



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

By the time this newsletter is printed I think that FALL will have arrived in some form. I like the colors on the trees and some late-blooming flowers are especially beautiful.

I trust that everyone had an eventful summer, whatever you did or wherever you went. The weather was up and down, but that just provided something for everyone to talk about! The flowers on my balcony are doing great!

We had a couple of events in late August and mid September – a picnic in the park and a ride on the River Queen. We have another event scheduled for the end of October – a Halloween party. So start getting your costumes ready! See you then.

Marleen Henley
President

Remember that not getting what you want is sometimes a stroke of luck.

Smile when picking up the phone. The caller will hear it in your voice

LAUGHTER IS GOOD MEDICINE

UNIVERSAL LAWS OF LIVING

1. Law of Mechanical Repair - After your hands become coated with grease, your nose will begin to itch and you'll have to pee..

2. Law of Gravity - Any tool, nut, bolt, screw, when dropped, will roll to the least accessible corner.

3. Law of Probability -The probability of being watched is directly proportional to the stupidity of your act.

4. Law of Random Numbers - If you dial a wrong number, you never get a busy signal and someone always answers.

5. Law of the Alibi - If you tell the boss you were late for work because you had a flat tire, the very next morning you will have a flat tire.

6. Variation Law - If you change lines (or traffic lanes), the one you were in will always move faster than the one you are in now (works every time)..

7. Law of the Bath - When the body is fully immersed in water, the telephone rings.

8. Law of Close Encounters -The probability of meeting someone you know increases dramatically when you are with someone you don't want to be seen with.

9. Law of the Result - When you try to prove to someone that a machine won't work, it will.

10. Law of bio mechanics - The severity of the itch is inversely proportional to the reach.

11. Law of the Theater and Hockey Arena - At any event, the people whose seats are furthest from the aisle, always arrive last. They are the ones who will leave their seats several times to go for food, beer, or the toilet and who leave early before the end of the performance or the game is over. The folks in the aisle seats come early, never move once, have long gangly legs or big bellies, and stay to the bitter end of the performance. The aisle people also are very surly folk.

12. The Coffee Law - As soon as you sit down to a cup of hot coffee, your boss will ask you to do something which will last until the coffee is cold.

13. Murphy's Law of Lockers - If there are only two people in a locker room, they will have adjacent lockers.

14. Law of Physical Surfaces - The chances of an open-faced jelly sandwich landing face down on a floor, are directly correlated to the newness and cost of the carpet or rug.

15. Law of Logical Argument - Anything is possible if you don't know what you are talking about.

16. Brown's Law of Physical Appearance - If the clothes fit, they're ugly.

17. Oliver's Law of Public Speaking - A closed mouth gathers no feet.

18. Wilson's Law of Commercial Marketing Strategy - As soon as you find a product that you really like, they will stop making it..

19. Doctors' Law - If you don't feel well, make an appointment to go to the doctor, by the time you get there you'll feel better. But don't make an appointment, and you'll stay sick.

And, finally:

The graveside service just barely finished, when there was a massive clap of thunder, followed by a tremendous bolt of lightning, accompanied by even more thunder rumbling in the distance.

The little old man looked at the preacher and calmly said, 'Well.....she's there.'

MEDITATION

Some “Water Therapy” attendees were discussing MEDITATION the other day. There is an increasing belief in the stress reducing and healing abilities of this medium. Some of us are even trying it but need help and support. Does anyone know of a “Meditation Leader/Teacher”? Is anyone interested in a WPSS Meditation Group? Would anyone join a committee to set up a MEDIATION group?

If any of this seems valuable, interesting to you please write, email or phone WPSS and let us know. Remember our address is.: 132 Warwick Rd NW. Edmonton T5X 4P8 or wpss@polioalberta.ca and our number is 780 428 8842. You may also call Sharon (Outreach) at 780 469 3536.

What would a committee do? A committee would check for interest and decide how many persons we would need to start. A committee would find a leader/teacher. A committee would find a location. A committee would set a date, time and location

and invite members to attend.

I have been looking into this for a few months now .

My question was but “HOW” do you actually DO IT? Apparently there is no set method and the only universal ingredient is your comfort level; both physical and mental. The best way is to start by concentrating on your breath and EVERY TIME your MIND wonders, label the thought and go back to your breath. That sounds EASY. It is okay that your mind wanders after two breaths or six breaths. Just label and go back to your breath.

Well it turns out our lives are full of distractions. The biggest distraction is our brain that likes to wander off onto topics that concern us. For me; I found the world is full of sound. I also found I need support from fellow seekers. So do consider calling.

Submitted by Sharon Moffatt

Editors Note:

We want to thank you all for submitting your jokes and adages this quarter. We would like to use them all but cannot so will save them for future issues

EXECUTIVE

President Marleen Henley: Vice President George Kunec: Secretary Maxine Madison:
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DIRECTORS

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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.

THE EVOLUTION OF PAIN AND THE POLIO SURVIVOR

by Dr Stephen de Graaff—June, 2011

Synopsis

It is important, where possible, to define the cause of one's pain. This allows for the appropriately targeted treatment. In the polio survivor situation a clear understanding of the sequelae of polio is necessary to ensure all preventative and interventional treatments are appropriate.

The perception of pain

Pain is what the patient says hurts. There are multiple factors that influence the perception of pain. These can include unique patient aspects, beliefs and concerns, psychological symptoms, cultural issues, physical symptoms, coping strategies and the social context in which the pain was felt. Pain is defined as an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage. Persistent pain is pain that continues beyond the usual time of healing or expected time of recovery, i.e. greater than three months.

The conundrum for the polio survivor is that the pain may be due to multiple factors, including post polio syndrome (muscular and/or neurogenic pain), overuse and delayed effects of polio (biomechanical pain).

Types of pain

Pain can be classified as:

Acute pain – This is usually due

to definable acute injury or illness and has a definite onset and its duration is limited. It is often accompanied by anxiety and features such as fast heart rate, fast breathing, high blood pressure and sweating. Treatment is usually directed at the illness or injury causing the pain.

Persistent or chronic pain – This results from a chronic pathological process and can have a gradual or ill-defined onset and continues unabated and may become progressively more severe. The patient will present as distressed and withdrawn and may have features associated with depressive symptoms, including lethargy, apathy, anorexia and insomnia. There may well be personality changes occurring due to the pain, with alterations in lifestyle and functional ability. Treatment in the persistent chronic pain picture is directed at an underlying dis-

ease where possible, as well as targeting psychological features and social supportive care.

At times patients may have certain activities that cause pain and this situation would be known as incident pain. Acute pain can also occur in the persistent pain profile – an example of this would be longstanding headaches where they can have features of persistent pain, i.e. chronic headache, with exacerbations of severe headache pain (acute pain).

Common sites of pain in polio survivors

Osteoarthritis and associated pain can be noted in the back, neck, shoulders, hips, knees, hands and feet. There may be muscle pain associated with post polio syndrome. Strains in muscles and tendons are common and may involve the arm tendons, bursae over the hip and ligaments in the feet and hands. Problems with tendons and muscles around the shoulders, elbows, hips and knees may also be noted.

Occasionally patients will complain of nerve type pain in the arm (arising from the neck) and in the leg (arising from the back). These are known as radiculopathies. Nerve compressions, such as carpal tunnel syndrome or ulnar nerve compression are also common.

It is important to understand that persistent pain is common, reaching maximum prevalence from the age of the late 40's and moving into the early 70's.

Quality of life and pain

Pain impacts upon one's quality of life. Physical wellbeing, social wellbeing, psychological wellbeing and spiritual wellbeing can all be affected. It is important to attempt to treat acute pain early to break the cycle of chronic pain. Where chronic pain occurs the patient can feel quite helpless and depressed, angry and out of control. This can be compounded by social stresses, financial challenges and reliance on treatments and medications.

The management of pain

It is important that a multidimensional pain assessment is undertaken in the polio survivor. The polio survivor may present with persistent pain and it is important to under-

THE EVOLUTION OF PAIN AND THE POLIO SURVIVOR [CONT]

stand the biological, psychological, behavioural and social impacts of that pain.

The principles of disability prevention and management include:

prevention

early detection and intervention

partnership

and subsequent to this a goal orientated rehabilitation plan. It is important that the polio survivor is treated with respect and dignity.

The use of cognitive behavioural therapy is important in the management of persistent pain. Initially one should address fears and encourage resumption of normal activities, with structured intervention such as physical exercise and applying the appropriate psychological support and management with encouragement to be active and take control again.

Education of the polio survivor with respect to pain involves the understanding of the causes of pain, methods of pain assessment, management and evaluation and setting out appropriate goals for treatment. Expectations of the treatment should be clear and not overly optimistic and options of treatment should be outlined. Medications have a role, but should be seen as augmenting the improvement of the quality of life of the polio survivor. It is important that the management of the pain is driven by the polio survivor and to outline the type of activities the polio survivor can do themselves.

Therapy Roles

Pain can be reduced by altering biomechanics, changing lifestyle and reducing the activity or developing discretionary strategies.

Pain management includes physical, cognitive and psychological strategies. Local measures such as hot and cold, ultrasound, TENS machines, massage and differentials can be of use. Exercises targeting joint protection and stabilization, as well as stretching, range of motion, and mobilisation can also assist. The use of orthotics and aids to minimise stressors and improve energy efficiency is justified.

The use of a pain diary to assess the severity of the pain, the behavior of the pain over the day, exacerbating or relieving factors, sleeping patterns, use of medication and functional behavior can also assist in the management of pain.

Psychological therapies are an excellent adjuvant in pain management. The use of psychological strategies does not mean that the pain is not real and does not mean that the treating practitioner is not taking the pain seriously.

Medication Role

The management of pain is not by medication alone. It is a combination of factors including the aforementioned physical therapy, cognitive and psychological therapy, self management and medication to augment these.

Medications in pain management can include simple analgesics such as Paracetamol, non-steroidal anti-inflammatory drugs, anti-depressants and anti-seizure medications to modify the neurological component of the pain, pulses of oral steroids and local and systemic injections where appropriate. Muscle relaxants and anti-spasticity medications may well be of value.

The use of opioid medications is considered where the non narcotic analgesics are not having an effect on the pain. The principles of using analgesics include selecting the drug appropriate for the type and severity of the pain, following an analgesic ladder starting at simple analgesics to ultimately strong opioids, using adjuvant analgesics such as neuromodulators e.g. anti-depressants and anti-seizure medications, but one should never use a placebo.

Ongoing Management

Regular assessment of the situation for the polio survivor with pain is essential. This is undertaken to maximise functional wellbeing, optimise pain relief, minimise side effects and engender the best quality of life for the polio survivor.

Final Comments

As previously mentioned, in the polio survivor situation a clear understanding of the sequelae of polio is necessary to ensure all preventative and interventional treatments are appropriate. Optimal management of the patient with reduction in pain and return to the previous role is a primary goal associated with improved function or maximal functional improvement whilst using limited resources most efficiently. In essence, we are managing the pain and improving quality of life.

Dr Stephen De Graaff MBBS, FAFRM is the Medical Director of Pain Services at EPWORTH REHABILITATION – RICHMOND

[cont over]

THE EVOLUTION OF PAIN AND THE POLIO SURVIVOR [CONT]

The Evolution of Pain and the Polio Survivor

(cont'd)

Pain and Suffering

The following is an extract from a book by polio survivor and Professor of Clinical Psychology, Rhoda Olkin, entitled: *What Psychotherapists Should Know About Disability (reprinted with knowledge of the author)*

—Pain|| is not the same as —suffering||. This is an important distinction, because persons with chronic pain often do suffer, and in a sense the treatment mostly is to reduce the suffering and less so the pain. When thinking about living with chronic pain over the long term, a client needs to understand that it is not synonymous with long-term suffering. A second

important distinction is between cognitions that tend to exacerbate the experience of pain and causing or being responsible for one's own pain. When clients are taught ways to ameliorate pain by changing beliefs and behaviours, it is easy for them to hear this as blame for causing or exacerbating their pain. After many doctor visits in which they are told their pain is psychogenic or disproportionate to an injury, such persons become sensitized to intimations of blame. Treatment can inadvertently tap into such feelings by suggesting responsibility for lessening pain. The best way to handle such feelings is directly and openly, with a discussion of the meaning of getting better, and if the client doesn't raise these issues the therapist should.

Reprinted from Polio Oz News, Vol 1, Issue 1, June 2011

MY STORY

Bette Ann Millar Long

As I live in the central Alberta area, it is not convenient to make use of any Edmonton pool activities and I very seldom attend any of the Society's functions. I do however, certainly value the opportunity and benefit from having contact with fellow "Polios" and always look forward to the wonderful newsletters.

My polio story began in 1952 when I was 3yrs old and spent 6 months away from my family in UofA hospital. Left mainly with a very weakened right leg, but as a teenager & young adult was mostly able to forget about my childhood illness. I kept it my little secret and only when I was physically tired was my limp noticeable. Went on to lead an active full life working full time, married and raising two sons. It wasn't till the early 1990's that I became aware the symptoms I'd been experiencing were in fact PPS. I thought I was being lazy or was out of shape so just kept pushing myself. I'd never known anyone else who'd had polio and was totally blown away when I came upon Dr. Richard Bruno's book while browsing in Chapters. OMG that book was describing me - I practically read it thru standing in the store!!

Three years ago, after 25 years with the provincial government, I was finally able to get on LTDI when my PPS symptoms made working impossible. Without any help or co-operation from my workplace or support from local

doctors; my struggle to continue to work became an existence on pain killers or sleeping pills from the fatigue as I would try to make it to the weekends when I could try to recover. Only thru my own determination, information and support from online PPS groups, and finally validation from a very kind Dr. K. Ming Chan (Edmonton UofA & Glenrose Hospitals) was I able to break free of that vicious cycle and begin to accept my situation and start looking after myself.

It is quite a bit easier learning to accept one's increasing limited mobility and realize that resting and pacing goes a very long way towards my daily well being. Life is now very good, as I can be kinder to myself by resting when I'm tired, sleeping late when I feel the need, and make choices about activities or adventures that may make me hurt (but are worth a few days of feeling like a slug!!) I swallowed my pride and now use a cane, have medication for the horrendous leg cramps, try to avoid stairs, and am certainly not as graceful as I once was. But have been so lucky that the frequent spills that I make have not resulted in any permanent injury. Occasional physiotherapy & acupuncture when necessary, and regular chiropractic monthly seem to help. So that's my little story.....feels sort of therapeutic every now & then to tell it to those who can really relate and understand.

Upcoming Events

FALL Social Event – 2011

Join us for Buffet Style Lunch from Kiko's kitchen, followed by music for all occasions provided by Val Abello, aka "Valentine". Costumes will be encouraged.

Where:

ACT Centre in Rundle Park
2909-113 Avenue, NW
Edmonton, Alberta

When:

Saturday October 29, 2011

Time:

Lunch 1:00 to 2:00 PM
Entertainment 2:30 to 3:30

Costs:

Members \$5.00 each. (Special diet is available on request.)

Note: You must register for this event by Friday October 21, 2011. Register by email, rrmeunier@shaw.ca or by phone (780) 458-5765. Rick Meunier – Events Coordinator



Christmas Event – 2011

An Ornamental Nativity Exhibit is being held at the "Church of Jesus Christ of the Latter Day Saints" in Sherwood Park. There will be more than 900 nativities from all over the world. There is a children's activity area, a movie room with refreshments and live entertainment. We are planning an early supper (ie: Boston Pizza or whatever is decided) everyone is responsible for costs associated.

Where:

Church of Jesus Christ of the Latter Day Saints
2090 Sherwood Drive
Sherwood Park, Alberta

When:

Friday December 2, 2011

Time:

Arrival & Group Gathering @ 12:00 PM
Tour @ 12:30 to 4:00 PM

Costs:

This is a Free community event that has been running for 15 years.



Note: Building is wheelchair accessible, and ample parking is available. The phoning committee will be contacting you with further details.

INSPIRATION FOR THE MONTH - ONE OF THESE DAYS

Say! Lets forget it! Let's put it aside!
 Life is so large and the world is so wide.
 Days are so short and there's so much to do.
 What if it was false-there's plenty that's true.
 Say! Let's forget it!
 Let's brush it away now and forever so what do you
 say?
 All of the bitter words said may be praise
 One of these days.

Say! Let's forget it! Let's wipe off the slate,
 Find something better to cherish than hate.
 There's so much good in the world that we've had,
 Let's strike a balance and cross off the bad.
 Say! Lets forgive it, whatever it be,
 Let's not be slaves when we ought to be free.
 We shall be walking in sunshiny ways
 One of these days.

Say! Lets not mind it! Let's smile it away,
 Bring not a withered rose from yesterday;
 Flowers are so fresh from the wayside and wood,
 Sorrows are blessings but half understood,
 Say! Let's not mind it, however it seems,

Hope is so sweet and holds so many dreams;
 All of the sere fields with blossoms shall blaze
 One of these days.
 Say! Let's not take it so sorely to heart!
 Hates may be friendships jut drifted apart,
 Failure be genius not quite understood,
 Say, Lets get closer to somebody's side,
 See what his dreams are and learn how be tried
 See if our scolding's won't give way to praise
 One of these days.

Say! Lets not wither! Let's branch out and rise
 Out of the byways and nearer the skies.
 Let's spread some shade that's refreshing and deep
 Where some tired traveler may lie down and sleep
 Say! Let's not tarry! Let's do it right now;
 So much to do if we just find out how!
 We may not be here to help folks or praise
 One of these days.

By James W. Foley
 Submitted by Marie Kunec

FROM BLOSSOMS LI-YOUNG LEE

From blossoms comes
 this brown paper bag of peaches
 we bought from the boy
 at the bend in the road where we turned toward
 signs painted Peaches.

From laden boughs, from hands,
 from sweet fellowship in the bins,
 comes nectar at the roadside, succulent
 peaches we devour, dusty skin and all,
 comes the familiar dust of summer, dust we eat.

O, to take what we love inside,
 to carry within us an orchard, to eat
 not only the skin, but the shade,
 not only the sugar, but the days, to hold

the fruit in our hands, adore it, then bite into
 the round jubilation of peach.

There are days we live
 as if death were nowhere
 in the background; from joy
 to joy to joy, from wing to wing,
 from blossom to blossom to
 impossible blossom, to sweet impossible blossom

*I love this poem as it elicits and connects my Okanagan
 memories to something quite large and magnificent.
 Submitted By Sharon Moffatt*

NEWS FROM POLIO QUEBEC

At their last board meeting, the directors studied the definition for *universal design* proposed by the Accessibility Challenge Group (GDA) - a research group with the University of Montreal.

The definition put forward advocated that "*Universal access is the characteristic of a product, process, service, information or environment which in the interest of fairness and an all-inclusive approach, allows anyone to act independently while achieving equivalent results.*"

For Polio Quebec, this definition encompasses all the variables that characterize accessibility without limiting the focus to the disabled. It also reflects the im-

portance of an inclusive approach that allows anyone, regardless of their status, to participate actively in a social, economic and cultural environment.

Post-Polio Canada is a non-profit organization which aims to support and inform its members as well as raise awareness of the medical network and the general population with late effects of post-polio syndrome.

NB: This concept of universal design is definitely something that needs more consideration, doesn't it? Accessibility is so fundamental and logical but often so hard to find! Unfortunately, it always seems to be about the additional cost of making something accessible that comes first!

I was in the six-item express lane at the store quietly fuming. Completely ignoring the sign, the woman ahead of me had slipped into the check-out line pushing a cart piled high with groceries. Imagine my delight when the cashier beckoned the woman to come forward looked into the cart and asked sweetly, 'So which six items would you like to buy?' Wouldn't it be great if that happened more often?

Because they had no reservations at a busy restaurant, my elderly neighbor and his wife were told there would be a 45-minute wait for a table. 'Young man, we're both 90 years old, ' the husband said ...'We may not have 45 minutes.' They were seated immediately.

The reason Politicians try so hard to get re-elected is that they would 'hate' to have to make a living under the laws they've passed.

All eyes were on the radiant bride as her father escorted her down the aisle. They reached the altar and the waiting groom; the bride kissed her father and placed something in his hand. The guests in the front pews responded with ripples of laughter. Even the priest smiled broadly. As her father gave her away in marriage, the bride gave him back his credit card.

Women and cats will do as they please, and men and dogs should relax and get used to the idea.

Looking for an elegant entertainment idea. Gather the petals of violets, roses, marigold, pansy, nasturtium, or lavender and freeze into ice cubes. They can also be mixed into softened butter in place of chives or parsley too. They add colour, perhaps a mild favour and impress everyone.

From: readersdigest.ca

PICTURES FROM THE REYNOLDS MUSEUM - JULY 14, 2011



PICTURES FROM THE PICNIC IN THE PARK—AUGUST 29, 2011



ANSWER TO SUMMER QUIZ

Well it appears that either people were too busy enjoying our lazy days of summer or the 3rd Quarter Quiz was too difficult because we did not garner any response. Hopefully the next quiz based on Canadian history will be easier.

Here are the Answers to the Summer Quiz

- | | |
|--------------------------------|---------------------------------------|
| 1. 1440 = M. in a D | Minutes in a Day |
| 2. 1001 = A.N. | Arabian Nights |
| 3. 12=S. of the Z | Signs of the Zodiac |
| 4. 54 = C.in D. (with the J's) | Cards in a Deck (with the jokers) |
| 5. 9 = P. in the SS | Planets in the Solar System |
| 6. 88 – p.k. | Piano Keys |
| 7. 12 = D. of C. | Days of Christmas |
| 8. 8 = S on a S.S. | Sides on a Stop Sign |
| 9. 32 = D.F. at which W.F. | Deg. Farenheit at which Water freezes |
| 10. 50 = M in an O.P> | Meters in an Olympic Pool |
| 11. 18 = H. in a G.C. | Holes in a Golf Course |
| 12. 7 = D of S. W. | Dwarfs of Snow White |
| 13. 90 = D. in a R.A. | Degrees in a Right Angle |
| 14. 7 = S. in B.DS. | Stars in the Big Dipper |
| 15. 57 = H.V. | Heinz Varieties |
| 16. 1000 = W. that a P. is W. | Words that a Picture is Worth. |
| 17. 360 = D. in a C | Degrees in Circle. |
| 18. 29 = D. in F. in a L.Y. | Days in February in a Leap Year |
| 19. 27 = C. in a R.C. | Cubes in a Rubic Cube. |
| 20. 40 = D. and N. of the G.F. | Days and Nights of the Great Flood |
| 21. 3 = B.Cm (S.H.T.R.) | Blind Mice (see how they run) |
| 22. 4 = Q. in a G. | Quarts in a Gallon |

I bet most of you are saying well! I KNEW that. Well! Except that Rubic's Cube one. GEEESH!!

Three friends from the local congregation were asked, 'When you're in your casket and friends and congregation members are mourning over you, what would you like them to say?' Artie said: 'I would like them to say I was a wonderful husband, a fine spiritual leader, and a great family man.' Eugene commented: 'I would like them to say I was a wonderful teacher and servant of God who made a huge difference in people's lives.' Al said: 'I'd like them to say, 'Look, he's moving!'

John was on his deathbed and gasped pitifully. 'Give me one last request, dear,' he said. 'Of course, John,' his wife said softly. 'Six months after I die,' he said, 'I want you to marry Bob.' But 'I thought you hated Bob,' she said. With his last breath John said, 'I do!'

QUIZ TIME

This Quiz is going to challenge your knowledge of Canadian history and facts that we as Canadians should know. The winner will be treated to a \$5 Tim Horton's Card. To encourage more participation, answers will also be accepted via email. All answers must be submitted by October 31, 2011 to:

WPSS, 15235 63 Street NW, Edmonton, AB T5A 4V8

OR Email: mchomik@telus.net

A draw will be made from all correct answers.

"CANADIAN FACTS" QUIZ

1. Who is the Prime Minister? _____
2. Number of Members of Parliament _____
3. Who is the Governor General? _____
4. Who discovered Canada in 1497? _____
5. Number of Provinces. _____
6. Number of Territories. _____
7. What is the Capital City of Canada? _____
8. What three oceans border Canada? _____
9. Which Canadian province has the largest land size? _____
10. Which mountain is Canada's highest? _____
11. This political leader led the fight for Universal Health Care. _____
12. What two Canadian cities were part of the "Original Six" NHL teams? _____
13. This person was the first Canadian woman in space. _____
14. Which province entered into Confederation in 1949? _____
15. Name the bridge between P.E.I. and New Brunswick. _____
16. Name the trade agreement that links Canada, Mexico and the United States. _____
17. This prime minister served the longest unbroken term of 15 straight years. _____
18. What Canadian figure skater was the first in the world to land a quadruple jump in a world competition? _____
19. This Liberal prime minister won the Nobel Peace Prize in 1957. _____
20. Which province, in 1916, was the first to grant women the right to vote? _____
21. Which American War sped the move toward Confederation? _____
22. Which Canadian city hosted the summer Olympics in 1976? _____

ANNOUNCEMENTS

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.

HAPPY BIRTHDAY!



Meunier, Rick	October 1
Sorochan, John	October 4
Mooney, Sandra	October 5
Ewaskow, Al	October 6
Dashney, Joan	October 13
Walker, Ed	October 16
Faulkner, Dianne	October 19
Chomik, Marion	October 30
Slipchuk, Charlotte	October 31
Callum, Gerald	Nov 1
Noble, Ronda	Nov 04
Kunec, Marie	Nov 09
Auger, Anita	November 9
Carlson, Lorraine	Nov 20
Martin, Germaine	Nov 20
Berg, Dayle	Nov 21
Stark, Ernie	November 26
Rivett, Denise	Dec 6
Stefanyk, Linda	Dec 7
Harle, Graham	December 9
Gering, Daniel	Dec 17
Laverdiere, Denise E.	Dec 17
Sydor, Colleen	Dec 18
Peters, Albert	Dec 19
Madison, Maxine	Dec 22

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



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.

WPSS News sponsored in part by



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Being perfect doesn't mean everything is perfect; It means you've decided to see beyond the imperfections.

Wildrose Polio Support Society

132 Warwick Road NW
Edmonton AB T5X 4P8

2012 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:** _____

SENIOR [60 or over] YES **NO**

MEMBERSHIP: **Associate YES** **NO**

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: _____

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.

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