Polio Epic Newsletter

February and March 2005

Southern Arizona Post-Polio Support Group
Est. 1985
P.O. Box 17556; Tucson, AZ 85731-7556
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www.polioepic.org

GENERAL MEETINGS ARE ON THE SECOND SATURDAY OF EVERY MONTH AT **HEALTHSOUTH**, 2650 N. WYATT DRIVE

The February 12th Meeting at 10:00 a.m.; Polio Epic is proud to present "F*raud and Elder Abuse"* Saturday, February 12, 2005, Detective Jim Williamson of the Tucson Police Department who will speak on Fraud, Stolen Identity, "Pigeon Drop", "Bank Examiner Fraud" and ten red flags for us to become aware of perpetrations being committed to the elderly in our family or community

The March 12th Meeting will be our own Karla Carr presenting "Humor, the Health of it"

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WHAT YOUR DUES AND DONATIONS COVER

Polio Epic functions as a support group to empower our members and their families with the knowledge necessary to make adjustments they need to continue living a life of dignity and independence. We rely on your dues and donations, which help Polio Epic, reach out to our members, health professionals in our community, and network with many Post-Polio Support Groups around the country and abroad. Your dues and donations make it possible for us to continue to reach our goals. We are a 501(c)(3) non-profit cooperation and all donations are fully tax-deductible.

What your Dues & Donations cover:

- Printing and postage for the Polio Epic Newsletter, (a grant from March of Dimes covers about half the cost).
- Printing and postage for information packets sent out to all inquiring about PPS
- Post Office Box rental
- Bulk Mailing expense
- Out-of country and return postage
- Other expenses – printing of minutes, treasurer's report, office supplies, computer supplies, website, miscellaneous correspondence, tax preparation, and telephone service
- We network with many health professionals and approximately 100 other post-polio support groups throughout the U.S. and Canada, Australia, and South Africa, which reciprocate by sending us their newsletters. Send members to workshops and PPS conferences for up-to-date research, new developments, and happenings in the Post-polio Syndrome community.

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From our President…

The nation will celebrate President's Day on February 21. This national holiday celebrates the birthdays of George Washington and Abraham Lincoln. Personally, I think we should include all of our presidents when we think about celebrating this day.

I bet if we asked our various members we would get varied responses as to their favorite president. We would get just as many reasons why a particular president is special to them.

My choice would be President Franklin D. Roosevelt. As a little girl I admired him because of his disability due to polio he gave me courage and strength to realize I, too, could do much despite my polio struggles.

I am so grateful he established the Georgia Warms Springs Foundation in Warm Springs, Georgia as a place where people could go for polio treatment. I had two major surgeries there and at this special place I too enjoyed the warm springs, learned to walk, saw many other children with similar problems as mine and even got to meet Basil O'Connor who was treasurer of the March of Dimes.

This year Polio Epic will celebrate our 20th anniversary so hats off to another great group of presidents who have served Polio Epic over the years.
Have a great President's Day.

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Crofton chiropractor uses innovative techniques

By EVELYN D. HARRIS, For The Capital

In the 20 years Dr. Thomas K. Lo has been working as a chiropractor in Crofton, he's always been on the lookout for new tools and techniques to treat his patients. An early adapter of treatments such as the "Activator Method," his latest tool is a handheld laser, which to Star Trek fans will resemble the Tricorder used by "Bones" and other intergalactic docs. "I was trained to do this treatment by Dr. Jeffery Spencer, who was Lance Armstrong's doctor. People wonder how Lance Armstrong made such a miraculous recovery from cancer to win the Tour de France bicycle race," said Mr. Lo. "I believe this laser played a big role in his recovery." Mr. Lo has long treated athletes, entertainers and local politicians, and two walls of his office are covered with their pictures. While treating athletes at the USA Olympic Qualifying Trials in Sacramento, Calif., in July, he learned about the Erchonia laser, which is FDA-approved for treatment of chronic pain. A laser is focused beam of light that emits photon energy. "The Erchonia laser is a low-level laser," said Mr. Lo. "Unlike the heat lasers which are used in surgery to cut away problem tissues, the low-level laser does not generate heat and destroy tissue; instead, it stimulates healing. I don't use the laser on everyone, but it is helpful where there is damage to the neuromuscular system. Combined with my other techniques, I can now help with healing bones, muscles and nerves. "

Post-polio syndrome, where the "good" muscles and nerves have been overused by years of compensating for those weakened by disease, is one problem that Mr. Lo can treat with the laser. Crofton resident Bruce Roberts contracted polio when he was six years old, paralyzing his right leg. Although he learned to walk again, his leg muscles became weak when he approached middle age. Mr. Roberts said Mr. Lo treated him in 2002, which gave him relief from symptoms until they reappeared following a recent automobile accident. Mr. Lo asks Mr. Roberts to push up with his left arm while lifting his right toes. The left arm is weak and gives no resistance to the chiropractor. Then, Mr. Lo uses the laser, which resembles a large cell phone emitting red beams of light at his patient. After this treatment, Mr. Lo repeats the resistance exercise. This time, Mr. Roberts is strong enough to resist the opposing force. Dr. Lo's last three years of work on his BA in Biology at Blackburn University in Carlinville, Ill., were covered by scholarships. He also received a scholarship to earn his MA in Biology from the University of Illinois in Springfield. After graduation he worked as a medical technologist at Fairview Hospital in Cleveland. He wanted to do more "hands-on" treatment of patients, so he studied at the National College of Chiropractic in Lombard, Ill. In addition to obtaining his Doctor of Chiropractic, he was certified in meridian therapy/acupuncture (which is needle-free acupuncture) and physiotherapy. After completing chiropractic school, he visited his brother, an anesthesiologist practicing in San Diego. "I decided Southern California was not for me. The weather is too consistent and I thought the cities were too big, with too much traffic. Fortunately, the head of the Chiropractic Association at the time was recruiting people to come to Maryland, where he lived. He said Maryland has a lot of variety - you can drive a short distance in one direction and go skiing and a short distance in the other and you're at the beach. He invited me to stay with him and after driving all over the state; I fell in love with the Annapolis area." Mr. Lo, who was named one of "America's Top Chiropractors" by the Consumer Research Council in 2004, can still remember his first patient. "She was a 12-year-old girl with chronic hiccups - every two minutes. It was so disruptive she was suspended from school. Her parents said they'd tried everything with no luck. So they brought her to the open house I held on my first day to attract patients. "I was very nervous because lots of people were watching, and I'd never treated anyone without someone more experienced looking over my shoulder," recalled Mr. Lo. "Fortunately, hiccups are simple for a chiropractor to treat. I did some adjustments to her cervical (neck) bones, and the hiccups ceased. Her grateful family referred a number of other patients to me."

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B. Evaluation of pain

1. Assessment of pain history
(Pain drawing often helpful)

Typically when I see somebody with a complaint of pain, the first thing I like to do is have them do what I call a pain drawing or a pain diagram. It's just an outline of the body and I have you mark on there where is the pain. There's different symbols or different colors for how you describe that pain -- whether it's an aching, a burning, a sharp pain, that sort of thing. It's very interesting what happens the more you use these pain diagrams. A lot of the time I can look at the diagram and know what's wrong with somebody. This is because the pain patterns for certain problems are so unique a lot of times.

When you go to the doctor, the more specific you can be about the pain and the faster you can relay the information, the easier for the doctor. Some people come in and just say, "I hurt all over". It's really hard to help somebody like that because it's real hard to say, "well I don't know why".

Be very specific about the pain, even if there are very different types of pain in different areas. Be able to isolate the pain: I have this pain here. I describe it as an ache, a sharp, or burning. Is it there all the time or does it come and go? If it comes and goes, what seems to bring it on? If it's there all the time, what things make it better, make it worse? When did it start? Has it changed since it started? Has it gotten worse? Has it gotten better? Has it spread to other areas? Are there other symptoms along with it? How does it impact you life? What does this pain mean in your day-to-day life? Does it keep you in bed for days at a time? Or does it mean you're not able to work in the yard anymore? Or does it not impact your activities at all?

There are all sorts of different pain and degrees of pain. Any tests you've had in regards to the pain, any treatments you've tried, or medications you've tried we want to know. What's been tried? What works? Not work? What's made you worse? and then go from there. Then, of course, once you're able to get a whole picture of the pain and all.

Sometimes when people have a hard time getting specific about pain, I have them go home and keep a journal for a week or so to see if you can pick out a pattern of when the pain occurs.

2. Appropriate physical exam and diagnostic studies to identify etiology of pain symptoms:

Anyway, what I would do is the physical exam. In general what we look at are the muscular skeletal system, all the major muscle groups - which ones are strong, which ones aren't, how does that attach, the body mechanics, what condition are your joints in, how is the range of motion, how's your circulation to that joint, how are you moving, what are the activities you are doing and how do you do them, how do you get around, what's your means of mobility. I always assess gait of somebody who is ambulatory. In addition, depending on the type of pain, we might check other things. We might check cranial nerves. We might check heart function. And we might check the abdomen.

Not every pain experience is going to be related to the polio and the muscular skeletal system. So we always have to keep in the back of our minds, that there are other possibilities. If something doesn't fit for musculoskeletal pain or post-polio pain, we've got to look at other sources of pain. And especially a lot of these internal organs can give referred pain to other areas. Everybody knows about how a heart attack causes pain down the left arm. If someone comes in with pain down their left arm you always have to think, especially if it's coming and going, does this person have risk of heart disease and is it following the pattern of heart disease rather than a nerve problem or musculoskeletal problem. Those internal problems can often cause symptoms that appear to be muscular-skeletal but aren't.

Once the physical exam is done we usually pinpoint the problem a little more specifically when it appears to be etiology-based. Other special studies come in as far as providing better evaluation. We may need to get x-rays, MRI scans, and bone scans if a fracture is suspected or an infection in the bone is suspected, and bone density studies if it's a question of osteoporosis. So a lot of times further studies are needed to help pinpoint the exact origin of the pain symptoms.

In addition, if there appears to be nerve problems that are different from your original polio we often need nerve studies and EMG testing. It used to be that they required EMG testing for the diagnosis of PPS, but that got dropped as far as the criteria for making the diagnosis, which is good news to you guys because it's a nasty test. We stick needles in a lot of your muscles. Initially they wanted practitioners to do that test to document that someone really had polio. Over time we realized that for most people really by history and exam you can be definite you had polio. So now we only use it for post-polio diagnosis if the original diagnosis of polio was in question. But we still do use it

when there are new nerve problems that we need to identify where it comes from.

C. Management of Pain

What do we do about these pain syndromes that can occur? Well, the more specific we can be with the diagnosis, the more we can really get at what's causing the pain, the more likely we are able to treat the pain and help you if not completely alleviate it, at least to manage it.

Certainly if the pain is because you have severe arthritis in the knee, and it's your polio leg, there's not a lot we can do to fix it. We can't do a joint replacement in the polio limb because you run the risk of shattering the bone and not having a stabile joint. If it's severe arthritis in the good limb, surgery might be an option. Even if it's not a fixable problem, there are ways to manage it most of the time and at least make it tolerable and enable you to do the things that are important to you to do in life.

1. Specific conditions

Post-polio muscle pain: protection of muscles, modification of activities, pacing activities, learn to know your limits and LISTEN to your body.

As earlier discussed, post-polio muscle pain is due to really over stressing a polio-affected muscle. Sometimes it's as simple as limiting the amount of distance you walk in a day or eliminating some of the real high stress activities. But for other people, it's the muscle that's bothering them or group of muscles that are very weak. If even just regular day-to-day activities cause pain every day in that muscle, then we have to be a little more creative as far as maybe changing how you do some of those activities - using the other arm or the other leg, or protecting that leg with a brace. Instead of making the muscle do all the work to get around, now the brace is helping in taking a lot of the stress off the muscle. Don't worry. I don't put everybody in braces immediately. I have enough experience with polio survivors to know that mostly you want to try everything short of that and usually we do. But there are times when the brace is well worth using and can make such an improvement in life that you don't mind using it.

As far as that muscle pain, that's something I want *everybody* who had polio to learn to identify and pay attention to. That is the "*Listen to your body*" symptom. That should be the thing that you really key in on. If those muscles are bothering you there is something you've done, something to really over stress them. And that's the one thing we want to really avoid because over using those weak muscles makes them weaker.

Overuse pain: change body mechanics, alleviate excess stress, and protect affected areas, rest, ice, anti-inflammatory medication, injections, and surgery.

Now with the overuse pain syndrome, these are more of the soft tissue tendonitis, bursitis and that sort of thing. Like we talked about, they're usually the result of either body mechanics or over-using a certain area of the body. So again we have to look at how are you doing these things, how can we change those body mechanics. It might just be using a cane when you're walking a long distance, straightening out the trunk and taking the weight off the hip that's developed this terrible bursitis where you can hardly use the leg any more. It's often a very simple thing.

Again, we might have to protect a certain area, sometimes just temporarily. Let's say it's around the ankle. We can often use an ankle support for a period of time, get the tendonitis to swell down and its gone and you can go on without using anything as long as you don't over do.

The traditional approach to an inflammatory condition is: rest, that's either complete rest or relative rest (which means taking the stress off the affected area); using ice or if its a chronic condition heat, but for the more acute pain ice almost always works better; using anti-inflammatory medication part of the time.

I know a lot of you don't like using medication but sometime we just have to use it for a couple weeks to get an inflammatory process under control. I don't like to put people on anti-inflammatories long-term unless they have significant arthritis where you've got to use it really just to keep those joints fluid and movable. Some of the newer anti-inflammatories aren't as risky as far as causing GI problems. So, if it is going to be long-term use, we go with one of the safer anti-inflammatories. But in fact, the older anti-inflammatories are more effective and work faster if you have an acute condition and can tolerate the medication as far as the stomach.

And then, worst case scenarios, at times surgery is needed. That would tend to be more in the good limb or good joint that has developed an over use problem such as a rotator cuff, a serious rotator cuff tendonitis or tear. We may have to repair that before it gets completely torn and can't be repaired because that's an important limb for day-to-day function.

The surgery risks and benefits always have to be weighed specifically for an individual - will this surgery give enough benefit that it's worth the risk to go through a surgery. Certainly for a lot of people surgery means a lot of planning and arrangements ahead of time because you may be totally immobilized by immobilizing a shoulder; whereas, for a person without polio it would not be a big deal. But if you rely on that solely to get around, obviously there's a lot of planning and additional assistance that has to be arranged before any kind of surgical procedure.

Biomechanical pain/joint: protect or strengthen joints, regain range of motion, un-weight, bracing or assistive devices, surgery in select cases.
With the joint pain, if it's a joint that can be strengthened just with regular physical therapy often that helps significantly. When its a key of just contracture around the joint without changing body mechanics, often regaining full motion of a joint will enable you to use it and take that abnormal strap off of it and the pain can go away.

But when you get to the more advanced stages of degeneration in the joints you're going to have to take some of the weight off the joint, unweighted either through bracing, splinting, using an assistive device. Sometimes it's a matter of I tell you to lose twenty pounds. The truth is, especially with arthritis in the lower extremities, how much extra weight you're carrying around makes a big difference.

In selective cases surgery might be an option for the degenerative disease. That is very carefully evaluated and the whole picture looked at before we make a decision for surgery. For any of you who develop a problem and have an orthopedic surgeon really gung ho on doing surgery on something, if you're not sure its not the right thing, please see someone like myself who knows polio and will evaluate from a non-surgical perspective and discuss with you and really make a decision with you whether surgery is the right option for you. I've seen too many people railroaded into the surgery that was a big mistake.

The thigh pain, again very similar to the joint pain.

Biomechanical spine pain: exact diagnosis, modify body mechanics/position, injections, orthotics, surgery if appropriate.
The spine is more complicated than a lot of the other joints. And again, its one of those areas where you want to see someone who really knows spines and can identify what it is in the spine that is causing problems. Is it just arthritis in the spine? Sometimes we can manage very nicely with some injections in the joints or something to modify position. Or are there pinched nerves that are a little more serious and require a little more aggressive treatment. Because the spine is a complicated area, we felt surgery is one of those options of last resort. Often times for you it isn't even an option. This is because it would make you worse rather than better.

One of the other primary things I do clinically at UC Davis spine evaluations is conservative treatment of spine. So I happen to do a lot of the overlap cases of polio survivors with spine reactions. I did a talk on that at the conference in St. Louis because there are a lot of conditions that mimic post-polio symptoms. Often a polio survivor who's having problems, say in the lower extremities, it could be due to post-polio where in reality it's due to a spinal problem that can be corrected. It is always a good idea to get the spine checked out. More often than not, when we check out the spine it's OK; it's PPS that is causing you the lower extremities problem. But when there is something there, we need to know it and be able to treat that for what it is.

Biomechanical/nerve entrapments:
Alleviate by change of activities or positioning, splints, medications or injections, surgical release.
Nerve entrapment often can be alleviated by altering positioning of joints, altering the way you are doing things, using splints. Sometimes medications or injections will just calm down a nerve inflammation and that takes care of the problem. But again, if there's a significant nerve entrapment and you are losing functioning of a peripheral nerve that can be corrected surgically we may choose that option if appropriate for you.

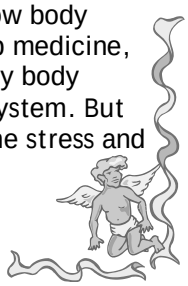
Bone pain: assessment of bone strength, treatment of osteoporosis, immobilization of fractures, bone stimulation.
Every one of you should know what your bone density is, whether you need to be on treatment for that. Certainly, whatever age you are, however strong or weak your bones are, you need to get adequate calcium. It's a mistake a lot of people make thinking "unless I have osteoporosis, I don't need to take calcium." Well, the truth is the typical American diet, unless you're a real dairy fiend and drink three cups of milk a day, especially for adults, we don't get enough calcium.

The body needs calcium. The heart needs calcium to contract; all your muscles need calcium to work. If you're not taking that calcium in your diet, your body is not going to do without and let your heart stop. Your body is going to take it out of your bones even if you are 20 years old and not getting enough calcium. They've made it pretty easy these days to get calcium in your diet. They have a lot of things that are fortified with calcium.

Those are the specific ways we target those types of pain.

2. Basic principles
The basic principles are the kinds of principles for preventing overuse, pain control and pain prevention.

Improve body mechanics
You really want to optimize body mechanics. Unfortunately, a lot of physicians don't know body mechanics very well. I think it's only rehab medicine, which I do, and orthopedists that even study body mechanics as far as the muscular skeletal system. But your body mechanics has a lot to do with the stress and



the risk to certain parts of the body as far as developing problems.

Correct or minimize postural and gait deviations; protect and support weak muscles and joints.
As much as possible we try to correct those mechanics early, minimize the deviations you have, and try to protect those weak areas (the weak muscles, the weak joints).

Adjust workload on muscles and joints to match capacity.
You want, and this is a good point to keep in mind, to try to keep the workload to a muscle or joint as matching the capacity to that area. Of course your good limb you're going to stress more, use more, because it can take it and the weak limb can't. Don't try to do things with the muscle or joint that it's not able to do. If you're barely able to do it, you're over using it. So, keep that in mind.

Control inflammation and muscle spasm.
As soon as you see signs of inflammation or spasm, get those under control as much as possible.

Alleviate nerve impingements.
Try to alleviate any nerve impingements or nerve impairments. Again, if there are sensory changes, start thinking that there may be something else going on with the nerves, that this may not be post-polio now.

Promote lifestyle modifications.
As all of you know, just life style modification is often a big key to avoiding that over-use, over-stress. Pace activities. Take rest breaks. I know you've heard that for all the post-polio symptoms. Really learn your limits and how much you can do in a day, how can you space that to be most effective and most comfortable.

3. Conventional treatments
The conventional treatment we talked about with the different issues earlier discussed. But also consider the following:

Medications: anti-inflammatories, anti-depressants, neurotropic medications, pain medications.
There are a number of different medications we use - the anti-inflammatories, the anti-depressants - a lot of the time both for nerve pain. The anti-depressants are very effective.
But also a lot of people with chronic pain develop a secondary depression, which then makes it even harder for them to function and to live their life. Sometimes the anti-depressants can just help as far as your over-all feeling of well-being and being able to relate to the family and not being upset or irritable all the time or crying all the time. So it's not infrequent that I use anti-depressants for depression even though it's not the primary diagnosis but secondary to the problem. Because the depression is secondary, it's really something we're just going to use for that period of time you need it. You need not necessarily be on this for the rest of your life if you don't have an inherent depression problem as far as brain chemistry. But it can be very helpful in managing post-polio symptoms.

In addition, some of the other neurotropic medications, some of the anti-seizure medications, can work quite well for bone pain. It's some of the other central nervous system acting medications we use, like anti-seizure meds and some of the Parkinson's meds. There are different ones that we'll use for nerve pain or for myofascial, fibromyalgia-type pain.

Sure, with pain medications, like the narcotic pain medications, you'll read in a lot of places "avoid them at all costs" sort of thing. I tend to run a little bit less emphatic line than that. There are some people that need low dose pain medication just to keep pain under control so they can function. But with narcotic medication you have to be very aware of the side effect and very careful to watch for that. Those side effects are that they can interfere with breathing, depress some of that pulmonary response and drive to blood oxygen and CO2 levels. They can cause constipation, and that's a significant problem for some people. They can tend to make you do more than you should given that what they do is cover your pain.

Some of that pain we want you to experience so you'll know when you are doing damage to your body. You don't want to be on doses of a narcotic that "oh, it enables me to do everything", but five years from now you might be a total wreck and there's nothing we can do for you. So a lot of the pain your body has is actually not a bad thing. It's your body telling you, "Hey, there's something wrong here; hey, you're doing something you shouldn't be doing."

Interestingly, leprosy, which we don't really see in this country anymore, is a disease that destroys nerve endings and pain is gone. Do you know what happens to people with leprosy? They lose fingers. They lose their nose. They burn themselves and not know it. They basically abuse their body because they can't feel it and end up with much worse complications. So, remember that pain is uncomfortable but it's not always a bad thing either.

We are very careful in using any sort of narcotic pain medication, and it has to be for a specific reason and specifically helps you function better in a constructive way and not doing damage to you body. Be careful of doctors who want to give you pain medication without really knowing what's causing the pain. That's usually not the right approach.
Trigger point injections, spray and stretch; joint injections; nerve blocks

With muscle problems often you use spray and stretch type techniques, trigger points, injections, joint injections or nerve block can be done a lot of times.

Physical therapy: modalities, therapeutic exercise
Your traditional physical therapy can be very helpful if you are working with a therapist who knows about polio. Unfortunately, I'm in a position here relatively new to the area. I have not really identified the therapists throughout this San Francisco area or even the Sacramento area that knows polio and how to treat a polio survivor. Back in Miami I had two wonderful therapists who were a big part of my clinic and for people who lived out of the area would make sure and talk to the therapist that was going to treat those people, the polio patients, and make sure the therapist knew exactly what to do or not to do.

Because of that problem with some therapists knowing and some not, it is very important for all of you to be aware of that or signs of over doing things or over stressing muscles so that you can tell if the therapist knows what they're doing or not, and you can report back to the therapist. If the therapist is willing to know about post-polio, (learn from you, do some reading) there's no problem in staying with that therapist. But if it's somebody that has the approach of "Oh no. This is the way we do it." and is not paying any attention to you, get out of there. They'll probably do you harm.

Appropriate therapy with modality includes therapeutic exercise. Stretching would be very helpful in eliminating a lot of the pain problem. Modalities are things like ultrasound, heat packs, the TENS. A lot of them work for stimulating blood flow to an area to help it heal. Spray and stretch technique is one of the techniques for muscle spasm where you use a topical coolant, a spray, and then stretch the muscle and it enables someone to tolerate the stretching more and relax the muscle.

Occupational therapy: adaptive Equipment; Behavior modification; Psychological counseling
Occupational therapists may be helpful as far as prescribing adaptive equipment, teaching you to do certain health care things in a different way to un-stress joints, and sometimes psychological counseling for just relaxation techniques and management techniques. Or if you have a pain that is really aggravated by stress, they can help you work with some of those stress levels.

Weight loss
Like we talked about earlier, it is very important to maintain ideal body weight. Unfortunately, the more immobile you are, the harder it is to take that extra weight off. Because it is such a big problem, we're actually starting a study at UC Davis to do with obesity, not just in polio survivors, but polio survivors would be part of the group with all people with disabilities. From the medical perspective I think we need to do a better job of helping some of you to get some of that weight off, but you need to do your part too. Everyone is in control of what you put in your mouth, so you have to be careful there.

Conditioning exercise
General conditioning, cardiovascular exercise, is almost always helpful. As you improve circulation in the body, you help your body to be able to deal with problem areas - inflammations, tissue damage. Your body is actually very good at repairing itself in a lot of ways, but you have to enable the body to do that.

Surgical intervention
Intervention surgery is in the back of our minds, usually not in the forefront.

CONCLUSION in next newsletter

Arizona Daily Star:
Pedestrian Violation – A 27-year old man was cited and released for a pedestrian violation at 2:40 p.m., November 16th, near North Oracle Road and West Suffolk Drive after an officer saw him clinging to a heavy-equipment tractor-trailer while in a fluorescent green wheelchair. The tractor-trailer was moving at about 50 mph. When the officer caught up to him, he was moving the wheelchair on his own into a business near Oracle and West Ina Roads. The man denied clinging to the tractor-trailer. According to the report, there have been multiple sightings of the man clinging to vehicles while in his wheelchair.

CONTRIBUTIONS

POLIO EPIC expresses appreciation for the following contributions…

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****BUILDERS $100 and OVER***
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Many Thanks for the Donations in Memory of Jan Smalley

Carolyn Rowles-Miles
Thomas & Margaret Poduba

IN MEMORY OF…
Our condolences, from Polio Epic, go out to all the families and friends who have lost a loved one. Members who have passed on are:

Harold M. Eccles, - Dec 2004

Betty May Seel, - Sept, 2004

Janice Smalley - Dec 2004

Jan Smalley
1934 – 2004

Our condolences, from Polio Epic go out to Max and the family of Janice Smalley. She was a long time member, past President and over the years held other board positions as well. We will never forget how Jan exemplified love, humor, courage and acceptance. She had been unable to attend recent meetings, due to being in hospice home care at the time of her death.

During this time she continued to write poetry; some of it was shared with us during the unusually rainy day at her memorial service.

Don't go where I once was-

I won't be there again.

Look for me close to your heart,

I pray,

For that is where I want to be.

I'll be looking down from a cloud.

Feel me in the warmth of the sun.

Hear me on a rainy day

WHAT MOST PEOPLE DON'T KNOW IS THAT MANY NONPRESCRIPTION ITEMS & SERVICES ARE CONSIDERED MEDICAL EXPENSES EVEN WITHOUT A PRESCRIPTION ***by Richard Bruno***

When polio survivors travel to the Post-Polio Institute for treatment, we remind them that the cost of airfare, hotel, food, ground transportation--even the expenses of someone flying with them as their "assistant"--are tax deductible. This is a surprise to many of them. Everyone knows that payments and co-pays for medical treatment and prescription items such as drugs, braces, wheelchairs and elastic stockings are tax deductible as medical expenses. What most people don't know is that many nonprescription items and services are considered medical expenses even without a prescription--if they meet the IRS "extra" test. "Extra" means that there's something "extra" you need that those without disabilities don't, or that--because of your disability--you need "extra" of something that everyone commonly uses.

Some nonprescription extras require a physician's letter to be deductible: Stair glides, elevators, hospital beds; the extra cost of orthopedic shoes over regular shoes; the extra cost of high-protein food (protein drinks or bars) to treat hypoglycemia; the extra cost of electricity for heating, air conditioning, or the use of a ventilator. Even the cost of central air conditioning, a window air conditioner or a space heater is deductible since polio survivors need a constant temperature. And, yes, a doctor's note can get you a deduction on a swimming pool and Jacuzzi "in order to reduce your PPS symptoms."

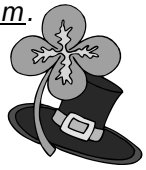
Other extras--an electric can opener and big-grip kitchen utensils, a special computer keyboard, trackball, or voice-activated software and vehicle modifications such as hand controls and wheelchair lifts--are nonprescription items deductible without a physician's letter. Home modifications are also deductible without a letter--installing a ground floor bathroom, modifications to make a kitchen accessible, and building a ramp--as are repair costs for assistive devices and vehicle accessibility modifications and hiring someone to help you with activities of daily living that you can't perform, including yard work. Massage therapy and acupuncture are deductible, as is a trip to a place where the climate will improve your medical condition if a change in location is "a medically recognized treatment." Native American healing rites are also deductible if performed by a real medicine man--a trip to Arizona in February, anyone? You should also be aware that the IRS and many states allow a credit or deduction just for having a disability.

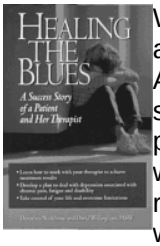
If you're working, you can take these expenses, not as medical deductions, but as "impairment-related work expenses" that are required for you to earn a living--see IRS Publications 502 and 907. Impairment-related work expenses do not have a lower limit before they are allowed, as do medical deductions, which require expenditures to exceed 7.5 percent of your adjusted gross income before they are deductible.

Regardless of the type of deduction, make sure that all prescriptions and physicians' letters state that the deducted items are necessary to mitigate the effects of PPS. Your tax preparer will need to include in your tax return only prescriptions, doctors' letters and a statement that you had polio, have PPS and are taking deductions for items and services that mitigate the effect of your disability. If you're claiming the cost of "extra" electricity or food, make sure that you have paperwork that documents the difference between what you pay and what a non-disabled neighbor would pay. File these documents with receipts, credit card statements and canceled checks in case the IRS asks for them.

Unfortunately, most tax preparers don't know about deductions available to people with disabilities. Your tax preparers may not want to file for these deductions out of fear that an audit will be triggered. If you're a solid citizen with regard to other aspects of your taxes and can document your disability and the need for necessary "extras," you shouldn't fear an audit. If your accountant isn't familiar with or won't file for these deductions, call your local post-polio support group or the Muscular Dystrophy Association. They may know of accountants who are knowledgeable about disability and taxes and who will be able to save dollars that should be in your pocket, not Uncle Sam's. Happy Holidays!

Source: New Mobility, December 2004. ***Note:*** *This column is for information purposes only and is not intended as a substitute for professional medical advice. Dr. Richard Bruno is Chairperson of the International Post-Polio Task Force and director of The Post-Polio Institute and International Centre for Post-Polio Education and Research at Englewood (NJ) Hospital and Medical Center. His new book, How to STOP Being Vampire Bait: Your Personal Stress Annihilation Program. E-mail him at ppsforum@newmobility.com.*





Written jointly by a former patient and her psychotherapist, ***Healing the Blues*** is a unique account about both sides of the therapeutic process.
At first, the cause of Dorothea Nudelman's depression seems obvious. The effects of post-polio syndrome threatens all that she has worked so hard to achieve — both personal and professional success. But as is usually the case, the root of depression is more elusive. Using a wide range of tools, from dream analysis to hypnosis to humor, David Willingham performs his role as counselor to help Dorothea uncover the hidden cause of her pain. Together, they convey with amazing clarity the theoretical and practical issues involved in the progression of therapy and, ultimately, healing. In the end, Dorothea gains the confidence and tools she needs to overcome her depression when it strikes. **About the Authors:** A retired college professor, **Dorothea Nudelman** has a full-time writing career. She lives in San Francisco Bay area with her husband, Michael and daughter, Kathryn. **David Willingham, M.S.W.** has been practicing psychotherapy and marriage counseling for over 30 years. He works collaboratively with his wife, Joan, in Palo Alto, California. ISBN:1-885987-10-2 Psychology/Mental Health

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Post-Polio Health, a newsletter for polio survivors, their families and health care professionals has featured R.A.L.P.H. the home assistant, a "digital caregiver", in their current issue.

(PRWEB) December 24, 2004 -- Post-Polio Health International's latest newsletter, Post-Polio Health, features "Ralph" a digital companion and his first user, Don Holbert. The article describes how automation and other technologies help one polio survivor to live at home.

"Ralph" stands for Real Assisted Living for Physically Handicapped. The system uses voice recognition and speech synthesis technologies combined with artificial intelligence to create a home assistant and companion for the physically handicapped and/or elderly. With "Ralph", people can live independently in their own homes because the technology reminds them to take medication, turns on and off lights, open/close drapes and blinds, voice controls TV and stereos, and Talks to occupants periodically to make certain they are alright. If the person becomes incapacitated or does not respond coherently, Ralph will detect their lack of motion or incoherent response and call for help. As more of the population grows older and requires some type of assistance, Ralph in many cases can keep them from having to move to an assisted care facility. The system costs less than typically charged for two-four months in such a facility. Besides provide monitoring and safety for the home occupants, it provides peace of mind to their relatives and care providers.

Ralph utilizes wireless technologies wherever possible, meaning it is extremely simple to install and can be easily moved to another location. Installation can be accomplished by the typical do-it-yourself person in less than a day. The system has been in continuous use since June 2001. Ralph shows how modern technologies can be used to assist those that are not "tech savy", no computer experience is necessary to use Ralph, you just tell it what you want it to do. Ralph can even set the time on the VCR! (Besides record your favorite show so you can watch it when you like instead of staring at those blinking numbers). For more information on Post-Polio health contact Joan Headley, Executive Director, Post-Polio Health International (314)-534-0475 or visit their website at www.post-polio.org For more information on Ralph contact Greg Corpier at Corpier Consulting Services (866)-315-6967 email e-mail protected from spam bots or visit www.ralphmyfriend.com Don Holbert, the man the original system was designed for, can be reached at (816)-841-1417.

BASHAS' Thanks a Million Program is STILL here!

Bashas' is offering a way for Polio Epic to raise money. All you need to do is take your Bashas' "Thank You Card" into any Bashas' and ask the cashier to enter our group number – **27169**. If you don't have a Thank You Card, you can apply for one and have the group number linked the first time you use it. Polio Epic will receive 1% of the total dollars attributed to our group identification number – up to $2,500! Don't forget to tell all your friends & relatives that shop at Bashas' about this program. Again, our group number is **27169**.

General Meetings:

February 12th *– 10:00 AM: Fraud & Elder Abuse*

March 12th *– 10:00 AM: Humor, The Health of It*

Board meetings – First Thursday of each month at D.I.R.E.C.T. All are welcome!

February 10th – 10:00 AM

March 10th – 10:00 AM

LUNCH AT FRANK'S . . .

Third Wednesday of the month.

February 16th – 11:30 AM

March 16th – 11:30 a.m.

Enjoy a wonderful lunch and socialize with other Polio Epic members at **Campaña del Rio, 1550 E. River Rd.**
Call no later than the Tuesday before!
Frank Wadleigh – 299-9052
Bill Hatton 321-1703