

# Polio Outreach Of Washington

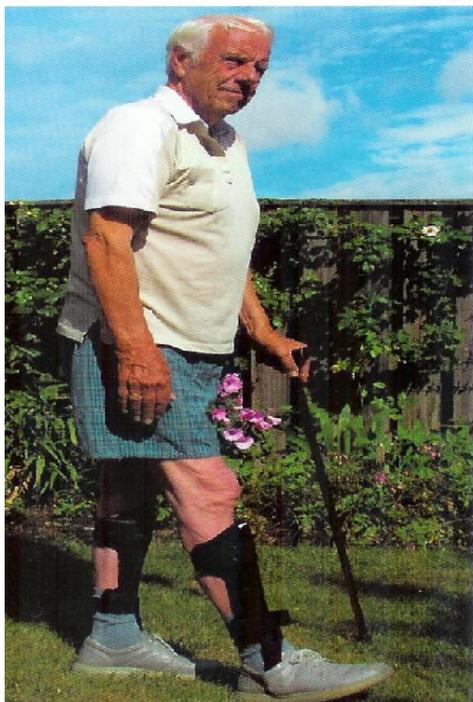
State of Washington, 501(C3) Non-profit Corporation

## Mission Statement

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

2008 (APRIL-MAY-JUNE)

VOLUME 05 ISSUE NO. 02



“Gentleman walking with ToeOFF brace.”

**allard** | **USA** They may all look alike...  
...but there is only one  
**ToeOFF**

By Vivian J. Clark, Editor

Carl Brance the Western District Manager of Allard USA out of Vancouver, Washington, spoke at our Fall 2007 Retreat in Rochester, Washington.

Carl introduced us to the ToeOFF, the world's first ready-to-fit carbon composite Ankle-Foot-Orthosis that has since proved to be a revolutionary technological advancement for management of footdrop.

Scott Sypher, L.P.O. Washington State Prosthetist Orthotist and Vice President of Southshore Prosthetics and Orthotics spoke at the South King County Post-Polio Support Group in Renton, Washington. He has fitted several polio survivors and others with the amazing results. Many handicapped people walk better with a sturdy weightless brace. The Allard USA, Incorporation is located in Rockaway, New Jersey.

At the end of this article we have noted the contact information for Carl Brance and Scott Sypher. Read the rest of the article and give them a call. This is a portion of their pamphlet.

### The original dynamic ankle foot ortho-

**Toe OFF** is the original dynamic response floor reaction ankle foot orthosis and is now recognized as a quantum leap in AF0 technology. But there is only one ToeOFF.

- each patient can be fit with a customized dynamic response appropriate to their level of their involvement, body weight and proximal deficits.
- walking can be come more stable, fluid, propulsive and symmetrical as the appearance of a limp decreases, energy expenditures decrease and distance capacity inceases.
- In addition to being able to walk further without tiring, wearers love the ultra thin and ultra lightweight benefits of these carbon composite AFOs.  
Available in XS-S-M-L-XL.

### “Polio/Post-Polio News and Tidbits”

#### ARTICLE

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**Allard USA ToeOFF** (Continued from Page 1.)

**ToeOFF Fantasy** offers glossy color to the otherwise natural flat black carbon composite and allows cloth (trousers) to glide freely on the product. Offered in Ivory, Purple, Midnight Blue, and Black. Available in XS-S-M-L-XL.

**ToeOFF Short** is developed to accommodate individual with shorter stature and wider foot at the metatarsal area. Available in S-M-L

**For more involved cases of footdrop.**

**BlueRocker** is identical in shape and design as ToeOFF but offering more orthotic control.

- developed primarily for bilateral patients and those with more involved pathology.
- the extra stability will improve both balance and posture and give the wearer greater security, especially individuals with weak quadriceps muscles.
- usually the preferred orthosis to be used in conjunction with a socket and toe filler for management of partial foot amputations. Available in S-M-L-XL

**For less involved cases of footdrop.**

**Ypsilon** was designed for the stable ankle to provide dynamic toe-off assist, while allowing natural ankle movements.

- allows more medial, lateral and rotational ankle movement to provide opportunity for functional, muscles, tendons, and ligaments to function and strengthen.
- long strut (leverage arm) allows orthosis to adapt to and move with the lower leg with less resistance to ground reaction forces.
- three point fixation/force principles provide dorsiflexion control while allowing natural ankle movement.
- strut extends lateral to instep for greater instep clearance. Available in S-M-L.

*Carl Brance, Western District Manager (Oregon)*

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Southshore Prosthetics and Orthotics (206) 440-1811

Northwest Professional Center

1570 North 115th Street - Suite 6

Seattle, WA 98133



## Outta Bed, Off-the-Pot, Bed and Bathroom Mobility Tool

**For Caregivers and Family**

The use of inappropriate equipment for bed mobility and transfers can compromise function, safety and spine health. Get effective bedside support with.... *Outta Bed Mobility Tool*.

**Exclusive Features: Outta Bed™**

- ◆ Customizable: adapts to user's changing needs, goals and potential
- ◆ Installation options: floor, wall, bed frame
- ◆ Support wheelchair transfers and full weight transfers up to 250 lbs
- ◆ Weight capacity: 300 lbs
- ◆ Pleasant to look at, (increased well-being)
- ◆ Multiple grasp options: hand, wrist, arm
- ◆ Easily removable, static or swing out grab bar
- ◆ Reduce shear and friction (no vertical bars)
- ◆ Adjusts to patient size and pathologies
- ◆ Virtually entrapment free
- ◆ Virtually barrier free

**Exclusive Features: Off-the-Pot™**

*Move up to a Higher Level of Bathroom Mobility and Safety.*

- ◆ Customizable: adapts to user's changing needs, goals and potential
- ◆ Installation options: floor, wall, bed frame
- ◆ Support wheelchair transfers and full weight transfers up to 250 lbs
- ◆ Weight capacity: 350 lbs
- ◆ Pleasant to look at, (increased well-being)

(Continued on Page 3.)

## **Outta Bed, Off-the Pot**

(Continued From Page 2.)

### **Exclusive Features: Off-the-Pot**

- ◆ Multiple grasp options: hand, wrist, arm
- ◆ Adjusts to patient size and pathologies
- ◆ Strong and stable, feel supported, feel secure
- ◆ Easily removable

### **Potential Benefits:**

#### **Outta Bed™ and Off-the-Pot™**

- ◆ Increase efficiency
- ◆ Reduce healthcare costs
- ◆ Reduce Injuries
- ◆ Task participation
- ◆ Does not interfere with sleep surface (nothing under the mattress)
- ◆ Easy to use and understand (intuitive)
- ◆ User and caregiver injury reduction
- ◆ Risk Management/Risk Reduction
- ◆ Regulatory Compliance

Ergonomics combined with a sleek innovative design increases efficiency, safety, and function in the Bedroom with Outta Bed™ and the Bathroom with Off-the-Pot™.

These are just a part of the facts about the Outta Bed™ Mobility Tool and the Off-the-Pot™ Bathroom Mobility Tool.

Contact *Invisible CareGiver* for more information about these two Mobility Tools.

Not intended to replace a skilled assessment or other appropriate medical advice.

### **Invisible CareGiver Innovations, LLC**

Government and other funding options are available.

Call 800-718-1322 or visit our Web Site at: [www.invisiblecaregiver.com](http://www.invisiblecaregiver.com).



**A Smile Can Add A Great Deal To One's Face Value!**

## To Have Surgery or Not to Have Surgery -

**That Is the Question!** .. Permission to reprint granted from Post-Polio Health International, [www.post-polio.org](http://www.post-polio.org) AND Author, Debbie Hardy, Whittier, California, [dhardy828@earthlink.net](mailto:dhardy828@earthlink.net)

**M**ention to someone that you need to have surgery and anyone within earshot of conversation feels free to join in and tell you a horror story about a relative, friend, acquaintance or any combination of the above who had disastrous results with the same surgery that you are having.

The decision to have surgery is a difficult one for anybody, but for those of us who have chronic ongoing health problems it is especially challenging. In addition to the typical worries one associate with having surgery we have added fear of aggravating our current condition and ending up in even more pain or with more limitations than we already have. Another big concern is recovery time - will it take longer than usual because of current health issues, and how long will we be experiencing more pain than we normally do on a daily basis?

***In March of 2005 pain in my lower back that was running down my right leg and into my foot.*** The MRI showed I had moderate spinal stenosis. Spinal stenosis is a narrowing of the spinal canal caused by the growth of bone or tissue or both that reduces the size of the openings in the spinal bones and causes pressure and constriction on the nerves and/or spinal cord.

My physician advised that eventually I would need to have surgery for this condition and said I should think about that possibility. In the back of my mind, I started replaying all of those horror stories you hear about people having back surgery. I thought I would have the surgery the 12th of never or when I couldn't walk at all - whichever came first.

***Occasionally, over the course of the next two years,*** I would seek medical help when I physically over-extended myself in some way and was in such pain I could barely get around. Sometimes, I even let the idea of surgery roll around in my head for a few days, but eventually the steroids, pain pills and rest would significantly relieve the pain, and I would dismiss the thought of surgery and get busy with the process of living life.

While recovering from a serious fall in June, I found myself unable to move my right leg from the knee down. This was a particularly devastating problem for me. Polio had partially paralyzed my left leg, so I use a long leg brace and crutches to ambulate.

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To Have Surgery or Not to Have Surgery -  
That Is the Question! (Continued from Page 3.)

But my right leg has always been extremely strong, and without it in proper working order I knew I could not get around at all on my own feet.

**My first thought was I had injured my quadriceps muscle in the fall.** When I saw my physician, he assured me my quadriceps muscle was intact. He ordered an MRI of my back, saying he thought it was causing the problem with my leg. He also sent me to a neurologist to assess the problem and to test for nerve damage.

The nerve conduction studies completed by the neurologist showed there was nerve damage in the right thigh above the knee. However, he said the nerve damage was "old," probably from polio, and that combination of overuse of the leg and injury from the fall had stunned the damaged nerves. He thought that once the nerves had healed a bit, I would once again regain full use of the leg.

**Unfortunately, the MRI showed that the spinal stenosis had progressed from moderate to very severe** and was almost completely compressing the spinal cord at L-4 L-5. I was advised the problem was severe enough to cause loss of bladder and bowel function in the near future. That was enough for me to make my decision. Pain and difficulty walking was one thing, but the thought of losing control of my bowels and bladder was unfathomable - I would have the surgery.

After thoroughly explaining the procedure used to do the surgery and advising that this would take care of the leg pain only and not the lower back pain I had due to another condition, my orthopedic surgeon advised me to get a second opinion. He also suggested I access the Internet to read everything I could about my conditions, as well as the surgery, and to ask as many questions as I needed to make myself comfortable with my decision.

**In September 2007, I had a decompression lumbar laminectomy.** Through an open incision in my lower back, the bone and soft tissues of the spine that were compressing the spinal cord and nerves were removed and enlarged to relieve the pressure on my spine.

Even though my surgery took longer than expected and was particularly difficult because I had waited until things deteriorated to a severe level, when I awoke the first thing I noticed was that the pain that had run from my lower

(Continued in next column.)

back down into my foot was no longer there. Also, I wasn't in as much pain from the surgery as I expected. After spending two nights in the hospital, I came home. Within a week, I was cooking and doing light housework.

When I mentioned to my lacentia, California that I was going to write this article, he told me he was glad somebody was going to shed a positive light on this surgery because back surgery is still associated with such negative connotations.

**I asked him what advice he would give to people contemplating surgery, and he offered the following:**

- ◆ It is important for patients to get a correct diagnosis.
- ◆ Patients need to be treated properly to see if the condition can be resolved medically before surgery.
- ◆ Patients need to understand their condition and treatment plan and be comfortable with it - ask questions.
- ◆ The surgeon and patient need to work together as a team - it is a joint effort.

As a patient, I think it is most important not only to find a good surgeon, but also to find one who treats you with dignity and respect and one you trust and with whom you can communicate. I did and I feel it made a huge difference in my outcome. Am I happy I made the decision to have surgery? Yes! Even though I have post-polio syndrome and limited mobility, I didn't have any more problems recovering from this surgery than anyone without these pre-existing conditions. In fact, this was the least painful surgery I've ever had, and the recovery was the quickest.

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“Quality is never an  
accident it is always the result  
of Intelligent Effort”

**Polio Outreach Of Washington**

**Spring Business Meeting**

**Saturday, April, 5th 2008**

***Providence Hospital Pacific Campus,***

***in Everett, WA Meeting begins at 9:30 am***

The Council meeting begins at 9:30 am on April 5, 2008.

Denny Wilford is our speaker, and will be speaking about his Foundation's work at Cheshire Home-Ethiopia, near Addis Ababa. They do amazing work with child victims of polio/paralysis with very little in the way of equipment. This facility will have a state-of-the-art hydrotherapy pool and a recreational therapy pool. It will be completed in mid-2008.

We will be meeting at Providence Hospital, 916 Pacific Avenue, Pacific Campus in the Monte Cristo Room near the cafeteria. We will eat in the cafeteria, the cost is individual. The prices are reasonable for a good meal.

**MOTELS** - Motels are noted below.

Holiday Inn (Downtown) Everett 425-339-2000  
3105 Pine St  
(Pacific Ave runs along the north side of Motel.)  
13 Accessible Rooms

**Prices:** \$80.00 (non-profit price)

Reserve by March 28th for Holiday Inn.

Best Western Cascadia Inn 425-258-4141  
2800 Pacific Avenue  
Everett, WA  
6 Accessible Rooms

**Prices:** Rooms \$76.00 (non-profit price)  
Full breakfast included.

MOTEL 6 (Much further away). 425-353-8120

**DIRECTIONS**

Head North of South on I-5 to  
Everett, Washington (From MapQwest)

**From North: Merge onto I-5 SO.** Take the  
US-2E/Everett Ave **EXIT 194**-toward Wenatchee.

Take the EVERETT AVE./WA-529 ramp - toward  
City Center. Turn **RIGHT** onto Everett AVE/WA-  
529. Turn **RIGHT** onto PACIFIC AVE continued to  
follow PACIFIC AVE to hospital.

**From South: Merge onto I-5 NO.** Merge onto  
I-405 NO toward BELLEVUE/EVERETT. Merge onto  
I-5 NO toward VANCOUVER BC.

Take the PACIFIC AVE. /WA-529 **EXIT 193** - to-  
ward CITY CENTER. Turn **LEFT** onto PACIFIC AVE /  
WA-529. Continue to follow PACIFIC AVE to hospi-  
tal.

**From EASTERN Washington:** Take I-90 WEST to  
Seattle. Merge onto I-405 NO toward BELLEVUE/  
EVERETT. Merge onto I-5 NO toward VANCOUVER  
BC.

Take the PACIFIC AVE. /WA-529 **EXIT 194** - to-  
ward CITY CENTER. Turn **LEFT** onto PACIFIC AVE/  
WA-529. Continue to follow PACIFIC AVE to hospi-  
tal.

*Providence Hospital Pacific Campus  
916 Pacific Ave*



**Coming Soon**  
**Fall Business Mtg.**  
**September 26-27,**  
**2008**  
**Details Check**  
**Page 11!**



# Aging well with polio

Advice from Ginny and the wise elders!  
by Sunny Roller

Submitted by: Mimi Sangder

In 1954 when I was six and had been walking with long leg braces and crutches for two years, my Mom and Dad bought me a little doll named Ginny. Ginny became my favorite doll of all time. She was eight inches tall, had bright blonde hair and was very portable. Ginny and I became very good friends. She had all kinds of pretty clothes and was happy with me. We even went to the Detroit Orthopedic Clinic regularly and had several polio surgeries at Children's Hospital together.

When Ginny first arrived in my arms, Mom carefully showed me that she came with a little printed heart-shaped tag around her wrist that said something very important to children about life. The tag read, "Open your heart; open your mind. Look for the best and that's what you'll find."

Today, these optimistic words drift back to me stronger than ever as I apply them to my late years as a polio survivor.

**Statistics show that we now have the same life expectancy as our non-disabled friends.** How do we, as middle-aged adults, face this time in life with hope and optimism? With the hypothetical "gift" of longevity, will our pain increase, our function decrease, our finances dry up and will we end up depressed, abused and lonely? That is scary -- so scary that I decided to seek the truth about growing old successfully as a polio survivor. I was able to obtain a grant from the National Institute of Disability and Rehabilitation Research to go to post-polio support groups all over the nation to find out how people like us are making later years work well and what advice they have for us.

**My journey across the U.S. took nine months.** I interviewed 15 post-polio people. They lived in five regions of the country. These were individuals designated by their support groups to be mentors on successful aging. They were the leaders, the role models, or who I like to call "the post-polio elders."

I asked them questions about their lifetime issues, their perceptions of life with a disability, what they thought their most valuable coping attitudes had been and their definition of successful late-life adaptation. I asked them what they wanted the rest of us to know.

(Continued in next column.)

They tell us to stay connected and open to other people including family to continue to build and maintain a strong social network. This includes staying close to reliable friends who care what happens to us.

**Building and staying close in family relationships is very important.** Those who were still married exceedingly treasured having an understanding spouse. They told me that networking in the community is very important, which includes reaching out and helping others.

The suggestion from the wise elders that surprised and pleased me the most had to do with opening our hearts up more than ever to joy and pleasure. They told me how vital it is to love life and have fun. We have worked so hard all of these years proving we could make it with a disability -- raising families, earning a living, and just getting from place to place. *Now is the time to let go, laugh and play again.*

Perhaps more unique to polio survivors than other elders who had not grown up with a disability, they declared that it is important at this state in life to completely accept who we really are. We need to fully embrace ourselves with our unique life stories, our polio-affected bodies with old and new physical limitations.

**"Accept yourself" sounds simple, but is, in reality, complicated, challenging and profound.**

It is important for us to continue using our brain to adapt to life. We need to be assertive and go after what we need and want. We need to get functional help around the house or get out of the house. Also, we need to be financially prepared for this time in life or develop ways to assure more financial security for the years ahead.

Getting a good education was one of the most repeated coping tactics that people used to get through life. They advised us to continue learning and stay connected to the young minds around us.

Perhaps the final advice that struck home was their attitude about life now. Every single wise

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## Aging well with polio

(Continued from Page 6.)

elder told us that attitude is powerful and that it is critical to look for the positive in all things. Most of the wise elders had a spiritual life that they could describe. Some were religious and others looked to a higher power through nature or in other ways. In spite of their youthful sorrows, their family problems and their mid-life struggles, these polio survivors were filled with graciousness and enthusiasm for life.

**The information they shared is neither rocket science nor is it new.** However it can affirm what we already know and help us to become aware of areas in our lives that need to be strengthened. I asked the wise elders to give me one word to describe how their lives are right now. They said: I am content; I am flourishing; my life is better now than it ever was before -- it so good it's like a dream; I live with a sense of anticipations and hope.

**Ginny whispered to me a long time ago that there is hope.** And today she reminds us that if we open our hearts to people, to ourselves as we really are and to having fun, we will be stronger. If we open our minds to assertive and clever adaptations, and to lifelong learning, we will be comfortable. And if we look for the best, stay positive and seek a spiritual focus we will remain energized. (Continued in next column.)

### The 15 people interviewed:

- o Had polio for more than 50 years.
- o Seven were women; eight were men. Their average age was 73.
- o Four walked with a cane or crutches and 11 used a wheelchair.
- o All had experienced the late effects of polio and were living with some functional decline.
- o Two have passed away since we met, from heart problems.
- o Seven were married, six were either divorced or widowed and two were never married.
- o All were living independently in their homes and had functional help doing so.
- o Ninety-three percent had a partial or full college education with 29% holding a graduate degree.
- o Their average age at retirement was 58 years.
- o Most were doing volunteer work and enjoying leisure pursuits.

Request to reprint this article was received from SpeciaLiving Magazine.



### GREAT TIP FROM LAW ENFORCEMENT "Put Your Car Keys Beside Your Bed At Night"

If you hear a noise outside your home or someone trying to get in our house, just press the PANIC button for your car. The alarm will be set off, and the horn will continue to sound until either you turn it off or the car battery dies.

This tip came from a neighborhood watch coordinator. Next time you come home for the night and you start to put your keys away, think of this: It's a security alarm system that you probably already have and requires no installation. Test it! It will go off from most everywhere inside your house and will keep honking until your battery runs down or until you reset it with the button on the key FOB chain.

It works if you park in your driveway or garage. If your car alarm goes off when someone is trying to break

into your house, odds are the burglar or rapist won't stick around... after a few seconds all the neighbors will be looking out their windows to see who is out there and sure enough the criminal won't want that. And remember to carry your keys while walking to your car in the parking lot. The alarm can work the same way there...

This is something that should really be shared with everyone. Maybe it would save a life or a sexual abuse crime. This is a valuable tool for polio survivors. It would also be useful for any emergency, such as a heart attack, where you can't reach a phone.

A wife suggested to her husband to carry his car keys with him in case he falls outside and she doesn't hear him. He can activate the car alarm and then she'll know there's a problem. Read this and make a copy for your files in case you need to refer to it someday. Maybe we should all take some of his advice!

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## GREAT TIP FROM LAW ENFORCEMENT

(Continued from Page 7.)

A corporate Attorney sent the following out to the employees in his company.

1. Do not sign the back of your credit cards. Instead, put "PHOTO ID REQUIRED."

2. When you are writing checks to pay on your credit card Accounts, DO NOT put the complete account number on the 'For' line. I instead, just put the last

four numbers. The credit card company knows the rest of the number, and anyone who might be handling your check as it passes through all the check processing channels won't have access to it.

3. Put your work phone # on your checks instead of your home Phone. If you have PO BOX use that instead of your home address. If you do not have a PO Box, use your work address. Except your new checks would probably be delivered to your work. Never have your Social Security number printed on your checks. (DUH!). You can add it if it is necessary. But if you have it printed, anyone can get it.

4. Place the contents of your wallet on a photocopy machine. Copy both sides of each license, credit cards, etc. You know what you had in your wallet and all the account numbers and phone numbers to call to cancel. Keep the photocopy in a safe place. I also carry a photocopy of my passport when I travel either here or abroad. We've all

heard

horror stories about fraud that's committed on us in stealing a name, address, Social Security number, and credit cards.

Unfortunately, I am an attorney, and I have firsthand knowledge because my wallet was stolen last month. Within a week, the thief(s) ordered an expensive monthly cell phone package, applied for a VISA credit card, had a credit line approved to buy a Gateway computer, received a PIN number from Department of Motorized Vehicles (DMV) to change my driving record information online, and more. But here's some critical information to limit the damage in case this happens to you or someone you know:

5. We have been told we should cancel our credit cards immediately. But the key is having the toll

free numbers and your card numbers handy so you know whom to call. Keep those where you can find them.

6. File a police report immediately in the jurisdiction where your credit cards, etc., were stolen. This proves to credit providers you were diligent, and this is a first step toward an investigation (if there ever is one).

But here's what is perhaps most important of all: (I never even thought to do this.)

7. Call the 3 national credit reporting organizations immediately to place a fraud alert on your name and also call the Social Security fraud line number. I had never heard of doing that until advised by a bank that called to tell me an application for credit was made over the internet in my name. The alert means any company that checks your credit knows your information was stolen and they have to contact you by phone to authorize new credit.

By the time I was advised to do this, almost two weeks after the theft, all the damage had been done. There are records of all the credit checks initiated by the thieves' purchases, none of which I knew about before placing the alert. Since then, no additional damage has been done, and the thieves threw my wallet away this weekend (someone turned it in). It seems to have stopped them dead in their tracks.

Now, here are the numbers you always need to contact about your wallet -- if it is stolen:

1. Equifax: 800-525-6285
2. Experian (formerly TRW): 888-397-3742
3. TransUnion: 800-680-7289
4. Social Security Administration (fraud line): 

MEMORIAL DAY  
MAY 26, 2008

"Remember our  
Armed Services"



## JUST A MEMORY!

By Muriel Reynolds, Lynnwood, WA

At last I was starting my senior year in High School after missing school years previously with two bouts of Rheumatic Fever. I was 18 and had just completed two weeks of my senior year at Maine Central Institute in Pittsfield, Maine. Pittsfield was a tiny little town with not many stores. Needing to get some school clothes I made a trip to Waterville, 18 miles away. On every street corner in Waterville high school girls were collecting dimes to help the many who had already been stricken with the dreaded Polio. That year - 1949 - was an epidemic year in Maine. I put in dimes every time I saw one of their coin cans never dreaming that The March of Dimes would come back to me many times over.

This 1949 picture was my first time out doors after many months, and I can still remember how wonderful the fresh air felt.



I was Muriel Barker from Pittsfield, Maine. The rehabilitation facility, Hyde Memorial Home was in Bath, Maine. I could not move my legs at that time and I asked the aide to cross my legs because I thought it would look more "normal". Seems very silly, now.

The following day my Mom took me to our family doctor who said it was a recurrence of Rheumatic Fever. My condition was rapidly becoming worse but the doctor insisted and was still treating for RH. When my mother said "She was not like this before." He replied "Oh, Mrs. Barker, you've just forgotten,"... Like mothers forget things like that.

**My breathing became so difficult** - I asked my Dad to prop me up in bed thinking that might help, but my back wouldn't bend. Finally after four days of increasing difficulties an ambulance took me to a Bangor hospital (35 miles away). By then I was unconscious.

(Continued in next column.)

From what I hear that was a blessing when they did the spinal tap. When I came to several days later, I was in an Iron Lung. What a relief to be able to breathe.

I was in isolation and the special nurses had to wash with disinfectants and put on special gowns before they came or went out of the room. One day, the day nurse went off duty before her replacement came leaving me with no way to contact any... with the noise of the Iron Lung no one would have heard me if I could have called. I had a permanent catheter in place but clamped off. I was in agony because my bladder was so full. My sister, who ordinarily was at work, brought my Mom over to see me. They could only come to the doorway, but I was able to tell them my situation and they got a nurse. Ah...blessed relief!

**My worst memory is the intense pain that never let up until after I was out of the Iron Lung and they started giving me hot pack treatments.** I will be eternally grateful for Sister Elizabeth Kenny for her life saving methods of treating polio.

The Home for Crippled Children (as it was known then) in Bath Maine had sent all those children home and had turned the facility into a convalescence hospital just for Polio patients.

That was where an ambulance took me eventually, totally paralyzed, with the diagnosis that I would not be able to walk or use my arms. Thank God for those wonderful caring people with their hot packs and their physical therapy sessions. I was able to walk out! With special "accessories" - neck brace, back brace and special shoes to help. It took months to gain any strength but by exercising and pacing myself I eventually got better.

A few years ago, my husband and I attended the Post Polio Seminar in Pasco, Washington. It took me by surprise when I walked into the hotel lobby and saw the old fashioned wooden wheelchair and burst into tears. I had no idea it would effect me that way. There have been many health challenges through the years. It took a long time before a Pulmonologist could understand how my lungs had been effected.

"I have  
so much  
to be  
thankful  
for."

- Muriel



## Dark Chocolate, a Good Thing?

*Journal of the American Medical Association*  
Permission to print from *Polio Messenger*,  
Summer 2007 Issue.

Yes, you read that right. All we chocolate lovers finally have some good nutrition news. A new German study suggestion suggests that eating a small amount of dark chocolate every day could lower blood pressure without increasing weight or causing other health risks.

The study was published the summer of 2007 in the prestigious *Journal of the American Medical Association (JAMA)*. Other studies have already suggested that eating large amounts of foods rich in cocoa can lower blood pressure. This is thought to be because of polyphenols in the cocoa, a group of beneficial plant chemicals that includes flavonols.

However, eating large amounts of cocoa often increases other risk factors because of the higher intake of sugar, fat and calories. So the researchers, who are based at the University Hospital of Cologne, thought they would test the effects of a small daily portion polyphenol-rich cocoa on blood pressure, since this should not increase the other risks.

The researchers recruited 44 adults aged from 56 to 73, comprising 24 women and 20 men, who had untreated upper range pre-hypertension (blood pressure ranging from 100/85 to 139/89 or stage 1 hypertension (140/90 to 160/100) to take part in the trial which lasted from January 2005 to December 2006. The participants had no other associated risk factors.

The participants were randomly assigned to take 6.3 g (30 calories) per day of dark chocolate (about the size of a Hershey's Kiss) containing 30 mg of polyphenols, or a matching dose of white chocolate that did not contain polyphenols for 18 weeks.

### The results showed that:

Eating dark chocolate for 18 weeks reduced average systolic blood pressure (the top reading) by 1.9 mm of mercury.

It also reduced the average diastolic blood pressure by 1.9 mm of mercury.

*(Continued in next column.)*

These reductions were not accompanied by changes in body weight, plasma levels of lipids or glucose.

The proportion of participants with hypertension who ate dark chocolate went down from 86 to 68 per cent.

The dark chocolate group also had increased levels of plasma biomarkers: cocoa phenols and vasodilatory S-nitrosoglutathione.

The systolic and diastolic blood pressure of the participants who ate white chocolate did not change.

The researchers concluded that: "Data in this relatively small sample of otherwise heavy individuals with above-optimal blood pressure indicate that inclusion of small amounts of polyphenol-rich dark chocolate as part of a daily diet efficiently reduced BP and improved formation of vasodilative nitric oxide."

So go ahead. Reach for a Hershey's kiss. It's actually good for you.



### Poems Written By Children

I am a shamrock  
Who hides on the ground.  
When you come and find me,  
Don't make a sound.  
Pick me up very carefully;  
Don't let me fall apart.  
You can make a wish from me  
By holding it close to your heart.  
**by Rebekah**



St. Patrick's Day is the day of cheer  
With pots of gold and mugs of beer  
A green hat on a tiny leprechaun  
Everyone singing the drunken  
Irish song. Playing the bagpipes  
And handmade fiddles,  
Dancing and reciting little Irish riddles. So  
Even if you're sad this day, you'll find joy  
From the little leprechaun the size of a toy.  
**by Grace**



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year, Winter-Spring-Summer-Fall.*

# FALL COUNCIL BUSINESS MEETING September 26-27, 2008

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**PHONE:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

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**NUMBER TO ATTEND LUNCH:** \_\_\_\_\_

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*(Site and costs to be confirmed by July 1, 2008).*

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**Non-business hours:** Leave message.  
We will return your call as soon as we can.

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**Contact the Polio Outreach of Washington  
Office for Polio/Post-Polio Support Group  
Locations and information.**

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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.

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SUPPORT GROUP ASSOCIATION (area): \_\_\_\_\_  
\_\_\_\_\_

LEADERS NAME/PHONE: \_\_\_\_\_  
\_\_\_\_\_

Are you a polio survivor? YES\_\_\_\_ NO\_\_\_\_  
(Being a survivor is not a requirement to be on the Board or on a Committee).

**Our Board consists** of Members-at-Large, Secretary, Treasurer, Vice-President, and President. **Standing Committees** are Newsletter, Outreach/Website, Fundraising, Public Relations, Support Groups, Picnic, Office Management, and Picnic.

Where and how do you feel you could best benefit Polio Outreach of Washington?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Which 3 of the Standing Committees interest you the most?

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_

Thank you for showing an interest in participating with POOW. We consider our Board and Committee members to be a “working group” with active participation at meetings and within our Committees.

Do you have any constraints on attending meetings or working with a Committee? YES\_\_\_\_ NO\_\_\_\_

Comment: \_\_\_\_\_  
\_\_\_\_\_

PLEASE RETURN TO: SUE WARREN, PRESIDENT,  
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or E-MAIL: [q3suz@embarqmail.com](mailto:q3suz@embarqmail.com)