

Did You Know?

In the U.S. alone there are an estimated:

1,600,000 people who have had paralytic polio;

16 million people who have had nonparalytic polio;

100,000 people who have developed Post-Polio Syndrome;

Millions of people at risk for PPS - 75-100% of those who had paralytic or nonparalytic polio
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➤ **Tax-deductible donations are very much appreciated.** ◀

POLIO EPIC is registered with the United States Government as a recognized non-profit organization under the provisions of section 501((c)(3) of the Internal Revenue Service Code. Donations to Polio Epic are fully tax deductible

Upon receipt of your application, you will begin receiving our bi-monthly newsletter. We urge you to attend our monthly meetings, which are announced in the newsletter

Membership is on an annual basis and renewable every September.

POLIO EPIC, INC.
P.O. BOX 17556
TUCSON, AZ 85731-7556

POLIO EPIC is a self-help organization of polio survivors, their families, health professionals, and other interested parties.

As polio survivors worldwide are experiencing new problems and challenges, support groups that network information have been established. Hundreds of these support groups now exist.

POLIO EPIC strives to meet the needs of individual by providing pertinent information through new member packets, regular meetings and a bi-monthly newsletter.

POLIO EPIC is privileged to work closely with prominent local physicians, physical therapists, occupational therapists, psychologists and business leaders.

When, Where and Why we Meet

WHEN: We meet at 10:00 AM on the second (2nd) Saturday of each month, September-November and January-June. (December is our Holiday Luncheon).

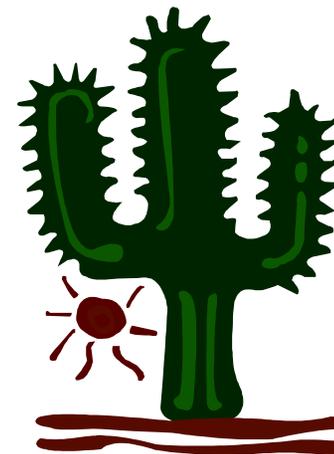
WHERE: HealthSouth, 2650 N. Wyatt Dr., Tucson, AZ.

WHY: We schedule programs and speakers that are pertinent and informative. It's a good time to share and socialize. Refreshments are always served.

Come join us! Family and friends are always welcome. See you there!

POST POLIO SYNDROME

The problem many polio survivors are now facing



Polio Epic, Inc.
www.polioepic.org

WHAT IS POST-POLIO SYNDROME?

Post-polio syndrome is a "second" disability affecting a large number of polio survivors. If you had polio and are experiencing unexplained symptoms, you may have the late effects of polio, often referred to as post-polio syndrome.

Post-polio symptoms can appear in the muscles that were affected at the time poliovirus was contracted or in previously unaffected areas. It can appear at any time and is frequently triggered by trauma such as surgery, death in a family, emotional upheaval or accident.

UNDERSTAND THAT:

- ❖ Post-polio syndrome is not a recurrence of the virus.
- ❖ The rate of decline can be very slow if properly treated.
- ❖ Unexplained symptoms do not mean that you are imagining things.
- ❖ It can strike 10 to 50 years after the polio attack.
- ❖ Your participation in the treatment is a must.
- ❖ Information and support are available.

- ❖ Support groups are vital links to educational information.

POST-POLIO SYNDROME

SYMPTOMS:

- ❖ Unaccustomed fatigue - either rapid muscle tiring or feelings of total body exhaustion
- ❖ New weakness in muscles - both those originally affected and those unaffected
- ❖ Pain in muscle and/or joints
- ❖ Breathing difficulties
- ❖ Swallowing problems
- ❖ Function decline
- ❖ Depression
- ❖ Anxiety
- ❖ Sleep problems
- ❖ Weakness and muscle atrophy
- ❖ Muscle spasms/twitching
- ❖ Non-recognition/denial of symptoms by medical professionals

If you are a polio survivor and are experiencing any or all the above symptoms and would like to learn more about:

Lifestyle changes to better use and conserve your energy - including use of adaptive devices such as canes, braces, wheelchairs, scooters, etc.

New medical findings about the late effects of polio

Educating family, friends, and medical caregivers to better understand your physical and emotional changes.

We invite you to participate in Southern Arizona's Post-Polio Support group,
POLIO EPIC, INC.

MEMBERSHIP APPLICATION

Name _____

Address _____

City _____

State _____ Zip _____ - _____

Tel. (_____) _____

Email _____

Type of Membership	
_____ Survivor	\$10.00*
_____ Relative/Friend	\$10.00*
_____ Health Professional	\$10.00*
_____ Unable to pay	fee waived
_____ Donation	_____
Total Enclosed	_____

***Dues are subject to change**

Would you like an information

packet mailed to you? YES ___ NO ___

Please make checks payable to
POLIO EPIC

Mail to:

Polio Epic, Inc.

P.O. Box 17556

Tucson, AZ 85731-7556

Message Phone: (520) 750-8608

Website:

www.polioepic.org