POLIO POSTBOX

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Polio Regina Incorporated
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Life Memberships awarded

Polio Regina members at their April meeting had a great opportunity to honor some of its hardworking volunteers in Polio Regina. Two years ago at our annual Christmas party, we presented a life membership award and gift to Blenda and Fred Ramsay and the executive felt it was time to recognize other people and chose three couples to receive this prestigious award.

Our recipient couples were:
Verna and Ross Copeland
Dr. Mavis Matheson and
Dr. Adam Gruszczynski and
Jackie and Keith Ball.

Ross and Verna Copeland

Blenda (left) presents permanent plaque to Dr. Mavis Matheson

Ross and Verna Copeland are equally active in Polio Regina, especially Verna, who not only handles our financial matters, but makes the coffee, picks up our mail, arranges to get meeting rooms and books halls, buys flowers, cards and food baskets for our people in hospitals. She certainly keeps us all on our toes. Ross, her life-time mate, supports her 100 percent. Together they share their energies for us. Thank you Verna and Ross for your contribution on behalf of Polio Regina.

Our second deserving couple are Dr. Mavis Matheson and her spouse, Dr. Adam Gruszczynski.

Mavis was the first president of Polio Regina Inc. after it became independent of Saskatchewan Awareness of Post Polio Inc. in 1992 and served as its president for the first two terms. She definitely has the wonderful gift of elocution and does an extremely great job in presenting and interpreting Polio information for us and representing us in public.

Mavis and Adam have made several trips, mostly at their own expense, to attend conferences on Post Polio Syndrome and have shared with us the benefit of their knowledge. Mavis is constantly surfing the internet hemisphere in search of information for us and has numerous articles about PPS published in various medical and scientific journals. She has become a medical encyclopedia of polio information.

Thank you Mavis and Adam for making our life more meaningful.

Our third recipients were Jackie and Keith Ball. Jackie was president for two terms and did a great job in keeping our organization running smoothly. Her expertise at the chalkboard and chairing our meetings, is based on many years of great classroom experience. If something isn't working out well, Jackie fixes it on the spot.

Keith of course is a great supporter, who doesn't say much but does lots. He's the jolly green giant helping Jackie at every turn. When Jackie has a health product sale, Keith is one step ahead compiling information and packaging the product.

Our sincere thanks to both of you for a job well done.

Jackie and Keith Ball receiving award from President Norm Beliveau.

A student's overview of Post-Polio Syndrome

By Penny Beliveau,
Student in Massage Therapy

Poliomyelitis is an acute viral infection, which causes paralysis (world-wide epidemic prior to the 1955 introduction of Salk vaccine).

The cause of polio are the numerous polio viruses transmitted via person to person with contact of infectious saliva, nose and throat droplets. The viruses multiply and spread to the blood and lymph nodes.

Post-Polio Syndrome or PPS, affects the survivors of polio 25-50 years after the disease has been treated. PPS is a term frequently used in the popular or layman's term to refer to the triad of pain, fatigue and weakness regardless of their etiology.

Survivors experience new symptoms such as: increasing muscle weakness, unexplainable fatigue (fatigue may result from poor pacing or pushing past the point of tiredness) and a lowered cold tolerance. Some other commonly described symptoms include joint and muscular pain, decreased stamina in daily activities, worsening respiratory problems and increasing weakness in previously affected muscles.

My dad (Norm Beliveau) came in contact and was infected with the polio virus in 1950 at the age of nine. He was sitting down one day and couldn't move. He became paralyzed on the left side of his body. A scolliosus began to form in his back. He was bed-ridden for months and slowly had to learn how to do his activities.

In September of 1954 my dad was put in a body cast from the hips to his neck to help correct the scolliosus. Later he was in another cast for four months prior to having surgery to correct the curvature. In 1955 the doctors decided to fuse all of his thoracic vertebrae together (spinal fusion), and again he was in a body cast for six months.

He had to learn to walk and do his daily activities all over again. My dad now has a restricted ROM in his thoracic and walks leaning to the unaffected side of his body. He has trouble standing for long periods of time.

My dad does have the symptoms of PPS, which began seriously in 1989. He was off work for a period of time. Later he had a hip replacement in the fall of 1997.

Through it all he has never said he couldn't do anything because of his disability.

Some clinical observations to be aware of in PPS: Patients have unaccustomed fatigue, joint and muscle pain, muscle weakness and muscle atrophy. During an assessment, check for scoliosus of the spine, which can be related to respiratory problems because of chest wall rotation. Because of the chest wall compliance the work of breathing is more labored.

Look for abnormal or compensated gait which could be an indicator that there are weakened muscles working longer and harder to compensate for paralyzed muscles, which could lead to degenerative disc disease or facet arthropathy.

There can be pain in the shoulders or wrist from abnormal bio-mechanics because they have had to use crutches or walking canes to bear weight (possible carpal tunnel syndrome, bursitis and tendinitis).

Also there could be pain in the knees if the knees have never been braced. Some PPS patients may have problematic cold tolerance, which could be because of an atrophied limb or cutaneous vasomotor reflex. At the time of the polio infection it altered the reflex to cold which alters the skin to respond. The way the cutaneous vasomotor reflex works is normally when a person gets exposed to cold, vasoconstriction occurs sending the blood deeper into the body in order to conserve heat.

After the polio infection there is inability for the blood vessels of the skin to constrict and heat is effectively radiated away from the skin causing the temperature in the area to decrease.

You will see hypertonicity on the opposite side of the body on the atrophied limb or flaccid muscles. Some PPS patients could be in wheel-chairs or motor-scooters even on crutches because of the fatigue problems, joint pain or even because they have paralyzed or an atrophied limb.

It would be beneficial for PPS patients to have a weekly massage, to help with circulation to get some superficial heat to the areas of atrophied muscles. Good ROM would be beneficial for them if they use a cane and for the area of paralyzed muscles and a good massage on the compensating muscles in the body.

With the factor that they could have fatigue problems depending on how they felt, the therapist might have to limit treatment time. If patients have constant cold feet suggest that they wear wool socks or knee high support stockings. Bolstering is a possibility because of the scoliosus and for them to be able to not have so much pressure on there chest.

Some medications have been suggested to PPS patients such as Mestinon, Amantardine and Prednisone. But there is controversy in using them because they range from very little to no relief or change of fatigue or increasing weakness. Hot and sometimes cold packs as well as deep heating modalities may provide some significant symptomatic pain relief.

PPS patients can improve themselves by doing exercise in moderation by pacing themselves - don’t become over tired. Exercise in a swimming pool one day then take a day off and do some dry land training. Suggest that the patient do some non-fatiguing exercises. “REMEMBER to pace yourself and your ability of the exercises”.

Some symptoms for the patient to watch for if you suspect that they could be suffering from PPS:
Unaccustomed fatigue - so that the patient has to sit down after doing a task; new joint and muscle pain, muscle weakness and /or loss of muscle use, respiratory problems, intolerance to cold that cause muscle stiffness and often a deep penetrating pain and increase in fatigue, psychological stress because of further aches and pains.

Encourage PPS people to join a support and information group so they can be with other people that have had polio and can discuss about having the PPS now. The more people can talk about PPS the more they will become knowledgeable about what others are doing to assist themselves in coping with PPS.

Birthdays

We tried our best to obtain birth dates of our members and succeeded to this point. If you are not listed, phone Blenda at Fred’s telephone number.

Up-Coming Summer Birthdays & Anniversaries

	BIRTHDAYS
June 3	Bernice Beliveau
June 22	Don Lekivitz
June 14	Irv Richards
June 24	Jo-Ann Mitchell
July 4	Dick Bell
July 8	Ross Copeland
July 8	Don Volpel
July 9	Fred Ramsay
July 30	Mark Roussel
August 4	Jim Hipfner
August 4	Norm Beliveau
August 23	Vi Lundell
August 24	Inga MacPherson
August 25	Jeanette Hipfner
September 14	Keith Ball
September 16	Jeanne Hoffman

	ANNIVERSARIES
June 12	Don & Marion Volpel
June 29	Fred & Blenda Ramsay
Aug. 6	Jo-Ann Mitchell
Aug. 10	Mark & Debbie Roussel
Aug 11	Murray & Gen Grant
Aug. 25	Jim & Jeanette Hipfner
Aug. 31	Clarence & Carol Biberdorf

Suzanne Lalonde's T-shirt comment:

> "At my age,
> I've seen it all,
> Done it all,
> Heard it all,
> I just can't
> remember it all !"

What's New and exciting:

Marlene Dreger's new hair salon is called: "The Jagged Edge Hair & Nail Salon". She encourages us to go in for a **Pedicure** and is offering polio survivors **25% off**. It's located at 1763 Park St., Phone **359-7222** for an appointment. Also note that you will have to tell them if you are in a wheel chair so they can put out a ramp for you.

Convalescing :

Del Hayden at Wascana Hospital
Vi Lundel now moved to 2131 Broad St. Say hello to her at 522-3256.
Betty Williams recovering from a fall which severely damaged her back.

Blenda's favorite recipe

Hamburger Cupcakes

1 lb. Hamburger
1 can mushroom soup
1/4 cup chopped onions
1 beaten egg
1/2 cup grated cheese
1/2 cup bread crumbs
Salt & pepper to your taste
Add any spices you like (garlic powder, onion salt etc.).

Combine all these real well. Trim crusts off 16-18 slices of square sandwich loaf and butter the bread on one side. Place slices **butter side down** and shape into muffin tins. (I sprayed the tins first with Pam to make them easier to remove.)

Fill with meat mixture (full) and bake at 350 degrees for about 40 minutes. These cup cakes freeze well and they are good as a cold snack in lunches.

Meetings next:

Barbecue...June 27 - 2 pm - Rotary Senior Center, Elphinstone & 15th.Avenue. Bring cutlery, plates and your own meat. Also a salad or dessert to share. Drinks will be provided. This annual event is a great opportunity to socialize with your fellow members and their families.

No formal meetings in June, July and August.

September 30 (Thursday) meeting is in salon A&B 2nd floor, Wascana Rehabilitation Centre. September meeting will focus on High Protein Intake for polio survivors.

Welcome New Members

Welcome back to our previous members as well as our New Members:

Tom R. King, 6 Cameron Cr. Regina S4S 2X2 586-0287
Jo-Ann Mitchell, 1126 Wascana Highlands S4V 2K4 751-0746
Mrs. Grant Swanson, Box 373 Lucky Lake, Sk. S0L 1Z0
Ernie & Carol McClintock, 3254 Athol ST. S4S 1Y9 586-7679
J.P. Walbaum, 104-4615 Rae St. S4S 3B2 586-1040
Edwin Schindler, 82 Milford Cr. S4N 1K7 761-0853.
Mike & Thelma Kushnir, 111-3410 Park St. S4V 2M8 789-4679

Exercise - What is Right for You

By Mavis Matheson, MD

Many people with a history of polio can improve muscle strength and cardiovascular conditioning with an exercise program. One of the problems that people with Post-polio Syndrome face is how much exercise they should be doing. We have all been told to conserve our energy. We know that too much exercise will further damage already weak muscles. We also know that if a muscle is not exercised it will lose strength. So what should we be doing?

Determining how much we should do isn't easy. We must learn to recognize fatigue. We must learn which pains mean overworked muscle and which are part of normal aging. We need to pay attention to our bodies and use pain and fatigue as signals. We have to let go of the "no pain; no gain" philosophy we learned while we were recovering from polio. We must also learn to use how we feel today to assess yesterday's activity and plan for tomorrow. Dr. Agre and Dr. Rodriquez have shown that polio survivors can assess their own muscle fatigue.

The key to exercise for people with Post-polio syndrome is to suit the activity to the amount of damage to the muscle. This damage may be a result of the original polio and from Post-polio overuse. Different researchers use different methods of determining just how much a muscle or group of muscles is damaged and what exercises are appropriate.

After consulting with our doctors to assure ourselves that we don't have some disease process other than PPS causing our problems, we must decide how much to do. What can we do when we don't have a Post-polio Clinic and physicians willing and able to do four limb EMGs? Without using EMG, we can still look at our histories and we can feel how we are doing now. Using this information we can try to set up or get the physiotherapists (many of whom have little or no knowledge of post-polio syndrome) to set up appropriate exercise programs for us. I suggest you try to figure out what each of your limbs should do based on your experience with that limb.

For each limb, ask yourself "Which is the most severely involved muscle in this limb?" "Is that muscle weak?" and "Am I noticing signs of increasing weakness in that muscle?" Increased pain in the muscle, twitching, decrease in quality of movement, being able to walk shorter distances, having more trouble with stairs, more difficulty standing, muscle wasting, difficulty holding your arm up, driving, dressing and tiring with fewer and fewer repetitions during your regular exercise routine are common signs of increased weakness in a muscle or limb. Do you know of any reason other than PPS why that muscle may be weak? For example has the muscle been immobilized recently?

A limb that does not have any weakness is classed as **no clinical polio** and you can use it like any normal limb. These are the limbs you can use to get a good workout for you heart and lungs (cardiovascular workout). Be active 3-4 times a week for at least 20 minutes getting your heart rate up to 60-80% of maximum. You can exercise these limbs like normal limbs. It is also sensible to do gradual exercises to maintain strength and flexibility. If you notice any signs of increasing weakness, you must reevaluate your limb and your exercise program for that limb.

If your muscle is mild to moderately weak but shows no signs of increasing weakness, the limb would be classed as **clinically stable polio**. You can exercise these muscles with care. They should probably not be significantly fatigued. Try exercising three times per week for periods of 10-20 minutes with frequent rests. Progressive resistance exercises (also called non-fatiguing strengthening exercises) with gradually increasing weights may be used to maintain and possibly gain strength. Monitor yourself carefully while you exercise and if you notice any signs of increasing weakness, you must reevaluate your limb and your exercise program for that limb.

If your muscle is severely weak, the limb is probably appropriately classed as **severely atrophic polio**. Active exercise of the limb is likely impossible. Passive range of motion exercises may be used to maintain flexibility.

If your muscle is weak and showing increasing weakness, ask yourself "Am I doing too much or too little?" Unless the limb has been immobilized recently (for example, in a cast or on bed rest) you are probably doing too much. The limb should be classed as having **clinically unstable polio**. You should try decreasing the amount of activity that limb is doing, use energy conservation, and get your rest. These are the muscles that are being damaged by overuse. You must not fatigue them. It is probably a good idea to stretch to maintain flexibility and range of motion. If the limb has been getting too little activity, you can try a carefully graduated program of non-fatiguing exercises. Monitor yourself carefully while you exercise and if you notice any signs of increasing weakness, reevaluate your exercise program for that limb.

Whatever your exercise program, continue to make changes to help you conserve energy. Pay attention to fatigue and rest when you are tired (before you are exhausted). If you are overweight, you need to lose weight. Dr. Peach and Dr. Olejnik found that patients who successfully control the factors responsible for neuromuscular overuse did not lose muscle strength.

Best wishes to all of you …and have a great summer - Mavis

New Executive 1999:

President: Norm Beliveau
Vice president: Suzanne Lalonde
Treasurer: Verna Copeland
Secretary: Don Volpel

Programs : Dr. Mavis Matheson
Phoning Chairperson: Blenda Ramsay
Convenor: Verna Copeland
Post Box editor: Fred Ramsay

President: Norm Beliveau

Vice president: Suzanne Lalonde

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 by direct financial aid.
- Polio Regina Inc. was formed to help people from southern Saskatchewan.

Where to meet

If you wish to learn more about Post Polio Syndrome, join us. Our Polio Regina group meets at 7 pm on the fourth Monday of the month at Wascana Rehabilitation Centre. Wheelchair access is gained from underground parking.

Your Invited

Polio Regina is inviting people who had poliomyelitis and are now experiencing new symptoms such as fatigue, muscle weakness and cold intolerance, to join a self-help support group to learn how they can cope with post polio syndrome.

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, please 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.)