You survived polio… or so you thought! You lived fairly normally for most of your life following your original battle with paralytic polio. Then, decades later, you were faced with increasing fatigue, pain in muscles and joints, and even worse, new and increasing muscle weakness leading to new disability. It is estimated that not quite half of paralytic polio survivors may experience these conditions later in their lives. In the early 1980’s the official medical terminology given to this sequence of events was post-polio syndrome (PPS.) While every case of PPS is quite individual, it is believed that one of the most consistently heard comment from polio survivors is “my doctor doesn’t understand” what I am going through.” This can be explained by a steady decline in interest in polio issues over the years on the part of the medical community following the successful introduction of the Salk and Sabin polio vaccines. At that point the polio problem appeared to be solved in this country! Yet here you are with your new polio complications.

What do you do?

Perhaps the best answer to that question would be to visit a multidisciplinary post-polio clinic for evaluation and proper care. Because of the individuality of symptoms of PPS leading to a wide breadth of problems, evaluating and treating these patients can be best accomplished by a team of physical and behavioral professionals. Unfortunately, the latest available statistics reveal that there are only 19 such post-polio clinics remaining in the United States and only 22 internationally. Yet, polio survivors in and around Michigan are blessed to have one of these highly experienced multidisciplinary post-polio clinics nearby. Dr. Daniel Ryan, M.D. and The Center for Physical Medicine and Rehabilitation Post-Polio Clinic are located in Warren, Michigan, a suburb of Detroit.

Continued next page...
After having previously treated numerous post-polio patients as part of his practice, Dr. Ryan, a physiatrist, in conjunction with a major local health system and the Michigan Polio Network, assembled a complimentary group of healthcare professionals and established his post-polio clinic. The clinic began seeing patients in 2001 and continues today. In addition to Dr. Ryan, Medical Director of the post-polio clinic, his team consists of an internal medicine physician, an orthotist, and a physical therapist. This clinic sees PPS patients by appointment on specific days each month. For the first visit, a new patient is individually evaluated by each member of the team who will confer with Dr. Ryan and together they discuss their observations. Dr. Ryan then meets with the new patient and formulates a treatment program which may include lifestyle modification recommendations and, if indicated, prescriptions for physical therapy, orthotics and medication. Imagine all of this taking place during one visit to one office on one morning!

Following the new patient’s initial visit, a follow-up appointment will be scheduled with Dr. Ryan at which time the patient’s progress will be compared with the benchmark established during the initial visit. The patient will ordinarily have one or two follow-up appointments annually allowing for appropriate modifications to the patient’s program as his or her condition indicates.

During each visit to Dr. Ryan’s clinic, the polio survivor will be greeted in a welcoming environment by one or more members of the Michigan Polio Network, also polio survivors. These greeters are available to provide answers to non-medical PPS related questions as well as provide printed material and information.

Time and again, polio survivors who have visited Dr. Ryan’s post-polio clinic, beginning with the multidisciplinary intake visit and then scheduled regular follow-up visits, report very positive results in obtaining expert rehabilitation assistance. These patients find that they are much better able to deal with their declining function caused by PPS. Additionally, they have been able to establish reasonable individual expectations of capabilities and activities as they cope with advancing age.

To schedule your first visit to the Center for Physical Medicine & Rehabilitation Post-Polio Clinic, call (586) 778-4505

Center for Physical Medicine & Rehabilitation Post-Polio Clinic
13850 Twelve Mile Rd.
Warren, Michigan 48088
Phone: (586) 778-4505

PPS clinic meets monthly on the first and third Thursdays. Please call to make an appointment.
With the warm weather upon us we all like to get out and enjoy getting nature’s vitamin D, but everything in moderation. Don’t get overheated and drink plenty of water.

PHI’s Joan Headley to retire

Although I am very happy for Joan, I feel a little sad that I will no longer have a personal connection with the Executive Director of PHI. We will continue to work with PHI to provide support to all polio survivors.

Joan’s Michigan connections included being a speaker at several MPN conferences, working closely with Dr. Fredrick Maynard, and more recently enjoyed a week at the Bay Cliff Health Camp Post-Polio Wellness Retreat. Following are excerpts from a news release.

Joan L. Headley has announced her retirement, effective September 1, 2017. She began her work with the organization in 1987 and has been Executive Director of Post-Polio Health International for 28 years.

Joan informed the PHI Board of Directors of her intention “with a sense of accomplishment ... My vision was to go beyond awareness and to provide substantive information that could benefit individuals targeted in our mission, regardless of level of disability, personal philosophy or economic status.

“In addition to polio survivors and users of home mechanical ventilation, a vital part of this effort has been the substantial collaboration with many dedicated healthcare professionals. I have had an opportunity to work with and for extraordinary people.”

“Joan L. Headley has been in a real way the heart of PHI for nearly three decades,” PHI’s Board of Directors said. “She will be greatly missed.”

Building on the work of advocates Gini Laurie and Judith Fischer, Joan greatly expanded networking among polio survivors, ventilator users and medical professionals across the globe during her tenure.

Other accomplishments under her leadership was the creation of PHI’s Research Fund in 1995. She directed the development and growth of communications from PHI and International Ventilator Users Network (IVUN).

PHI’s publications include Post-Polio Health, Ventilator-Assisted Living, the PHI Membership Memo and an Association Membership Communiqué for post-polio support groups and organizations. Other resources include the Post-Polio Directory, the Resource Directory for Ventilator-Assisted Living and the Home Ventilator Guide. Additionally, PHI and IVUN has taken positive advantage of social media.

The Board also reaffirmed “our mission of providing accurate and reliable information regarding post-polio syndrome and home mechanical ventilation through Polio Place (polioplace.org and ventnews.org) and through direct contact with our staff.”

A search has begun to hire an executive director to replace Joan and to maintain PHI’s operations.

Have a great Summer and stay cool.

Bruce
Post-Polio Clinics

Dr. Daniel Ryan M.D.
Center for Physical Medicine & Rehabilitation, PC
Post-Polio Clinic
13850 Twelve Mile Road
Warren, MI 48088
Phone: (586) 778-4505

Dr. Ann Laidlaw, M.D.
U of M Post-Polio Clinic
Eisenhower Park West
2850 South Industrial Hwy.
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Request to all Members

Please check the mailing label on the back of this Polio Perspectives for the expiration date of your membership.

If membership renewal is due, your check should be sent along with the completed Membership Form found on page 19 in this issue.

DIRECT ALL MPN MEMBERSHIP and ADDRESS CHANGES TO ONE OF THE FOLLOWING BOARD MEMBERS:

Tim Brown at 313-886-6081
(tpbrown47@gmail.com)
or
Laura Barbour at 248-853-5465
(denilaur@sbcglobal.net)
Are you ready to go?
ACCESSIBLE TIPS FOR TRAVELING WITH A POV/MOBILITY SCOOTER

1. WHEN BOOKING AIRFARE
   make note that you use an Amigo. Request a seat on the aisle in the bulkhead.

2. SECURE YOUR AMIGO
   with straps or bungee cords for extra support during handling and travel.

3. ATTACH A SIGN
   to your Amigo to alert airline personnel to be careful when handling your device.

4. ASK AHEAD
   at your destination to decide what type of mobility device to bring with you.

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LIBRARY CORNER

Laura Barbour, Librarian

It's "summertime, summertime, sum-, sum-, summertime," as I send my greetings to those of you who are reading this vacation-length "Corner." As I type, it's July 3rd, it's pleasant outside, we need rain in our little section of Southeast Michigan, and the official fireworks already happened last week (although our neighbors will be sure to put on their own displays, hopefully not too much after dark tonight and tomorrow).

I have no new books or DVDs about which to comment, and very few requests for loans have passed my phone/e-mail connections, so-o-o-o I think I'll make this short and sweet. After all, there's much to be enjoyed in this season, and we may as well get on with it!

As always, if you learn of a new book or disc which you think is a good fit for MPN, let me know. If you decide that you would like to borrow any of our materials, please let me know at either of the following: Phone (248-853-5465) or Internet - denilaur@sbcglobal.net.

Please take care, stay as healthy as possible, enjoy the warm weather, and I'll be in touch next time!

Laura Barbour, Librarian, Michigan Polio Network, Inc.

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JULIUS S. YOUNGNER
DEVELOPED POLIO VACCINE WITH SALK

By Ben Schmitt, The Pittsburgh Tribune-Review

Julius S. Youngner, a key member of the University of Pittsburgh team that developed a polio vaccine with Dr. Jonas E. Salk, has died.

Youngner was a virologist and microbiologist who spent 56 years working at Pitt. He died Thursday at his Squirrel Hill home surrounded by family. He was 96.

A New York City native, Youngner came to Pittsburgh in 1949 after working on the Manhattan Project, the government’s clandestine program to develop an atomic bomb.

The Army assigned him to a top-secret unit in Oak Ridge, TN, to examine the toxicity of uranium salts.

Youngner also worked at the National Institutes of Health, where he first became interested in virus research.

His contributions to Salk’s vaccine were critical to its success.

The most prominent was a rapid color test he designed to measure the amount of poliovirus in living tissue culture. He also developed techniques for trypsinization, which used the enzyme trypsin to harvest the polio virus in large quantities. This technique enabled vaccine-makers to produce material to make vaccines for everyone.

Reprinted from Sun-Sentinel, April 30, 2017.
DO YOU KNOW HOW ESSENTIAL WATER IS FOR LIFE?

By Sharon L. Wallenberg

This article is based on my training and experience as a Health Care Professional, as well as the research and opinions of F. Batmanghelidj, MD.

Water is essential for life. You cannot live without water. More than 50% of your body is water. In fact, it can be from 70 to 90% water, depending on the individual, and water is used for every bodily function.

Starting at conception, the human body needs water. The water needs of the baby cause the "morning sickness" of the mother. The developing embryo is surrounded by water. The baby's water is taken out of the mother's water supply. "Morning sickness" indicates that more water is needed by the Mother to replace that taken to support the baby. Morning sickness can be 'cured' with additional water intake.

Energy is a by-product of water. The cosmetic flow of water through membranes generates "hydroelectric" energy (voltage) that is converted and stored in pools of ATP and GTP – two vital cell battery systems. ATP and GTP are chemical sources of energy in the body.

The human body's nervous system needs water to function. Products manufactured in brain cells are transported in "waterways" to their destination nerve cells for use in the transmission of messages. Nerves have small waterways, or micro streams, called tubules, along their length that "float" the packaged materials. In order for your brain to transmit, you need water to fill these tubules. Water, the solvent of the body, regulates all functions, including the activity of the solutes it dissolves and circulates. Proteins and enzymes function more efficiently in solutions of lower viscosity. Immune system suppression is a direct result of dehydration. Chronic pains not easily explained as injury or infection should be interpreted as signals of chronic water shortage where the pain is registered. Chronic pain associated with dehydration includes dyspeptic pain (heartburn), rheumatoid arthritis pain, low back pain, migraine and hangover headaches, colitis pain and associated constipation. Heartburn is caused by dehydration. The innermost lining of the stomach is covered with mucosa. The mucosa is 98% water – like a sponge. This "water layer" is a natural buffer between the stomach and the hydrochloric acid secreted to kill bacteria in the food being digested. If there is not enough water to fill the mucosa, it becomes like a compressed dry sponge. When dehydrated, the stomach lining cannot provide a barrier to the stomach from the HCL, causing heartburn. Some acid may flow into the esophagus when the person is lying down causing "heartburn". In the digestion process, the food mass is later neutralized by cells that secrete sodium bicarbonate. The human body's nervous system needs water to function.

Products manufactured in brain cells are transported in "waterways" to their destination nerve cells for use in the transmission of messages. Nerves have small Antacids attach to the acid in the stomach – an inefficient protection. Commercial Antacids contain aluminum, which has been implicated as a precipitating factor in other health hazards. Persistent dehydration causes constipation. Water is essential for digestion - it is the major ingredient in digestive enzymes, and allows the food to be in the semi-liquid state required for digestion. Water is necessary to produce peristalsis – the rhythmic muscle contractions that move food through the digestive system. Without water, the water products are not able to flow through the large intestine, causing constipation. Blood sugar is regulated by the pancreas. The pancreas also secretes a watery bicarbonate solution, an alkaline solution to neutralize the acid entering the intestine from the stomach.

Continued next page...
WATER IS FOR LIFE  continued...

To manufacture this watery bicarbonate solution, the pancreas needs copious amounts of water. When it cannot produce this solution, due to dehydration, the pyloric valve between the stomach and the intestine will not receive clear signals to open and allow the acidic stomach contents to enter the intestines. Instead, it will remain in the stomach, and further excrete the acidic problem there. This will also impact on regulating blood sugar. Arthritis pain can be viewed as an indication of water deficiency in the affected joint. Cartilage surfaces of bones in a joint contain water. The lubricating property of water is utilized in the cartilage allowing the two opposing surfaces to freely glide over one another during joint movement. Water held in the cartilage of a joint is the lubricant that protects the contact surfaces of the joint. Without water, there is no protection from friction, and the pain it causes. Actively growing blood cells in bone marrow take priority over the cartilage for available water.

Pain indicates that the joint is not fully prepared to endure pressure. It needs to be fully hydrated. Low back pain can indicate dehydration. 75% of the weight of the upper body is supported by water volume stored in the disc core. 25% is supported by fibrous material around the discs. Water is a lubricating agent, and also bears the force of weight. Without sufficient water, the weight of the body is not properly supported, causing low back pain. Neck pain can be caused by bad posture. Movement is essential for adequate fluid circulation. The weight of the head forces fluid out the discs over time. Exercise and water is needed to restore balance in this area. In prolonged dehydration, brain cells begin to shrink, similar to a plum turning into a prune. Brain damage caused by chronic dehydration has been cited as a causative factor of Alzheimer's disease.

In addition, Multiple Sclerosis symptoms have gone into remission with increased water intake. Allergies have been known to respond to an increase in water. Healthy, young looking skin needs water to constantly replace what it loses to the outside environment. Water is useful in weight loss. A glass of water 80 minutes before meals not only aids in digestion, but also acts as an appetite suppressant. We cannot substitute tea, coffee, alcoholic beverages, or juice for water. These liquids have central nervous system stimulants, and also act as a diuretic to the kidneys. They dehydrate, not hydrate. Your body needs six to eight glasses of water a day. The best times to drink water are a half hour before meals, in between meals, and at bedtime. A glass of water at bedtime can relieve insomnia. Thirst should always be satisfied.

What kind of water should we drink? We are all cautious about tap water because we feel it is loaded with chlorine, and we have heard it can contain other undesirable elements. Did you know that bottled water is not better? "Spring Water" is legally only required to be 10% spring water. The other 90% is tap water. Reverse osmosis robs water of its mineral content, which is needed for optimal health. PH or "Potential Hydrogen" measures whether something is acid or alkaline. Nobel Prize winning physicians have proven that cancer thrives in an acid environment. Therefore, the water you drink should not be acid. Bottled water is acidic! Tap water is legally required to have a PH of 7 which is neutral. Unfortunately, the empty plastic water bottles are creating an ecological problem of gargantuan proportions with serious consequences for future generations. The best water for your health and the well being of the environment is filtered tap water. A water filter is the best investment you can make. And be sure to drink the water!

Reprinted from Cobrua Reporter (The Official Publication of Century of Boca Raton Umbrella Association, April, 2014.)
PROMOTING POSITIVE SOLUTIONS

QUESTION: As a young polio survivor, I think the hardest thing is having a disease/diagnosis that no longer has a current social context. It is like being caught in the cultural time warp. I have a condition that is relatively cured and eradicated from most parts of the world. While other diseases get a lot of media attention and have cultural support, this is not the case with polio. I find it very hard to get support, generate empathy from others and find others who have gone through similar experiences. Have others expressed this? Do you have suggestions for me?

Response from Rhoda Olkin, PhD:
Yes, it is true that we are a diminishing breed. But I don’t agree that we lack cultural support. It depends on how we think of ourselves. If my identity is as a person with polio, then the media images are rare and public discussion of polio even rarer. But if my identity is as a person with a mobility limitation then I have many counterparts — anyone else using crutches, or a scooter, or a wheelchair. And if I think of myself as a person with a disability I have a whole community. Polio aftereffects and post-polio syndrome have symptoms of pain, fatigue and weakness. Well, that is the disability triad. People with varying conditions experience those same symptoms. I have lots in common with people with spinal cord injury, or multiple sclerosis, or even arthritis (one of the most common causes of disability).

Medical and rehabilitation literature tends to discuss us by our diagnoses. Textbooks typically have chapters on each diagnosis or cluster of diagnoses (such as autoimmune disorders). This is the medical model of disability. It defines groups by medical diagnosis or cause of disability. But in the social model of disability we are defined by the experiences we have in a disabling world, and group ourselves as a community of persons with varying conditions who have common interests (e.g., greater accessibility, pain management, more understanding of disability by non-disabled people, better enforcement of disability-related laws).

Getting support means asking for support. Frankly, I suck at this. I wonder if you do, too? It can be difficult to ask for help, especially since so many people with polio were raised with the idea of independence and overcoming. But of course as we age with polio things do get harder to manage, and often we need some support. Support is not only one kind of thing. There is material support (e.g., finances, building a ramp), instrumental support (e.g., cleaning the house, carrying in the groceries) and emotional support (a kind word or empathic understanding). The latter is often the hardest to ask for. But it is important to have sufficient people in our lives that provide each of these kinds of support. Take stock, and see where the deficiencies are. Then make a plan to address them.

Regarding empathy, the hard truth is that it is difficult for anyone without a disability to really understand what it is like on a daily basis, unless it is a close relationship. Even then, unless you say things like “I am in pain now” or “I can’t take another step” no one will know your experience. So brave the world by saying who you are and what you feel, and keep around you only those who respond how you would like. Some of these others will be persons with disabilities, not necessarily only those with polio.

Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.

Response from Stephanie T. Machell, PsyD:
I’ve heard this from polio survivors of all ages. All of you have had the experience of feeling like survivors of a forgotten war. It is common for others to express shock and surprise over the number of people living with PPS, and to be even more surprised when they find out that cases have occurred in the recent past.

As a young polio survivor you have likely encountered this. Some might even argue that you couldn’t possibly have had polio. Some might ask intrusive questions about how you contracted an “eradicated” disease. Some may not even know what polio is and put you in the position of being their “educator.” All people with disabilities struggle with how much or how little to explain about...
PROMOTING POSITIVE SOLUTIONS  continued...

their conditions. I advise my clients to develop elevator pitches and sound bites and to consider how (and if) you might answer the “FAQs” that follow. I also recommend planning how you will deal with ignorant and/or intrusive questions and comments about your disability.

As a young polio survivor you face challenges related to your age and stage in life as well as your disability (or current lack thereof). For example, previous generations of polio survivors, not knowing about PPS, could feel more comfortable with pushing themselves and being active in an age-appropriate way because the consequences weren’t known. While you benefit from improved accessibility and reduction in (overt) discrimination, society’s expectations and “ableism” make it hard to be a young adult with any disability, let alone one lacking a social context.

Even those with disabilities that are well known experience a surprising lack of empathy and support. Fear of rejection due to societal attitudes and your own internalized “ableism” make it feel risky to be vulnerable. Difficult as it is, communicating with others, especially those closest to you, about your experiences and needs is essential to gaining their empathy and support.

Support groups and conferences (like those PHI holds) can provide you with the opportunity to be with others who share the polio experience. It is likely that you will feel a bond with other survivors regardless of age. But because of the particular issues you face in common it would be even better if you and other young polio survivors could connect, either in person or through social media. You could start a Facebook group for polio survivors under a particular age.

You could approach organizations sponsoring major conferences and request programming aimed at your needs, as younger survivors may be more likely to attend if they see at least one session and/or a social hour specifically for them. If you find that there are enough young survivors in your area, you could develop your own support groups or join existing ones. The latter are often in need of new members who can carry on their mission.

Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston area and consultant to the International Rehabilitation Center for Polio, Spaulding-Framingham Outpatient Center, Framingham, Massachusetts. Her father was a polio survivor.

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FOR SALE
Permobil M300 Power Wheelchair

Dr. Bill Hepfer, a polio survivor, who worked at the U of M and now living in Hawaii is selling his house, and his power wheelchair. His wife will remain in Michigan long enough to sell these things.

Permobil M300 Power Wheelchair purchased from University of Michigan Wheelchair & Seating in 2014. Electric Seat lift, Tilt, Recline, Lights. Charger and Roho cushion included, used about 12 months. Originally paid 20,000. Asking Price $6,000.

If interested she can be reached at her cell (808) 371-6091.
CLIO AREA  Polio Survivor Support Group  
The New Clio Area Polio Support Group is held  
at the Clio Area Senior Center  
2136 W. Vienna Rd. Clio, MI 48420  
On the third Friday each month at 9:00-10:30am.  
Facilitator is Dennis Hoose  phone:(810) 686-0292  
To join our group call                      (810) 687-7260  

HARTFORD, MICHIGAN - PPSG  
Jeannie Wessendorf  
Support group meetings at Hartford Federated  
Church, Hartford Michigan for meeting times  
please call Jeannie at 269-621-2059 or email  
jeanniew@provide.net  

LANSING AREA POST POLIO SUPPORT GROUP  
Meets at 1:30pm on the second Tuesday of spring,  
summer, fall months - April through November.  
Held in the lounge of Plymouth Congregational  
Church, 2001 East Grand River Avenue, Lansing,  
Michigan.  
Margaret Nielsen Williams (517) 336-5921  
Email: nielsenwilliams@yahoo.com  

SOUTHEAST MICHIGAN (PPSG)  
Bonnie Levitan (313) 885-7855  
co-facilitated by Bruce Sachs (586) 465-3104  
Dianne Dych-Sachs (586) 465-3104  
Bobbi Stevens (248) 549-2149  
Tim Brown (313) 886-6081  
Meets 4th Sat. of the month  
March thru September 10am-Noon  

INFORMATION CONTACTS  

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info@post-polio.org www.post-polio.org
Wellness: The Role of the Primary Care Physician

Marny K. Eulberg, MD

Wellness is being the best that you can be - physically, mentally, emotionally, and spiritually. The steps to attaining wellness may sometimes seem overwhelming and almost impossible to achieve. We may be hesitant to begin, but we must remember that we do not have to achieve perfection. This does not have to be an all or nothing situation. It is worthwhile and useful to work towards wellness, just as we may try to work towards perfection. Most of the concepts of wellness are the same for all people whether they have a disability or are nondisabled. We are all ordinary, everyday people, and I would like to think that we are ordinary, everyday people first, and polio survivors second. That certainly does not negate the impact polio has had on your lives.

When you consult with a primary care physician about a personal wellness program, it is important that you both have the same goals. You need to clearly define your values and your definition of wellness. If your physician regularly runs in marathons, his or her ideas about wellness may be different than your definition and may not fit with your goals. A wellness program should be customized; one size does not fit all.

Look at what are you willing and ready to change, and equally important, what you are not willing to change. Remember that any and every step towards a healthier life is progress. Do not forget to congratulate yourself for those areas in which you have already made changes.

Your primary care physician can give you advice about several aspects of wellness. Look at the items in the sidebar on page 14. Place a star beside items which you don't feel apply to you or you are already doing. Check the boxes next to items about which you would like more information and discuss them with your primary care physician.

Exercise is important for maintaining strength, to prevent osteoporosis, to burn calories, and to decrease insulin resistance. Decreasing insulin resistance is particularly important if you have a family history of diabetes, are overweight, or have other risk factors for adult onset diabetes. Exercising and maintaining ideal body weight can prevent or delay the onset of Type 2 diabetes.

Exercise is definitely an area that should require input from a polio specialist, so you do not overuse or overstress extremities that have already been weakened by polio. However, you may have unaffected or stronger muscles that can be safely used for exercise.

Not paying attention to safety issues can cause more suffering than many diseases. Issues to consider are: Do you always use a seat belt? Do you have working smoke detectors in your home? If there is a gun in the home, is it stored safely? Are there bars and other safety devices in your bathroom? (Or, are you using a towel bar that is just attached to the wallboard?) Are there handrails on all the stairs in your home?

Preventive care includes age and sex specific considerations, such as testing for colorectal cancer if you are age 50 or older. For men, it is advisable to have prostate tests and possibly the blood test PSA (prostate specific antigen) done. Women are advised to have breast exams, mammograms, pelvic exams, Pap smears, and discussion of the pros and cons of hormone replacement therapy. Also, there are a number of new vaccines - chicken pox, Hepatitis B, and Hepatitis A. If you never had chicken pox (varicella), and you are going to be around children who might be exposed, you might consider getting the chicken pox vaccine. Chicken pox in adults can be a serious, even fatal, illness. If you are traveling outside the United States, there may be certain vaccines that are recommended to decrease the likelihood that you will get sick. Osteoporosis is a common problem that may affect all people age 50 and older. Many Americans will

Continued next page...
experience osteoporosis fracture - usually of the wrist, spine (vertebrae), or hip. A way to understand the magnitude of the problem is this: An average Caucasian 50-year-old woman has an estimated 16% to 54% risk of suffering a broken bone during her remaining lifetime. The estimated risk for a Caucasian 50-year-old male is 6%. At age 65, one fourth of the Caucasian females in the United States will have had one or more vertebral fractures. Many of these will go undetected unless an x-ray is taken. Up to 20% of those who suffer a hip fracture will die within one year. Of equal concern is that many persons with a fractured hip never regain their pre-fracture level of activity and independence.

Almost 20% of the general population with a hip fracture will require nursing home care and will not be able to return to living independently. Osteoporosis is an important issue for polio survivors because many of us are either age 50 or older. The polio-affected areas have less bone mass and weaker bones because of the lack of normal weight bearing. Many of us will fall more often than persons with normal neuromuscular function. If we break our "good" hip or fracture an arm that we depend on to assist in walking with canes, crutches, or to propel a wheelchair, or for transferring, it makes a tremendous impact on our lives and our independence.

Bone loss normally begins at age 30 or 35. After that age, you cannot increase bone mass. If you break a bone, you are able to remodel and generally heal that bone, but you can't add density. If the usual bone loss that would naturally occur has not been slowed, statistics show that 90% of women and 50% of men at age 80 will have osteoporosis. Bone loss can be prevented or slowed. Calcium in the diet is important. Most Americans get about 700 or 800 milligrams (mgm) of calcium per day (recommended is 1,000 to 1,500 mgm). To increase calcium in your diet, include at least four servings of dairy products per day. Adequate amounts of Vitamin D (between 400 and 800 units per day) are also needed. One glass of milk is fortified with 100 units of Vitamin D. If you drank four ounce glasses of milk, you'd get the recommended daily amounts of calcium and Vitamin D. (You can get enough Vitamin D by a daily 15-minute exposure to sunlight, which is possible even in wintertime when you are fully clothed because your hands or face are exposed.) In one study, calcium and Vitamin D were given to a group of nursing home patients and the fracture rate was decreased by 40%, compared to the control group.

Hormone replacement for women (estrogen with or without progesterone) and sometimes testosterone replacement for men can slow bone loss, preserve bone strength, and decrease fractures by approximately 50%. Estrogen alone can be used for women who have had a hysterectomy. Estrogen also has some other advantages; it has been shown to cut coronary artery disease by approximately one-half and it may decrease the risk of Alzheimer's disease. There may be a slight increased risk of breast cancer in women who take estrogen for more than ten years; studies show mixed findings about whether estrogen replacement does increase breast cancer risk or not. Estrogen can increase bone mass even if it is begun after age 65. For it to be most effective, it must be taken for many years, perhaps a lifetime. A new drug, raloxifene (Evista), can be used in women who have had breast or uterine cancer or those at high risk for these forms of cancer.

Two drugs released in the last couple of years to prevent and treat osteoporosis are calcitonin (Miacalcin, Calcimar, etc.) and alendronate (Fosamax). It is interesting that these new drugs have only been approved by the FDA for treatment of osteoporosis in women, but not officially approved for use in men. Calcitonin is administered by injection or as a nasal spray. One should take calcium with calcitonin. 

Continued next page...
WELLNESS continued...

It increases bone density and prevents further mineral loss for at least one or two years, but the studies to date have not shown a decrease in fractures. Alendronate (Fosamax) is in a class of drugs called biphosphonates and is new; another called etidronate (Didronel) has been available for at least five years. Fosamax is taken orally every day; Didronel is taken orally for seven days once every three months. The biphosphonates have been shown to decrease fractures by 50% and are recommended for women who cannot take estrogen. Supplemental calcium should be taken with the biphosphonates. All of the biphosphonates can cause gastro-intestinal distress and therefore should be taken upon arising with tap water, before food or beverages. One should not eat before and should remain upright for 30 minutes after taking these medicines.

Other drugs are being used such as parathyroid and various growth factors, but these are still experimental and should be taken only after consultation with a metabolic bone specialist.

Testing is available for osteoporosis. It is not usually recommended for the general public, but you may want to discuss your particular situation with your primary care physician or your polio specialist. The testing that is generally done is a special x-ray called dual photon energy absorption. Another method that measures the bone density in one's heel bone also has been approved. I would recommend caution about the interpretation of the heel bone density test in a polio survivor who has weakness around one or both feet or ankles. If you have one polio-weakened leg and one apparently unaffected leg, I would expect the scan of the polio-affected heel to show fairly significant osteoporosis and the unaffected heel to show little or no osteoporosis or even super good bone.

Armed with all this information, what are you going to do to start a journey toward being a healthier person?

Marny Eulberg, MD is a polio survivor, a family practice physician educator, and a post-polio specialist, who has advised polio survivors since 1985.

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Staying Well: What I Can Do

- Do not use any form of tobacco.
- Eat a healthy diet.
- Exercise regularly - must be individualized and may need consultation with a postpolio knowledgeable health professional.
- Drink alcohol in moderation, if at all.
- Do not use illegal drugs.
- Practice safe sex.
- Use seat belts (and car seats for children) when riding in a car or truck.
- See your doctor regularly for preventive care: measurement of height, weight, cholesterol, blood pressure.
- Other tests based on family history and certain risk factors such as screening for Colorectal cancer, prostate cancer, breast cancer, etc.
- Immunizations for adults - diptheria/tetanus once every 10 years.
- Evaluation of need for vaccines for special circumstances, such as travel, and for persons with respiratory conditions, and/or age 65 or over.
- Pneumonia vaccine - one shot good for at least 6 to 10 years.
- Yearly flu vaccine.
MICHIGAN POLIO NETWORK, INC. SOURCES OF FUNDS FOR FISCAL YEAR 6/01/2016 TO 5/31/2017

- MEMBER DUES - 62.6%
- MEMBER DONATIONS - 32.4%
- OTHER - 5.0%

MICHIGAN POLIO NETWORK, INC. USES OF FUNDS FOR FISCAL YEAR 6/01/2016 TO 5/31/2017

- MEMBER EDUCATION & SUPPORT - 87.9%
  - Quarterly Newsletter
  - Member Advocacy
  - Resource Library
  - Network Website
  - General Member Support
- MEMBER COMMUNICATION - 7.2%
  - Membership Renewal
  - Network Brochures
- OPERATING EXPENSES - 4.9%
  - Office Supplies
  - Liability Insurance
  - Postage
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This is a one-on-one e-mail list so you can mail only to the selected name; an e-mail list of Polio Survivors who wish to communicate with other Polio Survivors and discuss your concerns, ideas, fun, jokes, as well as sharing information of what is happening to each other. I would like your permission to add you on this list. Please email to Hazel3SGS@comcast.net to get on the list! Also include your city and state.

Happy Sharing!! ☺ Vera Hazel, Editor

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To join it is not necessary to be a resident of Michigan or be a Polio Survivor.

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Are you a Polio survivor? ( ) Yes ( ) No

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In addition to my membership fee circled above, I wish to make a contribution to support the work of the Michigan Polio Network, Inc.

$_______________________

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