

# POLIO



# POST

*Polio Post is Published Quarterly*

*February 2010*

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## *President's Report February, 2010*

*As I write this*, I am thankful to Old Man Winter for giving us some respite from a long miserable winter. And then we got a bit of a blizzard- of course. However, the good news is that we have only two months left till Spring!!

Our Holiday Luncheon at the Holiday Inn South was again a lovely time for all. The event signals the beginning of the festive season for me and I am reminded of the importance of seeing old friends and family and meeting new folks. The weather held, the turkey dinner was delicious and the gift exchange was as usual lots of fun. Our friend Elfbert handled the Master of Ceremonies with his usual aplomb. *(The pictures on page 2 are from this event.)*

A number of our members participate in an aqua program at the Misericordia Hospital. At this time there are some openings for polio people. Come join us – we have a lot of fun and get excellent exercise. For further information call Bonnie Hopps at the Arthritis Society. ~ Charlene Craig ~

## **Annual General Meeting 2010**

The next meeting date is March 30th, 2010 from 1:00 p.m. – 3:00 p.m.

Location: Canad Inn Polo Park at Empress and St. Matthews

In addition to being our AGM, we will have the following speaker:

**Monica Brechka from**

**Community Therapy Services**

**201-1555 St. James Street, Wpg MB**

Community Therapy Services (CTS) is a private non-profit Agency that provides the services of occupational therapists, physiotherapists, and other allied health professionals to assist individuals to live safely and independantly in their own homes.



*Charlene*



*Doug T, Doug & Debbie M*



*Karl*



*Pat, Elffbert & Russ*



Two women met for the first time since graduating from high school. One asked the other, " You were always so organised in school. Did you manage to live a well planned life?" "Yes", said her friend. "My first marriage was to a millionaire; my second marriage was to an actor; and my third marriage was to a preacher; and now I am married to an undertaker." Her friend asked, "What do those marriages have to do with a well planned life?" "One for the money, two for the show, three to get ready, and four to go" ~ Ira Lerner ~



***"Anyone interested in a Post Polio Network T-shirt?"***

We still have a few left – sizes L and XL - \$10.00.

Please contact Doug at 222-7013

**At the 2009 Conference, “Building Better Tomorrows Living Healthier Lives,” our speaker, Ron Jersak, PT provided this list of references for our interest.**

- ~ Agre, Rodriquez, and Tafel: *Late effects of Polio: Critical Reivew of Neuromuscular Function*. Arch Phys Med Rehabil Vol 72, Oct 1991.
- ~ Bruno and Frick: *The Psychology of Polio as a Prelude to Post-Polio Sequelae: behavior modification and psychotherapy*. Orthopaedics, 1991, 14(11): 1185-1193.
- ~ Davidson et al: *Prolonged Benefit in Post-polio Syndrome from Comprehensive Rehabilitation: a pilot study*. Disability and Rehabilitation, 2009; 31(4): 309-317.
- ~ Miller, Miller, and Goldberg: *Physical Therapist Examination, Evaluation, and Intervention for a Patient with West Nile Virus Paralysis*. Physical Therapy, 2006; 86:843-856.
- ~ Oncu, Durmaz and Karapolat: *Short-term effects of aerobic exercise on functional capacity, fatigue, and quality of life in patients with post-polio syndrome*. Clinical Rehabilitation, 2009; 23: 155-163.
- ~ Perry, Barnes, and Gronley: *The Postpolio Syndrome – and overuse phenomenon*. Clinical Orthopaedics and Related research Vol 233: 145-162, August 1988.
- ~ Silver and Gawne: *Postpolio Syndrome*; chapter 9 – Exercise in the treatment of postpolio syndrome, chapter 10 – Physical Therapy in the management of chronic poliomyelitis and postpolio syndrome, and chapter 17 – Aging with polio. 2004.
- ~ Trojan and Finch: *Management of post-polio syndrome*. Neurorehabilitation8 (1997) 93-105.
- ~ Westbrook: *Changes in survivors Over Five Years: Symptoms and Reactions to Treatments*. Int. Federation of Physical Medicine and Rehabilitation, March 1955.
- ~ <http://www.poliocanada.com>

### *Fundraising 2009 – Grey Cup Tickets*

**“Once again** we have completed an extremely successful fundraising campaign.

We managed to sell 5 sets of \$2.00 scratch tickets, resulting in a profit of nearly \$4500.00! This could not have been achieved without the undaunted support and hard work of our many members – their families and friends!

**Please remember that these proceeds are fundamental to our organization.**

Funds raised help pay for the publication and distribution of our newsletter, - the rental of facilities for executive and general meetings – and the subsidizing of our holiday luncheons and Spring barbecues.

***We hope we can count on your continued support in our 2010 campaign!”***

*~ Doug Mihalyk ~*

## ***To Have Surgery or Not to Have Surgery? – That is the Question !!***

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 orthopaedic surgeon ordered an MRI because of pain in my lower back that was running down my right leg and onto 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 12<sup>th</sup> 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 damage was old, probably from polio, and the combination of overuse of the leg and the 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 my 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 the 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 tissue 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 had 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.

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 orthopaedic 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 the 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 can 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 realised sooner that back surgery, just like everything else in the field of medicine, keeps improving all the time.

~ Debbie Hardy, Whittier, California ~

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### *In Memory of Dr. John Alcock (1920-2009)*

*Dr. Alfred Wallis Alcock (known by his colleagues and patients as Dr John Alcock), passed away peacefully on May 6, 2009 at the Grace General Hospital at the age of 88. Much of Dr. Alcock's celebrated professional career took place at Riverview Health Centre (formally known as Winnipeg Municipal Hospital), where he worked first as Assistant Medical Director, and then- three years later in 1955- as the Centres Medical Director, a position he held until 1990, when he retired.*

*In honour of Dr. Alcock's countless hours of dedication to this facility and its patients and residents, Health Views reprinted, in part, an article that ran in June 1990 when he retired. Thanks to Dr Alcock's sons, Gerald and John, for reviewing the material and for providing the photograph.*



*Dr. John Alcock Says Goodbye After 39 Years  
(From Outreach news, Vol.2, June 1990)*

A special notebook sits on a high shelf in Dr John Alcock's office. Bound by seven safety pins, its yellowed pages hold records of the doctors early years at Winnipeg Municipal Hospital.

Recently, Dr. Alcock retired from the position of WMH's Medical Director. His years at the hospital span from 1951 to 1990, and those weatherworn notes prove a good way to remember the events of his long and eventful career.

Dr Alcock started at WMH in 1951 as a hospital physician in the King Edward Hospital under Medical Director Dr. J. A. Hildes. Although, the King Edward at that time housed tubercular patients, it wasn't long before the polio epidemic hit, thrusting Dr. Alcock into the busiest time of his career.

"The epidemic started in the summer of 1952, and by year's end, we had admitted 240 patients, 41 of them requiring iron lungs," remembers Dr. Alcock. "To cope, the provincial department of health helped us round up all the respirators in the province, and placed urgent orders with manufacturers."

But things got worse before they got better. During the height of the epidemic, in the summer of 1953, the hospital took in almost 2,000 patients. While most were in their late teens and early 20's, many of the polio victims included babies and children. About 180 required iron lungs to breathe.

"We were never sure if we would have enough lungs to go around," says Alcock. "But we rose to the challenge with the help of volunteers, professional staff from the city and provincial health departments, the Faculty of Medicine and the Armed Forces."

#### ***Epidemic Ends***

In 1955, the Medical Directors position became vacant and Dr. Alcock applied because he "felt an attachment to the polio patients."

In 1955, he accepted the post he would keep for the next 35 years.

Before the 50`s ended, the advent of antibiotics prompted a decline in communicable diseases. During this time, Dr Alcock spearheaded the development of the Winnipeg Municipals into a facility for extended care.

Over the years, the doctor maintained an active interest in the polio patients, whose residual paralysis needed attention. Many were successfully rehabilitated to the community through a unique home care program. And Dr. Alcock continued to follow up on their health needs.

### *Epilogue*

Dr Alcock`s old notebook may have looked weatherworn, but at his retirement, he still exuded the confidence of a well respected medical director. After he retired, Dr Alcock was greatly missed by staff and co-workers, but especially by the patients whose lives he helped to enrich. Now at his passing, he leaves a legacy of caring that will not soon be forgotten.

*Reprinted from Health Views, fall 2009. Vol 18. No. 3*

## **Interested in a guaranteed 24-hour back-up for attendant care?**

- \* Tired of having no control over your back-up attendant services?
- \* Tired of getting access to back-up care only when your life is in peril?
- \* Tired of having to blow your budget to pay for back-up care?
- \* Tired of hearing that a reliable back-up can't be guaranteed?

ILRC is developing a reliable community-based 'back-up' or supplementary program for attendant care that will be driven through a cost-effective membership fee. If you are interested in this unique membership program, please contact Natalie at 947-0194.

This program is being sponsored by ILRC – Independent Living Resource Centre – 3<sup>rd</sup> floor Portage Place Mall.

### **Assistive Devices Peer Group** **The aim of this peer group is to explore:**

- What are assistive devices, the different types of assistive devices and their benefits, including demos
- Perceptions of assistive devices such as social perceptions, myths and stereotypes
- Finding resources to fund assistive devices
- Resources on where to find assistive devices
- Developing confidence in using assistive devices
- Learning experiences from community members and their experiences with assistive device

We will meet the third Thursday of every month on  
January 21<sup>st</sup>; February 18<sup>th</sup>; March 18<sup>th</sup>; April 15<sup>th</sup>;  
In the Henry Enns boardroom 2:00 PM to 3:30PM at the  
Independent Living Resource Centre – 3<sup>rd</sup> Floor Portage Place  
To register, contact Joanne Legault at (204) 947-0194.

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: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please check one or more of the following options:

- New Membership - \$10/year
- Membership Renewal - \$10/year
- I wish to make a charitable donation of \$  *(Tax deductible receipt will be issued.)*
- I would like a copy of the newsletter sent to:  
*(My doctor, therapist or other individual at the address below)*

Name: \_\_\_\_\_ Profession: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_  
Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

## Membership Renewal

Please note: on your address label on the newsletter envelope there is a date printed (day-month-year). This is the date your membership is due. Please remit your membership dues of \$10.00 as soon as possible. Any donation greater than \$10.00 will receive a tax receipt. Thank you from the board. We appreciate all of the extra funds as this offsets the cost of keeping the Post-Polio Network Manitoba functioning.

### 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. including programs, services, special events, funding needs, opportunities to volunteer or to donate.

If at any time you wish to opt out of any services, simply contact us by phone at (204) 975-3037, or write us at 825 Sherbrook Street, Winnipeg, MB R3A 1M5 and we will gladly accommodate your request.