

# POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

[www.cvppsg.org](http://www.cvppsg.org)

December 2007 – January 2008

*Carol T. Ranelli, Editor*

**December 1st Meeting**

**Annual Christmas Lunch**

**At Steak & Ale Restaurant, 6900 W. Broad St., at the corner of  
Glenside and Broad St.**

Take the Glenside- North exit off Rt. 64

**From NOON until 3:30**

We will have a private room and have a choice from a selected menu including beef, seafood and chicken at several different price ranges.

**Please respond no later than November 28th to make your reservation:**

**Call Bev Lordi at 569-4232 or Barbara Bancroft at 204-1688**

Remember to bring a gift suitable for a man or woman, costing between \$10 and \$15. We will conduct our traditional Chinese Auction again this year. Please plan on joining us for this annual holiday social.

**January 5<sup>th</sup> Meeting**

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

Our speaker will be **Corrine Gutierrez**, who will speak on the role of Chinese medicine in illness prevention and overall well being.

She will discuss some of the latent side effects of post polio and how acupuncture and dietary therapy can be beneficial.

**Note: During the winter months, if there are questionable weather or road conditions, feel free to call an officer to check on meeting cancellation.**

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**HAPPY HOLIDAYS TO OUR  
MEMBERS  
AND THEIR FAMILIES**

## Mid-Month Lunch

There will be no mid-month lunch in December.

Wednesday, January 16<sup>th</sup> we will be meet at 11:30 at  
**Pasta House at 8196 Atlee Road.**

It is very near Memorial Regional Hospital. You would get off I-295 going south (toward Rocky Mount) at exit 38B on Meadowbridge Road. Turn right at the light just beyond the hospital and it is in the strip mall.

**Call Bev Lordi at 569-4232 by Jan. 14<sup>th</sup> with your reservation.**

## New Resource For Caregivers

"Counting on Caregivers – the Social Side of Caregiving" is a new resource that has been developed by the Adult and Family Team at the Campbell County Department of Social Services (CDSS) and Joy Duke, former Adult Program Manager for the Virginia Department of Social Services (VDSS).

While the needs of adults with Alzheimer's disease and related dementias are understood, the social and interpersonal needs of their caregivers are often overlooked. The "Counting on Caregivers" booklet was created to help fill this void. CDSS will distribute the free booklets to providers of care to the elderly and disabled, including companions, employees of nursing homes, assisted living facilities and personal care agencies. While the booklet targets professional caregivers, it contains helpful information for unpaid caregivers, such as friends and family members.

The booklet is available to the public and can be found on the CDSS Web site. For more information, contact Susan Rosser Jones, social work supervisor at (434) 332-9770 or [srj031@piedmont.dss.state.va.us](mailto:srj031@piedmont.dss.state.va.us).

*This is the first of a four-part series in which I will share my experience, strength and hope in living with PPS. I believe that it is possible to have a progressive chronic condition and still enjoy life. This is my story.*

**Part I: Acceptance Is Empowering**  
*by Carol Meyer, Greater Boston Post-Polio Association Member*

I am powerless in the face of PPS. I didn't cause it, I can't do much to control it and I can't cure it. My doctors don't even know how to treat it. I have raged, blamed, felt sorry for myself and played the martyr; however, all this did was to make me exhausted, stressed out and more miserable. My PPS stayed the same! Finally it dawned on me to try a different approach, and wonder of wonders... this seems to work for me.

While I can't control what PPS will do to my body, I can control how I deal with it. Trying to avoid the issue doesn't work for me; neither does being resentful or wallowing in self-pity. Instead, I have chosen to accept my PPS and to embrace my life and enjoy it. Acceptance has been helpful in befriending my long-time foe, polio.

One of the first steps I had to do in my quest for acceptance was to look at my polio experience openly and honestly. Oh, what emotional pain lurked within all of the nooks and crannies of my soul! I grieved for all of the missed opportunities, for the person I was created to be, for the excruciating pain I felt in looking at my twisted body in the mirror, and for all of the times I felt so different and out of place. All of these losses had been stuffed inside for years, and they were preventing me from moving forward.

I didn't have to do this work alone. I spoke with other polio survivors from around the world on the Internet and attended GBPPA meetings. I worked with a therapist and joined a 12-Step group. I journaled and meditated. It took great courage to do that painful work; but as each wound was healed, I felt lighter and more peaceful. I was starting to accept my life as it continues to be affected by polio.

Acceptance doesn't mean that I like PPS or how polio has affected my life. It just means that I accept what is and who I am today. When I can accept my PPS and myself, I can move forward in my life. Acceptance can bring me serenity and happiness; it can change my whole environment. When I accept myself as I am, I feel better about life; and I don't even experience as much physical discomfort. To be able to accept is a great blessing; it doesn't take nearly the energy that resisting my PPS did. Acceptance has brought me physical, mental, emotional and spiritual well-being, and it has also given me gratitude.

Acceptance is a process. It doesn't happen overnight, but little by little, one day at a time. It's not a steady, uphill line either. There are days when I am more vulnerable than others because I haven't taken good care of myself; these are the days when I have trouble accepting. They are farther apart though, and I can recognize what is going on and do something about it.

I believe that new awareness about my polio years will continue to come forward throughout my life. I am open to more grieving and healing when necessary because I know that life is better on the other side. I embrace acceptance regardless of how painful it might be; it is the only life-giving answer I've found to my PPS problems. Acceptance has empowered me to face a condition which I am powerless to defeat.

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## Part II: Loving Myself is Not Selfish

Love myself? What a strange idea! My religious upbringing taught me that the respectable and admirable thing to do was to put others before myself. To do differently was "selfish." Now I'm learning that if I want to be able to enjoy life in spite of my disabling PPS, I need to keep the focus on my needs first, then ... if I have the energy, time, and desire ... others.

My journey toward loving myself has been slow and awkward as I learn new thinking patterns and behaviors. Don't misunderstand me, I'm not advocating throwing the baby out with the bath water; I still have compassion for others and am willing to reach out to help someone in need. What I'm learning is that if I don't take care of myself first, I won't have the energy or the strength to meet my responsibilities, let alone try to be there for someone else. This is true for the same reason that at the beginning of a flight, the attendant instructs the passengers to put on their own oxygen masks first before helping someone else.

One of the first things I had to learn is that self-love means self-care. It implies that I value my dignity as a human being and respect my physical, emotional, and mental strengths as well as my limitations. It demands that if I'm invited to do something, I base my response on whether or not it would be good for me rather than on my desire to please someone else. If I ignore these basics, my health will deteriorate and I will lose my enthusiasm for living.

As a polio survivor who is now coping with PPS, I've found that I need to get plenty of rest, maintain a healthy diet, and limit my activities. Whenever I slip in any one of these areas, I become easily stressed out, exhausted, and depressed. Just as important is respecting my feelings. I used to stuff them because I was afraid to acknowledge and feel them. Today I know that feelings are neither right nor wrong; on the contrary, they act as my barometer, often alerting me that an emotional wound needs more healing or a past loss needs more grieving. I've discovered that when I'm clogged up with stuffed feelings, there is no room for joy or love; therefore, it's imperative that I address each feeling as it comes up.

One habit that I've developed during these past few years is keeping a gratitude journal. At the close of every day I write down 5 things that I'm grateful for. This has changed my life! It has helped me to appreciate the moment, keep my thoughts positive, and be content with my present life. I'm learning that my thoughts become my reality ... negative thoughts beget negative events while positive thoughts attract positive events. I feel grateful these days, and this goes a long way in keeping me healthy.

I've had to detach from people who live in fear, focus on the negative, and whine about how miserable they are. I do acknowledge their pain and I have compassion for them; however, I choose not to be around them today. Whenever I must be in their company, I try not to take on their negative energy; I let them keep it. I prefer to be with people who are trying to make lemonade whenever life gives them lemons; I get strength and hope from people like that. I've met many inspirational people at our GBPPA meetings, and I always leave feeling good about myself.

Another thing I do to take care of myself is to start my day off by reading something inspirational from one of my daily readers. This reminds me to be loving, gentle, and patient with myself. It often points out how unique and special I am and that I was created in perfect beauty and love. It tells me that I'm never alone ... that my Higher Power always journeys with me. Sometimes I meditate on these thoughts and let them fill my being with serenity and joy.

Finally humor is another way I can take care of myself. As my PPS set in and I became more disabled, I lost my sense of humor. My life became very serious, dark, and difficult. As I started on my path toward self-love, I actually had to schedule times for laughter and fun! A sense of humor and laughter immediately eases my tension and gives me new energy. It can magically turn a dismal day into a bright, cheerful one. I always feel so much better after a hearty laugh.

Loving my self has brought many blessings into my life and has made living with PPS more tolerable. It is proving to be one of the best healers in my life.

*I will continue with the last two parts of this series in the next issue.*

**Editor's note:** As the New Year approaches and resolutions are made, take time to reflect on who you are as a PPSer. We have all traveled a long, and many times, difficult road to where we are now. We are blessed with wonderful friends and family who help and support us in many ways. But many times, the greatest power comes from within. I have suggested (preached??) acceptance and self love to many friends in my support group over the years and they have often said it was a valuable lesson that served them well. I guess that's why these articles struck such a chord with me.

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*Reprinted from USA Weekend's HealthSmart Column, October 5-7, 2007*

## ***It's Flu Season***

By Dr. Tedd Mitchell

*Don't let myths keep you from getting the vaccination.*

This time, every year, I talk to my patients about the cold and influenza season – and the need for a flu shot. With most patients, the discussion is short. I remind them that flu season is just around the corner and that having the vaccination improves the odds of staying healthy.

But for others, more explanation is needed to put them at ease about getting immunized. Occasionally, their reluctance is based on adverse experiences with the vaccination in the past. That's understandable. However, some people who resist getting immunized make up their minds based on myths about the flu and the flu shot. It is important to separate fact from fiction.

### **Flu Facts**

1. Each year 30,000 to 35,000 Americans die from the flu and its complications.

2. Because the flu is caused by a virus, anyone can get it.
3. Kids under 5, adults over 50 and people with chronic medical conditions, such as asthma, chronic bronchitis or heart disease, are at high risk for complications.
4. Being immunized by a flu shot or the inhaled FluMist (FDA-approved only for healthy people ages 5 to 49) significantly reduces the risk of getting the flu.
5. Most folks who get the flu shot have no reaction. Up to 25% may have some redness and slight swelling at the site. A small percentage may experience a slight fever, chills and headache within 24 hours. These symptoms end within a few days.
6. The flu virus mutates from year to year, so a vaccination from last season is ineffective against this year's strains.

## Flu Fiction

- 1. Flu is just a bad cold.** Hardly, although it's considered a respiratory infection, it affects the entire body, causing high fever (up to 104F) that's accompanied by body aches, headaches, nausea and dehydration. Even after the infection is gone (it can last up to two weeks), people can be weak for several more days.
- 2. You can get the flu from the flu shot.** No, you can't. The vaccine is not made from a live virus.
- 3. You can get the flu from wet hair or cold weather.** No, you get the flu by coming into contact with someone who is infected. In the cold of winter, when people cluster indoors, exposure to the flu virus is more likely, but cold weather itself doesn't cause the flu.
- 4. The flu shot is only for high-risk people.** False. People at high risk definitely need the vaccination, but those at low risk also should get the shot to help keep the flu from spreading.
- 5. If I haven't had the flu by December, I'm in the clear.** Flu season can extend through May. Although it's never too late in the season to get the shot, the ideal period for immunization is from mid-October to mid-November.

*Contributing Editor Tedd Mitchell, M.D., is president and medical director of the renowned Cooper Clinic in Dallas. He writes Health Smart every week.*

WHAT I NEED TO KNOW ABOUT OMEGA-3 FATTY ACIDS

Omega-3 fatty acids include EPA (eicosapentaenoic acid) and DHA (docosahexaenoic acid) (found in fish) and alpha-linolenic acid (found in soy, canola oil, flaxseed, and English walnuts). There is good evidence that omega-3 fatty acids, particularly EPA and DHA, prevent heart disease. In people who already have heart disease, they help prevent death, heart attack and stroke. They also reduce triglycerides. Omega-3 fatty acids might also help rheumatoid arthritis, high blood pressure, depression, bipolar disorder and certain kidney problems.

The best source of omega-3 fatty acids is fatty fish, like salmon. The American Heart Association (AHA) recommends that everyone eat at least two fatty fish meals (baked or broiled) weekly for cardiovascular health. People who have heart disease should try to eat fatty fish daily. Also add foods rich in alpha-linolenic acid (mentioned above) to your diet. But they are not good substitutes for fish because they do not provide enough EPA/DHA. Fish oil capsules are sold over-the-counter or by prescription. Over-the-counter fish oil is considered a supplement, not a drug, so quality and content varies. Choose products with the "USP Verified Mark" on the label. These have been tested, and have acceptable levels of mercury. They are confirmed to contain what the label says they contain.

Fish oil can cause nausea, heartburn or loose stool. It can have a fishy aftertaste. Refrigerating or freezing the capsules might help. Discard capsules with a very strong or spoiled taste. There is a small increased risk of bleeding or bruising when taking fish oil at doses greater than 3 grams daily. High doses of alpha-linolenic acid may increase the risk of prostate cancer, so supplements should be avoided in men with prostate cancer or at risk of prostate cancer. Check with your healthcare provider before taking fish oil capsules if you are allergic to fish or are taking aspirin, warfarin (Coumadin) or clopidogrel (Plavix).

CAN YOU OVERDOSE ON WATER-SOLUBLE VITAMINS?

Many people think that there's no such thing as taking too much of a water-soluble vitamin. (Water-soluble vitamins include the "B" vitamins/B-complex and also vitamin C. Fat-soluble vitamins include vitamins A, D, E and K.) Unlike fat-soluble vitamins, water-soluble vitamins are not stored in the body. Excessive amounts are flushed out of the body into the urine. But that does not mean that taking large amounts of water-soluble vitamins is always safe. The vitamins still have to make their way through the body and they may do damage along the way. For example, doses of vitamin C greater than 2000mg per day can cause diarrhea, nausea and vomiting. In people with a history of kidney stones, supplemental vitamin C of 1000mg per day may increase stone risk by up to 40%.

Supplementation with high-dose B-complex products such as Foltx, Folgard and Folbee seem to INCREASE the risk of cardiovascular disease. Taking regular high doses of pyridoxine (vitamin B-6) can cause nerve damage. High doses of niacin and niacinamide (vitamin B-3) can cause nausea, vomiting and liver toxicity.

The "take home message" here is to stick with the recommended daily amounts of vitamins unless instructed by a healthcare professional to do otherwise.

- Jenny Aveson, CVS Pharmacist

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## Old Age, I Decided, is a Gift

I am now, probably for the first time in my life, the person I have always wanted to be, Oh, not my body! I sometime despair over my body, the wrinkles, the baggy eyes and the sagging butt. And often I am taken aback by that older person that lives in my mirror (who looks like my mother!), but I don't agonize over those things for long.

I would never trade my amazing friends, my wonderful life or my loving family for less grey hair or a flatter belly. As I've aged, I've become more kind to myself and less critical of myself. I've become my own friend. I don't chide myself for eating that extra cookie, or for not making my bed or for buying that silly cement gecko that I didn't need, but looks so avant-garde on my patio. I am entitled to a treat, to be messy, to be extravagant. I have seen too many dear friends leave this world too soon; before they understood the great freedom that comes with aging.

Whose business is it if I choose to read or play on the computer until 4 a.m. and sleep until noon?

I will dance with myself to those wonderful tunes of the 50's and if I, at the same time, wish to weep over a lost love... I will.

I will walk the beach in a swim suit that is stretched over a bulging body and will dive into the waves with abandon if I choose to, despite the pitying glances from the jet set. They, too, will get old.

I know I am sometimes forgetful; but then again, some of life is just as well forgotten. I eventually remember the important things.

Sure, over the year my heart has been broken. How can your heart not break when you lose a loved one or when a child suffers or when a beloved pet passes on. But broken hearts are what give us strength and understanding and compassion. A heart never broken is pristine and sterile and will never know the job of being imperfect.

I am so blessed to have lived long enough to have my hair turn gray and to have my youthful laughs be forever etched into deep grooves on my face. So many have never laughed and so many have died before their hair could turn silver.

As you get older, it is easier to be positive. You care less about what other people think. I don't question myself anymore. I've even earned the right to be wrong.

So, to answer the question, I like being old. It has set me free. I like the person I have become. I am not going to live forever, but while I am still here, I will not waste time lamenting what could have been or worrying about what will be. AND I shall eat dessert every single day!

*Reprinted from **the Florida East Coast Post-Polio Support Group** Newsletter  
Jan-Feb. 2007 issue*

## Henry's Helpful Hints for Living with Post-Polio Syndrome

When I was three years old, my mother became a victim of Schizophrenia. She never recovered. When I was eleven years old, I had paralytic polio. I partially recovered. These two life events were major factors in guiding my life toward a career as a physician and a psychiatrist. For at least sixteen years, I have struggled with Post-Polio Syndrome (PPS). Most of you are quite familiar with all of the manifestations of that struggle. For sixteen years, I have had the privilege of being a member of the Central Virginia Post-Polio Support Group, a marvelous group. As a result, I have had the pleasure and challenge to communicate with hundreds of PPSers around the world. I think I have learned a lot about PPS and the people who are living with this life changing disorder. In this article, I will attempt to share what I am calling "Helpful Hints for Living with Post-Polio Syndrome." Many of these hints are similar to what is now called "mind – body" medicine. Many of them are replicated in other lists and articles. I offer these hints for your review, reflection, and response. This list represents only my opinion and is not to be interpreted as anything more than that.

1. **Sleep:** Adequate, restful sleep is a major asset in living with PPS. Successfully living with PPS usually requires more sleep than before the onset of PPS. The amount of sleep may range from 8 to 12 hours. This may be all nighttime sleep or could be a combination of nighttime sleep plus an afternoon nap. Many symptoms of PPS can interrupt the attainment of this level of sleep. Problems with pain, hypoventilation due to weakened respiratory muscles, sleep apnea, anxiety, panic attacks, and depression are common sleep disturbers. Any of these disturbers need to be evaluated and treated before sleep hygiene can be improved.
2. **Pain:** Pain and PPS are like partners of misery. Every effort should be made to eliminate or reduce pain without resorting to narcotic analgesics. A variety of pain management approaches may be tried. This might include over the counter preparations such as Tylenol, Ibuprofen, aspirin, and other non-steroidal anti-inflammatory medications. Non habit forming prescription medications may help pain and sleep problems. Low doses of the tricyclic antidepressants and/or the selective serotonin reuptake inhibitors may help to reduce the daily pain level and improve sleep. If one has made a genuine effort at managing pain by reduced activity, more rest, and the use of assistive devices, then the use of narcotic analgesics would be more appropriate. Other pain management approaches might include moist heat as obtained in a heated pool, gentle massage, magnet applications, and even acupuncture. Heated pools should not exceed 92 degrees F. Massage should not be aggressive, and a trained professional should administer acupuncture.
3. **Fatigue:** Fatigue is probably the single most commonly shared symptom of PPS. Fatigue contributes to greater pain and sleep disturbance. I believe that intermittent down time is the most effective method of managing fatigue. Down time means lying down prone or supine. Each person has to discover the best balance between down time and up time for each day. For example, spending an hour reclined every four hours works well for many PPSers. Medications to reduce fatigue have proven to be of minimal effectiveness in double blind studies. Also many PPSers do not tolerate medications well and have numerous side effects.
4. **Respect new weakness:** If new weakness is detected or experienced, respect this reality and do not try to restore strength by an exercise program. Exercising with this goal in mind will likely lead to more pain and a progression of the weakness. Most of us get enough exercise just trying to maintain the activities of daily living and trying to remain independent. Be sure that any physician or physical therapist who recommends exercise is fully knowledgeable about PPS.

5. **Blood pressure:** Maintaining normal blood pressure is most important for PPSers. Many of us experience elevated systolic blood pressure (the upper number on a blood pressure reading) after exerting some physical effort. Our heart rates may also increase during times of fatigue and minimal physical effort. If this elevation of blood pressure persists, the risk for heart attack, heart failure, and stroke increase. There are many effective medications to control blood pressure. However, beta-blockers sometimes cause side effects for PPSers. The systolic pressure should be below 140 at rest and our pulse rate should be below 100 at rest.
6. **Brain power:** Utilize your brain or intellect to compensate for the increased physical limitations of PPS. This is a process that most polio survivors have been doing for years. PPS calls for an enhancement of this same process. Read more. Read some of the classics. Audio books are a wonderful way to read without tiring your brain or eyes. If your physical disability makes it difficult to hold a book or maintain a reading posture, you are eligible for the federally funded audio (talking) books for the blind and handicapped. A simple application has to be completed by your doctor to authorize this service. I would also recommend the many benefits of owning a computer. For PPSers, the investment required to purchase a computer is usually a rewarding undertaking. You are never too old to enjoy and learn from a computer, which literally makes the world available to you.
7. **Doctors and therapists:** Find doctors and other therapists who not only know about PPS, but are interested in learning more and will listen to you. However, be cautious if a doctor tends to blame all your symptoms on PPS because we are in an age group, which is vulnerable, to many other medical/surgical problems. Your doctor should rule out other causes of symptoms that simulate PPS symptoms. Your doctor should not hesitate to refer you to an appropriate specialist if any symptoms are not explained.
8. **Herbal medicine:** Americans now live an average of about thirty years longer than our ancestors of one hundred years ago. This is largely due to antibiotics, better diagnostic and treatment techniques, improved nutrition and more prevention via vaccines. Because we have it so good, we want it even better. Thus, the herbal, vitamin, and nutrient alternative medicine business is booming. Keep in mind that the Federal Drug Administration does not have the resources to monitor these alternative products as it does prescription medications. Whether it be St. John's Wort, Ginkgo Biloba, L-carnitine, Feverfew, the various vitamins, or fish oil, be sure that your physician knows what you are taking and remember that with many of these products, cheaper does not always mean purity of the product. If an alternative medicine seems to be helping you, continue it. Nobody has found a consistently effective pharmaceutical treatment for PPS.
9. **Talk to someone:** Talk to someone who cares about your feelings in living with PPS. This person might be your spouse, a family member, friend, or even a professional therapist. Our support group is a healthy and welcome forum for talking about your feelings. Many polio survivors have spent a lifetime of containing their feelings of loss and even anger. To express these feelings to someone is very difficult, but the benefit is immense.
10. **Spiritual base:** Having a faith or spiritual base that transcends the daily activities and struggles of this life can be an additional source of personal and inward strength. This pilgrimage is a personal choice, but I believe such a pilgrimage provides a greater meaning to our time in the midst of the ages.
11. **Nutrition:** Enjoying good food is still one of the pleasures of life that most of us still can do. That is the up side. The down side is that we more easily gain weight, as we are more sedentary living with PPS. The practical advice is to avoid big meals, especially at the end of the day. Eat balanced meals with some emphasis on protein content. Maintain good hydration. Good hydration assists renal and pulmonary function.
12. **Keep your feet up:** When sitting, keep your feet elevated whenever possible. Another advantage of taking intermittent down time throughout the day is the benefit of preventing or at least reducing dependent edema. Weakened leg muscles, along with reduced motor activity, contributes to dependent edema. Chronic dependent edema can lead to possible leg ulcers, deep vein clots, and phlebitis.

Complications of these conditions can result in life threatening pulmonary emboli. Wearing support hose can also help prevent dependent edema.

13. **Don't ignore headaches:** Headaches are a common sign of PPS fatigue. Have your doctor rule out other causes of headache such as hypertension, tension vascular headache, or some other medical problem. A dull daily headache is often a sign of PPS fatigue and particularly brain fatigue. Brain fatigue is often marked by word finding difficulties, mental focusing, and concentration problems. These brain fatigue symptoms are usually reversible with rest. Rest and more rest is the best treatment for the dull headache of fatigue.
14. **Pace:** Approach pacing like you would an algebraic equation. The daily physiological energy expended must equal the physiological energy stored and not exceed it. Most of us are accustomed to expending more energy than we store or acquire. If you know that a particular day's activity will result in more energy expended, plan to spend more than one day to restore and recover that energy. Balancing this energy equation over time results in successful pacing. Pacing reaps results, but not in a few days. One should practice pacing for months and years.
15. **Breathe well:** Healthy breathing and good sleep hygiene are coupled together as I mentioned in #1. Sometimes, the muscles of breathing grow weaker with the progression of PPS. Thus, there could be an insidious onset of chronic hypoventilation, which could contribute to an overall feeling of fatigue. Also scoliosis, resulting from polio may advance with the progression of PPS and aging. This process could restrict the ventilatory capacity of the lungs and lead to hypoventilation. Measurements of pulmonary function and arterial blood gases can help to diagnose hypoventilation. Most PPSers with these problems do not usually need added oxygen, but simply improved ventilation, often only at night. Depending on the degree of hypoventilation, this condition can often be treated with a C-pap, bipap, or ventilator without the necessity of added oxygen. Actually, adding oxygen without improving ventilation can increase the risk of carbon dioxide retention in many PPSers with scoliosis or weakened respiratory muscles. Untreated chronic hypoventilation can lead to respiratory failure and ultimately death.
16. **Extend recovery from any stress:** Expect to take three to four times longer to recover from an infection, minor or major surgery, an injury, accident, or emotional upheaval. For whatever the reason, the physiological restorative processes of the body and brain are delayed by PPS. When any of these stresses occur, plan on taking longer to recover.
17. **Use your sense of humor:** Many survivors of polio seem to possess a witty sense of humor and an upbeat approach to life. A sense of humor is a good way to remain innovative, creative, and positive. Keep using this attribute.
18. **Sex and Intimacy:** Sexual stimulation is good for the cardiovascular system. Be creative with this stimulation. The polio virus did not damage the sensory portion of the nervous system. Feelings, both physical and emotional, are still potentially available for expression and perception. Linda Van Aken and I wrote an article about PPS and Intimacy several years ago which is now on our website in the archives. That article attempts to address this issue.
19. **Be more dependent:** Not only should you allow others to help, but also you should tell them how to help you. If your spouse is your main helpmate, be cognizant that he/she also gets tired. If you ask your spouse or anyone else to fetch or fix things for you, be organized about your requests and minimize their physical effort and time consumed. Simply keeping a list of your needs or requests can help conserve your spouse or helper's energy and reduce the development of interpersonal tension. It is very difficult for PPSers to relinquish some controls, but in doing so, avoid trying to control your spouse or helper. Communicate what you want or need, but be courteous and grateful in the process.

20. **Roll more, walk less:** When walking becomes more difficult because of new weakness or fatigue, get some wheels and roll more. If you can still walk some and rise unassisted from a chair, a scooter might be advisable. A battery-motorized scooter allows you greater and safer mobility. Scooters are great for malls, touring your neighborhood, and even in parks. If your weakness is profound, an electric wheelchair is probably what you need. Most health insurance carriers will pay for most of the cost of a scooter or electric wheelchair. Even Medicare covers these devices as long as your physician orders it. Once you learn the value of electric mobility, you may want to invest in a van and a lift to be able to take your wheels wherever you go.
21. **Use assistive devices:** Many of us have found it necessary to acquire new braces, canes, and crutches in order to keep walking and maintain balance. Accepting this need may be a step back in time for some. Don't resist this help. By all means, do anything to prevent falls. Do what is wise and necessary. Install grab bars, elevate the toilet seat, use pick sticks, and install ramps. I think it is wise to carry a cellular phone on your person (or wheelchair or scooter) at all times. Use your brain to help yourself. Only you know what you need and what may help.
22. **Never, ever give up:** During the struggle with acute polio and its aftermath, many of us were told, "No pain, no gain." We were encouraged to overcome adversity and that it was all up to us. With PPS, we know that attempting gain will bring more pain and no real gain in the process. However, we still need to retain our persevering and hopeful approach to life. Giving up will serve no positive purpose and is a sign of depression. We should press on, but pace the race. We should be more like the turtle than the hare.
23. **To be added when a new hint comes from you.**