



SECOND TIME AROUND

A Publication of the Boca Area Post Polio Group

January 2011

"Sharing and Caring Together"

Volume 14 Issue 1



DECEMBER `10 MINUTES

BAPPG held its Christmas/Holiday Luncheon at the Embassy Suites, Boca Raton.

The Florida-style weather got us into the Holiday Spirit with temps in the 60's, which attracted 46 warmly and festively-dressed guests. Each guest was greeted and given a door prize ticket by Punky, Jane & Dianne. Maureen showed them where to put their "secret Santa" gifts and guided them to their table leaving no seat unfilled.

The ballroom was decorated with a Christmas Tree and Menorah with green tablecloths & white napkins with a hurricane/candle lamp centerpiece.

Maureen opened the Luncheon with a blessing and began her announcements. She thanked Carolyn DeMasi, CoFounder & unseen contributor – thank you notes, bookkeeper, article chooser, proofreader, "resident" medical advisor and moral supporter.

She thanked Jane, Sunshine Lady, her right hand person – more help than she realizes, bounce-off person, snack provider, sits hip-to-hip moving me along when I mull over newsletter graphics too long, punctuation expert and couldn't keep the group together without her!

Maureen thanked the monthly meeting crew for their faithfulness as greeters/setup/cleanup – Jo, Punky, Pat, Jane, Gabby and others who jump in – and you know who you are!

****NOTE SPECIAL DATE****

WEDNESDAY

January 19, 2011

11:30 AM

Ten Minutes With . . . Ann Davis

Guest Speaker . . . Kevin Kessler, MD

**Topic . . . *Am I a Candidate for
Shoulder Repair?***

Let's Do Lunch . . .

Tuesday, January 18 @ 11:30 AM

Banana Boat

739 E. Ocean Avenue, Boynton Beach

561-732-9400 for directions

(East on Boynton Beach Blvd., south on Federal Hwy.,
east on E. Ocean Ave., left [before bridge] at NE 6 St.,
then quick right)



Next Meeting

Date: February 9, 2011

Guest Speaker: Professor Mike Kossove

Lunching Around: February 15, 2011

Many thanks to our “speedy” NY typist Sylvia Ward – without her there would be no newsletter. Our monthly Monday Pow-Wow at Maureen’s home – Danny, Irv, Rhoda, Jane, Pat, George, Jo, Nancy & occasionally Al and our meeting minute-taker – Rhoda. A heartfelt THANK YOU to all!

Everyone on our mailing list, we send a BIG “thank you” for continued support & generosity towards *Second Time Around*.

Jane again grabbed the “floor” to thank Maureen for her dedication, time on the phone, email, cruise organizing, long “newsletter” hours & being the group’s heart & soul.

We introduced Jane Mades, Administrator, PPSG of West Palm Beach and welcomed 7 of her members.

Lunch consisted of rolls, salad, tilapia/chicken, veggies and potato followed by coffee and cake.

Tom & Kat played Mr. & Mrs. Santa who gave out the “secret-Santa” gifts, which one could keep or trade with another person.

Everyone got up and visited with each other, was handed 2011 calendars/pens and thanked for coming as they left the ballroom.

Carolyn, Jane & Maureen wish you a

*Merry Christmas, Happy Hanukkah
&
a Healthy New Year!*

About our Speaker: *Dr. Kevin Kessler* is medical director of Kesslers’ Sports Medicine center. He is certified by the American Board of Orthopaedic surgeons. Dr. Kessler provides a full array of orthopaedic services with specialties in shoulder, knee and elbow. He is a consultant with Stryker orthopedics and has multiple publications. He also has provided coverage for many of the professional sports teams such as the Miami Dolphins, New York Yankees and the Miami Frenzi. Dr. Kessler has offices in Boca Raton and Ft. Lauderdale. He can be reached by appointment at 561-988-0442.

BAPPG appreciates the generosity of the following people who enable the printing of this newsletter:

Murray Schiffman Michele Sosnick
Geraldine Wade Julia Kanner
John & Julie O’Hare
Loren & Dawn Smith
Jane Brenner

WITH MANY THANKS

We wish to thank the many benefactors who have given so generously to the Boca Area Post Polio Group.

Steve Cirker
Bruce & Dianne Sachs
Philomena C. Nardoizzi
In memory of “Aunt Frances”
Jeanne Sussieck
Anonymous
David & Margaret Boland
Allen & Leta Baumgarten
Louis & Minnie Nefsky
Sarasota Post Polio Support Group
Paul J. Ritter, Jr.
Anonymous
Aben & Joan Johnson
Danny Kasper
In appreciation of “Mr.” Joel & Maureen
Ilona Edwards
David & Arlene Rubin
Anne Treadwell
In memory of Bill Stratton
Wildrose Polio Support Society
Manford & Florence Lunde
Alexander Patterson
Dr. Leo & Maureen Quinn
Dorothy Flomen
Anita Maroon
Edward & Harriet Rice
Renée Nadel
Wilbur & Hansa May

HAPPY NEW YEAR - 2011

The New Year symbolizes a fresh start and a new beginning. A New Year's resolution is the promise to do something to better oneself, a relationship or to get something accomplished. It isn't easy to always pick a resolution and stick to it. If you do make resolutions, make them simple and worth keeping. Keep these simple thoughts in mind:

- Throw out nonessential numbers. This includes age, weight and height. Let the doctor worry about them. That is why you pay him/her.

- Keep only cheerful friends. The grouches pull you down.

- Keep learning. Learn more about the computer, crafts, gardening, whatever. Never let the brain idle. An idle mind is the devil's workshop; the devil's name is Alzheimer's.

- Enjoy the simple things. When the children are young, that is all that you can afford. When they are in college, that is all that you can afford. When you are in retirement, that is all that you can afford!

- Laugh often, long and loud. Laugh until you gasp for breath. Laugh so much that you can be tracked in the store by your distinctive laughter.

- The tears happen. Endure, grieve, and move on. The only person who is with us our entire life, is ourselves. Be alive while you are alive, don't put out a mailbox on the

highway of death and wait in your residence for your mail.

- Surround yourself with what you love, whether it is family, pets, keepsakes, music, plants, hobbies... whatever. Your home is your refuge.

- Cherish your health. If it is good, preserve it. If it is unstable, improve it. If it is beyond what you can improve, get help.

- Don't take guilt trips. Go to the mall, the next county, a foreign country, but not to guilt country.



- Tell the people you love, that you love them, at every opportunity.

Always remember: life is not measured by the number of breaths we take, but by the moments that take our breath away.

Remember also that New Year's Day opened a clean slate, the old year is over and the New Year is just beginning.

When all is said and done, the New year still remains a time of celebration. It is a time to reflect on our past, to forgive others and to make amends. It is a time to look forward to our futures and to cherish our families and friends. To everyone everywhere, Happy New Year! May your year be blessed with Peace and Love.

In spite of the cost of living, it's still popular.

Source: *BransonGoers Gazette*, October 2009

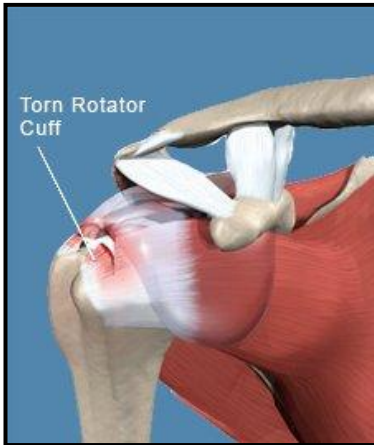
Reprinted from *Post Scripts*, FL, April 2010.

Dr. Paul Donohue

TREATMENT FOR TORN ROTATOR CUFF

Dear Dr. Donohue: I am an 81-year-old woman with a torn rotator cuff. They're talking about surgery, but I heard that it sometimes leaves you worse off. What can I do to avoid it? The pain is not too bad during the day, but when I go to bed, it hurts. - N.L.

Dear N.L.: The rotator cuff consists of four tendons coming from back muscles. They loop around the top part of the upper arm bone, which has a ball shape. The ball fits into a hollow depression in the shoulder, and the rotator cuff keeps the ball in the shoulder depression. It does look like a shirt



cuff encircling the wrist.

Tears of the rotator cuff come from shoulder injuries or from age-related wear. They account for millions of doctor visits annually.

If the tear is small, non-surgical treatments can be considered. For the night pain that comes with such shoulder injuries, propping up the shoulder with a pillow when you sleep on your back often eliminates the pain. Physical therapy keeps the shoulder limber. Gentle stretching and strengthening exercises can rehabilitate the shoulder. These are done under the supervision of a physical medicine doctor or a physical therapist. Anti-

inflammatory medicines – Advil, Ibuprofen, Aleve – also diminish pain.

For large tears, surgery is much more often a success than a failure.

Take the nonsurgical route for a while and see what happens.

Dear Dr. Donohue: Every time I hear chalk squeak on a blackboard, I get chills down my arms. Why? - K.L.

Dear K.L.: It's a common reaction, and I don't know why it happens.

Reprinted from *Sun Sentinel*, FL, 10/30/08.

Contributed by Jane McMillen, member.

Graphic: <http://www.joint-pain-solutions.com/rotator-cuff-surgery.html>

YOU COULD HEAR A PIN DROP

When in England at a fairly large conference, Colin Powell was asked by the Archbishop of Canterbury if our plans for Iraq were just an example of empire building by George Bush. He answered by saying;

“Over the years, the United States has sent many of its fine young men and women into great peril to fight for freedom beyond our borders.

The only amount of land we have ever asked for in return is enough to bury those that did not return.”

You could hear a pin drop.

Source: The Internet, 2008

Reprinted from *The Sunshine Special*, FL, Jan/Feb 2009.



2010 Panama Canal/Western Caribbean
Aruba, Colombia, Panama, Costa Rica & Grand Cayman

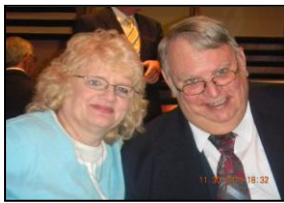
WHAT OUR CRUISERS ENJOYED THE MOST

The ship's crew was friendly, the ports were accessible, the food choices were varied, and the entertainment never stopped.



Al & Brigita, FL

We really enjoyed the cruise and the sightseeing but the best thing of all is, Al and I came there not knowing anyone, and we left with lots of new friends. It was an awesome experience, one we shall never forget. Thanks for all your hard work getting this together.



Al & Linda, MI

We've been to Hell (Grand Cayman) and back, rest of trip damn good trip too!



Byron & Nancy, KS

Outstanding cruise experience, pleasant memories, excellent accessible tours. Until next year our dear cruising friends!



Bruce & Dianne, MI

Everything about the cruise was WONDERFUL but the best thing was being with other post polios!!



Judy, KS

An equation: Good ship + interesting itinerary + hard-working, well-trained, helpful, friendly staff + pleasant company from the US & Canada = EXCELLENT CRUISE EXPERIENCE. Come join us in 2012!



Denis & Laura, MI

The most significant aspect of our 11 days together has continuously centered around gaining insight into the ramifications of the effects of post polio syndrome. This group is managing to live fulfilling and inspiring lives in spite of their conditions. It's been our pleasure to share this adventure on the high seas. Keep on cruising.



Ginger & "The Sisters", MI/AZ

The companionship with others in the PPS Group, and the ability to participate in all the tours made accessible by Maureen's pre-cruise arrangements.



Larry & Jane, HI

The 2010 BAPPG Cruise summed up; Precious Friends . . . Fabulous Cruise . . . Marvelous Memories.



Eddie & Harriet, Canada

I must say the length of the trip was perfect for me. I enjoyed getting to know everyone in the group. Had much more time to visit. You outdid yourself on the tours at the different ports. This was a very educational trip for me.



Lorraine, MI

Seeing old friends from previous cruises and meeting new folks was probably my #1 pleasure, but it was closely tied with the enlightening bus tours in each country, particularly the Panama Canal and the rain forest in Costa Rica.



Joan Swain, NJ

Just being able to cruise (this being cruise # 3) is a most wonderful experience in life. The wheelchair accessibility is what made it possible for Walter and me to go. We enjoyed everything. The food, the new friends and the old friends, the entertainment, it was all great. Thank you, Maureen and Joel for your dedication in making "memories" for those of us who otherwise might never have had the courage to even try such an adventure.



Walter & Ruthie, FL

I most enjoyed connecting with friends, sharing evenings at the relaxing piano bar, and the interesting and informative land tours!



Clara, FL

Being and working with Maureen and the group. J Having a loving, patient husband, and congenial, flexible group – truly our pleasure! M



Joel & Maureen, FL

CRUISING AGAIN

By Dianne & Bruce Sachs

As the sun was beginning to set, Royal Caribbean *Jewel of the Seas* left Port Everglades [Fort Lauderdale] on a 11-night cruise to Panama & Western Caribbean.

On board were 32 cruisers under the leadership of Maureen Sinkule from the Boca Area Post Polio Group.

This year's group consisted of people from Canada, Hawaii, Arizona, Missouri, Kansas, Michigan, Connecticut, New Jersey, Maryland, and Florida. Many of us were returnees and were joined by some first timers.

We all enjoyed the ports at Aruba, Columbia, Panama, Costa Rica, and Grand Cayman along with the several days at sea. Maureen had arranged handicapped accessible shore tours at all the ports, so we were able to see more than the shops at the pier.

Although we had a couple of days with rain and some high winds at sea, nothing deterred us from enjoying the food, the live shows, the casino, and all the other activities on board the ship. Most of all we had the opportunity to meet polio survivors from many different areas and to exchange ideas about living with post polio.

As we were packing to leave the ship, we were also reserving cabins for the next cruise, to the Eastern Caribbean, on board Celebrity Cruise Lines *Solstice* with the Boca Area Group on January 29, 2012. Make plans to join us.

Contact Judith, booking/transfers at 561-477-0750 ex. 102, 1-866-447-0750 or Judith@travelgroupint.com and mention Boca Area Post Polio Group.

YEP! WE ARE GOING, AGAIN!!!

Join BAPPG on our ninth trip – an amazing 7-night cruise to the Eastern Caribbean. Celebrity's *Solstice* will depart on **Saturday, January 29, 2012** from Port Everglades (Fort Lauderdale, FL) visiting Puerto Rico, St. Thomas & St. Maarten.

Twenty-six accessible cabins are reserved.

Rates start at \$929.83 per person which includes all tax and port charges. Ship is accessible (will confirm in FEB).



Your RCCL status is honored on Celebrity Cruise Line.

Contact Maureen at 561-488-4473 or BAPPG@aol.com for questions, roommates, scooter rental.

Call Judith at 561-447-0750, 1-866-447-0750 or judith@travelgroupint.com for booking/transfers & mention BAPPG.

As accessible cabins are limited, early booking is recommended as cruise line **will not** hold cabins that are not deposited. *So, if you just think you'd like to go, a deposit will hold your stateroom.* Don't miss out!

Twelve cruisers have booked already!!

Deposit fully refundable until 11/1/11.

INNER STRENGTH

If you can start the day without caffeine,
If you can get going without pep pills,
If you can always be cheerful,
ignoring aches and pains,
If you can resist complaining and boring
people with your troubles,
If you can eat the same food every day
and be grateful for it,
If you can understand when your loved ones
are too busy to give you any time,
If you can take criticism and
blame without resentment,
If you can ignore a friend's limited education
and never correct him,
If you can resist treating a rich friend
better than a poor friend,
If you can conquer tension
without medical help,
If you can relax with liquor,
If you can sleep without the aid of drugs,

**. . . Then You Are Probably
The Family Dog!**

Source: Via e-mail from Gary Fredericks, of Horsehead, NY.
Reprinted from *Florida East Coast Post-Polio Support Group, FL, Jan/Feb 2006.*



REFLECTIONS ON-BOARD JEWEL OF THE SEAS

(Journal Entry, submitted by Ginger Ford)

It is November 30, 2010, and day nine of a Royal Caribbean cruise from Port Everglades in Fort Lauderdale, Florida, to Aruba, Colombia, Panama, Costa Rica and Grand Cayman. On deck, a bittersweet sunset explodes on the horizon. On this day sixty years ago, at four years of age, I was admitted to the University of Michigan hospital and diagnosed with Infantile Paralysis. Some doctors were dubious about me ever walking again. Needless to say, I traveled through troubled, unchartered waters throughout my childhood.

After teaching early elementary for nearly thirty plus years and traveling abroad five different times, visiting Mexico, the Bahamas, the Eastern Caribbean and Hawaii, I am finally retired. Along the way, I raised a terrific son and a talented daughter with my dear husband. Looking back on this journey I am grateful for the many steps and miles that I have logged.

Today, I am forging a treasure trove of memories while on this eleven night cruise. Accompanying me is a group of men and women of honor, heart and humor, who also have post-polio syndrome and are under the umbrella of the BAPPG. As many of us did, I came with a few of my loved ones. I came with my three sisters.

I'm tracking my miles on a rental scooter provided by Care Vacations that was ready and waiting for me in our handicap accessible stateroom upon boarding. I use it everywhere I go. With our dining hour set for 6:00 p.m. each evening, our group arrives at 5:45 and the dining staff seats us first and parks

our scooters, thereby avoiding the crowd. It is a pleasure to share our table every night with various members of our group. I'm inspired by their stories and camaraderie. I've also learned about some adaptive devices and other useful information in continuing to live productively with post-polio syndrome.

By using the scooter, most of the activities offered onboard are doable. I've even participated in new activities like the chair exercises and origami. There is something for everyone. The large pool is accessible with the help of a lift and pool attendants. However, I find that I can get in and out of the solarium pool by myself and prefer to use this pool exclusively.

Maureen and Joel Sinkule are doing a superb job of arranging sightseeing shore excursions on clean, air-conditioned buses that last approximately two to three hours at bargain prices. The companies they contracted with are very gracious and helpful. Also, the tour guides speak clear English and are personable and knowledgeable. I believe I have a

real feel and appreciation for each port of call that I have visited. Also, the pre-trip meeting (aboard ship on the second day of the cruise) that explained each excursion was helpful.

I have to credit Judith at TravelGroup International and Maureen for answering all my pre-trip questions and quieting my fears about venturing forth on this cruise. I feel very safe and "looked after" in aligning myself with the BAPPG. I highly recommend any future trips with this group.

So, I close this month of gratitude with a fitting quote from Marcel Proust: "Let us be grateful to people who make us happy; they are the charming gardeners who make our souls blossom."



TO HAVE SURGERY OR NOT TO HAVE SURGERY - THAT IS THE QUESTION!

Debbie Hardy, Whittier, California
dhardy828@earthlink.net

Mention to someone that you need to have surgery and anyone within earshot of the conversation feels free to join in and tell you a horror story about a relative, friend, acquaintance or any combination of the above who had disastrous results with the same surgery that you are having.

The decision to have surgery is a difficult one for anybody, but for those of us who have chronic ongoing health problems, it is especially challenging. In addition to the typical worries one associates with having surgery, we have the added fear of aggravating our current condition and ending up in even more pain or with more limitations than we already have. Another big concern is recovery time – will it take longer than usual because of our current health issues, and how long will we be experiencing more pain than we normally do on a daily basis?

In March of 2005, my orthopedic surgeon ordered an MRI because of a pain in my lower back that was running down my right leg and into my foot. The MRI showed I had moderate spinal stenosis. Spinal stenosis is a narrowing of the spinal canal caused by the growth of bone or tissue or both that reduces the size of the openings in the spinal bones and causes pressure and constriction on the nerves and/or spinal cord.

My physician advised that eventually I would need to have surgery for this condition and said I should think about that possibility. In the back of my mind, I started replaying all of those horror stories you hear about people having back surgery. I thought I would have the surgery the 12th of never or when I couldn't walk at all – whichever came first.

Occasionally, over the course of the next two years, I would seek medical help when I physically over-extended myself in some way and was in such pain I could barely get around. Sometimes, I even let the idea of surgery roll around in my head for a few days, but eventually the steroids, pain pills and rest would significantly relieve the pain, and I would dismiss the thought of surgery and get busy with the process of living life.



While recovering from a serious fall in June, I found myself unable to move my right leg from the knee down.

This was a particularly devastating problem for me. Polio had partially paralyzed my left leg, so I use a long leg brace and crutches to ambulate. But my right leg has always been extremely strong and without it in proper working order I knew I could not get around at all on my own feet.

My first thought was I had injured my quadriceps muscle in the fall. When I saw my physician, he assured me my quadriceps muscle was intact. He ordered an MRI of my back, saying he thought it was causing the problem with my leg. He also sent me to a neurologist to assess the problem and to test for nerve damage.

The nerve conduction studies completed by the neurologist showed there was nerve damage in the right thigh above the knee. However, he said the nerve damage was “old,” probably from polio, and that a combination of overuse of the leg and injury from the fall had stunned the damaged nerves. He thought that once the nerves had healed a bit, I would once again regain full use of the leg.

Unfortunately, the MRI showed that the spinal stenosis had progressed from moderate to very severe and was almost completely compressing the spinal cord at L-4 and L-5. I was advised the problem was severe enough to cause loss of bladder and bowel function in the near future. That was enough for me to make my decision. Pain and difficulty walking was one thing, but the thought of losing control of my bowels and bladder was unfathomable – I would have the surgery.

After thoroughly explaining the procedure used to do the surgery and advising that this would take care of the leg pain only and not the lower back pain I had due to another condition, my orthopedic surgeon advised me to get a second opinion. He also suggested I access the Internet to read everything I could about my condition, as well as the surgery, and to ask as many questions as I needed to make myself comfortable with my decision.

In September of 2007, I had a decompression lumbar laminectomy. Through an open incision in my lower back, the bone and soft tissues of the spine that were compressing the spinal cord and nerves were removed and enlarged to relieve the pressure on my spine.

Even though my surgery took longer than expected and was particularly difficult because I had waited until things deteriorated to a severe level, when I awoke the first thing I noticed was that the pain that had run from my lower back down into my foot was no longer there. Also, I wasn't in as much pain from the surgery as I expected. After spending two nights in the hospital, I came home. Within a week, I was cooking and doing light housework.

When I mentioned to my orthopedic surgeon, Dr. Joseph G. Mayo, III of Placentia, California, that I was going to write this article, he told me he was glad somebody was going to shed a positive light on this surgery because back surgery is still associated with such negative connotations.

- I asked him what advice he would give to people contemplating surgery, and he offered the following:
- It is important for patients to get a correct diagnosis.
- Patients need to be treated properly to see if the condition can be resolved medically before surgery.
- Patients need to understand their condition and treatment plan and be comfortable with it – ask questions.
- The surgeon and patient need to work together as a team – it is a joint effort.

As a patient, I think it is most important not only to find a good surgeon, but also to find one who treats you with dignity and respect and one you trust and with whom you can communicate. I did and I feel it

made a huge difference in my outcome. Am I happy I made the decision to have surgery? Yes! Even though I have post-polio syndrome and limited mobility, I didn't have any more problems recovering from this surgery than anyone without these pre-existing conditions. In fact, this was the least painful surgery I've ever had, and the recovery was the quickest.

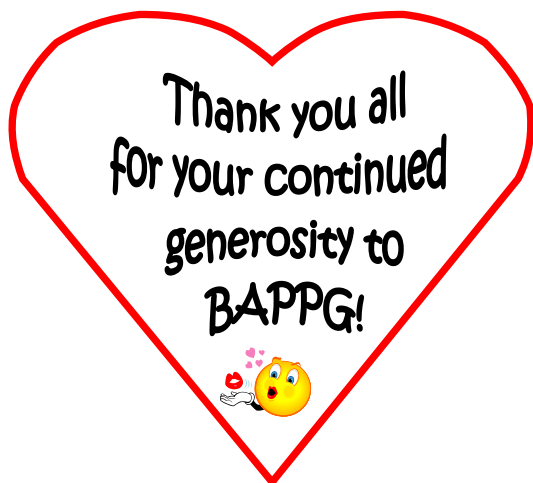
But, I am sorry I waited so long and suffered needlessly because of my own fears about what could happen. I wish I had realized sooner that back surgery, just like everything else in the field of medicine, keeps improving all the time.

Having surgery?

Check out the *Summary of Anesthesia Issues for Post-Polio Patients* at www.post-polio.org/edu/hpros/sum-anes.html prepared by Selma H. Calmes, MD, (retired), Chairman and Professor, Anesthesiology Department, Olive View-UCLA Medical Center, Sylmar, California.

Source: Vol. 24, No. 1 of *Post-Polio Health*

Reprinted from *SFBAPS*, CA, September 2009.



HOW TO PREVENT FURTHER DISABILITY IN POLIO SURVIVORS

By Julie K. Silver, MD

The thought of becoming increasingly disabled as aging progresses is something that we all fear. For polio survivors, particularly those who are experiencing symptoms of Post-Polio Syndrome (PPS), the fear of not knowing what the future will bring may be overwhelming. Although it is important to treat the symptoms of PPS, there are many other reasons why polio survivors may become further disabled. This article addresses 3 major reasons why polio survivors may experience further disability as they age, and how to prevent this from occurring.

1. Systematically addressing and treating all potentially serious medical conditions. The symptoms of PPS (i.e., new weakness, fatigue, pain, cold intolerance, breathing and swallowing problems, and muscle atrophy) occur with many diseases as well as with a prior history of polio. Moreover, some of these "other" diseases may be life threatening whereas PPS generally is not. Therefore, anyone experiencing symptoms consistent with PPS should have a thorough work-up by a physician who is a polio expert in order to eliminate other, more serious or potentially curable medical conditions that may mimic symptoms found with PPS.



If all other diseases are ruled out and the diagnosis of PPS is made, polio survivors should remain alert to the onset of new symptoms or the worsening of previous symptoms. A re-evaluation is indicated with either of these scenarios in order not to mistake the onset of a new medical condition for PPS. For instance, if a polio survivor has a long history of muscle pain in his arms and legs and is now experiencing abdominal pain, this warrants investigation. New abdominal pain may be a minor problem involving constipation or may herald the first warning signs of a life-threatening condition such as colon cancer. Therefore, despite having had a thorough evaluation by a polio doctor and being diagnosed with PPS, any individual experiencing new problems or more severe problems than initially reported, should be re-evaluated.

Although PPS rarely becomes life-threatening, there are many other medical conditions that may seem like minor annoyances at first, but can escalate into disabling or even deadly diseases. Some common diseases that are frequently underestimated include high blood pressure (hypertension), high cholesterol levels (hypercholesteremia), and poorly controlled blood sugar (diabetes). These are examples of diseases that should be aggressively treated in order to prevent severely disabling and potentially life threatening events such as a stroke.

Polio web sites and newsletters across the country have often contained information about medications that may exacerbate the symptoms of PPS. While this is an extremely important topic, it is imperative that polio survivors don't recklessly abandon

medications they are taking to control a variety of other serious medical conditions. Anyone who is concerned with possible drug interactions or side effects from a medication should discuss this with the prescribing physician who then has the opportunity to consider alternate treatment approaches. Certainly the goal is always to have individuals take only those medications that work effectively and cause few side effects; however, in reality this is not always possible. As with all medical treatment, it is ultimately up to the individual taking the drug to decide whether the side effects are worth the benefits. The important point here is that polio survivors need to make *informed decisions* about which medications they will and won't take. *Medications used to treat disabling or potentially life threatening illnesses should not be discontinued even if they exacerbate the symptoms of PPS unless a reasonable alternative is available or unless the individual taking the medication fully understands what may happen without it and makes an informed decision not to use it regardless of the consequences.*

2. Protecting the arms. There is a direct correlation between the strength of an individual's arms and their ability to care for themselves without assistance. Thus, one can say that the arms are the keys to independence and the stronger an individual's arms are, the greater the likelihood that he or she will be independent. Think of it this way – arms are essential for mobility (rising from a chair, transfers, etc.), dressing, bathing, driving a car or even communicating by phone, fax, or Internet. While it is true that technology is providing new types of adaptive equipment that will enable individuals with upper extremity weakness to

become more independent, keeping the arms strong and injury-free is essential. Unfortunately protecting arms and avoiding injuries to them may be easier said than done, particularly in those individuals who rely on their arms to compensate for trunk or leg weakness. For instance, polio survivors who rely on their arms for mobility purposes are prone to having arm injuries such as rotator cuff problems in the shoulder, nerve injuries at the elbow or wrist, tendinitis and even muscle strains and ligament sprains. For example, a polio survivor who uses a cane to walk puts pressure on the hand and arm that holds the cane. Further overuse of the arm holding the cane is very common due to putting pressure on it repeatedly in order to rise from chairs and the commodes.

The combination of using the arm during ambulation and transfers as well as for everyday activities may prove to be too much and an injury or new weakness can result.

Studies have shown those polio survivors, who use wheelchairs or other assistive devices such as canes and crutches have higher than average risk of injuries to the arms.

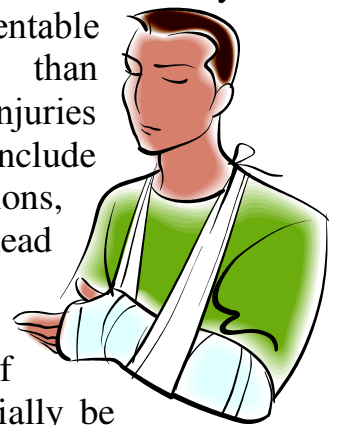
Although injuries to the arms may be inevitable, early medical attention can do a lot to mitigate these injuries. On the other hand, ignoring pain, tenderness, swelling, numbness or tingling in the arms and hands can lead to serious permanent injuries, which may in turn lead to further disability. This is because injuries are nearly always easier to treat in the early stages and those injuries that are allowed to progress to a more advanced stage become much more difficult to cure.

The good news is that many, if not most, arm injuries are treatable and often curable. The cure may involve rest from activities that exacerbate the symptoms, splints, medications, injections, physical and/or occupational therapy, and in some cases even surgery. The earlier an injury is treated, regardless of the injury, the more likely that treatment will be successful.

In summary, for those polio survivors who have become accustomed to a variety of aches and pains, it is important to recognize that many of the symptoms that occur in the arms are treatable and potentially curable – and, therefore should not be ignored.

Moreover, leaving injuries in the arms untreated may lead to significant disability that may be permanent.

3. Avoiding falls. Falls resulting in serious injuries is one of the leading causes of disability in individuals as they age—regardless of whether they have a preexisting disability. One of the most important things to remember about falls is that they are generally “preventable occurrences” rather than “accidents”. Common injuries associated with falls include minor bruises and abrasions, broken bones, and head trauma that may lead to permanent brain damage. Obviously, all of these injuries can potentially be disabling.



However, even if an individual simply has a fear of falling (without necessarily having experienced a fall with a serious

injury) this may be equally disabling by leading to social isolation because they are afraid to go out. Therefore, regardless of whether an individual has fallen or is simply worried about falling in the future, this may significantly impact their quality of life.

Preventing falls is much easier to do when one understands how and why most falls occur. Certainly there are some absolutely unavoidable situations where preventing a fall would be virtually impossible, however, as noted above, most falls are avoidable with a little forethought and planning. Falls occur for a number of reasons, but in general they can be broken down into 2 categories. The first category includes falls that occur due to a problem with the way an individual's body works. This may be due to weakness, loss of balance, problems with vision or hearing, dizziness, etc. The second category includes those falls that occur due to a problem with the environment. This would include falls due to hazardous weather conditions, slippery floor surfaces, cluttered rooms, etc.

In order to prevent falls, both categories – your own body and your physical environment – should be carefully considered and changes made as deemed appropriate.

Medical experts who specialize in treating polio survivors can be excellent resources for information on how to prevent falls as it applies to individual polio survivors. For instance, a polio doctor can determine whether new braces are needed, if physical therapy might improve balance and strength, etc. He or she can also recommend that a physical or occupational therapist visit your home or workplace in order to evaluate

how to make the environment safer (and offer suggestions on how to protect your arms!).

Polio doctors and other healthcare providers can offer invaluable advice on how to prevent falls and subsequent disability.

For those individuals who trip occasionally but haven't fallen (yet), it is important to remember that a trip is less than a step away from a fall. Anyone who is experiencing tripping or falling or who is concerned that they may fall, should seek medical attention. Most falls are preventable which means that serious injuries that lead to further disability in polio survivors can generally be prevented!

The three ways mentioned in this article to prevent further disability in polio survivors (treating all serious medical conditions, protecting the arms and preventing falls) are certainly not the only ways to prevent further disability, however, they are a good place to start. Moreover, polio survivors who take the initiative to try and prevent further disability will likely experience fewer problems in the future and in turn, this may give them a measure of comfort about what the future will bring.

Reprinted from *The Seagull*, NC, April 2010.



Please provide your new street/email address to be sure not to miss Second Time Around.

IS IT TIME TO RETIRE?

Bill Hegge, PPRG Member

I am not talking about that bittersweet day when you clean out your desk, collect your “gold watch” and never need to get up earlier than you want unless you are going on a vacation. I am talking about tires on your chair or scooter. There are inflatable tires, foam filled tires, and solid rubber tires. Which is best? There is no universal answer. I have all three types.

My manual wheelchair has 24” inflatable bicycle type tires on the rear wheels and 7” solid rubber casters on the front. The inflatable tires, if inflated to 65 lbs., have a much lower rolling resistance than foam filled and are easier to push. Solid rubber in this application would give a very hard ride. The advantage to foam filled is of course no flats and no pump needed. Over the years, I have had many flats and the puncture was often from the inside of the rim caused by adjusting the spokes. I would like another set of wheels with foam filled tires for travel. On three different occasions I have had a blowout the day after plane travel (probably stressed by changes in barometric pressure). One time was near Bourbon Street. I was so loud that I was surprised that no one started shooting.



when traveling, I need to bring a spare inner tube and pump.

My 3-wheeled electric scooter has 10 inch inflatable tires properly inflated to 50 lbs. I can go over 20 miles on a charge. As with the manual chair,

I have just added a power chair to my fleet. All of the tires are foam filled. These however are not as hard as properly inflated inflatable tires. Although this is about 30 lbs. Lighter than the scooter, the top speed is much less than the scooter's and the range is much less than the scooter's. I attribute to the somewhat softer tires, four wheels instead of three and the fact that turning is done by powering one wheel more than the other rather than by a tiller.



On a manual chair, in an emergency, a 24” inflatable bicycle tire can substitute for a 24” inflatable wheelchair tire. There are differences: the wheelchair tire costs over 4 times as much as a bike tire; the bike tire wears much longer than the wheelchair tire; the bike tire is black and riding on these tires indoors will leave tire slicks all over your house.



Reprinted from *Spirit*, WI, March 2010.
Graphics: Pride.com



'T WAS THE MONTH AFTER CHRISTMAS

'Twas the month after Christmas
and all through the house
Nothing would fit me, not even a blouse.
The cookies I'd nibbled, the eggnog I'd taste.
All the holiday parties had gone to my waist.

When I got on the scales there
arose such a number!
When I walked to the store
(less a walk than a lumber).

I'd remember the marvelous
meals I'd prepared;
The gravies and sauces
and beef nicely rared,

The wine and the rum balls,
the bread and the cheese
And the way I'd never said,
"No thank you, please."

As I dressed myself
in my husband's old shirt
And prepared once again
to do battle with dirt---

I said to myself, as I only can
"You can't spend a winter
disguised as a man!"

So – away with the last of the sour cream dip,
Get rid of the fruit cake,
every cracker and chip.

Every last bit of food
that I like must be banished
Till all the additional ounces
have vanished.

I won't have a cookie – not even a lick.
I'll want only to chew
on a long celery stick.
I won't have hot biscuits,
or corn bread, or pie,
I'll munch on a carrot and quietly cry.

I'm hungry, I'm lonesome, and life is a bore-
But isn't that what January is for?

Unable to giggle, no longer a riot.
Happy New Year to all
and to all a good diet!

Author Unknown

Contributed by Nancy Saylor, member, 1/7/09.



Contributed by Joyce Procacci, 12/705.



COMMENTS

Murray Schiffman, Monroe Township, NJ:

I enjoy reading your newsletters. Keep up the good work, my best regards to you all for a happy and healthy holiday season.

Jeanne Sussieck, Boca Raton, FL:

Happy holidays to everyone. I really miss the meetings (no longer get around very well) - I get so much out of *Second Time Around* and look eagerly for it every month. Enclosed is a check I hope will help. Always my best.

Philomena Nardozi, Redding, CT:

I received the calendar and will hang it in my 'new' kitchen. What a great surprise! . . . The enclosed is again in memory of "Aunt Frances", whom I really miss. I hope to be able to travel with the group on the next cruise.

Geraldine Wade, Oklahoma City, OK:

Your newsletters are very helpful. I keep all the medical information and enjoy the rest. I hope your holidays are blessed.

Julia Kanner, Deerfield Beach, FL:

Enclosed donation is for a worthy cause and a great newsletter.

Carolyn Karch, Greenbelt, MD: Thank you for a year of great info.

Loren Smith, Ruskin, FL: Please accept this donation for the cost of a very fine newsletter. I enjoy reading it every month.

Jane Brenner, Deerfield, IL: To the "Cheerful Givers" – thank you.

John & Julie O'Hare, Gilmanton, NH & Hollywood, FL: Thank you for the lovely calendar and pen and for all the great newsletters. They're the best. I pass my copy on to a neighbor of my daughter who didn't know there was such a condition as Post Polio Syndrome. She is very grateful for all the information she gets from your publication and has been able to "educate" her physician and receive some much needed help managing her pain. My yearly contribution is enclosed; we will be in FL in early January and hope to see you then.

HAPPY NEW YEAR



MARK YOUR CALENDAR!

Festival of International Conferences on Caregiving, Disability, Aging and Technology (FICCDAT) will explore issues facing aging populations, healthcare systems, caregivers, etc. June 5-8, 2011, Toronto, Canada. Call toll free in US and Canada 416-425-3463 x 7720, www.poliocanada.org

The Michigan Polio Network will host a one-day conference, August 20, 2011, Genesys & Banquet Center, Grand Blanc, MI.

European Polio Union/The Danish Society of Polio & Accident Victims will host an International European Conference on Post Polio Syndrome, Wed., August 31, 2011, Copenhagen, Denmark. www.europeanpolio.edu

MISSION STATEMENT

- To help polio survivors become aware that they are not alone and forgotten.
- To share our thoughts and feelings with others like ourselves.
- To network with other support groups.
- To share information and encourage each other to carry on.
- To educate the medical profession in diagnosing and treating Post Polio Syndrome.
- To always maintain a positive attitude.

Boca Area Post Polio Group collects no dues and relies on your donations. If you would like to make a contribution please make your check payable to **BAPPG**.

Thank you for your support!

Maureen Sinkule
11660 Timbers Way
Boca Raton, FL 33428
561-488-4473

Carolyn DeMasi
15720 SE 27 Avenue
Summerfield, FL 34491
352-245-8129

Jane McMillen, Sunshine Lady - 561-391-6850

Flattery will get you everywhere!
Just give us credit:
Second Time Around, Date
Boca Area Post Polio Group, FL



SPREAD THE WORD. We would love to hear from you. If you know of someone who would like to receive our newsletter, send us the information below and we will gladly add them to our growing mailing list.

Name _____

Address _____

City _____ ST _____ Zip _____

Phone _____ Email _____

Comments _____

BOCA AREA POST POLIO GROUP
11660 Timbers Way
Boca Raton, FL 33428

**FREE MATTER FOR THE
BLIND OR HANDICAPPED**

RETURN SERVICE REQUESTED

MONTHLY MEETING

11:30 – 1:30 PM

Second Wednesday of each month
Spanish River Church

2400 NW 51 Street, Boca Raton
(corner of Yamato Rd. & St. Andrews Blvd.)

Sunset Room of Worship Center
Entrance and parking on west side

BOCA AREA POST POLIO GROUP

A Ministry of Spanish River Church

FOUNDERS

Carolyn DeMasi Maureen Sinkule

COMMITTEE MEMBERS

Pat Armijo	Jo Hayden
Irv Glass	Sylvia Ward
Effie Daubenspeck	Jane McMillen
George Matthews	Rhoda Rabson
Danny Kasper	Nancy Saylor

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