

# POLIO



# POST

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## *President's Report September 2010*

*Well here we are* on the downside of a long, hot, wet summer. Our annual barbeque in June was, as usual, a wonderful time to enjoy catching up with other Polio survivors and to share a lovely meal and to kick off the summer.

The weather was awesome although VERY HOT and attendance was great. And thanks to our friend Doug, we had some fun with chocolate door prizes this year – as if any of us needed more calories!

Your Post Polio Network executive has taken a well deserved break over the summer and are ready to get back to work. A members meeting will be held on September 28<sup>th</sup> 1pm – 3pm at the Katherine Friesen Centre at 940 Notre Dame. We will have a speaker and lunch will be served. On a sad note, this summer we lost three of our longtime members Peggi Hiddleston, Sidney Perlmutter, and Sonia A Cadzow. We mourn their loss and our condolences go out to their families.

*Here's to a lovely autumn friends!!!*

## *September General Meeting*

The Post Polio Network, MB., will be holding their September General Meeting on the 28<sup>th</sup> at 1:00 PM at the Katherine Friesen Centre located at 940 Notre Dame Ave., Winnipeg.

Guest speaker will be Dr. Olin discussing "Chiropractic and Post Polio Syndrome". Lunch will be provided. All polio survivors, family and supporters are invited to attend. The facility is fully accessible.

For further information please contact: Tel: 975-3037

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Website: [www.postpolionetwork.ca](http://www.postpolionetwork.ca)

## *Tajikistan polio outbreak a threat to Canada*

### *Make sure kids immunized, Canadian Pediatric Society to urge.*

VANCOUVER: Canadian pediatricians and family physicians are being urged to ensure that children in their practices are immunized against polio. The recommendation, soon to be issued by the Canadian Pediatric Society (CPS) board of directors, follows reports of a persistent major outbreak in Tajikistan, a country in the (WHO) European region that had been certified polio-free in 2002.

It's the first time an epidemic has occurred in a certified polio-free region. The outbreak, which the WHO first reported in April as seven cases of acute flaccid paralysis (AFP), grew to more than 500 AFP cases, 183 of which had been confirmed as wild polio virus type 1, by June 1.

The Tajikistan cases represent 75% of the world's cases of polio, outstripping those in Nigeria and India, which are considered to be the world's hotspots but are making progress toward becoming polio-free, Dr. Noni MacDonald said in an interview at the CPS annual meeting here last month.

The Tajikistan outbreak had received only minimal and scattered coverage in Western media, but Dr. MacDonald, a professor of pediatrics at Dalhousie University in Halifax, raised the alarm after becoming aware of it while working for UNICEF in Ukraine this spring.

Canada is susceptible because rates of polio vaccine coverage here are below the 90% level considered necessary to prevent spread if the virus is introduced to a community. For example, rates of immunization in Ontario children in the past decade have hovered at approximately 80%,

Dr. MacDonald said. "This is a real wake-up call for every country that doesn't have a higher than 90% coverage rate for polio."

### *An airplane ride away*

In urging vigilance against vaccine-preventable diseases, public health officials often note that, theoretically, outbreaks are a mere airplane ride away. In the case of the Tajik outbreak, that scenario seems to have played out. The epidemic has already spread to Russia and Uzbekistan, and the WHO fears it could easily spread to countries in Europe with low rates of polio vaccine coverage, including Germany, Switzerland and the Netherlands, she said.

An estimated 250,000 to 500,000 Tajiks travelled to more than 250 countries last year, she said, adding for every case of polio there are thought to be at least 99 people who are asymptotically infected but shedding virus. "So lots of people can be travelling lots of places and not know they have it,"

Dr. MacDonald said. "It's easy to export this. This is a wake-up call to all of us who thought

polio had disappeared from regions that were certified as polio-free. We thought we didn't have to worry about this anymore. We do."

An editorial on the subject in the Canadian Medical Association Journal last month, written by Dr. MacDonald and editor Dr. Paul Hebert, concluded, "The threat of polio is no longer simply theoretical.....We are only one asymptomatic traveler away from an outbreak because of low vaccination rates."

Dr. MacDonald brought her concerns to the CPS board, which is preparing a statement encouraging parents to ensure their children's immunizations are up to date.

Beyond that, physicians should check who in their practices hasn't been immunized, Dr. MacDonald added. "I'm not saying they should hire 20 people to do this but (pediatricians and family doctors should) systematically try to go through their records in the coming months" and tell parents whose children are at risk. "Polio is forever. If you get paralytic disease or if you get ventilated, we have no cures. We can't undo it. It's a serious and sometimes fatal disease, and you have to prevent it.

Physicians should also deal appropriately and quickly with AFP cases, and provinces and territories may want to consider catch-up vaccination programs if coverage rates are low, she added.

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'THE MEDICAL POST CanadianHealthcareNetwork.ca' July 13<sup>th</sup>2010

**Canadian Centre On Disability Studies  
Celebration of United Nations International  
Day of Persons with Disabilities**

**December 2, 2010 7:00 – 10:00 pm at the Fairmont Hotel, Winnipeg**

This event will feature an address from three time gold medal Paralympian Vivian Forest. Vivian is a legally blind high performance alpine ski racer. She is one of the select women in the world to have won gold medals at both the Summer and Winter Paralympics.

All profits from this event will benefit the CCDS small grants program, which awards grants to emerging and community researchers to support disability - related research.

**Tickets are available from CCDS for \$50**

For tickets call Denise at CCDS at 287-8411  
or visit their website at [communications@disabilitystudies.ca](mailto:communications@disabilitystudies.ca)

## *What Your Voice is Saying About You:*

### **Vocal Changes and the Late Effects of Polio**

(Mary Spremulli, MA, CCC-SLP, Punta Gorda, Florida)

A speech-language pathologist in private practice, a clinical consultant with Passy-Muir, Inc. and a national seminar leader on medical topics, Mary Spremulli addresses how voice changes may relate to polio survivors, a topic raised frequently by PHI readers.

Why does my voice sound this way? Over the last few years, a number of individuals with a history of polio 40 or 50 years ago have been referred to my speech pathology practice complaining of changes in their vocal function. They were often young children at the onset of their polio, so some of them are unsure if their original diagnosis was bulbar or spinal.

Now, many of them in their 60s and 70s report voice problems or changes, such as: “my voice is weaker,” “my voice gives out by the end of the day,” “my voice is scratchy and hoarse.” Not infrequently, these changes in voice are accompanied by changes in swallowing function with associated complaints of increased “choking” when eating or drinking.

Is this related to having had polio? In many of these instances, the change in voice can represent further weakening of the respiratory and phonatory (voice production) system. In particular, if individuals had initial bulbar polio symptoms, they have likely already spent a lifetime using some compensatory respiratory and oral-pharyngeal muscle function. This muscle function may now be further weakened due to further muscle degeneration, age-related changes, muscle disuse atrophy or vocal misuse. Separating out the causes and contributors to current voice problems can be challenging for the voice therapist or otolaryngologist.

### ***Why should I see an Ear, Nose and Throat Doctor (ENT)?***

Any sudden change in voice function, or any change, such as hoarseness, that persists for more than a few weeks warrants an examination by an ENT. The ENT will conduct a direct visualization of your vocal folds and larynx (voice box) by passing a small scope with a camera through your nose and making sure there are no growths, such as nodules (calluses that form from misuse) or polyps (a usually benign, fluid-filled outgrowth of tissue that also may be from misuse) or tissue changes suggesting a more serious diagnosis.

A direct visualization can also confirm the contribution of acid reflux, in particular stomach acid that escapes from the top muscle of the esophagus (food pipe). This type of reflux, is also referred to as laryngopharyngeal reflux or “silent reflux” and it is often a factor causing hoarseness or other voice changes.

Patients are often surprised when the ENT prescribes anti-acid medication for their voice changes, not realizing that our anatomic design places an opening of the esophagus and the

opening to the windpipe dangerously close, and the vocal folds often receive the insult of acid which may escape from the top muscle of the esophagus.

### ***What is a voice evaluation?***

Following an ENT examination, patients are typically referred to a speech-language pathologist (voice therapist), who may conduct further instrumental examination using videostroboscopy. In videostroboscopy, a rigid scope with a camera attachment is placed through the mouth to visualize the larynx and evaluate the dynamic movement of the vocal folds.

The voice therapist will also perform a clinical evaluation of vocal function. This exam involves taking a thorough history that includes questions about how you use your voice throughout the day, medication use that may be affecting your voice – particularly inhalers and steroids – as well as any surgery you may have had on your throat or any tubes placed down your throat during surgery or in an emergency to maintain ventilation. Measurements of pitch, vocal intensity and voice duration are obtained, as well as observations of your respiratory patterns.

In addition to this history and perceptual data, the voice therapist will observe how you use your breath support and voice during conversational speech. Behaviours that can harm the vocal folds, such as frequent throat clearing or coughing, will also be noted as these common habits over time can injure the vocal folds. You will likely also be asked about hearing, since a decline in hearing may cause difficulty in your ability to accurately judge vocal intensity in your own voice or others.

Although not directly related to voice production, the vocal folds' position at the opening of the windpipe also makes them gatekeepers against foreign bodies entering into the upper airway. Therefore, you will be asked about any problems you may be having with choking or coughing when eating or drinking. These symptoms may also be an indication that the sensation of the larynx or function of the vocal folds have declined in some way, permitting food or liquid to now enter your upper airway. A separate swallowing evaluation may be recommended.

### ***Can voice therapy help?***

Once an accurate diagnosis of your voice problem is made, treatment will likely be a combination of medical and therapeutic management. Problems requiring further medical treatment will be handled by the ENT. These may include medications to treat acid reflux, thin/thick mucus/secretions or to reduce post-nasal drainage. More serious problems, such as polyps, may require surgery.

The voice therapist will focus on vocal hygiene, which includes modification of environmental factors that may be serving as irritants to the larynx and vocal folds, instruction in methods to eliminate throat clearing and other abusive habits, and encouraging improved hydration through water intake and/or steam.

Then, much like a music teacher, the remainder of voice treatment will focus on improving

functional use of your voice instrument. In the case of someone with poor diaphragmatic breathing and respiratory muscle use due to polio and post-polio symptoms, a modified respiratory muscle training program may be recommended.

Relaxation techniques and methods to reduce muscle straining in the neck muscles and larynx may be demonstrated. Use of optimal pitch and posture and techniques for improving loudness without straining will all be emphasized. Voice treatment may be offered for six to eight visits, with development of a home exercise program to encourage strengthening of the system, preservation of muscle function and maintenance of any improvement achieved. For individuals with voice changes from PPS, conservation techniques, including use of personal voice amplification devices may also be beneficial.

Our larynx is a rather amazing organ. Our ability to use its shared functions of breathing, digestion and voice production make it clearly one of our uniquely human gifts. Throughout our lives, our voice mirrors physical growth and other body changes. It conveys our physical and emotional health, and at times, it inspires poetry.

(from the Spring 2010 Vol. 26. No. 2 of the Post-Polio Health newsletter)

### ***What is your voice saying about you?***

“Our voice resonates with life. Because this is so, it can touch the lives of others. The caring and compassion imbued in your voice finds passage in the listener’s soul, striking his or her heart and causing it to sing out; the human voice summons something profound from deep within, and can even compel a person into action.”

- Dakaku Ikeda, Buddhist Philosopher

## **WHAT IS GLOBALIZATION?**

This is probably the easiest rational explanation of Globalization. It is a definition that I can understand and to which I can relate.

Q: What is Globalization?

A: Princess Diana’s death.

Q: How come?

A: An English princess with an Egyptian boyfriend, in a French tunnel, riding in a German care driven by a Belgian, who was drunk on Scottish whisky (check the bottle before changing the spelling), followed closely by Italian paparazzi on Japanese motorcycles, treated by an American doctor using Brazilian medicines. This is being sent to you by a Canadian using American Bill Gates’ technology, and you are probably reading this on a computer that uses Taiwanese chips and a Korean monitor, assembled by Bangladeshi workers in a Singapore plant, transported by Indian truck drivers, unloaded by Sicilian longshoremen and trucked in by Mexicans.

***THAT, my friend is Globalization!***



*Disability,  
Health & Wellness* conference  
Independence YOUR WAY

October 18 & 19, 2010 at the Victoria Inn, 1808 Wellington Ave., Winnipeg, MB

Independence YOUR WAY – builds on the momentum from the last two conferences, providing an opportunity to all persons with disabilities, including those who are aging into a disability, to come together and have their voices heard.

**October 18 Keynote Speaker:**

Propeller Dance Troupe is a unique, inspirational, and professional dance troupe that provides dance programming to people with and without a disability.


**October 19 Keynote Speaker:**

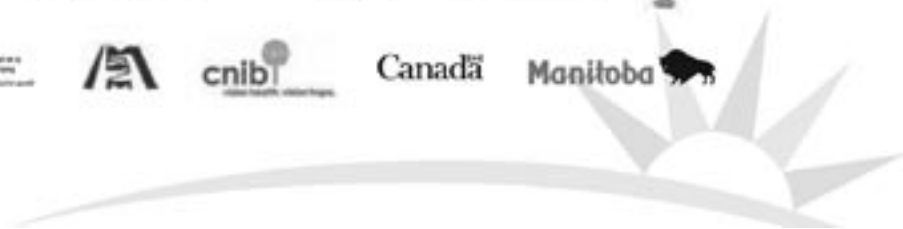
John Melnick, in the midst of a deep depression, attempted suicide for the third time. He swam, fully clothed, into the middle of the Red River. Then, John made the choice to live a different life. Today, he encourages others to speak about their own mental health issues and break free of social stigma.



**Who Should Attend?**

- All persons with disabilities, including those who are aging into a disability
- Persons living with chronic conditions
- Supporters and caregivers
- Healthcare providers
- Policy-makers

 **WEB**CONFERRING available. This conference will be national in scope.



# GREY CUP FOOTBALL POOL



**SUPPORT  
POST POLIO  
NETWORK MANITOBA**

Tickets are available from  
Doug Mihalyk  
Ph. 222-7013

*Jack Lumbard*, from Brandon, MB. is adding a battery to his Harmony Bi Pap machine that would allow him to be more mobile. He would like to connect with someone in the group who uses this breathing machine. Please call him at 204-728-1691

The following items are available for Polio survivors at no cost:

1. Telescoping Poles with handles (x2) for use beside a bed
2. Commode, white
3. Grab Bars, various lengths
4. Transfer Belt
5. Bed Raiser, used between mattress and box spring
6. Canes
7. Unused continence pads
8. Ramp, custom made - 8 feet long

If interested, call Elka and leave a message @ 261-8540 or 997-3965



## *A good laugh, even if you're NOT over 50!*

*When* I bought my Blackberry I thought about the 30-year business I ran with 1800 employees, all without a cell phone that plays music, takes videos, pictures and communicates with Facebook and Twitter. I signed up under duress for Twitter and Facebook, so my seven kids, their spouses, 13 grandkids and 2 great grand kids could communicate with me in the modern way. I figured I could handle something as simple as Twitter with only 140 characters of space. That was before one of my grandkids hooked me up for Tweeter, Tweetree, Twhirl, Twitterfon, Tweetie and Twittererific Tweetdeck, Twitpix and something that sends every message to my cell phone and every other program within the texting world. My phone was beeping every three minutes with the details of everything except the bowel movements of the entire next generation. I am not ready to live like this. I keep my cell phone in the garage in my golf bag.

The kids bought me a GPS for my last birthday because they say I get lost every now and then going over to the grocery store or library. I keep that in a box under my tool bench with the Blue tooth [it's red] phone I am supposed to use when I drive. I wore it once and was standing in line at Barnes and Noble talking to my wife and everyone in the nearest 50 yards was glaring at me. I had to take my hearing aid out to use it, and I got a little loud. I mean the GPS looked pretty smart on my dash board, but the lady inside that gadget was the most annoying, rudest person I had run into in a long time. Every 10 minutes, she would sarcastically say, "Recalc-ul-ating." You would think that she could be nicer. It was like she could barely tolerate me. She would let go with a deep sigh and then tell me to make a U-turn at the next light. Then if I made a right turn instead...well, it was not a good relationship. When I get really lost now, I call my wife and tell her the name of the cross streets and while she is starting to develop the same tone as Gypsy, the GPS lady, at least she loves me.

To be perfectly frank, I am still trying to learn how to use the cordless phones in our house. We have had them for 4 years, but I still haven't figured out how I can lose three phones all at once and have run around digging under chair cushions and checking bathrooms and the dirty laundry baskets when the phone rings.

The world is just getting too complex for me. They even mess me up every time I go to the grocery store. You would think they could settle on something themselves but this sudden "Paper or Plastic?" every time I check out just knocks me for a loop. I bought some of those cloth reusable bags to avoid looking confused, but I never remember to take them in with me. Now I toss it back to them When they ask me, "Paper or Plastic?" I just say, "Doesn't matter to me. I am bi-sacksual." Then it's their turn to stare at me with a blank look.

*I was recently asked if I tweet. I answered, No, but I do toot a lot."*

**PS.** I know some of you are not over 50. but I thought you might like to share this with those who are.

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.

You may visit our website at [www.postpolionetwork.ca](http://www.postpolionetwork.ca) or email us at [postpolionetwork@shaw.ca](mailto:postpolionetwork@shaw.ca)

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.