can do the exercise independently. For some people that is very difficult to be able to do their exercise independently, and that's where the physical trainers really come in handy. You have to pay them of course, they have to live too, but now we have eliminated that insurance rule because we are not going through insurance.

Physical trainers can work with you long term. So many times they can get results a therapist cannot. Because a therapist is so limited by the insurance coverage, they don't have enough time especially with a polio survivor, to really see those benefits, to really work with you that slowly that you can make those gains. The therapist has to justify to the insurance company why they are still seeing you and they have to document gain so they tend to try to push a little harder to be able to document that so they can get paid. Often for polio survivors that doesn't work very well. So even when I prescribe therapy often I will prescribe it for once a week so the therapist is able to spread it out a little longer

time because we know there is not going to be fast gains or fast changes.

Q – Does that mean that after the 120 days of physical therapy if you still needed physical therapy you would write a script for physical trainer?

A – I could write a script for personal trainer because it is a medical necessity, but that does not mean that insurance will cover it. Physical training is not a provided benefit under most policies.

Q – I have myasthenia gravis as well as polio. Is anything you said here today modified for that?

A – Myasthenia is a nerve disorder with a disturbed transmission from nerve to muscle. There are benefits from exercise that you can achieve, and the principles still apply. The way you do the task will be a little bit modified, and you'll have to do a lot more rest periods and intervals because the repetition causes weakness in myasthenia. Exercise can benefit your cardiovascular system and the muscle tissue.

You Are Invited

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

Our Objectives:

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

Where to meet

Our Polio Regina group meets at 7:00 p.m. on the last Thursday of the month at Room H203 at the Wascana Rehabilitation Centre, 2180 - 23rd Avenue, Regina, SK. Enter the main doors of the Wascana Rehabilitation Centre and turn left and take the elevator that is across from the information desk. Push button "2" (not 2R) on the elevator. When you leave the elevator turn left and go past the information desk, through a recreation area, past the pool table to room H203 which is the first meeting room. Our group should be in there. There are no meetings in July, August or December. Call 543-6380 to confirm that the meeting will be held.



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

MEMBERSHIP APPLICATION POLIO REGINA Inc.

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

Address _____

Postal Code _____ Phone: _____

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

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

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

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