



# Polio News

P R E S E N T E D B Y

W I L D R O S E P O L I O S U P P O R T S O C I E T Y

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## A MESSAGE FROM YOUR PRESIDENT

Greetings from the Board.

The first thing that you will probably notice about this newsletter is the change of name from WPSS News to Polio News. Why the change? We send copies of the news letter to over 75 doctors offices in the Edmonton area. For this reason it was felt that the name should stand out and better describe who we are.

We have a great Board who are working very hard on several fronts. The events committee has been very busy sorting out some new events as well as some old favorites. Back by request is an outing to Peaceful Valley. We are also going to have a picnic in Hawrelak Park. New this year is a trip to Fort Edmonton [still tentative] where we also hope to be able to provide power scooters to make getting around easier. Look for more details elsewhere in this and the next issue of Polio News. If you have someplace in mind that you think our members might like to go to, please contact the office.

National Polio Awareness Month has, in the past, been recognized in Canada in March. This year it will be held in October which is when the rest of the world recognizes it. The board has started to do some planning towards October and we hope to have more information available in the next issue of Polio News.

The renovations to the pool at Rundle Park ACT Centre are completed now so we are able to enjoy the warm water therapy once again. If you haven't tried it yet come down one Tuesday or Saturday. There is no cost to members – just bring your swim card that was issued with your 2009 membership.

That reminds me. Have you paid your 2009 membership? We anticipate that this year will be even better value for money. Just take a look at the savings available to members who participate in the events this year. We also have money available for therapy [once a member has used up all money available in their own plans]. Details and forms are available from the office [780-428-8842] or from the web site.

To keep abreast of our activities, click on [www.polioalberta](http://www.polioalberta), and choose Wildrose. I hope to see you at one of the events or the warm water therapy sessions.

Sincerely  
 Marleen Henley  
 President

## LIVE, LOVE, LAUGH

Dr. Roger Andersen is the author of *Some Days You're the Pigeon...Some Days You're the Statue*. This book was published by The HUMOR Project.

Here are some excerpts from his book:

The airline ticket agent was asked why there was mistletoe hanging over the luggage conveyor belt. His response: "So you can kiss your bags goodbye"

Grabbing his coat, gloves and boots, a small boy asked his mother, "May I go outside and help dad put snow chains on the car? I know all the words."

Note attached to a student's term paper: "This report is both good and original, but the part that is good is not original and the part that is original is not good."

Ironic, isn't it? They recalled the cigarettes that caused dizziness and throat irritation and left on the market the ones that cause cancer.

Nurturing ad for a daycare center in Wisconsin: "Children need more than just a babysitter. They need love and neutering."

Job ad in the York [Pennsylvania] Daily Record: "Attention: Good hours, excellent pay, fun place to work, paid training, mean boss. Oh well, four out of five isn't bad."

One of my fellow college presidents told me that he was speaking at an outdoor reception when suddenly a large dog walked up to the podium, raised his leg and relieved himself for a long time, and then slowly walked away. Stepping back up to the podium, he chuckled, "I would appreciate it if everyone else would wait until after I finish my remarks to express their opinion."

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A man is talking to the family doctor. "Doc, I think my wife is losing her hearing"

The doctor answers, "Well, here's something you can try on her to test her hearing. Stand some distance away from her and ask her a question. If she doesn't answer, move a little closer and ask again. Keep repeating this until she answers. Then you'll be able to tell just how hard of hearing she really is."

The man goes home and tries it out. He walks in the door and says, "Honey, what's for dinner?" He doesn't hear an answer, so he moves closer to her. "Honey, what's for dinner?" Still no answer. He repeats this several times, until he's standing just a few feet away from her.

Finally, she answers, "For the eleventh time, I said we're having MEATLOAF!"

Anonymous/Unknown

**W P S S B O A R D O F D I R E C T O R S**

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**DISCLAIMER**

Information published in the Polio News and/or the Wildrose Polio Support Society web site may not represent the opinion of the Society. It is not to be regarded as the Society's endorsement of treatment, products or individuals. If you have or suspect you may have a health problem, please consult your health care professional.

# WHAT INTERNISTS NEED TO KNOW ABOUT POSTPOLIO SYNDROME

## PART 3

JULIE K. SILVER, MD AND DOROTHY D. AIELLO, PT

### TREATMENT RECOMMENDATIONS

Treatment of postpolio syndrome should focus on the most prominent symptoms and can include:

#### Medications

Supplemental oxygen

Physical, occupational, and speech therapy

An exercise program to preserve mobility and prevent deconditioning.

#### Medications

Drug therapy for postpolio syndrome has been generally disappointing. No medications specifically address postpolio syndrome. That said, many medications may play an important role in alleviating symptoms.

**For weakness and fatigue**, pyridostigmine [Mestinon], usually given as an oral dose of 60 mg three times a day, has had somewhat mixed results. One study of postpolio syndrome patients found that it improved upper extremity subjective strength and fatigue. Another found no significant difference between patients taking pyridostigmine and placebo, except that very weak muscles [25% or less of baseline] were minimally stronger with pyridostigmine.

Methylphenidate hydrochloride [Ritalin] and bromocriptine [Parlodel] have been tried for postpolio patients with chronic debilitating fatigue, also with mixed results.

Modafinil [Provigil] has been used to treat fatigue and may be useful in polio survivors. The starting dose is usually 200 mg orally in the morning and may be increased to 400 mg each morning or given in divided doses.

Side effects can be a problem with these medications. Pyridostigmine's side effects are generally dose-related and can be recalled by the acronym SLUD [increased salivation, lacrimation, urination, and defecation]. Respiratory secretions may also

be increased with this medication. Modafinil's side effects include headache, nausea, and nervousness, and modafinil may increase circulating levels of diazepam, phenytoin, and propranolol.

**Respiratory problems** often improve with continuous positive airway pressure or bilevel positive airway pressure at night. Oxygen can exacerbate chronic alveolar hypoventilation and should be used with caution. A physical therapist or occupational therapist skilled in treating respiratory disorders may be helpful in teaching the patient breathing and postural techniques and help the patient conserve energy to decrease respiratory demands.

**Pain** can be treated with traditional non-steroidal anti-inflammatory drugs, cycl-oxygenase-2 inhibitors [particularly in elderly patients or those with a history of gastrointestinal problems], and nonnarcotic analgesics. Tramadol [Ultram] may be helpful in some patients but should be avoided in those with a history of seizures.

Other medications typically used for chronic pain may also be tried, such as tricyclic antidepressants and anticonvulsants. Tricyclic antidepressants have cholinergic side effects; the most serious is the possibility of acute urinary retention in men, especially if underlying prostate problems are present.

Injections with local anesthetics or corticosteroids or both may be effective for specific conditions that are often associated with postpolio syndrome, such as myofascial pain, trochanteric bursitis, carpal tunnel syndrome, lateral epicondylitis, or rotator cuff tendonitis.

#### Physical and occupational therapy

From a quality-of-life perspective, perhaps the most important thing a physician can do is to help patients preserve mobility and avoid falls and re-

(Continued on page 5)

## WHAT INTERNISTS NEED TO KNOW [CONTINUED]

sultant injuries.

Physical and occupational therapists can be extremely helpful in treating patients with musculoskeletal pain, weakness, decreased endurance, impaired balance, and difficulty walking. They can recommend appropriate adaptive equipment, such as shower grab bars, a raised toilet seat, sturdy and lightweight braces, assistive devices such as canes and crutches, and footwear modifications such as heel lifts and lateral wedges. Therapists can also advise patients on how to pace themselves, which is especially important for polio survivors. Home safety, work simplification, falls prevention, and proper exercise are also strategies that can enhance function.

### Exercise

One of the most common questions polio survivors ask is, "How should I exercise?" This has been much debated. General guideline for patients:

- Maintain an active exercise program to avoid deconditioning and cardiovascular sequelae
- Avoid overly aggressive exercise [fatiguing]
- Resist the impulse to exercise through pain

Muscle fibers of polio survivors have very limited endurance because of the loss of aerobic enzyme activity and greater reliance on anaerobic metabolic capacity. Cross-training programs, such as alternating cycling with swimming and walking, are a good way to involve different muscle groups, but such programs should be consistent in terms of repetitions, resistance, and time. For most people, using daily activities as a primary way to exercise is too erratic and may lead to overuse, fatigue, and further weakness.

### Is a wheelchair needed?

For patients who are having difficulty with walking or who may be at risk for falls, a motorized wheelchair or scooter can be useful, either full-time or part-time. Such vehicles can improve functional mobility, decrease risk of falls, and help conserve energy.

Manual wheelchairs have the advantage over motorized wheelchairs of being lighter and easily folded for transport. However, manual wheelchairs tend to promote overuse syndromes in the arms and are generally recommended only when another person will push the patient.

### Ancillary health care

Referral to other appropriate health care providers can markedly improve the quality of life for polio survivors. For example, speech and language pathologists can be extremely helpful in teaching patients compensatory mechanisms for swallowing. Referral to a mental health counselor, with pharmacologic intervention if needed, should be considered for patients who are depressed or who have other psychological sequelae.

### AVOIDING COMPLICATIONS

**Osteoporosis.** Patients with significant paralysis often have associated loss of bone density. Recent studies indicate that male polio survivors are at risk for osteopenia and osteoporosis, and may be a higher risk for fracture. We recommend that all polio survivors be screened for bone density loss and be appropriately treated.

**Falls.** Polio survivors are also at greater risk of tripping and falling due to poor balance and weak arms or legs, and are less likely to be able to protect themselves as they fall. Since, the complications of a fall can be serious,, interventions for fall prevention are crucial. Both physical and occupational therapists typically address fall prevention.

**Upper extremity injuries.** Because polio survivors tend to overuse their arms, they are also at risk for upper extremity injuries, including carpal tunnel syndrome and ulnar neuropathy.

*Reprinted from Cleveland Clinic Journal of Medicine, Volume 69, Number 9, September 2002*

"Refuse to be average. Let your heart soar as high as it will." A. W. Tozer

## PROPOSED SUMMER EVENTS 2009 3 REASONS TO RENEW YOUR MEMBERSHIP

### 1. Peaceful Valley\* - Thursday, June 5<sup>th</sup>.

This will be the 4<sup>th</sup> consecutive year we will be enjoying the peace and serenity of the Battle River Valley just a few minutes south of Pigeon Lake. The Lodge is completely wheelchair accessible, warm, cozy and outfitted with full kitchen facilities including a microwave oven and bar-b-q. The volunteer hosts are the friendliest folks you could ever meet - and they always have a pot of coffee brewing. They even have a modified golf cart available for a leisurely drive through the aspen forest. Bring a picnic lunch or what ever you want to bar-b-q and your own refreshment.

**What time?** Anytime from 11:00 am until you want to leave.

**How to get there:** Follow the QE 2 south to the Wetaskiwin turn off on hiway 13. Go west on hiway 13 until you come to secondary hiway 771, (just a few km past Westeros) then turn south. Go south for about 1.2 km to the Peaceful Valley sign, which will be on your right, then turn west at the sign and follow the trail about 1 km to the lodge.

This is a free event for members but it would be nice if we each brought a toonie or two to donate towards the upkeep of the facility and to keep the coffee pot full for the next group of visitors.

### 2. Fort Edmonton Park\*\* - Thursday July 9<sup>th</sup>.

Experience the sights and sounds inside the stockade of Fort Edmonton as you step back in time to the fur trade era. Then stroll down the streets depicting Edmonton as it was in 1885,

1905 and 1920. Most of the buildings on these streets are wheelchair accessible. Finish off with lunch at Johnson's Café in the Selkirk Hotel. This will be our premiere event of the summer at a cost of \$5 for paid members. The potential savings, depending on your situation, could be in the neighborhood of \$65. Worth renewing your membership for? You bet!

### 3. Picnic/Wiener Roast at Hawrelak Park - Thursday August 13<sup>th</sup>. (date confirmed)

Everyone had such a wonderful time last year we are going to do it again. Picnic site #1 is covered, has accessible washrooms and is adjacent to plenty of parking. For those who want to take a stroll there is a trail along the top of the North Saskatchewan or you can just sit back and enjoy nature. Bring a wiener to roast, a picnic lunch or what ever suits your fancy. WPSS is covering the cost of site rental and fire wood. And remember, this is all made possible because you have renewed your membership.

\* The booking line will not open until May 1<sup>st</sup> but we are reasonably confident of this date. We'll get the word out if it changes.

\*\*Fort Edmonton is not a certainty yet. We are working very hard to try and have power scooters available on site, at no cost, for those who wish to use one. We have yet to get the vendor to confirm the delivery and pick up of the scooters. Watch the next newsletter for an update on this.

Bob Defrain Maxine Madison

**Looking for great deals on equipment**

Try [www.canparaplegic.org](http://www.canparaplegic.org) and click on shop and swap

## SHINGLES: RECOGNIZE THE SYMPTOMS QUICKLY

One of our WPSS members has reported having Shingles this month. She feels she caught the disease early and was therefore able to benefit from an antiviral drug which should reduce symptoms and duration of this all too common disease.

I was unfamiliar with the disease so, of course, found myself searching out literature on the subject. Here is what I found.

The Disease is also called "Herpes Zoster". In excess of a million people a year suffer from this disease which usually occurs in persons over 50. It is caused by the same virus that gave you chicken pox earlier in life. The chicken pox virus apparently lays waiting in the nervous system for the rest of our lives. It seems to occur when we become stressed and our immune system weakens.

Fast recognition and treatment is vital for a less intense and quicker recovery. Shingles usually begins with a sensitive or burning sensation on the skin which turns to a rash. Now I had previously believed that this was always in the midriff area but no it can be anywhere including the head although it usually is limited to one side of the body. Shingles blisters then form for a number of days before they "pop" and then scab over and heal. This can go on for several weeks. Unfortunately the rash is very painful. Other symptoms may include fever, chills, upset stomach and headaches. This part sounds like flu

but pay attention to the rash.

These symptoms are not to be ignored. See your Doctor immediately as the disease responds best to early treatment within the first 72 hours. A Doctor can prescribe antiviral drugs to subdue the virus as well as steroids to lessen the pain and shorten the length of time you might suffer.

Cool cloths, Tylenol and distractions that help us relax may control the symptoms and progression of Shingles but remember a Doctors intervention is needed.

Unfortunately unlike chicken pox you can have repeats of this problem so do not ignore the symptoms if they come again. Note that apparently the antiviral drug can only be given once. Once again check with your Doctor.

There is debate on the level of contagion of this disease. Apparently you do not catch Shingles but you can contract Chicken Pox if you have not had them or received a vaccination that has been available for about 15 years. There is also a new vaccine developed for Shingles by Merck & Co called Zostavax that your Doctor may suggest.

For further information you may consider checking out: [www.mayoclinic.com](http://www.mayoclinic.com)

Submitted by S Moffatt.

## ROTATOR CUFF PROBLEMS?

These problems can come from a traumatic injury from an accident or from repetitive strain such as using a wheelchair, crutches or other overuse.

These injuries can often be treated by physical therapist but when that fails or the problem is too painful consult your doctor.

A new surgical procedure was developed a few years ago. It is called a Xenograft, which is when a small "patch" of collagen is implanted into the shoulder to bridge the gap between the torn tissues. This procedure is performed arthroscopically as so many of the new procedures are. This means you only get a small incision and the body can get busy healing the problem area rather than recovering from the surgery

### SEARCHING FOR A FRIEND

I am trying to locate DON CAMERON from the Huhendon/Czar area. Don and I were in the General hospital in 1954 / 55. We both had polio in the fall of 1954. We have never had any contact after I was discharged from the hospital in August of 1955.

*Raymond M. Campeau* [camprd@telus.net]

## ROTARY; SPECIAL ANNOUNCEMENT

This message was sent to ALL members in District 5370

21 January 2009

Dear Fellow Rotarians,

This is another historic day for Rotary. Our organization was honored today to host philanthropist Bill Gates, Jr. at Rotary's International Assembly in San Diego, California, USA.

Speaking to 2009-2010 district governors-elect, Bill Gates, Jr. congratulated Rotarians on the success of the partnership between Rotary International and the Bill & Melinda Gates Foundation to raise funds for polio. To date, Rotarians have already committed more than US\$60 million toward the original US\$100 million Gates challenge grant awarded in November 2007.

In recognizing Rotary's impressive fundraising success and steadfast commitment to polio eradication, Gates announced today that his foundation has decided to increase its challenge grant by US\$255 million – for a total of US\$355 million. By accepting the increase, Rotary also accepts the challenge to raise an additional US\$100 million in matching funds by 30 June 2012 and drives the combined Rotary and Gates Foundation partnership's commitment to a total of US\$555 million.

All of the resulting US\$555 million will be spent in support of immunization activities carried out by the Global Polio Eradication Initiative (GPEI) in polio-affected countries. The initiative is spearheaded by Rotary, the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention, and UNICEF.

In another welcomed development today, the United Kingdom's Department for International Development (DFID) pledged £100 million (US\$150 million) and the German government

is giving an additional €100 million (US\$130 million), both to the GPEI. Contributions from the U.K. and Germany are separate and will not count toward Rotary's match of the Gates Foundation challenge grant.

The infusion of funds is crucial if the world is to finally be rid of polio, a crippling, sometimes fatal disease that poses the highest risk to children. Although the initiative has reduced the number of polio cases by 99 percent over the past two decades, the wild poliovirus still persists in four countries -- Afghanistan, India, Nigeria, and Pakistan -- and imported cases from these endemic countries threaten other developing nations.

Your continued participation in this effort is crucial to making it a success. The Rotary International Board of Directors and the Trustees of The Rotary Foundation have unanimously agreed to accept this challenge grant to ensure the success of the PolioPlus program. Rotary and the Gates Foundation intend for their funding partnership to set an example for the rest of the world. We feel confident that this extraordinary partnership will serve as a catalyst for further donations from others to help us realize the dream of a polio-free world.

When Rotary entered the fight against polio in 1985, we promised every child a world free from the threat of polio. We are almost there. This funding agreement between Rotary and the Gates Foundation is a huge step forward, bringing us even closer to our goal. Success is our only option. Together we can *End Polio Now*. For more information, please visit [www.rotary.org](http://www.rotary.org).

**Dong-Kurn Lee**

Rotary International, President 2008-09

**Jonathan B. Majiyagbe**, Chairman  
The Rotary Foundation Trustees, RI

**IN LOVING MEMORY**



**ANN HOLOWAYCHUK**  
JULY 26, 1945 - JANUARY 5, 2009

**In Loving Memory Of  
Ann Holowaychuk**  
Edmonton, Alberta  
Passed away Monday, January 5, 2009  
Age 63 years

**Memorial Service**  
Saturday, January 10, 2009 at 9:30 a.m.  
Park Memorial Chapel  
Reverend Bill Hupalo officiating

**Cremation In**  
Park Memorial Crematorium

Would you like to share **your** favorite recipe with us?

Please send it to

WPSS News  
132 Warwick Road NW  
Edmonton AB  
T5X 4P8  
or  
Email: [wpss@polioalberta.ca](mailto:wpss@polioalberta.ca)

**EASY CHOCOLATE CAKE**

- 2 cups white sugar
- 1 cup margarine [room temperature]
- Cream together with sugar then add
- 2 eggs; beat into above and add
- 1 cup dry cocoa [don't skimp here] and beat in
- 2 cups hot water and a bit of vanilla then add
- 3 tps baking powder mixed into
- 3 cups of flour

Grease a 9x13 pan  
Set oven at 350 F  
Bake for 45 minutes  
This will satisfy anyone's chocolate craving and you do not need any fancy ingredients. Cake is done when sides loosen and top pops back when touched—or use a toothpick to test. Good enough to skip icing if you wish or simply dust with icing sugar.  
NOTE: chocolate cake is wonderful for the psyche but remember polio patients should eat a high protein diet.

**Recipe  
Corner**

## HOW TO GET PNEUMONIA

### R.E. VAN DER LINDEN

Pneumonia, n – an inflammation of one or both lungs, usually caused by infection from a bacterium or virus, less commonly, by a chemical or physical irritant. *Encarta® World English Dictionary® 1999 Microsoft Corporation. All rights reserved. Developed for Microsoft by Bloomsbury Publishing Plc.*

If you want to get really sick, it's an easy thing to do. Just follow three simple steps and you're on your way to the hospital.

Before we begin, I should mention that getting a deadly illness gets easier to do as we get older, and having a disorder such as PPS [post polio syndrome] can make it effortless.

#### **Step one – provide a happy home for your guests.**

In order to find a fertile place to dwell, the virus or bacteria needs your help. One way is to over-extend yourself physically. This can be done indoors, but it is particularly effective outside in cold weather. Remember, the object is to weaken your immune system, so fatigue is your friend. Look for signs of increased fluids in the nose and throat. This will provide a landing site for the invaders and supply food for them while they settle in.

Don't overlook the advantage of being emotionally run down. This can be very helpful. It's been scientifically proven that if you are emotionally stressed to the point where you're about ready to crack, you're wide open to invasion.

Another good tactic is to not get the pneumovax. Some doctors recommend it every five years. It protects against 23 of the most popular pneumonia bugs, and it will reduce your chances of getting sick.

If you have a swallowing problem, getting pneu-

monia can be really easy. You don't even have to go looking for bugs. All you need to do is aspirate [suck food or fluid down your wind pipe] once in a while and a nice warm, sticky soup builds up way down in the bottom of your lungs. Then, bacteria show up out of nowhere and become party animals.

#### **Step two – invite them in.**

Now that you've laid out the welcome mat, open the door. Children can be ideal carriers of the bugs you're looking for. Visit the grandkids. They always have something to share, and they get right in your face. Better yet, bring them in your house and invite them to put their snotty little hands on everything – particularly the phone and TV remote.

Actually, any indoor place with lots of folks is sure to be a hotbed of airborne invaders. But just to be sure, shake hands with everybody and then rub your eye, eat finger foods, and pick your nose when nobody's looking. [I'm going to get letters for that].

Remember, don't wash your hands, but if you must, use the waterless kind. Plain soap and water is much more deadly to the little bugs, and will greatly reduce your chances of getting pneumonia.

#### **Step three – don't ask them to leave.**

When you feel a cold coming on, keep moving. In fact, don't stop until you can hardly move. A cold can easily turn into pneumonia. So if you feel that dry raspy thing in your throat, or get a runny nose or whatever, don't take those new products they advertise that shorten your cold by one-third. They actually work for most people, and your chances of getting really sick could go flying right out the window.

## HOW TO GET PNEUMONIA [CONTINUED]

If you have weakness of the diaphragm and/or intercostals - weakness of the breathing muscles often accompanies swallowing problems – so much the better. It's harder to cough, so once it gets down there, the crud is easier to keep down. A bi-level breathing assistance machine with a humidifier can strengthen the coughing muscles, thin out the crud, and free it for coughing up. If you have the least bit of trouble swallowing and/or coughing, and you really want to get pneumonia, avoid bi-level breathing assistance.

Finally, when pneumonia has at long last moved in to stay, and you are just about a goner, don't be afraid to let them take you to the hospital. After all, we're talking about how to get pneumonia here, so I'd be remiss if I didn't tell you the best kind to get. Yes, it's the kind you get at the hospital. It's called pseudomonas and once you have it they can't get rid of it.

But, seriously, folks...

Up to this point this article was done tongue-in-cheek. However, I didn't write it just for fun. The subject is close to my heart for two reasons.

**First:** since being diagnosed with PPS twelve years ago, I've almost ended up in the hospital on several occasions. I avoided it by doing everything I could do to avoid pneumonia. The most recent problem came about from a combination of allergies, sudden cold weather, breathing and coughing weakness, and aspiration due to PPS related dysphagia.

**Second:** there are over six hundred polio survivors on my mailing list and as many on my e-mail list. Every month I have the unpleasant task of removing one or two names from the list. Although I don't always know the cause of death, I do know enough to suspect that the most common cause is pneumonia.

I work hard at spreading the word about breathing issues because I know from personal experience that when you're not breathing right, you don't necessarily realize how serious it is. Over time, the downhill slide is so slow that you don't notice you are losing your will to live. You become vulnerable. In many cases, this scenario is preventable.

*Reprinted from PPS Manager, CA, January 2007*

THE SIX MISTAKES OF MAN by Marcus Cicero 106 BC – 43 BC a great Roman Orator

- The illusion that personal gain is made up of crushing others
- The tendency to worry about things that cannot be changed or corrected
- The insisting that a thing is impossible because we cannot accomplish it
- Refusing to set aside trivial preferences
- Neglecting development and refinement of the mind, and not acquiring the habit of reading and study
- Attempting to compel others to believe and live as we do.

A GOOD MOTTO

“No one knows enough to be a pessimist” from Wayne Dyer's Book Wisdom of the Ages

# HAPPY MOTHERS DAY

## YOUR MOTHER IS ALWAYS WITH YOU...

Your mother is always with you...

She's the whisper of the leaves as  
You walk down the street.

She's the smell of bleach in your  
Freshly laundered socks.

She's the cool hand on your brow  
When you're not well.

Your mother lives inside your laughter.  
She's crystallized in every tear drop.

She's the place you came from,  
Your first home...

She's the map you follow with every  
Step that you take.

She's your first love and  
Your first heart break...  
And nothing on earth  
Can separate you.

Not time, not space...  
Not even death...  
Will ever separate you  
From your mother...

You carry her inside of you...

*Author unknown*

*Reprinted from Post Polio Voice, FI, May/June 2007*

## **HAPPY FATHERS DAY**

### **WHAT MAKES A DAD?**

God took the strength of a mountain,  
The majesty of a tree,  
The warmth of a summer sun,  
The calm of a quiet sea,  
The generous soul of nature,  
The comforting arm of night,  
The wisdom of the ages,  
The power of the eagle's flight,  
The joy of a morning in spring,  
The faith of a mustard seed,  
The patience of eternity,  
The depth of a family need,  
The God combined these qualities,  
When there was nothing more to add,  
He knew His masterpiece was complete,  
And so, He called it ... Dad

*Author is unknown*

*Reprinted from Second Time Around, June 2007*

# ANNOUNCEMENTS

## 2009 MEMBERSHIP

### SWIM SCHEDULE

#### ACT Aquatic & Recreation Centre

In the heart of Rundle Park  
2909 113 Avenue NW  
Edmonton Alberta  
(780) 496-1494

Tuesdays                      5:00 pm to 6:00 pm

Saturdays                      4:00 pm to 5:00 pm

#### RATES:

No charge to members during WPSS scheduled times.  
[please bring your current swim card which was issued  
when you paid your membership]

### HAPPY BIRTHDAY!



Patricia	Laird	2-Apr
Dianne	Turner	4-Apr
Jim	Dirksen	15-Apr
Isabel	Wright	15-Apr
Bob	DeFrain	20-Apr
Mildred	Leibel	24-Apr
Marguerite	Robinson	29-Apr
Joe	Kokotilo	12-May
Dave	Norton	23-May
Eileen	Nesbitt	27-May
Raymond	Campeau	June ?
Mary	Robinson	7-Jun
Donna	Thompson	8-Jun
Terry	Henderson	21-Jun
Loretta	Denis	23-Jun
Pam	Waite	30-Jun

*Do you have an announcement that you would like us to publish?*

Please let us know . . .

Email:  
wpss@polioalberta.ca

**Wildrose Polio Support Society**  
132 Warwick Road NW  
Edmonton AB T5X 4P8

Phone:  
(780) 428-8842

WE'RE ON THE WEB  
<http://www.polioalberta.ca/wildrose/wpss.htm>

**WILDROSE POLIO  
SUPPORT SOCIETY**

132 Warwick Road NW  
Edmonton AB T5X 4P8  
Phone: (780) 428-8842  
Fax: (780) 475-7968  
E-mail: [wpss@polioalberta.ca](mailto:wpss@polioalberta.ca)



**Providing support for Polio survivors**

The Wildrose Polio Support Society (WPSS) was formed in 1999 to provide information and support to Polio survivors.

The objects of the WPSS are:

- 1 To provide education to members in respect to post polio syndrome;
- 2 To provide group support and therapeutic support to polio survivors and to provide other support as approved by the Board of Directors;
- 3 To disseminate information concerning research and treatment about post polio syndrome;
- 4 To raise monies for research into post polio syndrome and to donate same to such institution that is conducting research into post polio syndrome as the members of the Society shall decide;
- 5 To develop awareness, communication and education between the Society and the Community.

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Men are disturbed not by the things that happen, but by their opinions of the things that happen

Epictetus (55 -135) Greek Philosopher.

# Wildrose Polio Support Society

132 Warwick Road NW  
Edmonton AB T5X 4P8

## 2009 Member / Donor Form [Membership year is January 1 to December 31]

**NAME(S):**  
**MEMBER** \_\_\_\_\_

[Polio Survivor]

**ASSOCIATE MEMBER** \_\_\_\_\_

[Husband/Wife/Caregiver]

**ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**CITY:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PHONE (DAY):** \_\_\_\_\_ **PHONE (EVENING):** \_\_\_\_\_

**FAX:** \_\_\_\_\_ **POLIO YEAR:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_ **BIRTHDAY MONTH:** \_\_\_\_\_ **DAY:** \_\_\_\_\_

**MEMBERSHIP:**

Individual (\$15.00) \$ \_\_\_\_\_

Couple (\$25.00) \$ \_\_\_\_\_

**DONATION:** \$ \_\_\_\_\_

**TOTAL ENCLOSED:** \$ \_\_\_\_\_

**DATE:** \_\_\_\_\_

I would like to receive my newsletter; by email  by regular mail

**HOW DID YOU HEAR ABOUT WPSS:** \_\_\_\_\_

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*The Wildrose Polio Support Society will use this information solely for the express purpose of the functions of the Society. We will not disclose personal information for commercial purposes without your permission.*

**Registered Charity No. 867883985RR001**