

# " Polio Outreach Of Washington"

Non-Profit Washington State, Corporation

## "MISSION STATEMENT"

To minimize the impact and increase awareness of Polio/Post-Syndrome by providing education and support to Polio Survivors, their families and healthcare providers.

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## How to STOP being...

### VAMPIRE BAIT

By - Dr. Richard L. Bruno

We started our research on **STRESS** way back in 1982 as we began study-



*In our 1985 National Post-Polio Survey* we found that emotional Stress is the second leading cause of Post-Polio Sequelae (after physical overexertion and exercise) and that Polio Survivors were more Type A -- hard-driven, pressured, time-conscious, perfectionistic and overachieving -- than people who already had had heart attacks. The more Type A polio survivors were the more PPS symptoms they had and the more severe those symptoms were.

With these finding I decided that I couldn't just talk about Type A behavior and **STRESS** in polio survivors without offering some way to deal with it. So I took all that relationship between mind and body), and my years of

### "When Irish Eyes Are Smiling"

When Irish Eyes Are Smiling  
Sure it's like a morning spring.  
In the lilt of Irish laughter  
You can hear the Irish sing.

When Irish hearts are Happy  
All the world seems  
Bright and gay,  
And when Irish eyes are  
Smiling sure they steal your  
Heart away.

## VAMPIRE BAIT *(Continued from Page 1)*

those with chronic fatigue syndrome, myalgic encephalomyelitis (ME) and fibromyalgia (FM). Research has shown that people with CFS, ME and FM are just as Type A -- or "action prone," as Type A behavior is called in Europe -- as are polio survivors. As in polio survivors physical and emotional stress were found to trigger CFS symptoms. In his study of the effects of Hurricane Andrew, research Fred Friedberg found that emotional stress predicted increased symptoms, with 40% of CFS patients reporting severe symptoms and increased disability following the hurricane.

Our own research discovered that patients with chronic muscle pain were just about as Type A as our polio survivors. And there's no question that STRESS increases muscle pain. Other research supports our clinical experience that symptoms are triggered or made worse by STRESS in those with other chronic conditions, including:

- ◆ Chronic Fatigue Syndrome
- ◆ Multiple Sclerosis
- ◆ Fibromyalgia
- ◆ Chronic Pain
- ◆ Diabetes
- ◆ Cancer
- ◆ Lupus
- ◆ Spina Bifida
- ◆ Cerebral Palsy
- ◆ Rheumatoid Arthritis

Of course, those with heart disease (whose high-stress behavior gave birth to notion of the "coronary-prone Type A personality) are especially susceptible to stress. One study found that twice as many patients in the New York metropolitan area had potentially fatal abnormal heart rhythms in the month after 9/11 then in the month before. Heart patients in Florida, in spite of being physically far removed from danger in New York and Washington, had nearly three times the dangerous abnormal heart rhythms during the month after, as compared with the month before, 9/11.

**So, polio survivors don't have a monopoly on Type A behavior, STRESS or symptoms triggered by STRESS.** In this post 9/11 world I'm not sure we could find someone who isn't experiencing at least one symptom -- fatigue, muscle pain or even just headaches -- triggered by **STRESS**. And, although **How to Stop Being VAMPIRE BAIT** was written originally for polio survivors and their plethora of Post-Polio Sequelae symptoms, you can take some comfort in the fact that everyone is in the same leaky boat and in desperate need of **STRESS ANNIHILATION**.

(Continued in Next Column.)

**What is STRESS ANNIHILATION?** With all this **STRESS** going around people talk about the need for "**STRESS** management." I've never understood that phrase "**STRESS** management." To me, talking about STRESS management is like talking about "rat management." How many people would live in a house that has rats down in the basement? Your neighbors come over, hear scurrying and chattering downstairs and ask, "What is that?" You say, "Oh, it's just the rats in the basement. They chew on our wires, eat our food and make us feel really creepy, but we're 'managing' to live with them."

No one should have to "manage" to live with rats. And I believe that no one should have to "imagine" to live with **STRESS**. So **STRESS** management doesn't cut it for me. I really do believe that you can annihilate **STRESS**, actually wipe **STRESS** out of your life. You may not be able to wipe out the causes of **STRESS**, but you can wipe out your physical and your psychological reactions to it. So that's what you're about to do: learn how to **ANNIHILATE STRESS**.

However, whether you spend four weeks coming to a **STRESS ANNIHILATION** Workshop or spend four hours once a week, completing the sessions in the **STRESS ANNIHILATION** Program, you're not going to wake up one morning and shout, "Yippe! I feel fine now! I have no more **STRESS!**" **STRESS ANNIHILATION** just doesn't happen that way. **STRESS ANNIHILATION** is a process, requiring you to change the way you think and act every moment of every day. So, here are a few hints before we begin:

◆ **SET** aside about an hour when you can be alone and undisturbed to work on each session. Read no more than one session every three days to give yourself time to do the homework. Try to fight the urge to finish The Program in one sitting just so you can "get it done;"

◆ **THINK** carefully about the questions asked and take as much time as you need to answer them. Remember, there are no right or wrong answers;

◆ **NO ONE** will be able to apply each of The **COMMANDMENTS** of **STRESS ANNIHILATION** every minute of every day. Don't **STRESS** yourself if you are not immediately perfect at **STRESS** - Perfect is not the goal! **STRESS ANNIHILATION** is the goal. All that matters is that you are committed to changing your life, feeling better and taking care of yourself. Doing the **STRESS ANNIHILATION** Program may be the first time in your life that you've done something for yourself? So, give yourself a break. Don't **STRESS** yourself learning how to annihilate **STRESS!**

◆ **KEEP** the answers to the Questions and Homework in a private place that's also handy so you can easily make notes about what you're thinking, feeling and doing during the week;

## VAMPIRE BAIT (Continued from Page 2)

◆ **WHEN** you've finished The Program feel free to reread any or all the sessions whenever you need a tune up. Remember that you don't just learn **STRESS ANNIHILATION**, you have to **live it!**

◆ **PLEASE REMEMBER** that it will be easier for you to apply some of the **TEN COMMANDMENTS** of **STRESS ANNIHILATION** than others. You may be ready and able to change some of the ways you think and act right now. Other changes will take careful consideration and lots of practice. **STRESS ANNIHILATION** -- that is, taking care of yourself -- is truly your most important job and takes place over a lifetime.

**NOTE: HOW TO ORDER E-BOOK SEE (PAGE 6)** 

Program Summary, October 9, 2005

### "Pulmonary Problems in Patients with Poliomyelitis and Post-Polio Syndrome"

**Speaker: Hany Falestiny, M.D., Ocala Pulmonary Associates, PA, and Sleep Center**

Printed from Polio Deja View, Central Virginia Post-Polio Support Group - March 2006 (Article from POLIO POST NEWS - North Central Florida Post-Polio Support Group)

Dr. Falestiny began by stating that taking a simple breath is a complicated process. Taking that simple breath involves the brain stem, the spinal column, the diaphragm, the muscles of the respiratory system, right on down to the phrenic nerve, located in the diaphragm. That breath also requires a good rib cage, a good spine and good airway, plus good lungs and a good heart. Multiple systems must all work together, interacting for that one breath. When problems occur anywhere along the line, it begins to affect our ability to breath properly.

**In the 1940s, polio was one of the most common causes of respiratory failure.** There are three types of polio: Bulbar causes respiratory failure and swallowing difficulties. Polio can cause damage to the peripheral nerves, with subsequent muscle .... weakness and atrophy, including the respiratory muscles. The polio virus damages neurons in the brain stem, that are responsible for control of heart rate, blood pressure, and other important bodily functions.

Dr. Falestiny then led us through his Power Point presentation naming the stressor on the breathing system. Infections can highlight weak breathing muscles, heart failure, stress, new stress or stress from new illness, and as the subject ages, there just is not the stamina to fight off infection as easily as when they were younger. If the subject has weak respiratory muscles and is overweight, the muscles are required to do more work.

**He also pointed out concerns of general anesthesia, surgery and trauma.** Medications also may unmask respiratory muscles weakness. Some people with post-polio syndrome take sleeping pills then cannot cough or take a deep breath.

(Continued in next column.)

## Pulmonary Problems in Patients...

(From previous column.)

Others can react the same way to pain medications. Sleep apnea is also a risk factor for some post-polios. Other conditions of concern are the ability of the esophagus to function, swallowing problems and aspiration (taking fluid or particles of food down into the lung). Dr. Falestiny shared suggestions for management that post-polios can do as well as treatments a pulmonary physician can accomplish. Another support for respiratory muscle weakness is rest. May we remind those who attended this program - and readers of this newsletter to remember Dr. Falestiny's "Opening Remarks": "Every breath you take is complicated"; take good care of your complicated breathing system!" 

### "Singing the Blues"

Melvin Endsley, 70, Writer of Hit Songs Dies

Reprint permission from the Polio Messenger Newsletter of The Polio Outreach Of Connecticut Winter 2006.

The editorial staff here at The Polio Messenger likes to zero in on polio connections wherever we can find them. Last year Melvin Endsley, the songwriter best known for his hit song "Singing the Blues," died. He was 70.

Mr. Endsley's song-writing career began in the 1950's. "Singing the Blues" spent 10 weeks at "Number One" in 1956 and has been recorded by more than 100 artists.

Melvin Endsley contracted polio at 3 and used a wheelchair the rest of his life. He formed his first band after he was admitted to the Crippled Children's Hospital in Memphis when he was 11.

He began writing songs early, and country-blues eventually earned him a spot in the Arkansas Entertainer Hall of Fame. He appeared on television programs in the late 1950's, including the Grand Ole Opry's "Friday Night Frolics." Other of his hits includes "Knee Deep in Love," "I Ain't Getting Nowhere with You" and "Bring the Blues to My Door. He wrote more than 400 songs altogether." 

**What made George Washington such a great president? He never blamed any of the Country's problems on the previous president.**



Fear of Falls, Risks and Practical Strategies

Kristine Legters, PT, DSc, NCS,

Gannon University, Erie, Pennsylvania

Reprinted from Polio Deja View (Central Virginia Post-Polio Support Group - February 2000

When my students and I looked at falls in individuals with post-polio problem, the numbers were really staggering. About 85% of the participants in our study reported falling. Fear of falling was also a staggering and scary number - 95% of the individuals with post-polio. Another interesting fact was that many individuals who were nonambulatory and who were in wheelchairs also were afraid of falling.

**What factors put you at risk for falling?** Review the list below. to determine how many factors describe you. This short list is used for older adults, which some of us are, but can also be used by younger polio people.

What factors put you at risk of falling?

- |                            |                          |                                 |                          |
|----------------------------|--------------------------|---------------------------------|--------------------------|
| Confused mental state      | <input type="checkbox"/> | Use of psychotropic medications | <input type="checkbox"/> |
| Visual impairment          | <input type="checkbox"/> | Balance difficulties*           | <input type="checkbox"/> |
| Decreased leg strength     | <input type="checkbox"/> | Decreased sensation in feet     | <input type="checkbox"/> |
| Use of assistive device    | <input type="checkbox"/> | Use of multiple medications     | <input type="checkbox"/> |
| Environmental hazards      | <input type="checkbox"/> | Alcohol consumption             | <input type="checkbox"/> |
| Urinary incontinence       | <input type="checkbox"/> | BP lower when standing          | <input type="checkbox"/> |
| Dizziness                  | <input type="checkbox"/> | Cardiac medications             | <input type="checkbox"/> |
| Decreased leg coordination | <input type="checkbox"/> | Abnormal walking pattern        | <input type="checkbox"/> |

Low activity level

You may not experience some factors, yet experience others. And some of them you may be able to change and some you may not. I'd like to expand on a few.

**Visual impairment:** Recognize that your ability to adapt to the change in light decreases as you get older, and remember that fact when you walk into a very bright room or a very dark room. Also, conditions such as glaucoma, cataracts and macular degeneration increase your risk to fall.

**Use of devices:** The issue with assistive devices is the proper use of them. For example, if the legs of your quad cane are in your pathway, as opposed to properly being towards the outside of your pathway, you are at risk for falling.

**Decreased sensation in feet:** Decreased sensation in our feet puts you more at risk for falling because you don't know where your feet are. It may or may not be a result of post-polio. It could also be because you are diabetic.

Fear of Falling...

**Urinary incontinence:** Nobody wants to talk about it, but if you are having to get up frequently in the middle of the night, that puts you more at risk for falling because you are not as alert and your pathway may not be well-lit.

**Dizziness:** Talk with your physician about any dizziness you may have because there are many, many causes of dizziness, including cardiac issues, blood pressure concerns, inner ear problems and medication issues. For example, psychotropic medications, and even cardiac medications, list dizziness as one of the side effects.

**Multiple medications:** The red number is four. If you are on more than four medications, you are considered at risk for a fall. I am not saying stop your medication. Instead, I am saying go to your physician and talk about all of your medications. You certainly may need all of them, but there may be other kinds that won't cause the side effect of dizziness.

**Blood pressure decreases when standing:** When this happens you will have a sensation of light-headedness or dizziness. Discuss with your physician, also.

As I look at the list, I know I can check off several and I am not an "older adult" yet. I need to look at what strategies I can do so I am less at risk for falling.

The fear of falling issue has so many causes and you don't have to fall to have a fear of falling. If you look at the diagram, there are many things that contribute to your FOF and, unfortunately, it's a cycle.

**For example, it's really difficult** for me to walk outside if I am not using my crutch, or if it's at the end of my workday. So, I make the choice not to go out with my friends or family and I stay home. Then, my friends and family stop asking me to go out because they know I always say no.

(Continued on page 5)

Fear of Falling... (Continued from Page 4.)

With this restriction of my social activities, I possibly lose strength and because of the weakness, I lack coordination, which makes me more at risk of falling, and I continue this cycle.

**Assess your home environment.** Do a home safety check to be sure that you are rid of environmental hazards in your home. For example, get rid of clutter, do not use throw rugs, remove electrical cords in your path, use cordless phones, clear outdoor walkways, repair uneven walkways, use handrails, put a non-skid surface or reflective marking on steps, improve lighting, use nightlights, store frequently used items within easy reach, put grab bars in the bathroom, use a shower seat, and adjust the toilet, bed and chairs to the proper height.

**Assess yourself.** Have you had annual vision and hearing examinations? Are your feet and toes pain-free? Do your shoes fit? Do they have flat, low, wide heels with nonskid soles? Do you avoid walking without your shoes and sock feet? Do you wear clothing that doesn't drag? Have you had a physical to check for unstable/low blood pressure, or seek help in reducing frequent trips to the bathroom in the middle of the night, or to discuss with your physician if you are on more than four medications?

**Know yourself and your post-polio problems.** Pay attention to your body's signals -- pain, fatigue, time of day, level of activity for that day or the day before - only do "risky" tasks at times when you are at your best. If you don't know your fatigue level during the day, I suggest you keep a log and record the time of day when you are having more difficulty and/or record a particular activity that makes you more fatigued.

**Be as active as you can be, given your post-polio symptoms.** If you are able to exercise your feet and legs, do so. They are the key to good balance.

**Take your time.** Remember to move at speeds that are consistent with your energy and ability. Rushing to the phone is not worth a fall. They will call back or leave a message. Also, remember to have your cordless phone with you at all times.

**Pay attention to changes in your health.** DO NOT assume that every change in your health is related to post-polio. It may not be. Any new symptoms need to be appropriately investigated by your physician.

**Seek expertise and education.** In our survey results, less than one third of us as post-polio survivors seek the assistance of health care professionals and that concerns me as a polio survivor and a health professional. Health care professionals have a lot of information but you need to be willing to talk with them. If we don't ask you the right question, tell us anyway. I will guarantee you as a physical therapist that our profession and the occupational therapists are trained to be very good listeners. Find professionals in your area who can assist you with appropriate exercises to improve your balance, the proper fitting orthotics and assistive devices, a home assessment, a lesson on how to get up from a fall,

(Continued in next column.)

and information about new adaptive equipment for the home. Older adults are hesitant -- and I think we lump ourselves as people with post-polio in that group -- to talk about fears but it is important that we do.

**I want to finish with two ideas.** If you are in a situation where there are not a lot of people in and out of your home and you are at risk for falling and/or have fallen, remember that there are several personal alarm systems (Lifeline, 800-380-3111) available on the market. You may not think you are old enough, but I encourage you to explore this option.

There is a fair amount of research that supports the use of hip protectors (Posey Hipster, Protecta Hip). A hip protector is a garment you wear under your clothes that has extra padding in the hip area. The padding provides additional protection to the hip area and lessens the chance of a fracture when you fall.

#### FACTORS THAT CONTRIBUTE TO FEAR OF FALLING FOF

Previous Fall - Functional Decline --  
Restricted Activity - Depression -  
Anxiety - Lowered Quality of Life -  
Lowered Balance Confidence -

"Safety For Older Consumers Home Safety Checklist, CPSC Document #701, is available at:  
[www.cpsc.gov/cpscpub/pubs/older.html](http://www.cpsc.gov/cpscpub/pubs/older.html).

#### Kristine Legters, PT, DSc NCS

(Legters001@gannon.edu) received her doctor of science degree in neurologic physical therapy. Her research and publications in the recent past have been in the area of fall prevention and inner ear disorders. She is a polio survivor from the vaccine. Legters presented this information at PHI's Ninth International Conference on Post-Polio Health and Ventilator-Assisted Living: Strategies for Living Well in June 2005.

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## HOW TO GET YOUR "VAMPIRE BAIT" E-BOOK -- "WHY AN E-BOOK?"

1. Because e-Books cost nothing to print or to mail so they can be sold at 40% less than a printed book.
2. Because the "Vampire Bait" e-Book has links to information on the Internet that you can access just by opening the e-Book and logging on.
3. Because the "Vampire Bait" e-Book will be updated with the latest information about and suggestions for **STRESS Annihilation** by opening the e-Book and logging on to the Internet.

The Polio Outreach Of Washington Office has sent for the "Vampire e-Book". You can order it for yourself.

**To order for yourself go to:** [members.aol.com/harvest-ctr/pps/polio.html](http://members.aol.com/harvest-ctr/pps/polio.html) . Print out the form - or write it on a label and mail it to:

**HARVEST CENTER, INC.**  
151 PROSPECT AVE SUITE 17th  
Hackensack, New Jersey 07601-2209 U.S.A.

Please POST with your CHECK for \$15.00 U.S. DRAWN on a U.S. BANK or a MONEY ORDER in U.S. DOLLARS ONLY.

**TO ME:** (Your Name)  
**TYPE OF COMPUTER USED.** (PC or MAC)  
**YOUR E-mail Address:**

**AS A GIFT:** RECIPIENT'S NAME:  
**TYPE OF COMPUTER USED.** (PC or MAC)  
**RECIPIENT'S E-mail Address:**

**GIFT MESSAGE:...**



## POLIO OUTREACH OF WASHINGTON 2006 PICNIC SUNDAY, AUGUST 13, 2006 Juanita Beach Park in Kirkland, WA

We invite you to Polio Outreach Of Washington's 10th Annual Picnic on Sunday, August 13, 2006 from 11:00 am to 5:00 pm. It will be held at Juanita Beach Park in Kirkland, Washington. It is very easy to get there whether you are coming East on I-90, north or south I-5, and Hwy 405.

There is a built in long walk around the beach area. You can walk or stroll around the area. There is also room for games. **Dan Miller will be our speaker.** The next newsletter, Spring, April-May-June 2006 will have complete details. There will also be a registration form for you to complete and returned to the POOW office. We need to know how many are coming so we can plan the catered meal. Your whole family and friends are invited.

**WE LOOK FORWARD TO MEETING YOU IN  
KIRKLAND ON AUGUST 13, 2006**



## Support Groups and Readers col-

### Manson WA -June 02, 2005 - Joan Ross

I had polio 1954 when I was 13 months old. It left me with paralysis in my left leg. I am a true survivor. Type A personality. Everything that fits the profile.

### **I moved to the Chelan area in 1998 from Bellevue.** I have worked for

an Orthopedic surgeon and then with a Psychiatrist. At that time I didn't know about PPS. My boss who was young and trained at Baylor wasn't informed on it either. (I'm concerned about that). Anyway, it wasn't until I moved here I ran into a Physical Therapist of ours from Bellevue. He owns a timeshare at the Shores where I was working at the time. It was wonderful to see him. He then gave me some information and mailed me some newsletters from POOW. This was in 1999. I was shocked to read about PPS and how long it actually has been around.

**I am so upset that I had been working in the medical profession since 1986** and no one informed me about it. Well if it wasn't for Mr. Dinwiddle (Issaquah) I would still be in the dark and think I was going crazy. Why haven't we see more commercials on TV? What about 2004 dedicated to PPS and not much has been publicized. (Joan see Editor's Note at the end of this article.)

When I was 49 my left took a huge U-turn. I can no longer work. I am limited on my medical care here in Eastern Washington. I get frustrated. But your newsletters really help me. I know I'm not crazy and alone.

### Milaca, MN - January 2, 2006 - Ted and Janice Meinders

Please accept this check for our donation for your newsletter. We still really think it is the best newsletter written for and by Post-Polio Survivors. We really appreciate the good work that you do. We have found more good information in your newsletters than any place else. Again, thank you very much for your good work.

### Tacoma WA- Pierce County Post-Polio Support Group - Marlys Tron Leader

We meet monthly (no meetings in January or July) on the first Monday, but the second Monday in September. Time exceptions are in April, August & December for potluck luncheon. Traditionally, we meet with the MS Group in April and the Blind Group in December.

(Continued on Page 7)

### Support Groups and Readers column (Continued from Page 6)

We have done a fund raising event in the Fall & and a raffle in Dec. earning \$285 last year. We gave \$100 to POOW. We meet in the TACID Bldg., 6315 19th St. in Tacoma. Marlys Tron - Phone: 253-863-9556

**NOTE:** *Dear Joan Ross, Polio Outreach of Washington has done lots of things in the State of Washington. We have gone to County Fairs, Combined Fund Drives - Federal, State, Health Fairs etc. The last few years the Governor of the State of Washington has proclaimed a month in the year as Polio/Post-Polio Awareness Week. POOW has sent press release items to the TV networks and the newspapers. We heard nothing back from them. This year we are going to call the Comcast Cable Company about putting an ad with them. Vivian J. C.*



Submitted by - A Concerned Member...

*This article was reprinted from the Post Polio Awareness & Support Society PPASS NEWS, January -February 2006 Vol. 21 No. 1*

Please pass on to all of the women in your lives ... mothers, daughters, sisters, aunts, friends, etc. In November, a rare kind of breast cancer was found. A lady developed a rash on her breast, similar to that of young mothers who are nursing. Because her mammogram had been clear, the doctor treated her with antibiotics for infections. After 2 rounds, it continued to get worse, so her doctor sent her for another mammogram. This time it showed a mass.

**A biopsy found a fast growing malignancy.** Chemo was started in order to shrink the growth; then a mastectomy was performed; then a full round of Chemo; then radiation. After about 9 months of intense treatment, she was given a clean bill of health. She had one year of living each day to its fullest. Then the cancer returned to the liver area. She took 4 treatments and decided that she wanted quality of life, not the after effects of Chemo. She had 5 great months and she planned each detail of the final days.

(Continued in next column.)

After a few days of needing morphine, she died. She left this message to be delivered to women everywhere.

**WOMEN, PLEASE BE ALERT to anything that is not normal, and be persistent in getting help as soon as possible. Paget's Disease:** This is a rare form of Breast Cancer, and is on the outside of the breast, on the nipple and aureole. It appeared as a rash, which later became a lesion with a crusty outer edge. I would not have ever suspected it to be breast cancer but it was. My nipple never seemed any different to me, but the rash bothered me, so I went to the doctor for that. Sometimes, it itched and was sore, but other than that it didn't bother me. It was just ugly and a nuisance, and could not be cleared up with all the creams prescribed by my doctor and dermatologist for the dermatitis on my eyes just prior to this outbreak. They seemed a little concerned but did not warn me it could be cancerous.

Now, I suspect not many women out there know a lesion or rash on the nipple or aureole can be breast cancer. (Mine started out as a single red pimple on the aureole. One of the biggest problems with Paget's disease of the nipple is that the symptoms appear to be harmless. It is frequently thought to be a skin inflammation or infection, leading to unfortunate delays in detection and care.)

#### What are the symptoms?

1. A persistent redness, oozing, and crusting of your nipple causing it to itch and burn. As I stated, mine did not itch or burn much, and had no oozing - that I was aware of, but it did have a crust along the outer edge on one side.)
2. A sore on your nipple that will not heal. (Mine was on the aureole area with a thick bluish area in the center of the nipple).
3. Usually only one nipple is effected. How is it diagnosed? Your doctor will do a physical exam and should suggest having a mammogram of both breasts, done immediately. Even though the redness, oozing and crusting closely resemble dermatitis (inflammation of the skin), your doctor should suspect cancer if the sore is only on one breast. Your doctor should order a biopsy of your sore to confirm what is going on.

This message should be taken seriously and passed on to as many of your relatives and friends as possible; it could save someone's life.

My breast cancer has spread and metastasized to my bones after receiving mega doses of chemotherapy, 28 treatments of radiation and taking Tamoxifen. If this had been diagnosed as breast cancer in the beginning, perhaps it would not have spread... TO ALL READERS: This is sad as women are not aware of Paget's disease. If, by passing this message around we can make others aware of it and it's potential danger, we are helping women everywhere.



## Save Those Arms and Hands

By Carol Kana -- Reprint permission from the Polio Messenger Newsletter of The Polio Outreach Of Connecticut, Winter 2006. Dr. Julie Silver always reminds us to save our arms. In support of that good advice is this article from Carol Kana

"All" Small and Mighty Laundry Detergent is a new product that works well and comes in a quarter size lightweight container, but has enough liquid detergent to do 32 loads. It is much better than lugging heavy containers around.

There are new kitchen products from "Stixx" that are available at Linens and Things. These products have a suction base which allows them to lock onto a table enabling people to use the gadgets easily with one hand. They offer single hand grater, a mixing bowl set, and several other items. I have tried the suction at ore

### Great News! U.S. Postal Service Unveils Definitive Stamps

Two polio related stamps are about to be unveiled. One honors Dr. Albert Sabin and the other honors Dr. Jonas Salk. It is gratifying to know that polio and the successful effort to develop a polio vaccine are being acknowledged.

These doctors were incredibly dedicated to fighting polio and deserve this high form of recognition. Artist Mark Summers created the portrait on the stamp referencing a photograph of Dr. Sabin taken in 1982 at the Medical University of South Carolina. The Distinguished Americans series honors Dr. Jonas Salk (1914-1995), who was awarded the Presidential Medal of Freedom in 1977 for developing the first safe and effective vaccine against paralytic poliomyelitis. Periodic outbreaks of this worldwide viral disease - also called infantile paralysis or simply "polio" -- paralyzed or killed thousands of people annually in the United States alone before the Salk vaccine became available in 1955. Be sure to run or walk  out soon to get an ample



'An Irish Blessing!'

May You Always have ...  
Walls for the wind  
A roof for the rain  
Tea beside the fire  
Laughter to cheer you

And all your heart might desire!



## The Healthiest Drink "Water"

Hal S. Crowe, Sr., D.C. Voice of Health,  
Jan-Feb 2006

Water is so plentiful many take it for granted. And it's almost free - the cost of a 6-pack of soft drinks buys over 4,000 glasses of tap water. **Why is it that mild dehydration is the most common cause of daytime fatigue?** How common a problem is this? Estimates are that 75 percent of Americans have mild dehydration.

They say that we all should drink at least 8 glasses of water each day. Try this formula... Divide your body weight by two and consume that many ounces of water daily. This means a person weighing 200 pounds divides by two to reach 100 indicating he or she should drink 100 ounces of water daily.

**Nearly every function in the a body is monitored and set to the efficient flow of water through our system.** Water transports hormones, chemical messengers, and nutrients to vital organs. When we don't keep our bodies well hydrated, they may react with a variety of signals... some of which we would never think related to our poor drinking habits.

We use many hormones, enzymes, and neurotransmitters to complete the digestion process. Without ample water intake, the pancreas is less efficient, acids in the stomach are not properly neutralized, and the function of the intestines are inhibited. Water is necessary for building muscle and helps form protein and glycogen. It also is an ingredient in the makeup of the lubricating fluid between joints.

**A patient asked me, "What do you take for a cold?"** I told him that instead of drugs, I make sure I am in adjustment, get a gallon of water to keep on the nightstand and hit the bed. Drinking water keeps the germs rinsed out through the kidneys, while rest allows the natural processes (nose running, sneezing, coughing, fever) to do their jobs of eliminating the infection. I'm usually over it in two days.

Do not confuse water with just any fluid consumption. Soft drinks and coffee are NOT substitutes - as a matter of fact, they cause increased urine production and act as a dehydrating agent. Follow that "Red Bull" with an equal amount of water!

Our composition is 75% water and 25% solid matter. Brain tissue is 85% water. Forgetfulness may not be from old age - one may just need more water. We all need lots of water, so take advantage of this incredible resource! 

## Department of Health and Senior Services News Release: February 24, 2006

Commissioner Fred M. Jacobs, J.D. asks doctors to be vigilant for Post-Polio Sequelae symptoms. Richard L. Bruno Ph.D.

**As many as 50,000 survivors of polio in New Jersey** who are experiencing severe fatigue, muscle pain and weakness may be at risk of having Post-Polio Sequelae (PPS).

State Health Commissioner Fred M. Jacobs, M.D., J.D. asked 30,000 physicians in a letter this week to be alert for possible cases. These patients may need to be referred for rehabilitation or to specialist, preferably those with experience treating PPS.

**Some 1.63 million Americans had polio during the epidemics of the 1940's, 50's and early 60's.** By the early 1980's many polio survivors began to experience new, unexpected and disabling symptoms, including severe fatigue, muscle weakness and pain, problems with sleeping, swallowing and breathing, increased sensitivity to anesthesia and pain, and a decline in the ability to carry out daily activities including working and walking.

PPS usually develops 15 or more years after polio infection. It appears to be caused by a gradual loss of nerve cells damaged by the poliovirus after decades of overuse.

**After a diagnosis of Post-Polio Sequelae, symptoms can be treated through** "conserving" polio survivors' remaining, overworked poliovirus damaged neurons through frequent rest breaks, pacing activities, use of assistive devices such as crutches, braces, and wheelchairs, treating sleep disorders, stress management, and appropriate diet.

"Most people infected with the poliovirus have no symptoms, but some infections cause paralysis and even death," Dr. Jacobs' letter stated. New Jersey has not had a new case of polio in more than two decades. But, young children must be immunized as early as possible against polio.

"It is critical to maintain high levels of immunization coverage in order to provide maximum protection to the community. Vaccination will ensure that herd immunity will provide protection disease when a case is introduced into a country from areas of the world where polio still exists today," the commissioner's letter stated.

The development of the polio vaccine in 1955 eliminated polio in the U.S. However five cases of polio occurred in unvaccinated Minnesota children in October 2005, demonstrating how easily the poliovirus can be imported into the U.S.

The Global Polio Eradication Initiative has helped cut the global toll of polio paralysis from an estimated 350,000 cases to

fewer than 500 cases in 2001. It is endemic to India, Pakistan, Niger, Afghanistan and Egypt. In 2004, some 1,267 people were infected in the world-with 792 of those cases in Nigeria.

"The U.S. Public Health Service estimates that PPS affects at least 25 percent of "non-paralytic" and about 50 percent of paralytic polio survivors," said Dr. Richard Bruno, director of Englewood Hospital and Medical Center's Post-Polio Institute and its International Centre for Post-Polio Education and Research.

"Many survivors and most physicians don't know PPS exists. Unfortunately, many American parents think that polio was "cured" by the vaccine and that the poliovirus is gone," said Dr. Bruno, who is also chairperson of the Internal Post-Polio Task Force.

**The importance of treating PPS and the need for polio vaccination have been recognized by the U.S. Senate**, which passed a resolution declaring 2006 a national "Year of Polio Education." The state has also proclaimed 2006 "The Year of Polio Education" in New Jersey.

To learn more Post-Polio Sequelae and polio vaccination health care professionals, patients and their family and friends may want to visit the Department of Health and Senior Services website at:

<http://www.state.nj.us/health/cd/postpolio/index.shtml>>

[www.state.nj.us/health/cd/postpolio/index.shtml](http://www.state.nj.us/health/cd/postpolio/index.shtml)

or Polio Network of New Jersey at <http://njpolio.org/>>

Jersey or Set your browser to:

<http://PostPolioInfo.com/PostPolio>



### THE CALL WAS ANSWERED!!!

By John M. Clark, Vice President

A big THANK YOU to 30 people who never before donated to POOW.

After our Informational Article about 36% of Polio Survivors supporting the Newsletter, 30 people answered the call.

Capitol City Press gives us a good discount - which we so much appreciate. There is the cost of Paper, Postage for Bulk Mail - 3,000 copies, and Postage when they are returned - and to mail back to them if they have a return address. So we sincerely appreciate those who sent for the first time.

Since, January 1, 2004 through February 28, 2006 we have gained 344 new polio survivors. Keep in mind if the label says 00/00 we really can use some help. Also remember those who can't afford to give - we have the scholar 

(Continued in next Column.)

## Polio Outreach Of Washington State Polio/Post-Polio Support Groups

The LEADERS of the PPS Support Groups are noted below. For further details contact our office at: 800-609-5538 or 253-847-8114.

Bremerton and Kitsap County Bob and LouAnn Miller, 360-692-1381 [rmiller@wavecable.com](mailto:rmiller@wavecable.com)

Clarkston, Idaho: Tri-State Polio Pals  
Jim Hueston, 208-790-3805, [rockinnj@clarkston.com](mailto:rockinnj@clarkston.com)

Ellensburg Call 800-609-5538

Everett, Marysville, Snohomish County, & Seattle, & North King County Rhonda Whitehead 425-488-0219  
[lauriswh@comcast.net](mailto:lauriswh@comcast.net)

King County (South) Renton, Seattle, Maple Valley, Auburn, Federal Way  
Mimi Sangder 206-725-8937, [fuzzface7@juno.com](mailto:fuzzface7@juno.com)

North Central Washington - Wenatchee & other Cities  
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[dchinman@charter.net](mailto:dchinman@charter.net)

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Oak Harbor, & Whidbey Island WA Dorothy Michel,  
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Yakima Lower Valley Bev Nading,  
509-837-4265 or all 1-800-609-5538



"We flatter those we scarcely know and please our fleeting guests, but render many a heartless blow to those we love the best."

"There are no unimportant jobs, people, or actions of kindness."

"We cannot direct the wind, but we can adjust our sails."



## Polio Outreach Of Washington CENTRAL OFFICE

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Bill Simpson; Bill Veters



## POOW DISCLAIMER

People who had Polio and are experiencing new symptoms need to be assessed by medical professionals who are experienced in Post-Polio to determine what is wrong and to give correct advice. Take what you believe to be relevant to your Medical Professional. It is the intention of Polio Outreach Of Washington to make all the information we collect available regardless of our views as to its content. We do not accept liability for any damage resulting directly or otherwise from any error introduced in the transcription, or for any damage resulting directly or otherwise from the information available herein. The opinions expressed in this newsletter are those of the individual writer and the inclusion of a document in this newsletter should not therefore in any way be interpreted as an endorsement or approval.

Articles and portions thereof need to have prior approval of Polio Outreach Of Washington Newsletter Editor.  
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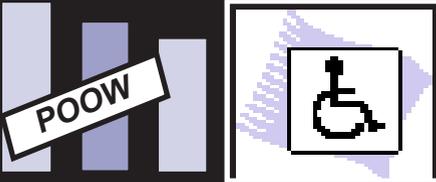
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