

POLIO DEJA VIEW

June 2011 - July 2011

www.cvppsg.org



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

Mary Ann Haske,
Editor

Table of Contents

Pg. 1
Calendar Events

Pg. 2
From Your Editor

Pg. 2
Scholarship Funds

Pg. 3
From Henry's Desk...

Pg. 5
Save The Dates

Pg. 6
Learning to Drive Again

Pg. 7
Swallowing Difficulty &
Late Effects of Polio

Pg. 8
CVPPSG News

Pg. 9
It Is Not a Perfect World

Pg. 9
FYI...

Pg. 10
11th Annual Retreat Info

Pg. 11
Annual Retreat Reg. Form

Pg. 12 - Ads

MAY MEETING CORRECTION

The topic for Henry Holland's talk at our
May 7th, 2011 Meeting
should read:

"Life in a Post Polio Support Group – the Highs and Lows"

Annual June Luncheon June 4, 2011

The June luncheon will be held at the Great Seasons Restaurant on June 4, 2011 at 12:00 noon. The restaurant is in The Shoppes at Bellgrade which is at 11400 West Huguenot Road. (Between Polo Parkway and Robious Rd.)

www.seasoningsfinecatering.com

Our group will be seated in a private area partitioned from the main large dining area. We will order from the menu and have separate checks. The menu has soups, salads, sandwiches, and lunch entrees averaging about \$10. Our Post Polio Group is pleased to announce that it is paying our tips. Great Seasons also has a catering business which is evident in the taste and presentation of the food.

Please make plans to attend as this will be an accessible location that will offer delicious food and a good time for all. There is ample parking! The deadline for reservations is Saturday, May 28, 2011. Call Barbara Bancroft, 204-1688 or Judith Moffitt, 754-1067.

NO JULY MEETING

No Mid-Month Lunch in June!

Wednesday, July 20, 2011

Mid-Month Lunch at 11:30

Baker's Crust

3553 West Cary Street, Richmond, 23221

Go to: www.bakerscrust.com or call 213-0800

For a reservation, call Carol Kennedy (740-6833)

or Barbara Bancroft (204-1688) by Monday, July 18th.

(Please note: Our lunches are now held on Wednesdays!)

Mid Month Lunches

Like Magic.....From Your Editor

Sometimes I look at my previous articles and wonder how did they happen? Was it magic? No, I owe it all to my freshman English professor, Caroline Lutz. I feel blessed to have had her in my life. She was eccentric and amazing. She dressed all in purple and gave wonderful essay assignments. The most important thing is she taught me two great life lessons. I will focus on the first today and save the second for later thoughts. Miss Lutz said that if we learned nothing else in her class, we must learn to “correlate”. Correlation sometimes seems to me to be a “light bulb moment”. Therefore, last issue I could relate my being stuck on the second floor of a medical arts building to the instructions by my doctor some 14 years earlier and realize I had to make some changes in my life. So, this article has a sub-topic.....

The Tankless Hot Water Heater

For some time I had been thinking I would like to invest in a tankless hot water heater. It would save energy and I would be making an effort to “go green”. I would be a good citizen. However, secretly I really wanted to just get rid of the tank and use the space to store my vacuum cleaner and cleaning supplies.

So, the big day came. Out went the monster tank and in came the really cute little water heater that was going to hang on the wall. Oh, I had visions of great space. I did not realize there would be pipes to the drain on the floor. However, with a little imagination, I was able to store everything I had dreamed of storing.

Now, a tankless water system is one where hot water comes on demand. So, one has to run the water a bit before the hot water arrives. I realized that, if I were going to save energy, I would have to be discrete in my turning on the hot water tap. Remember, saving

energy was one motivating factor in this rather large investment. I came to an amazing realization. I instinctively reached for the hot tap when there was no necessity to use hot water! I really had to look at how I had used hot water willy-nilly. I had to change how I used hot water for this system to really work.

Here is where correlation hits me over the head. What other kind of energy was I using thoughtlessly? Of course, the answer is my own personal energy. Little wasteful ways had crept into my “energy” life. For example, I set up a pantry so that heavy items such as a crock pot would be stored at lap level so that I could just pull them into my lap and not have to lift. Slowly but surely, the area in front of the shelves became cluttered with recyclables, gift bags, jugs of vinegar and I could no longer easily slide items into my lap. What was I thinking? The problem is that I was not thinking. The pantry floor is now clear of all the debris and I am not using energy to lift heavy items. I noticed that I had 80+ picture frames sitting around on tables and dressers. Do you know how much energy it takes to dust those things? Now I have an e-frame with several hundred pictures rotating. I love the surprise when I look over and see a picture of my firstborn, my husband, all my children, etc. I only have to dust one item!

I am now trying to evaluate my surroundings and see what I can do to continue to save on my own energy.

Well, you probably get the drift. I went from saving electric energy to saving my own strength. I went from point A to point B. That’s really how these little articles come to be. And, I smile, and mentally tip my hat to Miss Lutz who gave me two great life lessons.

Mary Ann Haske

Scholarship Funds Available

The Central Virginia Post Polio Support Group is pleased to announce that we have a small discretionary fund that is to be used as a Scholarship fund. We would like to remind all members that the money is there if you need assistance in paying fees for attending our events or obtaining our newsletter. Thus if you are unable to pay the fees to receive the newsletter, or cannot pay the full amount to attend our Retreat or other events, or have special needs, please contact Linda Van Aken at 804-778-7891, or at ChatNLinda@aol.com, or mail the request for assistance to 14606 Talleywood Ct., Chester, Va. 23831.



Michael's Tune

I have commented in previous articles how the event of polio in history has entered my life when I least expected it. Last October 30, the Rochester Cathedral Choir from Rochester England performed a concert at my church. An information sheet was provided regarding the various pieces performed and the composers. I scanned this information and noticed under the biographical sketch for Herbert Howells the following: "He was deeply affected by two events: hearing (with his friend, the composer Ivor Gurney) the first performance of Vaughan Williams' "Fantasia on a Theme of Thomas Talis" in Gloucester Cathedral; and the death from polio, at the age of nine, of his son, Michael (after whom he named his tune for the hymn "All My Hope On God Is Founded")." The death of his son from polio jumped off the page at me. I began a little research into this event in the life of Herbert Howells (1892-1983).

English composer Herbert Howells was born in 1892 in Lydney in Gloucestershire, England. He was the youngest of eight children in a family that struggled to maintain a livelihood. His older sister taught him piano and in his youth he assisted his father at the organ

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.

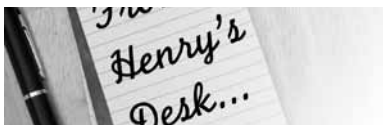
We would love to have any of our members write an article for our newsletter. It can be about your lifestyle adjustments, comments on post-polio or any subject, humorous or serious, that we may all benefit from.

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

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Cont'd from page 3

at a local Baptist chapel. At age eleven, Herbert Howells joined the choir of the local Anglican Church. His musical talent was recognized and his career took off with great promise. In 1915 at the age of twenty-three, he developed a severe case of hyperthyroidism or Graves Disease. He had a resting pulse of 130. He was unable to walk and talk at the same time. He was given six months to live. With this death sentence, he agreed to try an untried new experiment with radium. He was given radium treatments twice a week for two years. The treatments proved to be effective as Howells lived to age ninety. During World War I, he felt some guilt that he was unable to serve in the British army as many of his musical peers did. In 1920, he married Dorothy Dawe, a young singer. In 1923, a daughter, Ursula, was born, and on April 12, 1926, a son, Michael, was born. Nine years later on September 3, 1935, Michael contracted polio. Howells kept a diary throughout most of his life. His entries for the onset of Michael's illness are as follows:

Wednesday 4 (September): Mick's coming to our room in early morning. Temperature. Bad Back. Dr. Nanda sent for. Herbert arrived with coat he thought Mick had lost. Dr. N at 2:30 (PM), Chill? To St. B (riavels) for medicine. At 9 o'clock in Taylor's car.

Thursday 5: Mick worse. Dr. N at 11:15. Orders for London. Ambulance and Cheltenham Flier - London - Dr. Dowling, Nursing Home, Dr. Hunt, Fearful anxiety.

Friday 6: Nursing Home at 8:45 (AM) - Dr. H at 9 AM. With M most of the morning - lunch with Scotts. M again at 2:30 (PM). Grave change. Mrs. Fisher came - Mick worse always. Dr. H 7 PM. Hope, then despair. Dr. Brunton. Dr. Fisher,, Mick died at 10:10 PM +

These brief diary entries provide witness to the potential rapid nature of the polio virus' ability to invade the central nervous system resulting in death. On Tuesday, September 3, 1935, nine year old Michael had been busy mowing lawns. He began to feel unwell that evening and was sent to bed early. The next day he was clearly ill with fever, chills, and a "bad back." The next day his illness was grave and Dr. Nanda, his first doctor, ordered that Michael be transferred to London. He was taken by ambulance to the Gloucester railway station and rode the Cheltenham flier train to London. Michael arrived in London about twenty-four hours prior to his death. He was to be seen by four additional doctors during those twenty-four hours in London. Twelve year old sister Ursula recalled Michael's appearance as they drove him to the Gloucester railway station. She stated that he was turning 'bluey-black' as his lungs began to fail. This early

Michael's Tune

observation would indicate that Michael had contracted a severe case of bulbar polio. In the mid 1930's available iron lungs were small in number. There was one iron lung in London, but it was on the other side of town. Sister Ursula stated in an interview years later: "It would have been possible to get it (the iron lung) to him, but the doctors felt that it might be kinder to let him die given that he would anyway be totally paralyzed for the rest of what would have been a much shortened life. So they had this awful decision to make, but fortunately he died while they were deliberating."

Had an iron lung been available to Michael, there is the possibility that he would have recovered to a significant extent as many survivors of iron lung bulbar polio were able to do. However, Michael's polio was in 1935 and not ten years later when the iron lung was more readily available. As survivors, we may tend to forget that many children and some adults succumbed to acute polio during the epidemic years. During the great polio epidemic in New York City in 1916, 2500 children died of acute polio. This occurred before the invention of the iron lung. Following the invention of the iron lung, there is no doubt that the negative pressure iron lung cylinder tank with bellows saved thousands of lives around the world. Today, positive pressure ventilators (the descendants of the iron lung) save lives on a daily basis as one has done for me since 1971.

Michael was buried on September 11 at Twigworth where his parents had been married. Sister Ursula remembers the time period following Michael's death. "Herbert (Michael's father) was an extremely emotional person. I don't know what he was like religiously before Michael's death, but afterwards, every weekend we went to Gloucester (from London to Twigworth). We used to live in church. But that was an emotional thing as Michael was buried there. As far as religion goes I think he adored the music and the buildings - he adored cathedrals. Emotionally, he had a sort of spiritual sense. I know he said to me, about a year before he died when we were sitting one day in the dining room: 'I don't believe there's anything'. I was very surprised that he said it as definitely as that. That was the only surprise I had. Not that he didn't believe. It was the fact that he said it, and came out with it."

Shortly after Michael's death, it was twelve year old Ursula, who having observed her inconsolable and ever grieving father, suggested that he should write about Michael in music. Thus, Hymnus Paradisi, an English Mass, made its first stumbling steps toward the great achievement which a Gloucester audience witnessed for the first time fifteen

years later. Also in memory of Michael, Howells wrote the music for the hymn "All My Hope On God Is Founded." For many years thereafter, Howells wrote church music. His biographer, Paul Spicer, wrote that Howell's music "marked him out as the greatest contributor to the music of the Anglican Church in this century."

Despite Howell's doubt about a merciful God, perhaps his son's death allowed the love of God to be expressed through his music. I have had the opportunity of hearing "All My Hope On God is Founded" as performed by the Chancel Choir of River Road Church, Baptist during a Communion Service. The words and music of this hymn are inspiring to anyone who has suffered a personal loss or is in despair. The hymn consists of five verses. The first three verses were written by Jaachim Neander (1650-1680). The last two verses were apparently written by Robert Seymore Bridges (1844-1930). In memory of his son, Michael Howells, Howells set the five verses of this hymn to a new tune called "Michael." If you have never had the opportunity of singing or hearing this hymn, I hope you might have the opportunity some day.

If the reader would like to hear this hymn at a service in Westminster Abbey, the youtube link below should give you that chance.
<http://www.youtube.com/watch?v=W2oYTtyBSxk>

References:

Spicer, Paul, Herbert Howells, Poetry Wales Press Ltd, Bridgend, Wales. 1998.

Information Bulletin, Rochester Cathedral Special Choir, Rochester, England, 1998.

Musical Information provided by Carl Freeman, Minister of Music of River Road Church, Baptist, Richmond, Virginia.

Additional information provided by Lynn Singleton of East Sussex, England and Hilary Hallam of Lincoln, England.

(This very moving article is a repeat of one published over a decade ago.)

All my hope on God is founded;

He doth still my trust renew.

Me through change and chance He guideth,

Only Good and only True,

God unknown,

He alone

Calls my heart to be His own.

Pride of man and earthly glory

Sword and crown betray his trust;

What with care and toil he buildeth

Tower and temple, fall to dust,

But God's power

Hour by hour,

Is my temple and my tower.

God's great goodness aye endureth,

Deep His wisdom passing thought:

Splendour, light and life attend Him,

Beauty springeth out of nought.

Evermore,

From His store

New-born worlds rise and adore.

Daily doth the Almighty Giver

Bounteous gifts on us bestow;

His desire our soul delighteth,

Pleasure leads us where we go.

Love doth stand

At His hand,

Joy doth wait on His command.

Still from man to God eternal

Sacrifice of praise be done,

High above all praises praising

For the gift of Christ His Son.

Christ doth call

One and all:

Ye who follow shall not fall.

Save the Dates

Regular Monthly Meetings, Aug. 6, Sept. 10, Oct. 1

Final Payment for Retreat, Sept. 10

Retreat, Oct. 14, 15, 16

Mid-Month Lunch, Aug. 17, Sept. 21

Learning to Drive Again: One Hand at a Time

Joan Langhi, St. Louis, Missouri,
jlanghi@sbcglobal.net



Joan Langhi, ready to drive with one hand on the spinner knob and one on the brake and accelerator control. "My van came with automatic door openers, which really helps when I stow my walker in the back seat."

I had polio in 1949 at the age of one. My legs were affected, and after a lot of corrective surgery, I was able to walk with crutches and braces. By fourth grade, I no longer needed the braces and just used the crutches.

I graduated from college and taught in elementary schools in St. Louis and Mexico City and now work for Yellow Pages in downtown St. Louis. I am an avid swimmer and lead an active life. I live independently, so I am mindful of safety in all of my activities.

About five years ago, the strength in my arms began to rapidly deteriorate from overuse. After a shoulder replacement three years ago, I started using a walker. Last year, my doctor said that I needed a brace on my right leg to protect my knee, so I started wearing one, and I loved it – it was doing the job it was intended to do.

What was not intended was the weight of the brace being just heavy enough that I could not safely use my right leg to operate the accelerator and brake pedals in my car. I'd been driving for years and had a wonderful little station wagon. Although it had been suggested when I had the shoulder replacement that I look into vehicle modification, I ultimately didn't want to do

it – at least not until the leg brace.

I was grappling with emotions – the brace was helping me, but wearing it felt like a setback. I couldn't imagine giving up driving a car. Luckily, a wonderful associate pastor at my church who had a spinal cord injury encouraged me to contact United Access, the company that modified his van.

United Access referred me to an occupational therapist who is a Certified Driving Rehabilitation Specialist for an assessment of driving skills, alertness and strength. I had three sessions learning to drive with hand controls (which felt like being told to be left-handed after being right-handed all my life). With my left hand, I push forward on a lever to operate the brake and push down to operate the gas. The occupational therapist also found that there was significant absence of strength in my right arm, and recommended reduced-effort steering with a spinner knob.

A salesman at Bonmarito Nissan found a used van that was well suited. Then, Stephen Kinstler at United Access put me in touch with a Missouri state agency that offers low interest loans for vehicle access modifications. The process took several weeks, but the vehicle, of course, needed to work for me and fit my budget. I was particularly concerned about my ability to parallel park using the hand devices. With a little practice, I've been able to accomplish this too. I can drive with confidence. I am a blest woman!



Stephen Kinstler

Stephen Kinstler, United Access Mobility Specialist, St. Louis, Missouri, skinstler@unitedaccess.com

More than half of the modifications we do are non-driver modifications – wheelchair and scooter ramps and lifts, van door and roof extensions, etc., that have to do with mobility issues.

Because Joan needed driver modifications, she had to be assessed by a Certified Driving Rehabilitation Specialist, an occupational therapist who gives us an independent, impartial evaluation of what is needed. The therapist provides on-the-road driver training on hand controls and may be able to develop exercises to strengthen driving muscles. The therapist also observed that, in Joan's case, reduced-effort steering was needed. This reduces the amount of strength required to turn the wheel by half or more and can even to go zero.

Joan recognized that she needed help and she got it. Mobility changes for people who have had polio are often gradual, and they sometimes feel they are giving up something when they get help. I had a spinal cord injury, so, for me, change was instant, but I understand the reluctance to give something up. I say, don't be afraid to need a little help – it's out there if you just look.

UNITED ACCESS is an industry-leading provider of wheelchair accessible vehicles, driving systems, mobility seats, handicap lifts, and other vehicle modifications serving customers in Missouri, Illinois, Kansas, Tennessee, Arkansas, Indiana, Oklahoma and Mississippi. www.unitedaccess.com

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Swallowing Difficulty and the Late Effects of Polio



Barbara C. Sonies, PhD, CCC, BRS-S, is a Board Recognized Specialist in Swallowing and Swallowing Disorders and Professor, Department of Hearing and Speech Disorders, at the University of Maryland in College Park.

Barbara C. Sonies, PhD, CCC, BRS-S, College Park, Maryland, bsonies@hesp.umd.edu

A major polio epidemic in the mid-20th century left many survivors with a wide variety of physical limitations including problems swallowing foods. Many persons with swallowing problems also had original bulbar signs of polio including difficulty breathing, clearing the throat, speaking and singing.

Some persons however, had no overt signs of swallowing difficulty and seemed to recover many of their original physical abilities. Twenty to 30-plus years after the original polio episode, many people began to experience new signs of muscle weakness with difficulty walking or breathing and new problems with swallowing. Many polio survivors are now beginning to complain of difficulty swallowing and food getting stuck in their throats.

In a series of studies completed at the National Institutes of Health in 1991-1996 by Dr. Barbara Sonies and Dr. Marinos Dalakas, and in other studies, it has been substantiated that new swallowing complaints begin to emerge decades after the initial polio onset. Many people are only mildly aware of any change, and others who deny swallowing problems actually do have symptoms. An informal survey taken in 2003 of 23 persons diagnosed with post-polio syndrome (PPS) indicated that

more than half had both new complaints of swallowing difficulty.

What are the possible causes of changes in swallowing?

Current thinking is that muscle overuse is responsible for swallowing problems that are emerging as new symptoms or reappearing in person who recovered from swallowing problems years ago. The assumption is that the remaining fewer healthy nerve fibers and muscles they innervate (motor units) become overused. This overuse appears to cause a slow deterioration of the function of the head and neck bulbar muscles needed to swallow. Once-healthy muscles of the face, palate, tongue, throat, lips and larynx become weakened. Because many of the muscles and nerves that control swallowing also control speech and voice, changes making swallowing more difficult may also make speaking more difficult.

What should I expect from a swallowing diagnostic examination?

To evaluate and make an appropriate treatment plan for someone with a swallowing disorder, a clinical swallowing assessment should be conducted. In this examination, the strength and coordination of the various muscles used to swallow will be assessed during a series of activities. If weakness or incoordination of the muscles of the mouth and throat are found, strategies for treatment will be suggested.

Swallowing safety will be observed during eating a meal or with liquids and soft foods in a clinical setting. A thorough history of medical/surgical diagnoses, medications, allergies and family and caregiver observations will be included along with a history of the polio progression. Oral hygiene and condition of the teeth will also be evaluated.

If the swallowing problem is such that the person is at risk for aspiration, where food enters the airway, an instrumental swallowing examination will be conducted. The two primary techniques are the *modified barium swallow* and a *fiberoptic swallowing examination* of the throat. These procedures will help to determine if the problem is in

the oral, pharyngeal or esophageal phases of the swallow. Both of these techniques are objective and can assist in determining the severity of a problem and allow the clinician to suggest proper treatment.

What can I expect from swallowing treatment?

Most of the swallowing problems experienced by persons with PPS can be treated. For example, if one side of the body is weaker, specific strategies can be used that can help swallowing be more efficient. There are other strategies that can help to develop better oral sensation, move food from the mouth through the throat, alter foods so that they can be swallowed safely and reduce risk of aspiration. Postures and positions can be used to help food enter the throat and esophagus without sticking. Some treatments use food, and others focus on muscle strengthening, biofeedback and rehabilitation without food until the strategy is safe to use while eating. Depending on what was found in the clinical and instrumental examination, treatment will be individualized to suit the findings and provide optimal help for each person.

Although PPS may be progressive in some cases, the strategies to improve swallowing can assist in stabilizing the swallow to maximize safety and provide adequate nutrition.

Swallowing specifics for those with PPS

It is important that a swallowing examination be conducted periodically if any of the symptoms listed here are exhibited. Even if the problems seem minimal, swallowing should be evaluated, as people with PPS often accommodate changes that need attention, and these can become full-fledged problems when ignored. Make sure to contact a qualified clinician for treatment. A modified barium swallow study is the most complete and reliable instrumental test to examine a swallow, so be sure to follow through if it is recommended and to follow up with additional studies if any changes in swallowing occur. Swallowing is an important human function that can be preserved in those with PPS.

Suggested Readings and Websites:

BC Sonies, Speech and Swallowing in Postpolio Syndrome (2004) in (Eds.) Silver JK & Gawne AC, Postpolio Syndrome, Hanley and Belfus, Philadelphia.

BC Sonies, Long-term Effects of Post-Polio on Oral-Motor and Swallowing Function, (1995). In (Eds) Halstead LS & Grimby G. Post-Polio Syndrome, Hanley & Belfus, Philadelphia.

Board Recognized Specialist in Swallowing and Swallowing Disorders website: www.swallowingdisorders.org

American Speech Language Hearing Association, Special Interest Division on Swallowing, Rockville MD, www.asha.org

Modified Barium Swallow:

A radiologic examination, performed while the patient swallows barium-coated substances, that assesses quality of the swallowing mechanisms of the mouth, pharynx and esophagus.

Fiberoptic Swallowing Examination:

A procedure to diagnose swallowing disorders by inserting a flexible fiberoptic endoscope through the nasal passage into the hypopharynx, allowing direct observation of the pharyngeal and laryngeal structures during swallowing.

What are some signs of swallowing difficulty?

A wide but consistent range of complaints is noted including food sticking in the throat, trouble swallowing pills, coughing during eating, food backing up from the throat, eating a meal takes longer and unintentional weight loss. A self-assessment questionnaire for dysphagia (swallowing disorders) listed below can help determine if you need further attention (adapted from Sonies, BC, Parent LJ., Morrish K., Baum, BJ, Dysphagia 1:178-186, 1987).

Swallowing Difficulty and the Late Effects of Polio

Barbara C. Sonies, PhD, CCC, BRS-S, College Park, Maryland, bsonies@hesp.umd.edu

If you answer YES to more than three of the following questions, seek consultation from a physician and speech-language pathologist

If you have many of these symptoms, contact a speech-language pathologist at a hospital or rehabilitation center who specializes in dysphagia. (Go to www.swallowingdisorders.org to see a listing of specialists in your state.)

Do you have difficulty swallowing?

Do you have difficulty chewing hard foods?

Do you have an overly dry mouth?

Do you have excessive saliva or drooling?

Do you cough or choke during or after swallowing?

Do you have a feeling that food catches or remains in your throat?

Do you have continual mucous dripping into the throat?

Does your voice become hoarse or gurgly after you swallow?

Do you have food particles backing up into your throat or mouth?

Do you have heartburn or indigestion?

Do you have difficulty swallowing liquids?

Do you have difficulty swallowing solids?

Do you have difficulty swallowing pills?

Do liquids sometimes come out of your nose?

Does it take you longer than everyone else to eat a meal?

Have you had episodes of airway obstruction during eating?

Have you had frequent pneumonia or aspiration pneumonia?

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CVPPSG NEWS

On March 23, 2011, the CVPPSG met and voted to make several changes. These were presented to our membership during the business session of our April 2, 2011 meeting.

The following changes are being enacted:

1.) Our Newsletter, Polio Déjà View, beginning with the December issue, will be quarterly, rather than every other month. The editor requested this as she is finding the physical and mental workload increasingly a challenge.

2.) We will no longer meet in January. Between the possibility of bad weather and low attendance due to the "holiday fatigue" of many of our members, we decided to make this change.

3.) The November Meeting will begin at 3:00 instead of 2:00 on the 2nd Saturday of the month. (We no longer meet on the 1st Saturday of November due to the "Teddy Bear Run".) This time change is being made, on a trial basis, because the Richmond Marathon is the 2nd Saturday and the blocking of some roads makes it difficult for some members to get to the meeting on time.

Also, at our April 2, 2011 meeting, our group voted to make a donation to the Japanese Network of Polio Survivors. The Sendai Polio Society, membership 46, had 4 members who lost their houses in the recent earthquake and tsunami. The donation will be made through Post-Polio Health International.

It Is Not a Perfect World

By Frances Thomas, CVPPSG Member

The world is not a perfect place. The world is full of normal individuals without disabilities. Sometimes I wonder if most people do not give a second thought to handicapped persons unless we are in their way with our scooters or they think no one is looking so they can pull into a handicapped parking place to run a quick errand. (Of course, I cannot really judge the person grabbing the parking place as not all disabilities are visible.)

If I really think about it, the ADA and its improvements are relatively new things. I see sidewalk construction being made in urban areas almost every week. I assumed that all the changes had been made by now!

To assume a trip or a visit will be hassle free is simply poor planning. I must remember that it is hard to be out of a comfort zone where surroundings are to my specifications and design.

The point is, if I am taking a trip visiting an older facility, I have to check the facility out in advance. Nothing spoils the mood for a pleasant experience more than finding the access does not work for me.

If I am in a situation where I cannot choose my location or preview the facilities, I may be stuck. Depending on the social situation, I may have to take the lack of access with a smile. At the end of the day, if I cannot know in advance what the conditions are, I am at a decision point. Do I make the trip or stay at home?

Travel, even for the able-bodied, is not always easy; even they need to plan for unexpected contingencies.

Many facilities, because of their age, have been grandfathered and will never be brought up to standard. This not only includes access, it probably includes various and sundry building codes. Again, planning is the key. There is that question again. Do I really want to go to this location? Do I know what I am in for?

If one finds oneself in less than perfect conditions, it may well raise one's stress level. Enjoy the moment and your friends and don't waste good mental energy on something that, at this point, you cannot change.

FYI.....

FYI: Love Wal-Mart but hate running across its football-field-sized stores for a tube of toothpaste? Now you don't have to. Wal-Mart (WMT, Fortune 500), the world's largest retailer, is beginning a new free service that lets customers order items online at walmart.com and then lets them pick up the items four hours later at the nearest store. (This offer does not include groceries.)

FYI: Did you know that many of the Virginia State Parks have accessible trails?
Go to: http://www.dcr.virginia.gov/state_parks/accessib.shtml

FYI: Chesterfield County – 12th Annual Senior Day - Free
“Moving and Grooving the Senior Way”
Wednesday, May 4th, 7:30 a.m. until 12:45 p.m.
Victory Tabernacle Church
11700 Genito Road, Midlothian
More Information, call Debbie Leidheiser, 768-7878

Eleventh Annual Fall Retreat !!!

The Annual Fall Retreat will be Friday, October 14th 2011 until Sunday, the 16th 2011, at the Holiday Inn Express Hotel & Suites in Ashland, VA (www.hiexpress.com/ashlandva). This is located right off Rt. 95, just north of Richmond and will be convenient for everyone. We have tentatively reserved 15 guest rooms and all six handicapped accessible rooms. If you need a handicapped room, please let us know what your exact needs are; you may only need a bath bench or raised toilet seat. If you can supply your own, it would benefit those of us organizing the Retreat as it is difficult for us to transport equipment.

We will have the use of the conference rooms, heated indoor swimming pool, hot tub and exercise facility. The rooms have microwaves and refrigerators, TV, coffee makers and hair dryers. Those who attended in previous years gave rave reviews to the facility.

Friday evening we will have our usual "Meet 'n Greet" social time with great appetizers (no additional snacks needed!) and dinner being catered by Suzanne's, the same wonderful caterer we had in 2009. Breakfast is supplied by the hotel. Saturday, we will have box lunches by Suzanne's. Be sure and read all the choices and place your selection on the registration form. Since we have to vacate the meeting rooms by 5:00 on Saturday (Reason: Fun, Fun, Fun), we are "on our own" for dinner at any of the several

restaurants near the Holiday Inn – Applebees or Cracker Barrel are very close by.

Saturday morning we will have a panel on "Advantages of the Latest Technology". (Questions for panel or ideas for the panel to address may be recorded on the registration form.) In the afternoon, we will have a speaker who blends comedy and inspiration. Christine Walters, of ComedySportz Richmond, will present "The ACTTive Leader – The Power of Attitude, Commitment, Teamwork, and Trust". Peer Session and Partner Session and rest period will also be part of our afternoon.

Saturday evening, Masino's Casinos will host casino night complete with CVPPSG money (fake) and, of course, lots of prizes. There will be Black Jack, Texas Hold 'Em, Roulette and Bingo games. Something for everyone and FUN, FUN, FUN!

We will offer this for \$150.00 per person based on double occupancy for the entire weekend, including all meals except Saturday dinner. Single occupancy will be \$250. The support group is still subsidizing part of the total expense. If you want to come just for the day on Saturday, the 15th, the cost will be \$50 a person which includes lunch and Casino Night which will run from 7:00 to 10:00 p.m.

You will need to select a box lunch. (Note: all boxes include a Deviled Egg and a Chocolate Mint.) Please choose from the following:

SATURDAY BOX LUNCH CHOICES

- | | | |
|--|---|---|
| #1 Chicken Salad
Homemade Roll
Fruit Salad
Red Velvet Cake | #5 Sliced Roasted Turkey
Homemade Roll
Pasta Salad
Carrot Layer Cake | #10 Hickory Smoked BBQ
Homemade Roll
Coleslaw
Seasonal Fruit Cobbler |
| #2 Albacore Tuna Salad
Homemade Roll
Green Pea Salad
Key Lime Pie | #6 Shrimp Salad
Baby Shell Macaroni Salad
Chocolate Pecan Pie | #11 Luncheon Salads
Garden Salads
_____ with Chicken Salad
_____ with Tuna Salad
_____ with Shrimp Salad
_____ with Turkey, Ham & Cheese
_____ Caesar with Grilled Chicken
All with Homemade Melba Toast
Chocolate Pecan Pie |
| #3 Sliced Country Ham
Homemade Roll
Potato Salad
Deep Dish Coconut Pie | #7 Sliced Chicken with Bacon
Parmesan Cheese Spread
Homemade Roll
Fruit Salad
Chocolate Pecan Brownie | #12 Vegetarian Wrap
Grilled Fresh Vegetables with
Sundried Tomato Hummus on
Flat Bread
Fruit
Mocha Chocolate Cake |
| #4 Roast Beef & Cheddar + Lettuce
& Tomato on Homemade Roll
Baby Shell Macaroni Salad
Seasonal Fruit Cobbler | #8 Back Fin Crab Cake
Homemade Tartar Sauce
Homemade Roll
House Salad w/Dressing
Pineapple Upside- Down Cake | |
| | #9 Hanover Club
Homemade Roll
Potato Salad
Pecan Pie | |

It is imperative that you make your reservations as soon as possible!!! We are working with a busy hotel and they need to know the exact number of guests by September 12th!!!

Final reservations and complete payment should be received by Linda VanAken by September 10th. For those who send in an early deposit – the remainder is due by September 10th.

We welcome all who have attended in years past and we welcome any new members who would like to share their polio stories, ask questions and generally have a rewarding and FUN weekend!

REGISTRATION FORM FOR OCTOBER RETREAT

Friday, October 14th until Sunday, October 16th

Please mail to: Linda VanAken, 14606 Talleywood Ct., Chester, VA 23831 with check made out to: "CVPPSG"

Final payment has to be received by September 10th.

Name: _____

Address: _____

Phone: _____ Number of Persons attending: _____

Type of Room accommodation: _____ (single or double) Handicap accessible? _____

If you are single and sharing a room, who will be your roommate? _____

Will you be attending just for the day on Saturday? _____ Number attending _____

Do you have any special dietary requirements? _____

(We cannot change the pre-set menu unless there are specific needs)

Price for the weekend (2 nights and 4 meals) \$150 per person based on double occupancy

Price for single occupancy (2 nights and 4 meals) \$250 per person

Price for Saturday only (includes lunch and Casino Night) \$50 per person

Amount of check sent: _____

Box Lunch(s) include lunch # & item name (ex. #6 Shrimp Salad): _____

Questions or comments for panel _____

(Use back if more room is required)

Remember, all rooms, including the handicap accessible rooms, are on a first come-first serve basis.

Your registration form, with a \$30 deposit, guarantees your room.

If you know you will be attending, please send your registration in early. Thank you.


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