

# POLIO



# POST

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## *President's Report November, 2013*

*Halloween has come and gone.* Winter can't be too far behind. Hopefully, we can have a mild winter this year. Oh, oh, I woke up to snowflakes this morning—I'm not ready, are you? Time to dig out our "woollies".

We started the fall off with the September presentation by Dr. Shay regarding exercise for persons with PPS or any chronic illness that was well received and very informative; and our October meeting presentation by Henry Pauls from the Winnipeg Parking Authority which has helped us understand our parking rights when displaying a handicapped sign.

Grey Cup is nearly here. Thanks to all who have supported the Grey Cup pool ticket drive as this is our major funding source. A special thanks to Doug and Linda for their hard work. If you haven't purchased your tickets, there is still time. Give Doug a call. (204 222-7013).

Holidays are coming and so it's soon time for our Holiday Dinner; looking forward to seeing everyone at the Holiday Dinner on December 6<sup>th</sup>. Don't forget to get your reservations mailed in.

### **REMINDER:**

**As of the first of January, 2014, the membership dues have been increased to \$15.00 per year. Please ensure that you forward membership dues as soon as possible.**

## **Seasons Greetings**

from the executive members of the Post Polio Network

## **THE HIDDEN THREAT THAT COULD PREVENT POLIO'S GLOBAL ERADICATION**

~ By: Helen Branswell - *Scientific American* October 5<sup>th</sup>, 2013 ~

**Global eradication of polio** has been the ultimate game of Whack-a-Mole for the past decade; when it seems the virus has been beaten into submission in a final refuge, up it pops in a new region. Now, as vanquishing polio worldwide appears again within reach, another insidious threat may be in store from infection sources hidden in plain view.

Polio's latest redoubts are "chronic excreters," people with compromised immune systems who, having swallowed weakened polioviruses in an oral vaccine as children, generate and shed live viruses from their intestines and upper respiratory tracts for years. Healthy children react to the vaccine by developing antibodies that shut down viral replication thus gaining immunity to infection. But chronic excreters cannot quite complete that process and instead churn out a steady supply of viruses. The oral vaccine's weakened viruses can mutate and regain wild polio's hallmark ability to paralyze the people it infects. After coming into wider awareness in the mid-1990's, the condition shocked researchers.

Chronic excreters are generally only discovered when they develop polio after years of surreptitiously spreading the virus. Thankfully, such cases are rare. According to Roland W. Sutter, the World Health Organization scientist who heads research policy for the Global Polio Eradication Initiative, the initiative is pushing for the development of drugs that could turn off vaccine virus shedding. A few promising options are in the pipeline.

Drugs can only solve the problem if chronic excreters are identified, and that's no easy task. For years scientists in Finland, Estonia and Israel monitored city sewers, watching for signs of shedders' presence. In many samples, they have found the telltale viruses from chronic excreters, but they have failed to locate any of the individuals. These stealthy shedders may not be classic immunodeficient patients traceable through visits to immunologists. Instead they may be people who do not know they have an immunity problem at all and are under no specialized medical care.

## **HIGH COURT OF JUSTICE REJECTS PETITION**

By *Yonah Jeremy Bob*

~ *The Jerusalem Post* Legal affairs correspondent – August 2013 ~

**The High Court of Justice** on Thursday swiftly rejected a petition to cancel or halt the state's massive polio vaccination program

The decision came shockingly fast, only hours after the state filed its response to defend the program.

Going on the offensive, the state said that failure to undertake its already started nationwide vaccination campaign would be an unacceptable "risk of people's lives." The state said that many people's lives could be in danger if a more limited campaign was followed, responding only to already identified outbreak areas, in order to avoid vaccinating people where the virus was not hitting.

The state said that the uncertainty and danger were too great to gamble on such a more conservative vaccination campaign and could even lead to other countries and world health bodies issuing warnings for visiting Israel and placing Israel with a group of third-world countries considered polio risks.

In that respect, the state noted that its vaccination campaign was approved and recommended by top global experts on the issue.

Some 170,000 children around the country out of a total of one million have already received an

oral polio vaccine in a campaign due to proceed over the next three months. The Health Ministry announced earlier this week that 35,000 had received two drops of OPV on Tuesday alone.

This brought the total of the national campaign to 74,000 children over three days, in addition to the more urgent vaccination effort, now in its third week, being held in the south of the country, where the wild polio virus was found in sewage and in a few dozen carriers.

No one has taken sick with the paralytic disease since the virus was first detected in sewage treatment plants in February.

## *Frequently Asked Questions About Anesthesia*

*~ Edited from article from Polio Health International August 25, 2013 ~*

If you have special concerns or risk factors for anesthesia, your surgeon or your hospital should be able to arrange for consultation with a physician anesthesiologist ahead of time.

### **What is the chance of a serious complication from anesthesia?**

A better question to ask would be this: What is my chance of complications from the whole experience of anesthesia and surgery? The American College of Surgeons has developed an easy-to-use online calculator that can predict your outcome risk depending on the type of surgery, your age, and any medical problems you already have. The analysis estimates your chance of a heart attack, pneumonia, infection, and other problems that may occur after anesthesia and surgery.

### **Does a breathing tube have to be used during the operation?**

For most major operations under general anesthesia, a breathing tube is necessary. If you ever were told that it was difficult to insert a breathing tube during a previous operation, be sure to tell the anesthesiologist so that special airway equipment can be ready for you. This can happen, for example, as a result of rheumatoid arthritis or previous neck surgery? For many minor procedures or diagnostic tests, sedation alone is enough and a breathing tube isn't needed.

### **Should all blood thinners be stopped a week before surgery?**

Don't just follow pre-printed instructions that the office staff may give you; talk to all your doctors in advance to be clear about the safest plan for you.

### **Should I bring a list of my medications with me, or can I assume that the hospital will have all the information?**

It's always a great idea to bring with you a list of your medications and doses, as well as a written summary of your medical conditions and previous operations you may have had.

### **Do I have to discuss how much I drink or smoke?**

Routine use of alcohol, pain medications, or sedatives can affect the amount of anesthesia you may need. Smoking damages the lungs. So please be honest with your surgeons about your current habits.

### **Do I mention cosmetic surgery?**

Yes due to risks from previous surgeries. Chin implants may conceal a difficult airway. Breast implants may be at risk of injury during lung surgery, and tummy tucks can affect wound healing after abdominal surgery. So please let your doctors and nurses know about all your operations.

### **Are older patients at risk for confusion after anesthesia?**

People showing signs of confusion or dementia are at risk for increasing confusion after anesthesia and surgery. Patients who have had a stroke or a mini-stroke (TIA) are also at higher risk. The anesthesiologist may recommend regional anesthesia (spinal, epidural, or nerve block) if it is appropriate for the surgery.

### **Why is it important not to eat or drink anything after midnight?**

When a patient is unconscious or sedated, food or liquid in the stomach could come back up into the throat and get into the lungs, causing dangerous pneumonia.

## EXERCISE AND REHAB FOR POLIO SURVIVORS

*Dr. Barbara Shay* gave a presentation to our Post-Polio group on September 24<sup>th</sup>, at our general meeting. She is the Head of the Department of Physical Therapy, Medical Rehab, University of Manitoba.

The presentation was greatly appreciated by all of those in attendance. Dr. Shay also announced that Post Polio is now part of the curriculum in the Physiotherapy program.

*The following are the highlights of her presentation:*

### **Exercise Management and Post-Polio Syndrome: a Physiotherapy Perspective.**

**Energy Conservation techniques are strategies** – not giving in to the limitations:

- therapeutic intervention
- rest periods: 20 min. minimum throughout the day – whatever you need
- improving sleep by avoiding over activity of mind and body
- modify your lifestyle to include exercise (moderate intensity)

**The goals for Exercise Programs are:**

- Reduce disability
- Maintain mobility
- Maintain independence

**The Management of Weakness:**

- exercise
- avoidance of muscular overuse
- weight loss
- orthoses and use of assistive devices

**The Management of Fatigue:**

- energy conservation techniques
- lifestyle changes
- pacing, regular rest periods or naps during the day
- improvement of sleep (e.g. with relaxation techniques or medications)

**Exercise:**

Overuse may be the most common cause of pain disorders. To prevent overuse:

- Reduce activity, pace oneself
- Use heat, ice, massage
- Stretching
- Use of assistive devices and lifestyle modifications

**Walking is the #1 most convenient regular exercise we can achieve:**

People who rely on wheelchairs can accomplish this type of exercise by wheeling back and forth or using an upper body cycling machine that works the core and increases cardio, blood flow and oxygenation.

- Recommended to warm up 20 minutes at the start of each day
- Building up to walking 20 minutes per day, 3X per week
- Begin any exercise at a lower rate:

**i.e.** If you can only walk for 1 minute then stick with that until you find you can walk for 2 minutes, and so on until you feel you have reached your maximum comfort level for walking and maintain that.

**Aerobic Exercise:**

- Exercise at a moderate intensity – noticeable increases in heart rate and breathing (If sitting = 0; all out effort =10; moderate intensity =5 or6)
- Walking and biking, and water exercise (water aerobics is the highest recommended form.
- Aim for 30 minutes X5 days / week.
- Can begin with one minute of exercise at moderate intensity, then rest a minute and gradually increase over time. (e.g. walk faster for a minute then walk slower or rest for a minute.
- Hand Weights: again, begin with a weight you can manage initially. The gauge is to be able to do 10

-15 reps without hurting or overusing the muscles. If you can do 10 reps with 2lb hand weights no problem, then try to go to 15lbs. Likewise if you start with a 2lb weight and can do only a few reps, then it might be too heavy, so choose a lighter weight until you can do 10 -15 reps with more ease. Create a therapeutic resistance that benefits your lifestyle, do not burn muscle.

**Strengthening Exercise:**

- Isometric exercises are very good for persons with chronic conditions, e.g. pushing hands together or pushing against a wall. Isometric exercises develop tension in the muscle while the muscle is prevented from contracting.

**Flexibility Exercise:**

- Perform activities that maintain or increase flexibility 2 days/ week at 10 minutes per day
- Stretching and yoga increase flexibility

**Balance Exercise:**

- Balance will help reduce the risk of injury from falls. Perform exercises that maintain or improve balance. If balancing on one foot, ensure that you are safe by using a chair for support or the corner of the kitchen countertop.
- Tai Chi helps balance

The bottom line for any of the above recommendations is: do not overdo any exercise but do it enough to challenge yourself without injury.

## *A Members Personal Story*

**Albert Patenaude** has more thyme on his hands than he knows what to do with. The avid gardener also has an abundance of basil, oregano, rosemary, spinach, cucumbers, peas and carrots, to name a few.

That's because Patenaude – who has post-polio syndrome – has been busy tending to three garden boxes that have revolutionized the backyard of his St. Vital home.

Having contracted polio at the age of four, Patenaude battled back and worked in the television industry and studied massage therapy before the syndrome – a condition that can impact polio survivors years after recovery from the initial attack – hit in 1998.

“My legs got weaker, my breathing became heavier and the symptoms slowly got worse,” Patenaude said, noting there was a 10-year period when he couldn't garden at all. “I couldn't bend down and weed and harvest myself, so I needed help. I had to delegate,” he added, with a wry smile and a glance at his wife Joan. “I was always relying on other people to come over and you end up micromanaging.”

Then the couple had a new fence put in in May. One thing led to another and they began researching garden boxes. This resulted in a redesigned yard space – and a new lease on life for Patenaude's green thumbs.

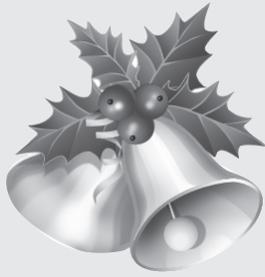
The boxes were made with planks of treated, bolted wood and laced with a heavy gauge plastic to separate the soil from the base to prevent any chemical seepage. “This changed my life. It keeps me focused and keeps my mind off the pain. The satisfaction is humongous,” Patenaude said, pointing to plant bearing more than 70 still-green tomatoes.

Despite missing the start of growing season, Patenaude has already reaped the benefits of the boxes by utilizing every inch of available space. “With traditional garden, you need working space between the rows. That's the beauty of the boxes – you have less planting space but more produce,” said Patenaude. Patenaude noted two other improvements now that his crops are elevated – the plants are getting more even sunshine and they are less susceptible to bugs, grubs, and insects. “Now I can watch for, identify and eliminate blight straight away and make a mixture to eliminate fungus.”

Joan said it's been wonderful watching her husband getting his hands in the soil again. “He's always been a gardener so it does my heart good to see him out there,” she said noting the couple had a gazebo built a few years ago.

“We can't travel because of his condition so this is our recreation., we hold gazebo parties for family and friends, which are sometimes impromptu.”

~ Printed from *'The Lance'* August 15,2012 ~



# *Annual Holiday Luncheon*

Friday, December 6th, 2013

Greenwood Inn @ 1715 Wellington Avenue

Doors open from noon - 2:30.

Cost: members \$10.00    guests \$15.00

No gift exchange this year

Plenty of door prizes!!!!!!

Come join us for a traditional turkey dinner.

R.S.V.P.

Please send cheque to Post-Polio Network  
825 Sherbrook St. R3A 1M5

with names of member and guest and any allergies

Deadline : please reserve before November 22nd, 2013

NAME.....

GUEST NAME.....

ADDRESS.....

AMOUNT SENT.....

ALLERGIES.....

## Member's Page

*Do you have an interesting story to tell?*

*Or do you know any good jokes, inspirational or humorous quotes or poems?*

*Then you are invited to email them to:*

[postpolionetwork@gmail.com](mailto:postpolionetwork@gmail.com) or mail them to:

Post-Polio Network (Manitoba) Inc.

C/O SMD Self-Help Clearinghouse

825 Sherbrook Winnipeg, MB, R3A 1M5

### Autumn

*Autumn beckons me to stop and see how life is slowing her pace,  
changing—preparing for winter.*

*Sure, it's an end to summer's beauties; things wither and die,  
get crushed underfoot or blow away. But, for me, it's peace.*

*One night as I went to bed all was summer green and warm with life.*

*Upon waking and pulling back the shades,*

*"Aha!" I said, aloud, "Autumn, you sneaked in while I slept."*

*There, across the way in the green bushy thicket, glowed a patch of orange  
still warm with Summer, but now toasted by Autumn's hand.*

*"I have begun my mission," she said, "to colour, to crisp, to blow gently  
and scatter all that summer had playfully lent."*

*I appreciated Autumn's reasoning, but questioned 'why?'*

*"I must now make the way clear," she continued,*

*"for the next labour of love—Winter."*

*That made sense, for without Autumn's cleansing,*

*what beauty would there be in that first snowfall?*

*With what awesome wonder would one gaze upon a bare tree or  
bush, thickly covered in pure, white, crystalline hoar frost?*

*If there were leaves or flowers, would it be the same?*

*Autumn's purpose is clear.*

*Her method is swift.*

*Her result is peace.*

*~ Kathryn Harper ~*

*October 22, 1994*

### I'M NOT OLD...I'M JUST MATURE

Today at the drugstore, the clerk was a gent;  
From my purchase, this chap took off ten per cent.

I asked for the cause of a lesser amount,  
And he answered, "Because of the Seniors Discount.

I went to McDonald's for burger and fries,  
And there once again, not quite a surprise,  
The clerk poured some coffee which he handed to me.  
He said, "For you Seniors, the coffee is free."

Understand - I'm not old - I'm merely mature,  
But some things are changing, temporarily I'm sure.  
The newspaper print gets smaller each day.  
The people speak softer, can't hear what they say.

My teeth are my own (I have the receipt)  
And my glasses identify people I meet.  
Oh, I've slowed down a bit...but not a lot, I am sure;  
You see, I'm not old...I'm only mature.

The gold in my hair has been bleached by the sun,  
You should see all the damage that chlorine has done,  
Washing my hair has turned it all white,  
But don't call it gray...saying "blonde" is just right.

My friends all get older, much faster than me.  
They seem much more wrinkled, from what I can see.  
I've got "character lines", not wrinkles, for sure,  
But don't call me old...just call me mature.

The steps in the houses they're building today  
Are so high that they take your breath all away.  
The streets are much steeper than 10 years ago;  
That should explain why my walking is slow.

But I'm keeping up on what's hip and what's new  
And I think I can still dance a mean boogaloo.  
I'm still in the running, in this I'm secure,  
I'm not really old...I'm only mature.

The AGM is March 25th at the Katherine Friesen Centre on 940 Notre Dame Ave. The Speaker will be announced in February's newsletter.

#### Membership Renewal Reminder:

As the president mentioned in her report – our membership fees have increased to \$15 and are due *JANUARY 1, 2014*. Please renew as soon as possible and definitely before March 25th, so you can join us at our Annual General Meeting.

#### IN MEMORY:

**On August 6th, 2013, Kenneth James Pearn died in an accident near Portage la Prairie. Ken was the Vice-President of our Post-Polio Network (Mb) from 1995 to 1997 and the President from 1998 to 2001. Our sincere condolences go out to his family and friends.**

Post-Polio Network (Manitoba) Inc.  
C/O SMD Self-Help Clearinghouse  
825 Sherbrook Street  
Winnipeg, MB, R3A 1M5



## Membership Application Form

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please check one or more of the following options:**

**New Membership - \$15/year**

**Membership Renewal - \$15/year**

**I wish to make a charitable donation of \$**

*(Tax deductible receipt will be issued.)*

***Please make cheque payable to the Post-Polio Network (Manitoba) Inc.  
and mail to the address listed above.***

### Post-Polio Network's Privacy Policy

The Post-Polio Network (Manitoba) Inc. respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists.

The information provided will be used to deliver services and to keep you informed and up to date on the activities of the Post-Polio Network (Manitoba) Inc.

**You may visit our website at:**

**[www.postpolionetwork.ca](http://www.postpolionetwork.ca) or email us at [postpolionetwork@gmail.com](mailto:postpolionetwork@gmail.com)**