

POLIO DEJA VIEW

December 2011 - February 2012

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*A Newsletter for the
Central Virginia
Post-Polio
Support Group*

*Mary Ann Haske,
Editor*

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December 10, 2011 Annual Holiday Party

The Luncheon will be held on Saturday, the 10th of December, 2011
at Children's Hospital, 2924 Brook Road, Richmond; Time: 12:00 Noon

There will be a buffet offering chicken Marsala, green beans with almonds, roasted potatoes, roasted vegetables, Greek salad, lasagna, and rolls. For dessert there will be fresh fruit, cookies, brownies and hot apple cobbler with vanilla ice cream. The beverages will be coffee, iced tea and water.

Cost: \$16.00 per person

RSVP: No later than Friday, December 2, 2011 to Barbara Bancroft at 204-1688 or Judith Moffitt at 754-1067

Activity: Chinese Auction (Please bring a gift, per person, suitable for a man or woman, costing between \$10 and \$15)
Morrissey's Catering will begin serving at 12 noon. Members of the Youth Group from Bon Air Christian Church will be available to help carry and secure items for those who need assistance.

A check to the CVPPSG for \$16 per person or the exact amount in cash is due prior to the event or on the day of the event. Our Support Group is pleased to be able to supplement the cost of the party as well as pay the tax and tip.

January, 2012 - No Meeting

February 4, 2012

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

Remember to come at 1:30 for refreshments and social time! Cookies provided – bring your own beverage.

Topic for General Meeting:

The Relationships Between Caregiver and Partner

To prepare for the discussion, please read and think about the second section of
"Promoting Positive Solutions" which appears in this issue.

No Mid-Month Lunch in December

Wednesday, January 18, 2012

Mid-Month Lunch at 11:30

Peking Chinese Restaurant at Midlothian

13132 Midlothian Turnpike, Midlothian, 23113, 794-1799

Same shopping center as Food Lion

For a reservation, call Carol Kennedy (740-6833)
or Barbara Bancroft (204-1688) by Monday, January 16th.

Wednesday, February 15, 2012

Mid-Month Lunch at 11:30

We will have lunch at Azzuro Restaurant at 6221 River Road in the River
Road Shopping Center, 282-1509

For a reservation, call Carol Kennedy (740-6833)
or Barbara Bancroft (204-1688) by Monday, February 13th.

Mid Month Lunches

Holiday Thoughts.....From Your Editor

Last year I wrote a list of New Year's Resolutions. They all revolved around overdoing for the holidays and especially overdoing the Christmas Eve dinner. I needed to look at them again to remind myself of what "did me in" last year and how I resolved to make some changes. Some changes have been made for me automatically. Fewer family members will be with me and that will reduce the work load. I'll have family in two batches and that will change dynamics. So, this is a reminder, in print, to take care of myself by demanding less of myself. The reality is that I am the one making the demands, not my family. I have to "lower" my standards and make things easier.

My real topic for today is "clutter". We recently had a discussion about falls at our November meeting. We can all agree that clutter on the floor is a disaster waiting to happen. So, today, I'm going to talk about clutter and body and brain fatigue.

I need to go back in time 50+ years to when I was a new bride and we had two closets in our bedroom. That was unusual for an old apartment in the 50's. My husband's closet looked as though he used a ruler to space his clothes equally apart. I expected the clothes to get into formation and start to march! Mine, on the other hand, was something of a mess. The clothes were hung but placed willy-nilly.

Fast-forward several years and you would have seen a different me. I had 5 children (later to be 6) and they were very close together. I learned rather quickly if I did not have a place for everything and did not keep things put away, I would lose control and be in deep trouble. It was far easier in the morning if I had book bags ready, permission slips signed, gym shoes by the book

bags and lunches started the previous night. Organization was my Marching Song at that point in my life.

Now, I live alone. I can do whatever I want. The funny thing, though, is that I find "clutter" bad for me. It seems to pull me down. If I go to pay bills or do letters or other paper work and there is a big pile, I feel exhausted before I begin. If I put off doing my check book for too long, my brain rebels and does not do the math very well. If I am going to clean and I spend my energy picking up clutter, I don't get to use the mop or dust cloth because I am exhausted from dealing with the mess. Clutter keeps me from being able to pace myself.

I find that it is just as important for me to look around before I retire and pick up as it was when I had a house full of small children. It is just as important to return the stapler or needle and thread or magnifying glass to its proper place as it was when I was trying to avoid chaos. It is important to do mental tasks in small increments rather than tackle an enormous task. Maybe I am a little compulsive. A bill comes in on Monday; that bill goes out on Tuesday. That way, it is not sitting around looking like clutter or hiding in the desk to be paid frantically later. The way I see it, the money is not really sitting in the bank earning interest of any significance. Why not send the check early and feel free? Why not, indeed? No clutter, that's my new mantra!

So, with clutter under control and my paper plates for Christmas Eve dinner already purchased, I am hoping to really enjoy the holidays. My wish for you is that you also can

HAVE A HAPPY HOLIDAY AND A PROSPEROUS NEW YEAR!

Save the Dates

***Regular Meetings: Saturday, March 3, 2012, Saturday, April 14, 2012
(2nd. Saturday due to Easter & Passover) & Saturday, May 5, 2012***

***Mid-month Lunches: Wednesday, March 21, 2012, Wednesday April 18, 2012
& Wednesday, May 16, 2012***

Save the dates and this newsletter! The next edition will arrive in 3 months!



Uplifting the Lowly at Christmas

Luke 1: 46-55

“Mary said, “My heart praises the Lord; my soul is glad because of God my Savior, for he has remembered me, his lowly servant! From now on all people will call me happy, because of the great things the Mighty God has done for me. His name is holy; from one generation to another he shows mercy to those who honor him. He has stretched out his mighty arm and scattered the proud with all their plans. He has brought down mighty kings from their thrones, and lifted up the lowly. He has filled the hungry with good things, and sent the rich away with empty hands. He has kept the promise he made to our ancestors, and has come to the help of his servant Israel. He has remembered to show mercy to Abraham and to all his descendants forever!”

The verses above from Luke’s gospel are often called “The Magnificat.” These verses are quite uplifting to anyone who has felt the pain of illness, the pathos of depression, the sting of injustice and the

The rest of the story is continued on page 4

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If you would like to talk with someone about Post-Polio Syndrome, you are welcome to contact the above members. If you send an e-mail, please refer to APPS@ in the subject heading.

We would love to have any of our members write an article for our newsletter. It can be about your lifestyle adjustments, comments on post-polio or any subject, humorous or serious, that we may all benefit from.

Please send articles for or comments about our newsletter, as well as changes, additions or deletions for the newsletter mailing list to:

Mary Ann Haske, Newsletter Editor
2956 Hathaway Rd, #503, Richmond, VA 23225
or contact me at: (804) 323-9453 or mahaske@hotmail.com

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Uplifting the Lowly at Christmas

Cont'd from page 3

oppression of being poor. Mary, who was probably a teen girl with no standing and little self esteem, was chosen by God to bear the son of God. She praises God in this song of praise. The Good News translation emphasizes that God has remembered a "lowly servant." Mercy is shown by God through the generations.

Until the Salk vaccine in 1955, any child crippled by polio knew the pain of that illness, the pathos of depression and did not understand the injustice or the victimization of the innocent. This same unfairness of a handicapped child still happens today. Thus, these words during Advent can still speak to and lift the lowly.

FYI.....

For tips to modify your home in order to prevent falls:
Call the Eldercare Locator at (800) 677-1116 and ask for a free copy of the "Preventing Falls at Home" brochure.

If you use a cane or walker:
You might want to see the Mayo Clinic slide show at www.mayoclinic.com/health/canes/HA00064 and at www.mayoclinic.com/health/walker/HA00060

Some companies, that provide the "SOS button type monitoring system:
available through the following websites: www.lifelinesys.com and www.lifealert.com

Learn more about making a plan for winter weather and all emergencies:
visit the Virginia Department of Emergency Management websites: www.ReadyVirginia.gov and www.vaemergency.com

Foods that help fight Osteoporosis:
Almonds, sardines, green tea, mineral water, cabbage, butternut squash, spinach and figs.

In case of inclement weather, call any officer to see the status of our meeting or mid-month lunch.

ELEVENTH ANNUAL RETREAT



Fellowship, Dining, Panel Discussion
& Casino Night were all part of a
Wonderful Weekend.
Congratulations to the three winners!

CVPPSG EVENTS



Frances Thomas receives a plaque from President Carol Kennedy. Frances has served as Second Vice-President and Program Chairwoman for the past seven years. CVPPSG appreciates the many fine programs that Frances has brought to our group. We thank you, Frances, for your dedication and service.

Limping Through Life in Crippling Detail . . . Chapter 3

(The following is the third chapter of Jerry Epperson's account of his life with polio. Enjoy, The Editor)

*By Wallace W. (Jerry) Epperson, Jr.
Chapter 3*

One of my earliest memories is being next door playing with Anne and Eddie DuPriest. Anne was my age, Eddie was a year younger. My parents, my sister and I lived in a small house, best remembered for a tall metal windmill in the backyard.

I was sitting on a log in their yard, about six years of age, when I tried to stand. The knee lock on my metal long-leg brace did not catch and as I stood, the brace bent, throwing me forward. As luck would have it, a rock hit the bone between the two metal sides of my brace, and broke my paralyzed leg just above the knee.

Polio attacks the spine and destroys the nerves that communicate with muscles. My left leg still has muscles and one can quiver in my inner thigh if I really concentrate. The rest cannot move at all, but trust me when I say the nerves remain that feel pain.

In 1954, I had my first broken bone, with many more to come. Between my broken bones and my various surgeries, if I had kept the casts, I could use them to add a room onto my home.

Since the broken leg was paralyzed, when our physician came over he had to stabilize the leg with a board, and I still remember Dr. LaPrade riding in the back seat of someone's car, holding my leg all the way to a Richmond hospital.

By the way, a miracle occurred when I was in Warm Springs. Our home was clearly too small for the four of us and with me in a wheelchair, there were accessibility problems to the bath and elsewhere.

The Lucy family across the street had a large two-story brick home on two large lots. Mr. Lucy had been the mayor of Victoria at one time.

While my mother and I were in Georgia for nine months, Mr. Lucy approached

my father and somehow they swapped the Lucy's large home for our small one. Mr. Lucy and his wife retired to Florida, and his sister-in-law who lived with them got our small house. Miss Betsey, as she was known, had never married and quickly became the "neighborhood watch" for 13th Street. She never missed a thing. Trust me on that.

The new home had three bedrooms and a bath upstairs and two bedrooms, a den, dining room, living room, kitchen, pantry and bath down. They even left us most of the furniture which my mother loved.

About this same time, my grandfather passed away, and my grandmother, Julia Kelley, moved in with us. She was an R.N., too.

I have no idea how we would have gotten along without the help of the Lucy's.

The next broken bone needs an explanation. My father was tall, thin and athletic. He was a hard working railroad man, a conductor on freight trains for most of his career. Except for his Army service in the Pacific late in World War II, he worked on the railroad from high school to retirement. Dad could not consider going to college because he had to work to help support his parents. I think he could have been a great attorney.

Dad had loved sports in high school, and played football well, or so I heard. I always knew that when I had polio, he missed his chance to enjoy sports through me. Many of my friends were sons of my father's friends. Like their fathers, they played the usual sports.

In my heart, I knew I was a disappointment in this regard. He never said it but I knew.

When I was ten, my father wanted to teach me how to hit a baseball. Even if I couldn't run the bases, maybe I could hit and be on a team. The kids had a couple of fields where baseball was played, in addition to the school.

At this point, I need to digress. When I had polio at age two, between the initial quarantine and some related early surgeries, the crossed eyes that I had were not treated. At first, the doctors put an eye patch (actually a pair of glasses with black tape over one eye) on my strong eye to make my "lazy" eye stronger. Lots of my early photos show me wearing this patch, not exactly a main stream look, me hearties. Arg!

Soon after my broken leg healed, I was taken to Charlottesville and Dr. Burton operated on my eyes to correct this condition. Finally, at age seven, my eyes looked normal, but that was not the case.

Because of the length of time spent with crossed eyes and the type of treatment I received with the eye patch, I have never been able to see through both eyes at one time. Further, one eye was farsighted and the other nearsighted so I read with the right eye and view distances with my left.

Most people would have no reason to think of this, but not being able to use both eyes at once means I could not triangulate distances, which also affected my already weak balance, especially on stairs.

The other factor was the ability to see something thrown at me. I would follow it with my left eye until it got about an arm's length away, and then my right eye would take over. By then, whatever had been thrown would have hit me, like a baseball.

Now, I'll go back to Dad and me in our backyard, with his tossing me a baseball to hit. All I could do was swing about where I thought the ball could be because I could not see it when it got close.

As you might guess, I did not hit much, and that got me very frustrated. After what seemed like forever without any success, I threw down the bat, and turned to walk away. Dad reached out to talk, grabbed my left arm and "snap", it broke several inches above the elbow.

What happened next confused me for years. Mom and Dad quickly explained that no one could know he broke my arm.

I knew it was an innocent event with no malice, but I was told to tell everyone that I fell, which was accurate. I did fall after my arm broke.

The good news was I got a great arm cast with a neat sling. I am right-handed so it didn't disrupt school, writing or eating, and if I remember correctly, I got a lot of new baseball cards, the joy of the time. I think I milked this for lots of candy, too.

The bad news is Dad seldom played with me again, probably never, thinking I was so fragile.

Looking back as an adult, I certainly understand why it would look horrible if anyone thought my father hurt his poor crippled son.

Another incident about this same time has made me feel guilty for years. After one of my regular doctors' or brace repair visits in Richmond, we stopped at Toy City at the shopping center at McGuire Circle (back when it was a circle). I had my allowance money and bought something, while my mother did some toy shopping for Christmas presents. I found this plastic model that I really wanted. Having already spent my money, I asked her to buy it, and she said no. I threw a fit, yelling and crying, and after a minute, the clerk said I could have it, and to consider it an early Christmas present. My mother brusquely said "we don't take charity" and she paid for it. She was as mad as I have ever seen her and she stayed that way for a while.

I didn't understand then, but I do now. Money was tight and I was a spoiled brat.

Since I did not play sports or ride a bicycle, I had to entertain myself and that often involved television. My place at home was lying in front of our small black and white television so I could change the channels for Mom and Dad and keep them from having to get up. Dad was in his recliner, Mom in her rocker and I was on a homemade quilt on the floor in front of the television every night Dad was in town. Dad liked westerns and "HeeHaw", by the way, in addition to baseball and football.

The quilt, made by my grandmother Julia, also served another important purpose. I could fold it into different configurations to

race my Matchbox cars, or I could ball it up and make a mountain to play with my plastic army men.

The television was important, as I found when I did not use my "Winky Dinks" clear plastic sheet on the television screen. It allowed kids to draw things on it like bridges or horses to save Winky Dink from trouble. I couldn't find it, and knowing Winky Dink needed my help, I drew directly on the television screen. Those marks never fully came off.

Dad came home from work one day and announced he had won a raffle for a new television at the railroad yard office. We were so excited. It turned out that one of his friends on the railroad had fixed an older television and raffled it off to get some cash. Still, it was better than our television so we used it. Nuts. I wanted a new television.

Dad's Aunt Pearl (my underwear for every Christmas aunt) and her husband, Uncle Marvin (Douglas) didn't have a television so every Saturday night they visited. That was fine, but Uncle Marvin loved to watch the Gillette sponsored "Saturday night fights". He would sit directly in front of the small screen, swinging his arms and fists to help the fighters. Way too often, Uncle Marvin would hit the television cabinet and even the screen, scaring me that our dear television would be broken. It never broke, thank heavens.

Not wanting to sound like a total perv, but one benefit of being the official "remote control" for our television was getting to stay there when my sister Nancy had her friends over. Nancy was six years older and a cheerleader. More importantly, her girlfriends were gorgeous, and they hung out at our house a lot. One blonde, Hannah Rae, even looked like Marilyn Monroe. Nancy had a large upstairs bedroom so they had sleepovers, and often joined me in the den to watch television.

Listening to them talk (ignoring me on the floor) was an education all by itself (I should have written a book then).

Nancy was Homecoming Queen in 1959, and hosted lots of parties at our house. The best were the two prom intermission parties she hosted. All her friends were dressed in

fancy formals. Wow. I remember going with Mom and Nancy to Richmond to shop for her prom dress and a "Mouton", which I think was some sort of fake fur. We either ate at Hot Shoppes across from Thalhimers or The Clover Room on West Broad Street, both worth the trip.

Through it all, I was lying on the floor, trying to avoid getting stepped on while they mingled and danced. I was hanging out with high school kids!

Wanting me to get out more, my mother would sometimes make Nancy take me with her on dates. That would result in a massive argument which I never understood. With Nancy in the middle and her date driving, why did they mind me sitting beside them at the drive-in? I even paid for my ticket and food. They could still see the movie, and I did not see any problem going straight home after the movie because I could not stay out late. Wonder why she objected? And her dates didn't like it either.

By the way, I had friends that came to visit me just to see my pretty sister. That was fine with me.

Promoting Positive Solutions

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Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health

Psychology. She is a polio survivor and single mother of two grown children.

Question: As a group leader I sometimes feel I come across as too “pushy” when suggesting a polio survivor try out an assistive device. How can I get someone who obviously needs to use a new device to try it without appearing to be too pushy?

Response from Rhoda Olkin, PhD:

Sometimes it is easier for someone else to see what a person needs than it is for that person him/herself. But what do you do with that knowledge? Let me tell you how I first went from being a crutch user to a scooter user as a way of introducing how hard this transition can be. I was teaching at a university, and one day I arrived at work to find a scooter parked outside my office. I was told, “Oh, the Dean thought you could use this on campus to get around.”

Well, it seemed churlish to refuse, so I started using the scooter. And lo and behold, I found I went places I hadn’t gone before because they were too far, and I conserved energy. But at first I limited my scooter use to on campus, that is, I was okay with being a “scooter user” in my professional life.

Then I got a scooter for home and began to use it with friends. Suddenly I could go to the big box stores, museums, the park – the scooter expanded my world. The last place I used the scooter was with family. That was the harder transition – both for me and for my parents – bringing up lots of feelings in all of us. Our identity shifts when we go from being upright to a seated position; I get that, it’s hard.

But you know the moral of the story. It’s the one every new scooter or wheelchair user can recite. You don’t realize how much

you have limited your world until you get wheels and expand it again. Then you feel a sense of freedom that you couldn’t have predicted and you would never go back again to not having wheels. But how do you impart this moral to someone who is not there yet? I have a few suggestions.

Have a questionnaire for people to fill out and discuss with each other. Ask questions like: Are there stores you don’t go to because they are too big? How long can you stand in line? How active do you envision yourself being in the next five years? Have you fallen in the past six months?

Plan an outing at a place that is easy to get to by scooter, but difficult on foot. Make scooters available for those who don’t usually need them.

Have small group discussions about self-image as a person with a disability and what it means to be a crutch user, or scooter or wheelchair user.

Have timed treasure hunts in the facility where you meet. Have clues spread out in the facility so that walkies have to go all over. Offer scooters for use as needed. Put wheelies on one side of the room and walkies on the other and have them talk about what is easy and hard about their mode of transportation.

Remember, you can lead the horse to water, but only the horse can make itself drink.



Dr. Stephanie T. Machell is a psychologist in independent practice in the Greater Boston area and consultant to the International Rehabilitation Center for Polio, Spaulding-Framingham Outpatient

Center, Framingham, Massachusetts. Her father was a polio survivor.

Question: I am a caregiver of a polio survivor. At times I feel taken for granted. How can I handle this situation without

hurting my partner?

Response from Stephanie T. Machell, PsyD:

Caregivers, like parents and spouses and others we love and depend on, are often taken for granted. No matter how much someone appreciates your care, in the daily routine that caregiving becomes, the person may forget the importance of expressing appreciation and gratitude.

It’s hard to be a caregiver, especially for a spouse or partner. It changes the relationship and can create inequalities and resentments. There is ambivalence for both partners about their new roles. The one receiving the care may be appreciative of what is given but fear becoming a burden and resent not being able to do what he or she once did. The one providing the care may be happy to help but resent the extra work and loss of freedom. Both may long for the carefree earlier days of the relationship.

It’s especially hard for polio survivors to receive care. Being taken care of may bring up memories of the original polio, which may include negative experiences of caregivers who were anything but caring. Or it may bring up feelings of helplessness and dependence that can be hard to handle for someone who has always believed it was essential to be fully in charge and independent. Expressing appreciation for care, even when it’s felt, might make the polio survivor feel more vulnerable.

Can you talk with your partner about how you feel? Couples often fail to discuss such sensitive issues until they come up in indirect ways or in angry and hurtful words – or until the caregiver becomes ill and unable to carry on. Such a serious and important discussion would be best held at a calm and neutral time. You might start by asking your partner how he or she feels about the way things are going in your relationship. Or you could talk first about what you value about being able to care for your partner, or ask what it’s like to receive care. You could ask your partner how he or

she feels about what you are doing and if there is anything he or she especially likes or dislikes.

This may be a chance for your partner to express gratitude or appreciation for all you do. If not, you can let your partner know how you feel and see how he or she responds. If talking about it doesn't work, or if your partners can't or won't do so, there may be less direct ways he or she expresses appreciation that you can observe.

For instance, he or she might look more comfortable or smile at you when you have done something helpful. You might also notice the positive effects of what you do for your partner, like having more energy.

Feeling taken for granted could also be a sign that you need a break. It's important to care for yourself so that you can care for

your partner. Find a way to take time out. If no family or friends can help, there are resources available for respite care. Use them and take the time to do something that will replenish you. You will return refreshed and revived and better able to care for your partner.

Resources:

National Alliance for Caregiving
4720 Montgomery Lane, 2nd floor
Bethesda, MD 20814
www.caregiving.org

**Family Caregiver Alliance
National Center on Caregiving**
180 Montgomery Street, Suite 900
San Francisco, CA 94104
415-434-3388, 800-445-8106
info@caregiver.org • www.caregiver.org

Because We Care: A Guide for People Who Care

Administration on Aging
Washington, DC 20201
202-619-0724
www.aoa.gov

Area Agency on Aging

For caregiver support groups
Respite providers and other caregiving services
Eldercare Locator
800-677-1116
www.eldercare.gov

ARCH National Respite Network and Resource Center

Call to find local respite providers.
800-473-1727
<http://chttop.org/ARCH.html>

Post-Polio Thoughts A BETTER LIFE

*Nancy Baldwin Carter, BA, M Ed Psych,
Omaha, Nebraska, (n.carter@cox.net)*

It's time we got this straight: palliative care is not the same as hospice.

As Karen Rafinski put it in June's AARP Bulletin, "Palliative care is about making the most of life with a serious illness, whether the disease is terminal or not." While this could mean patients with life-limiting illnesses, it means those who may be recovering from grave conditions such as cancer or stroke, as well.

And guess what: It can also be us—certain polio survivors, perhaps still living at home but not necessarily bedridden, who simply want a better life. They may be severely affected by pain, for instance, or chronic weakness or stress—survivors using ventilators or those losing more muscle mass—others additionally affected by complications of aging. A better life. We're talking quality here (not to mention quantity—at least one study shows patients living longer for having been involved in palliative care).

Todd Sauer, MD, Medical Director at Nebraska Medical Center's three-year-old Palliative Medical Service in Omaha, says, "We are experts at helping to manage symptoms. We bring comfort to patients far earlier than they would find by merely seeking end-of-life care. We also offer help in making decisions. We meet with families and patients to discuss options, to open their

lives to a variety of possibilities."

Traditionally, palliative care programs use a team approach. Teams are often made up of a physician (probably different from our primary care doctor, though the palliative doctor does work with others to coordinate care), nurse practitioners, social workers, and chaplains, as well as patients and, at times, family members. Such teams cover a wide range of symptoms by addressing physical, emotional, and spiritual issues.

A holistic approach to one of our major concerns, pain management, may be used. In addition to medication, it's possible to try massage therapy, acupuncture, or any of an assortment of relaxation techniques, such as yoga and other meditation methods. Much attention is paid to the type of pain involved. Emotional pain is far different from a nagging rotator cuff, yet both kinds of pain must be tended to. Many patients undergoing standard treatment for their specific disease discover that palliative programs add an amazingly helpful layer of support.

In Omaha, members of the palliative care team make home visits at any stage of a patient's illness. "While a doctor can't be available to visit people in their homes 24/7," says Dr. Sauer, "we do the best we can. We also make every effort to help families caring for their loved ones at home." Check with your doctor about what Medicare covers.

Not all palliative care programs are alike—and neither are all patients. We need a good fit. Shop around—check out the list of what's available in your locality at getpalliativecare.org (see Step 2) or ask your doctor for a referral.

What to look for? As an example, Dr. Sauer is board certified in Family Medicine with a subspecialty in Hospice and Palliative Medicine. He's Fellowship trained, comes into the picture with outstanding credentials. Here's a family physician who liked treating families enough to move on to devote time and effort to becoming skilled in the world of palliative care. Those all have to be clues.

Today you and I may believe we don't have a reason for palliative care—could be we're not sure, or we're thinking maybe later it would be a good idea. How could it hurt to get in touch with a palliative care doctor and discuss options?

O.K. Have you looked it up yet? The word "palliative"? Alleviation of symptoms. To mitigate. To reduce the severity.

Sweet, sweet sounds to my ears. What do you think...

*Nancy Baldwin Carter, B.A., M.Ed.Psych,
from Omaha, Nebraska, is a polio survivor,
a writer, and is founder and former director
of Nebraska Polio Survivors Association.
Source: Post-Polio Health International
(www.post-polio.org)*

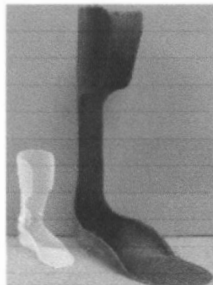
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