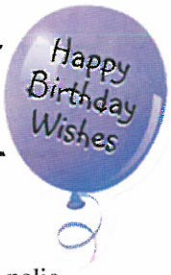




Polio Hero News

SPRING 2017 30TH ANNIVERSARY OF POLIO HEROES OF TN



In 1986 Dr. David Gaw, MD of Nashville, TN encouraged the formation of a polio support group as old polio patients were beginning to have mutual new problems. He had read about "post-polio" in a medical journal and passed on the information. In February of 1987, Jayne Perkins, the then Director of Easter Seals TN, gave 14 polio survivors a place to meet for the first time. This was a successful group of polio survivors from all walks of life and ages. Little did anyone expect that 30 years later we would still be here - thanks to Easter Seals TN. We've seen many other support groups come and go in that time. We suspended meeting 5 years ago due to our aging population. At our peak in 2003 of 1,150 members, to now just under 700 - we are



Please make note of our new address:

Easter Seals Tennessee
750 Old Hickory Blvd, #2-260
Brentwood, TN 37027

an aging population of the epidemic years, yet we have a member as young as 20, and a large number in their 80's and 90's. In 1991, we started teaching Physical therapy students about polio and post-polio. First at Tn State University by invitation of Dr. Cathy Hinton, RPT, PhD for 7 years; then in 1998, Dr. Hinton invited us to follow her to Belmont University where we have educated PT students for the 19th year, this year. Dr. Renee' Brown, RPT, PhD and Dr. Nancy Darr, RPT, PhD invited members of our support group to help teach students how to evaluate polio survivors for almost as many years. This program has been a huge success. PH of TN is a member of Post-Polio Health International. We continue to provide polio survivors, their families and health care providers with the best possible information on polio/post-polio with our newsletter twice a year.

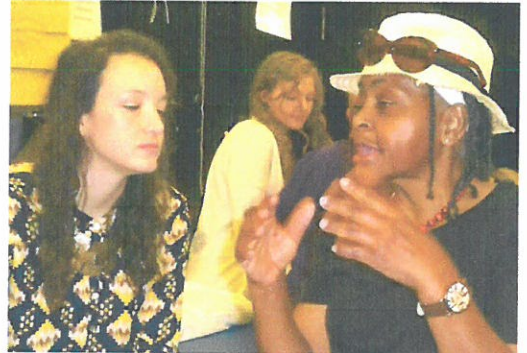
BELMONT PHYSICAL THERAPY CLASS - 14 VOLUNTEERS NEEDED, 10am - noon TUESDAY, APRIL 25TH

This is your chance to help teach Physical Therapy Students how to evaluate polio patients. Each volunteer is given 3-5 students. You will have a chance to relate your polio story, and for the students to do a short manual muscle exam and evaluation. After class, the students compare their patients to learn how different we are. You would need to wear loose warm-up type clothing (there is no undressing). This is a fun class and somewhat of a mini-meeting. Lunch is provided by Belmont after the class. To volunteer or for information and directions call Nickie Lancaster - 1/615-889-3007.

FISK UNIVERSITY ROTARACT CLUB On October 17, 2016 Nickie Lancaster, RN was invited to speak to the Fisk University Rotaract Club, a college group of young Rotarians who wanted to know more about polio and post-polio. Of the students attending, most were from other counties. Some students were familiar with wild virus polio in their countries. Fred Dowling of Easter Seals TN also attended the meeting. The club raises money to help fight polio and to provide for vaccines.



Fisk U. students Kimberly Morris, Tina Watson, and Alex McWilliams and speaker, Nickie Lancaster, RN



PH Albrice Alred shares her polio story with Belmont PT students last Spring.

JOAN HEADLEY, DIRECTOR OF POST-POLIO HEALTH INTERNATIONAL OFFERS HELP

- "We want you to know that we continue to help individuals with bracing and custom-made shoes through the Joyce and Arthur Siegfried Memorial Fund. Our most recent grant was to a lady in Zimbabwe whose brother in Seattle helped facilitate the process and contributed personally to the cost. There is a survivor in NY and one near Baltimore working with makers of custom-made shoes right now.. Thank you for honoring Arthur and Joyce in this way. The impact is lasting." Ed Note- NJ Polio Network (Summer 2016): For application to be helped by this fund, email Brian Tiburzi at info@post-polio.org or write to him at PHI, 4207 Lindell Blvd., #110, St. Louis, MO 63108-2930.

"To do nothing is sometimes a good remedy," - Hippocrates (c. 460-400BC)



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a program of Easter Seals Tennessee, 750 Old Hickory Blvd., #2-260, Brentwood, TN 37027 **SPRING 2017**

Too much medicine isn't always a good medicine....

Study: **Hip Replacement Too Soon After a Steroid Injection Increases Infection Risk**

Released: 2, March 2016 Source Newsroom: Hospital for Special Surgery



Patients considering hip replacement surgery would do well to wait three months if they've had a steroid injection to relieve hip pain, according to a study by Hospital for Special Surgery (HSS) researchers.

"The risk of developing an infection after surgery increased significantly in patients who had a hip replacement within 3 months of receiving a steroid injection," said William Schairer, MD, lead study author. "However, in patients who had a steroid injection and then waited 3 months or longer to have the surgery, there was no increased risk at all."

Researchers reviewed thousands of patients records in California and Florida databases for their study, which was presented at the annual meeting of the American Academy of Orthopaedic Surgeons (AAOS) on March 2, in Orlando, Florida.

An injection of a steroid into the hip joint is a common treatment to relieve pain and inflammation in patients with arthritis. This is the first large population study to provide strong evidence of an increased risk of surgical site infection in patients who have hip replacement 12 weeks or sooner after the injection, according to the researchers. They note that the immune system is weakened by corticosteroids, and this may contribute to the higher infection risk.

"Hip replacement is a common and safe procedure that relieves pain and improves quality of life, and overall, the risk of developing a joint infection is low", said Seth Jerabek, MD, an orthopedic surgeon at Hospital for Special Surgery and senior study author. "Although the risk is low, an infection is one of the most dreaded complications of joint replacement. Patients often need to undergo additional surgery, receive intravenous antibiotics treatment, and are off their feet during a lengthy recovery."

For their study, investigators looked at the Statewide Ambulatory Surgery and Inpatient Databases for Florida and California from 2005-2012, which included more than 17,000 patients who had hip replacement surgery for osteoarthritis. Researchers narrowed down the list to those who had received steroid injections prior to surgery and reviewed follow-up records to determine which of those patients developed a surgical-site infection within one year of hip replacement. Patients were grouped into those who received NO injection; those who had hip replacement within 6-12 months of an injection; those who had the surgery within 3-6 months; and those who had hip replacement within 0-3 months of receiving a injection.

The infection rate was 2.06% in non-injection patients and jumped to 2.81% in those who had the surgery from 0-3 months after an injection, representing an increased risk of 40 %. There was no statistically significant increase in infection risk in patients who had hip replacement from 3-12 months after the injection.

"Based on study findings, we recommend that elective hip replacement surgery be deferred for at least 3 months from an injection to avoid the elevated risk of infection", said Dr. Jerabek. "However, in some cases, such as patients who are still in a great deal of pain after the injection, it may not be feasible to wait. This is something the patient and doctor should discuss to determine what will provide the most benefit and least risk to the patient".

reprinted from Pennsylvania Polio Network, March 2016

Dr. Richard Bruno, PhD is the author of the best selling book **THE POLIO PARADOX**. He has been researching polio and post-polio for over 40 years.

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DR. JONAS SALK, MD was known for inventing the dead virus injectable polio vaccine, and on account of the fact that the main funding for his research to produce this vaccine came from the US Government it would not have been possible for him to register a patent. It is estimated that this patent would have been worth \$7 Billion. USD. - source: PPASS News, 2016

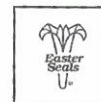
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**POLIO vs. MEASLES VACCINE by Professor Mike
North Central FL PPSG, Spring 2014**



1987 St. Louis, MO
Nickie Lancaster & Gini Laurie, founder of International Polio Network



Anniversary



This morning I was drinking my decaf Coffee . I picked up the newspaper and began to thumb thru the headlines. In bold was an article: “*Measles on the rise here, abroad*”. The article quoted CDC: “more than 98% of Americans who’ve become infected were unvaccinated”. The article went on to say that measles was eliminated in this country and the rest of the Western Hemisphere in 2000. **Elimination doesn’t equate with eradication.**

One outbreak in Brooklyn struck 2 religious communities where parents shun vaccines for religious reasons. In both cases people from the community traveled to other countries, contracted the disease, and brought it home. I know what you’re thinking....

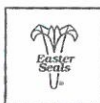
More and more parents are opting not to have their children immunized against polio because of all the “vaccine hype” that’s around. To them polio is a thing of the past. “My kids don’t need it.” “No one gets polio in the US any more.” Polio is a virus, and viruses are not alive. They can remain in nature indefinitely. When they talk about the “live virus vaccine” (the Sabin vaccine) they mean a virus that has not been killed, but inactivated so that it

will not cause disease, but still provide an immune response. Polio is still here. The only reason that there are no outbreaks is because the majority of the population has been immunized. Unlike measles (when you contract the virus you get the signs and symptoms of measles), polio is different.

Polio is an enterovirus (gut virus). When it gets into the blood stream and travels to the nervous system, if the person has the specific receptor sites for poliovirus on the nerve cells, the person will be affected. If there are no polio receptor sites, the person will be polio symptom free, but probably have a “bad stomach” as we say. Since the population with these receptor sites is extremely small (it’s genetic), few people who come in contact with the polio virus at any one time will have symptoms. Most everyone, not immunized, that comes into contact with the measles virus will get measles. it’s important for us to educate our communities to the importance of the polio vaccines. If a parent says to you: “What are the odds that without the vaccine my child will contract polio?” Your answer is very simple. The odds are way greater that the odds that you will win the lotto. But someone eventually wins lotto. When your child, sitting in a wheel chair , asks: “Why can’t I walk and play like other kids?”.... Think about It!!!

(Editor’s note PHofTN: Today’s news also tells us that there is a rise in new cases of Pertussis, known as “whooping cough”, and mumps. Recently a TN college had an outbreak of mumps for some unknown reason. Most of us had the usual childhood diseases, now rarely seen - measles, mumps, chickenpox . We were the generations before Dr. Salk’s vaccine against polio. One of our members, Wendy Locke, grew up living right across the street from the Salks. Her mother played bridge with Mrs. Salk. Wendy came down with polio in 1950 just before Dr. Salk made his discovery. Perhaps, Wendy’s case inspired him to work harder and faster. Wendy always wore a long leg brace thereafter. Wendy recently passed away in February, not from polio, but from Cancer at age 71. One of the reasons parents today shy away from vaccines is that a newborn is usually given 8 vaccines at once on the first visit to the pediatrition. As grandparents we should encourage the vaccines, but ask the doctor to break up the amount given at any one time. Most will respect the wishes of the parents. Bombarding the little bodies with 8 vaccines at once does not make for good judgement, as any one of the vaccines can cause a reaction. Breaking up the 8 into 4 with a 2-3 week interval in between is a much more reasonable administration. Then, if there is a reaction, you have a better idea of which one caused the symptoms. Even big, strong, healthy military individuals have reactions to vaccines. Just think of the size difference in a tiny baby.... Yes, **get your grandkids and great-grandkids vaccinated.** As Dr. Richard Bruno once said, “An outbreak of polio is just a plane or truck ride away.” - NLS)

“Old age is like climbing a mountain. You climb from ledge to ledge. The higher you get, the more tired and breathless you become, but your views become more extensive.” - Ingmar Bergman



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SPRING 2017



RESPIRATORY MUSCLE WEAKNESS (RMW) WITH Bi-Pap and C-Pap USE
 by Linda Rowen, Arizona League of Polio Survivors , Fall 2013, Vol. 2, Issue 5



Have you ever been told that you have Respiratory Muscle Weakness? (due to Polio) You can have this even if you didn't have a diagnosis of Bulbar Polio or were not in an iron lung. *This is what happened to me.* I use a Bi-Pap at night and have to sleep almost upright (O2 level drops if you lie flat.) The Bi-Pap machine (Bi-level Positive Air Pressure) pushes room air into your lungs on the IN hale and then the pressure backs off (or lowers) on the EX hale (Bi-level pressure) so we can get rid of CO2 by exhaling it. (Which is what people who are "normal" do.)

Most polios who have Respiratory Muscle Weakness have trouble exhaling against the Continuous Positive Air Pressure (C-PAP) of a C-Pap. This happens because of atrophying (weakening) of the diaphragm and other respiratory muscles, (chest muscles and intercostals) which are between the ribs, due to Polio. A Bi-Pap lowers the pressure on the exhale so that we can rid our bodies of excess CO2. If you have Respiratory Muscle Weakness and are given Oxygen without mechanical support (a Bi-Pap), the lungs "send a message" to the brain which signals the Respiratory Muscles: "we are getting enough oxygen, so you don't have to work so hard". Then if the respiratory muscles aren't working to push air in and out of the lungs, the CO2 can build up which is VERY dangerous, and can be life threatening. (Dr. Oppenheimer wrote a very good article on this subject and is available upon request.) This is very complicated.

Insurance companies have tried to put people with Polio Respiratory Muscle Weakness on C-Pap because (I have been told by my Physical Medicine Doctor) they are much cheaper. I tried to use one that my respiratory technician brought to me (just to see what it was like) and had a feeling like I was being smothered. I could not exhale against the continuous air pressure rushing in. (*Every Post-Polio does not need a BiPap instead of a C-Pap. For instance, if you have Sleep Apnea and Don't have RMW, a C-Pap may work well for you.*) We had to submit a lot of documentation to Medicare for them to approve a Bi-Pap for me: a Sleep Study (interpreted by a qualified Sleep Technician and/or your Psychiatrist or Pulmonologist), a pulmonary function test, the vital capacity of your lungs, (mine was 31%) were required. Also Arterial Blood Gas, done in Respiratory at the hospital by a Respiratory technician to test if you are retaining CO2 was done, and a prior diagnosis of Post-Polio Syndrome. If you have Respiratory Muscle Weakness and are not on Bi-Pap, you may experience some or several of the following symptoms. *Talk to your Pulmonologist or Psychiatrist (Physical Medicine doctor) ASAP.....*

Morning headaches - confusion, or other cognitive deficiencies - excessive daytime fatigue and sleepiness - shortness of breath, and inability to have a productive cough - problems speaking without taking breaths between words - unexplained muscle pain in the chest and trunk muscles - trouble sleeping lying flat.



Some of these symptoms may also be caused by other problems, such as heart trouble, (shortness of breath). the purpose of this article is primarily to explain what Respiratory Muscle Weakness is, and the difference between a Bi-Pap and a C-Pap. Hopefully you now have a better understanding of RMW.

In 1955 these little cards were passed out for families to get their "Polio Shots" in Nashville, TN

Thanks to the Unland family who saved this card for our archives. We are still collecting photos, Jr. League papers and any other items of polio history. Send to Nickie Lancaster, 529 Albany Dr. Hermitage, TN 37076-1422. (Photos can be copied and returned upon request)

Mothers! Dads!
Take Your Family for POLIO SHOTS!

THERE IS ENOUGH vaccine for you and your children—see that you get your share NOW. Protect your own family, before polio strikes again.

REMEMBER . . . adults need polio vaccine as well as children. Severe cases occur among those aged 20 to 35 years and over.

REMEMBER . . . it takes at least eight months to complete a series of three shots. Start NOW with two shots, spaced two to six weeks apart. Then get your third (or booster) shot seven months to a year after the second. **IMPORTANT!** If your child has already had two shots, make certain he gets his booster shot as soon as due.

To find out where to get your vaccinations, ask your doctor, health officer or local chapter of the National Foundation for Infantile Paralysis.

Wendell Carter Board of Health A.S. 5-7631

Record of Our Family's Polio Shots

	1st SHOT		2nd SHOT		3rd (Booster) SHOT	
	DATE GIVEN	DATE DUE	DATE GIVEN	DATE DUE	DATE GIVEN	DATE DUE
FATHER <i>R.L. Unland</i>						
MOTHER <i>Elizabeth Unland</i>						
OUR CHILDREN						
<i>Richard</i>	<i>4/10/56</i>	<i>7/25/56</i>	<i>2/2/57</i>			
<i>Mary Paul</i>	<i>4/13/55</i>	<i>1/23/56</i>	<i>4/21/57</i>			
<i>Billy</i>	<i>4/15/56</i>	<i>7/25/56</i>				
<i>Jean</i>	<i>4/30/55</i>	<i>1/22/56</i>	<i>4/21/57</i>			
<i>Raymond</i>	<i>4/30/55</i>	<i>1/23/56</i>	<i>2/2/57</i>			

THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS, 301 East 42nd Street, New York 17, N. Y.
FRANKLIN D. ROOSEVELT, FOUNDER



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