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POLIO POSTBOX

Editors: Blenda &
Fred Ramsay
Phone: 543-6380

Polio Regina Incorporated

fbramsay@sasktel.net
825 McDonald Street, Regina, Sask. S4N 2X5

Editorial

Well? Did you enjoy our province-wide 100th Anniversary? Wasn't that some party?

Congratulations and heart-felt thanks to the thousands of volunteers who made it happen; and to you as a participant. Now we have to get back to business.

Did you notice our new postage stamp which came with this letter? Canada Post has honored us. There's lots of interesting stuff (some old and some new) in this news letter. So enjoy and share.

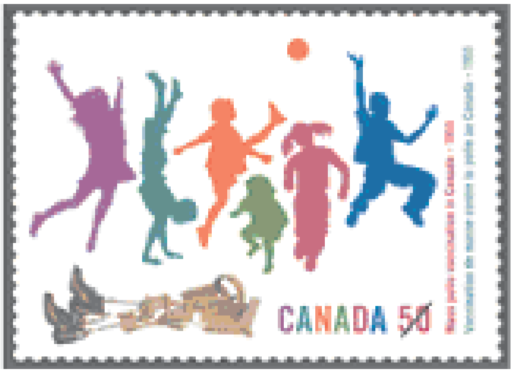
Blenda and Fred

Commemorating a Milestone in Polio history

Canada Post and Polio Canada® have come together to commemorate the 50th anniversary of Canada's program of universal polio vaccination with a new 50¢ stamp. The stamp was unveiled at a special ceremony in Toronto and is available for sale at post offices across the country.

Special guests at the event included The Honourable Ken Dryden, Minister of Social Development, Ms. Andria Spindel, President and C.E.O. of Ontario March of Dimes, Ms. Elizabeth Lounsbury, polio survivor and Chair of Polio Canada, and Mr. Gordon Feeney, Chairman of the Board of Directors at Canada Post.

The stamp features a celebratory message with colour silhouettes of six children jumping and playing with an image of an old pair of leg braces that was used by children who were affected by polio years ago. The stamp illustrates in a positive way that, as a result of polio vaccine, children are free from the fear of contracting this debilitating disease," says Debbie Adams, the Toronto graphic designer who designed the image and attended the unveiling.



Polio was a disease that raged across North America during the 1930s, '40s and '50s and resulted in death for some, and left tens of thousands of other individuals permanently paralyzed or with disabilities. At its peak, polio was one the most feared and studied diseases of the first half of the 20th century. But even after Dr. Jonas Salk's discovery of a miracle vaccine in 1955, the polio battle is prevalent today in a new form.

"Canada played a big role in the eradication efforts in North America and can celebrate all our accomplishments," says Kimberly Dowds, National Manager of Peer Support Services, Ontario March of Dimes. "We still have more to achieve as post-polio syndrome (PPS) affects 125,000 Canadians today."

Studies show that up to 50% of polio survivors experience the late effects of PPS, which includes weakness, muscle and joint pain, excessive fatigue and substantial decrease in functional ability.

Canada Post delivers over 10 billion pieces of mail each year to 14 million addresses. Its 60,000 employees and 7,000 post offices – the largest retail network in the country – serve 31 million Canadians and over 1 million businesses from coast to coast to coast. Canada Post is a world leader, providing innovative physical and electronic delivery solutions, creating value for our customers, employees and Canadians. Canada Post connects Canadians from anywhere to anyone.

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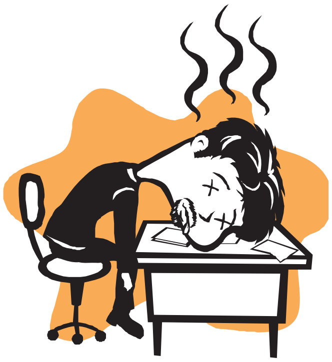
Changing Your Life By Conserving Energy

Mavis J. Matheson MD. Regina, Sk.

Polio survivors need to learn to conserve energy if they are to control their symptoms of pain, weakness, and fatigue. It takes effort and a change in attitude to learn to use energy conservation to our greatest advantage. Using our energy well can allow us to do more and do it better. This article suggests four principles of energy conservation and three techniques for making the necessary changes in our lives. Many of us don't have the strength and energy that we used to have so it's time we started taking better care of ourselves.

Why Should We Learn to Conserve Energy?



In a study by Peach and Olejnik, recommendations for change included "decreasing overall daily activities, a change in job, work environment modifications, a decrease in work hours, a decrease in social and recreational activities or taking rest breaks. New or additional orthotics were also recommended to effect safer, less painful, and more functional gait patterns. In some patients, a component of disuse weakness was noted. In these cases, appropriate aerobic exercises were recommended, carefully avoiding over-exercising paretic extremities. A number of these patients had become overweight so a weight loss program was recommended." Those who made recommended changes showed either improvement or resolution of symptoms of weakness, fatigue, and muscle and joint pain. Those who didn't make changes found symptoms were either unchanged or increased.

Those with post-polio syndrome who were able to make changes and successfully control the factors responsible for overuse did not lose muscle strength. Polio survivors who didn't make changes knew what they needed to do. Many simply refused to make changes in the behaviors that lead to overuse.

Doing More With Less

Agre and Rodriquez noted that the amount of isometric "work" performed during interval exercise was significantly greater (237% on average) than during constant exercise. (Interval exercise was simply the constant exercise divided into quartiles by 2 minute rest breaks or into 20 second intervals with 2 minute rest breaks.) They also found that those with symptomatic post-polio were able to monitor local muscle fatigue and avoid exhaustion. Symptomatic post-polio subjects also recovered strength significantly less readily than a control group. If we allow ourselves to become overtired it takes us longer to get our strength back. By changing our activities to include rest breaks we can do more with less effort.

Changing Your Attitude: Change is not always easy. In fact many polio survivors find change very frightening. Change requires examining the attitudes and beliefs that keep us from feeling well. We can change the quality of our lives by changing the way we look at our circumstances. Creative people are most successful at doing this over the long term. They see opportunity, where others see insurmountable problems. There is no reason we cannot see ourselves as creative and start making our lives better. Creative people are simply those who see themselves as creative.

The way we see ourselves may interfere with our ability to change. One approach to the whole issue of activity is to be kind, positive, and gentle with ourselves. The person behind the pain and fatigue -the real you- is a capable, worthy, individual and a beautiful human being. It's time to start treating ourselves like the wonderful beings we are. It's time to start taking care of ourselves as if we were precious possessions.

Only you can decide to be sore and tired or relaxed and comfortable. You must decide if you want your weakness and fatigue to progress. You are responsible for what you do. You have no control over anyone other than yourself, and only when you are clear about who is responsible for your activity will you have the power to master it. You have the capacity to recognize fatigue and overuse. You must decide how much you will or will not do.

Your mate, your friends, your boss, your doctor, your physiotherapist, and your occupational therapist can only advise you. When you go on Dr. X's Program, you may lose the power to choose when, what, and how much you're going to do. It may carry with it the terrifying feeling that you are back in the polio ward again and someone else is in charge of what you do. It also gives you someone else to blame for your weakness and fatigue — Dr. X's Program didn't work. You have given your power away to Dr. X.

Dr. X may have some useful suggestions, but only you can decide what works for you.

Four Principles of Conserving Energy

The main principles of Conserving Energy include: (1) doing what you most want to do, (2) planning activities for times when you have most energy, (3) learning what your maximum work is and respecting the signs of fatigue you experience, and (4) stopping before you become exhausted.

1. Before you begin any activity you should think about whether you really want to do it at all. Don't ask yourself what you should do; ask yourself what you want to do. It is important to be flexible. Let others in the house or office help you with the jobs you find tough. Delegate tasks whenever possible.

2. Plan your activities for when you have most energy. Most people don't think about doing things if they are tired. Don't waste energy by trying to do more than your body can comfortably do. If you are tired by noon, plan activities for the morning. We take a long time to recover if we allow ourselves to become exhausted.

3. Learn what you can do without pushing yourself and respect the signs of fatigue (including muscle soreness, tiredness, muscle weakness, change in quality of movement, grimacing, etc.). Work simplification is an important tool to use in reaching our daily and long term goals in life. Work at a comfortable easy pace and avoid tension. A moderate work pace uses the least amount of energy and you will make fewer mistakes. Alternate heavy with light work each day and throughout the week. Break up heavy jobs over several days. Sit for as many jobs as possible. Allow time for interruptions and emergencies. If you find walking difficult, take along a wheelchair or get a scooter and save your energy for more important things. Pay attention to your body's signals. Care enough about yourself to listen to the messages of pain and fatigue.

4. Plan rest periods during the day and STOP before becoming exhausted. When taking a rest, relax completely with your feet up. Try resting 10-15 minutes between each hour or two of activity. It will probably take some trial and error to determine what is best for you. If you get tired in the middle of the day, have a one hour sleep early in the afternoon.

Don't expect the impossible because even with a good plan, there will be setbacks. There are things we can't change and accepting these will help make our lives work better. Sometimes we have to be willing to do a job less thoroughly than usual so we will have the energy to spend on our family or friends. Other times we may chose not to do the job at all!

Three Techniques to Help Us Make Changes

Kohl suggests three techniques that we could use to help ourselves make changes. These are push to avoid pain, blank pad, and plain talk.

The push to avoid pain system acknowledges the amount of energy that we must generate in order to reduce our activity level. It is a statement of action, not of failure or backing down. It means that we are dedicated to taking care of ourselves. Other people, obligations, and commitments will be prioritized according to pain thresholds and those actions that reduce pain. To delegate is action; to use nighttime oxygen or respiratory equipment is an action with enormous consequences; to retain authority in a seated position requires great assertiveness. Taking care of ourselves is not giving in but rather a restatement of control. The pain will not control us, we will control the pain.

The blank pad method of documenting accomplishments during the day reinforces a sense of purpose. Instead of making list after list of things to be done and then crossing off what has been completed, use a blank pad to record all you have done. It is a great training exercise for developing awareness of all the energy expenditure that does occur. It also saves us from devaluing ourselves for that which was not done. The goal is to avoid negative feedback at the end of the day and replace it with positive feedback.

Plain talk was developed in response to people asking how to keep themselves and others from feeling manipulated. If someone does not respect a simple "No" in response to a request, we may have to ask, "Why do you want me to be in pain, more tired, overextended, not able to enjoy our time together, etc.?" We need to practice simply worded responses that will increase the other person's awareness of the impact of their requests without creating defensiveness.

Taking Care of Yourself

You have changed physically. Your old coping strategies don't work anymore. You must decide if you want your weakness and fatigue to progress. You are responsible for what you do. When you are clear about who is responsible for your activity you have the power to master it. You can live better if you adapt to the changes in your body. Energy conservation can help you feel better and do more with less. Only you can make the decision to take control and take care of yourself.

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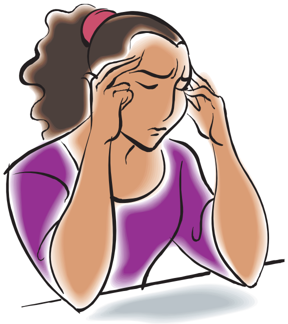
Pain Management Course

By Blenda Ramsay



This summer I took part in Implementation and Evaluation of a Pain Assessment Program for Seniors that was offered by the "Centre on Aging and Health" through the University of Regina. This was an eight week program and I choose to have a member of the research team meet with me in our home. Her name was Sheryl Green. We met once a week and as well I went to the University to meet with a physiotherapist who spoke about exercising and we met once with a pharmacist to talk about prescriptions and medications.

The Treatment program involved several procedures including education about the nature of pain; Improving the ability to control my pain by using psychosocial means (like coping strategies, pacing, etc.); Self-monitoring (keeping track of my pain day by day); Improving behaviors and activities that had an impact on pain (sleep, nutrition, activity management, medication use); Examination of thoughts and beliefs about pain; and Information and suggestions about exercise. Pain involves mental, physical and emotional components.

I learned that one should involve your physician, physical therapist, dietician etc. as they may be helpful in your treatment program. To monitor your pain, it is recommended that you keep a daily diary to show to your health care helpers. This will help identify specific conditions associated with your pain. I also learned some relaxation techniques by doing diaphragmatic breathing and listening to relaxation tapes.

It's a myth that experiencing pain is a natural part of growing old. The fact is that although pain does accompany many illnesses that affect older people, pain is NOT a natural part of aging. In addition to pain medications and alternative pain-management approaches, there are other things you can do. Incorporate simple activities into your day to help control and cope with your pain including acknowledging your feelings concerning how pain affects you; get adequate rest; eat a variety of healthy foods and engage in regular forms of medically-approved exercise.

I can not say that my pain is gone, but I am trying to use some of the techniques I learned. Learning how to adjust and cope with chronic pain is difficult but remember that "a journey of a thousand miles begins with a single step!"

Congratulations
to
Grace Lekivetz

who is receiving a Medal from Lieutenant-Govenor Lynda Haverstock, honoring her for the volunteer work she does in her community. This award will be given on September 30, 2005 at Government House in Regina. Grace is Chairperson for Neighborhood Watch Program. She helps her neighbors and friends in any way she can. Grace serves on the phoning committee for Polio Regina. Way to go Grace!

Polio Myths and Half-Truths

By Julie Silver, M.D., Medical Director, International Rehabilitation Center for Polio, Spaulding Rehabilitation Hospital, Framingham, Massachusetts

Myth #1:
Polio Survivors should rest, rest, rest!

This is a myth that has some truth to it, but taken to an extreme is dangerous. All bodies become extremely deconditioned without the constant use of the muscles. Even polio-weakened muscles can become weaker from disuse. Not using muscles results in weakness, and diminished endurance and cardiac fitness. If you are at complete bedrest, your muscles will lose 10-15% of their strength per week (1). If you stay in bed for a month, you will have lost about half your strength. Muscles need to be contracted regularly in order for them to maintain their size and strength.

On the other hand, it is important to note that the opposite of disuse – (overuse) - can also cause further weakness in polio survivors. So, the trick is to balance your daily activities with rest and also do an appropriate exercise program.

This sounds easier than it is, and I always recommend that people talk to healthcare professionals who are experienced in prescribing exercise programs for polio survivors. Some simple suggestions are:

- Nearly everyone, including polio survivors, should exercise regularly.
- Exercise is not what you do in your daily activities, but rather is a set program that has a time limit and certain number of exercises with a particular amount of weight or resistance that is used.
- Doing the same exercises over and over may lead to further weakness. Instead, exercises should be alternated regularly so all of the muscle groups are used and no one muscle groups is overused. The concept of cross-training that is widely accepted in sports medicine is what we promote at our center.
- Include some strengthening, range-of-motion, and aerobic exercises to be sure you maintain optimal fitness.
- If you experience pain or undue fatigue, check with your doctor. This generally means that what you are doing needs to be modified or even stopped altogether.

Myth #2
Swimming is good for you!

If you have to swim, do it regularly, and have easy and safe access to a pool, then swimming probably is good for you and you should continue to do it. However, if you do not swim for exercise and you feel guilty about it, then let me relieve you of your guilt-because swimming can be dangerous for your health.

Famous polio survivor, Franklin Delano Roosevelt, loved the buoyancy of water and the freedom it gave him to move his paralyzed body. The fact that much of his swimming was done in the beautiful pool at Warm Springs, Georgia, only added to the benefits he received from this exercise. But swimming is not for everyone and there are some good reasons why you might not want to swim.

First, getting ready to go swimming is a lot of work. For most people swimming involves many or all of the following steps:

- Locate your bathing suit and towel.
- Go from your house to your car.
- Drive to the pool.
- Go from the parking lot to the locker room.
- Change into your bathing suit.
- Go from the locker room to the pool.
- Swim.
- Go from the pool to the locker room.
- Change out of your bathing suit.
- Go from the locker room to your car.
- Drive your car home.
- Go from your car to your house.
- Hang your bathing suit and towel up to dry.

Of the 13 steps listed, only one of them involves the "exercise" of swimming. But, in order to get that exercise, you must do at least 12 other things that may just serve to wear you out. So, although I am a huge advocate of exercise that promotes cardiovascular fitness for polio survivors (keep in mind that post-polio syndrome is *disabling*, but cardiovascular disease kills more middle aged and older people than any other condition), swimming is a lot of work.

Second, you may be at risk to fall as you do these 13 steps. In one study, 46% of polio survivors noted that walking outdoors was difficult. (2) In another study, 82% of polio survivors reported increasing difficulty with walking. (3). Yet another study revealed that 64% of survivors reported falling at least once within the previous year and of this same group, 35% reported they had a history of at least one fracture due to a fall. (4). Given these statistics, the number of steps it requires to go swimming (often both literally and figuratively) and the likelihood that there may be some slippery surfaces in the locker room or around the pool, it is easy to see how someone might fall and sustain a serious injury while going swimming.

I think it is really important to not discourage anyone from exercising in a safe manner and swimming can be a great exercise for polio survivors. But, it is not a great exercise for ALL polio survivors. If you love to swim and you can do it safely, then definitely continue. But, if you find yourself overly fatigued after swimming, or if you think you are at risk to fall and have a serious injury then consider other exercise options.

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Wheel of freedom, and fortune

A Calgary Story by: Patrick Brethouer
"Reprinted with permission from The Globe and Mail"
August 15, 2005

Thank you to Murray Grant for informing us about this story.

A sleek, lightweight wheelchair — was born partly of necessity and partly from the frustration of having people who could walk tell him what he should want in a chair. A paraplegic himself, Mr. Bagg is aiming for nothing less than a transformation in how wheelchairs are both constructed and used.

Christian Bagg hasn't just invented and built a better kind of wheelchair. The 30-year-old machinist has also tested it, every waking hour for the past three years.

Mr. Bagg, a paraplegic since a snowboarding accident a decade ago, is aiming for nothing less than a transformation in how wheelchairs are both constructed and used. His invention was born partly of necessity — no commercial models could accommodate his ambitions — and partly from the frustration of having people who could walk tell him what he should want in a chair. His starting point: Make the chair as narrow as possible, so it can make it through cramped doorway, and so it becomes less obtrusive.

"You want more of you, less of the chair," he says.

The result is the Stryker Sorano Wheelchair, a sleek, lightweight machine that has begun production this summer in Calgary. It is the first consumer product for Kalamazoo, Mich.-based Stryker Corp., which is aiming to move beyond its base as a supplier of health-care equipment to institutions. To do so, Stryker has to carve out a space in a market where a handful of large suppliers have dominated for years.

That is where Mr. Bagg, and his singular perspective on product design, enter the picture. The essential strategy is to crack the market by treating wheelchairs like any other consumer product, tailoring design to myriad tastes and needs.

For Mr. Bagg, a sports enthusiast before and since his accident, an obvious niche of opportunity is the market for wheelchairs used in athletics. Different types of chairs are needed for basketball or tennis, much like the specialized shoes that able-bodied athletes use. (A tennis-equipped chair, for instance, has an extra wheel extending well in front of the user to allow for forward lunges at the ball.)

Athletic shoes are pricey, but specialized chairs have them beat, easily. “Every time you want to try a sport, you’ve got to drop five grand,” Mr. Bagg says.

What’s more, using a specialized chair means that any athlete needs to bring along two chairs, a customized van, and a driver. The result is that a paraplegic, such as Mr. Bagg, can’t simply decide to zip out for a game. Any outing becomes a major expedition.

With that frustration in mind, Mr. Bagg has designed a wheelchair that can have attachments quickly inserted at its front, converting an everyday machine into the specialized device needed for sports. “For me, it’s huge having the modular bits,” he says.

The Canadian Paraplegic Association, while not endorsing any particular brand of wheelchair, says Mr. Bagg’s innovations are appealing.

“If folks have more versatility in a product, they’re going to be able to be more independent,” said Steve Petingola, director of rehabilitation services at the Canadian Paraplegic Association in Calgary.

Mr. Bagg is still tinkering with an advanced ratchet mechanism that he hopes can allow quadriplegics, paralyzed from the shoulders down, to use manual chairs. Some quadriplegics are able to move their arms enough to push a manual chair. But they don’t have a strong enough grip to easily propel, or stop, a chair. Mr. Bagg hopes his ratchet drive will allow high-functioning quadriplegics to use manual chairs, and gain access to a much wider slice of the world.

If the new chair is a success, Stryker has plans to set up a new business unit and make Mr. Bagg’s efforts the centre-piece of its consumer-products line. One early opportunity for expansion is in the market for children’s wheelchairs, where the modular design will be an advantage in adjusting to smaller-size clients.

But there are some substantial challenges. Stryker has billions of dollars in sales, but little experience in consumer products. Plus, success in the wheelchair market, where buyers depend for the most part on government subsidies, hinges on being placed on approved purchase lists.

Still, Stryker has one eager prospective customer, at the very least. Calgary lawyer Vance Milligan has been in a wheelchair for more than 26 years, since a 1978 surfing accident left him a quadriplegic, with some use of his arms. Mr. Milligan, a partner at Bennett Jones LLP, says one of the new Stryker wheelchairs, equipped with a ratchet drive, could make his life a lot easier. “This chair is going to make a significant difference.”

What are we do doing?

Our summer picnic was held on Saturday, June 11 at the Rotary Senior Centre. There were 18 in attendance. The day was spent playing games, visiting and eating.

Upcoming Meeting dates are October 27 and November 24 starting at 7 pm at the Wascana Rehab Centre.

We do not meet in December. Instead we have a **Christmas Banquet** on December 3 at Westminster United Church, Regina (the same place as last year).

There will be a fun raffle and these raffle books of tickets will be handed out at the October meeting. Monies raised from sale of tickets goes towards decorations, prizes and extra costs associated with the banquet. Tickets for the banquet will be available at the October meeting.
Call Verna if you want more information @ 781-1314.

Laugh & Splash Family Swim begins Oct.8-Dec. 10. Registration deadline is Oct. 1, 2005. This program is held at Wascana Rehabilitation Centre Pool, 2180 23 Ave.
Call 777-7520 to register and ask for program #3551.
Cost is $21.40 for this session.

Flu Season is just around the corner so watch your local paper for times and places where you can go to have your flu shot.

Polio Regina Members express condolences to Don & Marion Volpel and family as they mourn the death of Don's mother, Elizabeth Volpel who passed away on Sept. 9, 2005. Don is past Secretary of Polio Regina and has been a supportive member for many years.

Dorothy Slater, a member of Polio Regina since its early beginnings, has moved to Weyburn and we wish her well in her new home. If you would like to drop Dorothy a note, here is her new address and phone number.

- Dorothy Slater, c/o Weyburn Special Care Home, 704-5 St. NE, Weyburn, SK
  S4H 1A3. Phone (306) 842-0748.

She would love to hear from you.

More Polio Information can be found on the following web sites:

Polio Regina:http://nonprofits.accesscomm.ca /polio/index.htm)

Polio Canada:www.poliocanada.com

Post –Polio Health: hhttp://www.post-polio.org

The International Centre for Post-Polio Education & Research:
www.englewoodhospital.com/PostPolio

Please remember to let the editors know if you have moved or changed your address. Our address, phone number and e-mail are on the front page of this newsletter.
We care about you ! Have a great day !
F&B

Picture of 2005 Executive:
Front: (L-R) Blenda Ramsay, Publicity/Post Box; Mavis Matheson, Librarian
Center: Pat Allonby, Phone Co-Coordinator; Nora Schlosser, Secretary
Back: Fred Ramsay, Post Box; Carole Einfeld, President; Wilf Tiefenbach, Vice-Pres.; Verna Copeland, Treasurer
(Missing Doc Bornholdt, Program Director)

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