

# POLIO DEJA VIEW

October 2011 - November 2011

www.cvppsg.org



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

*Mary Ann Haske,  
Editor*

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## October 1st, 2011 Meeting

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.*

Falls – Young and Old

Come join a mini-group discussion. If you remember having acute polio and having falls after the acute phase, you join group 1. If you have had an issue with falls related to PPS, join group 2. (If you aren't sure what group to join, pick either.) We will get together later in the meeting and share our thoughts.

## November 12, 2011 Meeting

3:00 pm [Note time change], 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

Receiving and giving help in the "Land of the Disabled"

**Mid Month Lunches**

## No Mid-Month Lunch in October Due to Retreat

### Wednesday, November 16, 2011

Mid-Month Lunch at 11:30

We will have lunch at Capriccio's Italian Restaurant,  
9127 West Broad St. in TJ Maxx Shopping Center  
(David's Bridal is there also.)

Their website is [www.capricciosrestaurantva.com](http://www.capricciosrestaurantva.com)

Call Carol Kennedy (740-6833) or Barbara Bancroft (204-1688)  
by Monday, November 14th for a reservation.

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

## *The Second Life Lesson.....From Your Editor*

A few months ago I wrote an article about a life lesson I had learned from my English professor, Caroline Lutz. I said that there was a second life lesson and that would be revealed at a later date. Well, here we are. The time is now. You need to imagine a room of 18 year old girls who had led rather sheltered lives. We were discussing our summer plans and someone asked Miss Lutz what she was planning. She said she would be going to visit her brother in Alaska just as she did every summer. Then, she said she drove to Alaska from Richmond!!!! We were dumbfounded. Many of us had mothers who did not drive. If our mothers did drive, they did not go far. At that point, I did not drive. I was extremely impressed. We wanted to know if she was afraid to do that. She said no because she had a simple little system. She got maps from the Esso (Exxon?) Stations and plotted out her route from one station to the next. She never looked at it as driving from Richmond to Alaska but as driving from the Richmond service station to perhaps the Fredericksburg station. So, I took lesson two and applied lesson one, correlation, and got on with my life.

You might be wondering is that any different from “one day at a time” or “one step at a time”? It really isn’t. However, the visual of purple clad Miss Lutz working her way cross country and north and stopping at stations and peering at her maps seems to work best for me. It is a very graphic image. So what did I do with this lesson?

Obviously, I use it now as I flit up and down the east coast by myself as a widow. I think it is very scary to be disabled and to be driving an adapted van and to venture out alone. Seeing Miss Lutz in my mind’s eye helps me to shrug my shoulders and go. (Also, the acquisition of E-Z Pass, cell phone and GPS has been a great help.)

I did not learn to drive until I was in my 30’s and yet I am sure I put her system to use in other areas. I married an “older man”, a college professor, and went off to become a “faculty wife” even though I had not yet completed college. I went from one station to the next: I learned to entertain, play bridge, converse (for some time the conversations seemed to consist of things like “May I take your coat?” or “would you like sugar in your coffee?”), etc..

This is a post-polio newsletter and maybe I’m way off the track here. Or, maybe I’m not off the track. When I first fell down in the OB-GYN office, the doctor was VERY upset. I laughed it off and said I always fell and often had a line of stitches on some part of my head. So, I got my first leg brace to be used until the baby was delivered and then I would have surgery to stabilize my ankle and foot. (Station 1, leg brace = old spare tire) I’d limp (pardon the pun) until I’d get surgery. (Station 2, surgery = new tire.) Just as roads have bumps, detours, accidents and so forth, so did my life when it came to dealing with the results of polio. Each station, however, brought improvements in my life. A cane was exceptionally helpful when we took the kids out west. I could never have made the hikes I did without it. (I could have sold that sucker to hikers who begged me for it.) I think the bonanza, supersized station was Washington Hospital where my body (car) was completely overhauled. I was given a script for a power chair. That was like a free pass to a super highway that had no traffic problems! My life became so improved.

I guess this all seems very simplistic. However, I think Miss Lutz provided us with tools that helped to make life seem doable and positive. I was pretty timid and she gave me a way to bolster my courage. I still tip my hat to her and remember her fondly.

## *Holiday Party Date Changes to December 10, 2011*

This year there is an important change in the date of the Holiday party which has been moved to the second Saturday in December (the 10th). It will be held at Children's Hospital in the auditorium at 12:00 noon. We are fortunate that Morrissey's will once again be the caterer of the event. They provided an elegant, delicious lunch last year. We will also have youth from Bon Air Christian Church to assist with carrying plates, drinks, and desserts to the tables from the buffet line.

Remember that we will have our gift exchange following the meal so bring a \$10 to \$15 wrapped gift suitable for a man or a woman. Then you can take your

gift of choice away from your friends while everyone laughs and enjoys the afternoon.

Please make your plans early to attend this festive party. You can call Barbara Bancroft, 204-1688 or Judith Mofitt, 754-1067 by Friday, December 2nd to make your reservation. This party is a great way to welcome the holidays.



## Falling Into Déjà Vu

Since 1996 I have written three articles about falling among polio survivors and post polio victims. Falling is an everyday risk for many people, especially the elderly. Add being older with the additional risk of Post Polio Syndrome (PPS) and the risk of falling is higher and the resultant damage is often greater. I have had thirty-two falls that I can remember in my sixty-one years since contracting polio. For the last twenty years I have been living with PPS. The falls I have experienced since PPS seem to be more damaging because of the greater impact on pain, fatigue and a longer recovery time. Part of this may be aging, but part of this longer recovery time is related to PPS.

In my current state of functioning I live with the use of a ventilator twenty four hours a day and this has been my state of being for nine years. I also use a power chair which I have used for eight years. From 1991 to 2003 I used a scooter part time until I had to make a change to the ventilator and enjoy greater wheelchair mobility. With

*The rest of the story is continued on page 4*

## CENTRAL VIRGINIA POST-POLIO SUPPORT GROUP

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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.

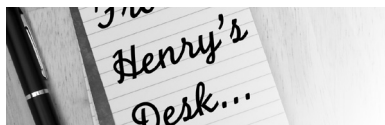
We would love to have any of our members write an article for our newsletter. It can be about your lifestyle adjustments, comments on post-polio or any subject, humorous or serious, that we may all benefit from.

**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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The opinions expressed in this newsletter are those of the individual writers and do not necessarily constitute an endorsement or approval of the Central Virginia Post Polio Support Group.

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*Cont'd from page 3*

## Falling Into Déjà Vu

all of these pieces of modern technology I am able to function at least part time in my profession. I do this part time work because I enjoy it, not because it is necessary. The only time I get to my feet is to transfer from my wheel chair to my bed or to the bathroom commode and reverse. I had noticed for several years that this transfer process seemed more and more risky in regard to falling. For the last sixty-one years I have worn a leather and steel long leg brace on my right leg. Even in my current state of disability the brace makes it possible for me to stand and transfer from my wheelchair to other sitting positions.

On July 7, 2011 I was in the process of transferring from my wheel chair to my bed, the Velcro strap that holds my right thigh in place in my brace let loose unexpectedly and caused me to pitch forward straight to the floor. I heard a cracking noise which sounded very familiar to the cracking noise that I have heard in my younger days and I thought one of the steel rods on my steel brace had snapped. My wife of 46 years came into the room and I asked her if the brace rod had snapped. She said, "No, the Velcro strap had come loose." She could not get me up alone and called 911. Four paramedics from the local fire department came and got me back in my wheel chair. I felt some pain in my knee and thought I had sprained my right knee as I had done about twenty-three years ago on a fall. I soon realized that I could not put any weight on my leg without pain and two days later I went to a hospital ER. An X-ray of my right knee and leg revealed that I had a transverse fracture of the upper right tibia bone and that was the reason my leg could not bear any weight without immense pain.

During the last two months I feel like I have fallen into an acute polio déjà vu. This fracture along with my other limitations has resulted in my spending more time in bed, being unable to use a toilet as I have been accustomed and being even more dependent on my wife and others. During the first three weeks of this long recovery process I used a Hoyer lift to move from my bed to my wheel chair. Operating the Hoyer lift required the help of family members. From the beginning of the fourth week of my recovery I have successfully used a sliding board for these transfers. I have had to use a bed pan, a plastic urinal, and I cannot sit up without help. These actions provoke memories of being on the acute polio ward at the Medical College of Virginia Hospital in September 1950. In

that setting I had to use a bed pan, a urinal and I could not sit up without help. Being in the Hoyer lift brought back memories of being on a canvas stretcher in which I was placed when lowered into a bathtub at MCV hospital to receive hot water (100 degrees F) treatment, the treatment used after the Kenny hot pack treatment. Now I am gradually healing from this recent injury and I recall that I did gain strength after my acute attack of poliomyelitis. The process is all too familiar, even though both events are separated by sixty-one years.

Maybe some readers of this article have fallen into an acute polio Déjà vu as the result of a fall, an operation or some prolonged illness. I did not find this experience to be comforting, but rather discouraging and somewhat frightening because of the vivid memories of acute polio and its early terror and anxiety.

One could identify this phenomenon as being similar to what is today called Post Traumatic Stress Disorder or PTSD. PTSD involves feelings of anxiety, fear, flashbacks of the original stressful event and physical symptoms of sweating, headache, increased heart rate and possible gastro-intestinal upset. Also, the individual experiencing PTSD will often seek immediate protection and a source of security. Symptoms of PTSD can be enhanced if one is alone. I feel like I experienced most of these symptoms in the first few weeks following my injury. One can also begin to obsessively worry about things like "Am I going to get better: Will my tibia bone actually heal in a polio damaged leg; Will I have to make drastic changes in what I can still do and or will I become even more dependent and not able to function in my profession?"

The larger picture is that I can already determine that I have made some progress and am gradually able to spend more time out of bed and get out of my house. Later this month I plan on seeing a few patients again and attending the next meeting of the Central Virginia Post Polio Support Group. This support group has always been of immense support to me and my wife. Many support group members have sent me cards, e-mails, called me on the phone and visited me since my injury. I share this episode in my life in order for others who may experience something similar to recognize what may be happening to them and to realize the immense value of being a member of a post polio support group.

***TECH QUEST***

***Tech-Quest, a Chesterfield Disability Services Board Exhibit***

Tuesday, Oct. 11, 2 to 6 p.m.

Chesterfield Central Library, 9501 Lori Road, Chesterfield, VA

Vendors will display technology – From Nook versus Kindle to the latest in grabbers

Come and See and Learn

This event is open to the public

Registration is not required

Light refreshments will be provided

For more information, contact the Senior Advocate at 804-768-7878

***Save the Dates***

***Regular Monthly Meetings, Oct. 1, Nov. 12 (3:00), Dec. 10 (Noon),  
(No January Meeting), February 4th, 2012***

***Tech-Quest, 2-6 p.m., Oct. 11, Chesterfield Central Library***

***Retreat, Oct. 14, 15, 16***

***Mid-Month Lunch, Nov 16, (None in December)***

## *Limping Through Life in Crippling Detail . . . Chapter 2*

*(The following is the second chapter of Jerry Epperson's account of his life with polio. His family asked him to write a memoir for them. I am pleased to print this next installment and am looking forward to future chapters. The Editor)*

*By Wallace W. (Jerry) Epperson, Jr.  
Chapter 2*

Thoughts about Warm Springs continue to come up. Of course, the town became famous when President Franklin Roosevelt visited to use the heated pools that gave the town its name. His Georgia home, The Little White House, can still be visited.

Roosevelt developed polio as an adult which had to be a much worse challenge than I faced. I never remember walking without crutches, or braces, or having to use a wheelchair, so I don't miss normal physical activities like running or climbing. To lose those capabilities must have been devastating.

I doubt this is true with other disabled individuals, but I never had the urge to do athletic activities, largely because I thought I would look foolish or be pitied.

In my forties or fifties, this came up in a couple of ways. First, after the Atlanta Olympics, a well meaning friend offered me tickets to see the Special Olympics. He thought I would enjoy seeing other disabled individuals overcoming their physical challenges. He was surprised I had no interest and, as I explained, being there would probably make me uncomfortable. I cannot fully explain why.

Second, after giving a speech at a large convention, I was followed on the program by a recent author who wrote about his courageous climb up Mt. Everest, the first by a blind person. I left, having no interest in hearing him.

Later at a meal, someone brought the author to meet me explaining to him that I was a polio survivor. This thin muscular man then asked me if I had done anything

to "distinguish" my life. I am seldom rude, but I came close this time. I told him that I had degrees from excellent schools, had a wonderful family with two outstanding children, and had been successful in business. More importantly, I had not gotten such an ego that I would risk others' lives just to be able to prove I was "normal" and to write an "inspirational" book to make money.

He and I do not exchange Christmas cards.

There are photographs of Roosevelt in the pools at Warm Springs, but I never remember going to any natural pools in my visits.

I have many memories of learning to walk after my surgery. Every day I had my legs stretched to keep them limber and straight, which was the purpose of the tendon transplants. Many older polio victims walked bent over because of these tendons tightening with age. I remember them well.

Many other patients had a very tough, painful operation called a spinal fusion to lock the spine as straight as they could make it. As an alternative, they stretched my curved spine using the full body cast, as described earlier.

Years later, the use of spinal fusions was greatly reduced because of severe complications that developed as the patients got older. I was lucky to escape that surgery.

Once you could walk in a straight line on a level floor without the handrails, you had to learn to walk uphill or down, first with crutches for balance, then a cane. Some never got past using those assistive devices.

For me, the biggest challenge was walking on a slant. Since my long leg fixed-knee brace was on my left leg, it was no problem if the high side was to my right – I could bend my right knee and walk level. If the high side was to my left, however, I was pitched to my right and balance was impossible. You learned to walk sideways if this could not be avoided, but it was still uncomfortable.

Going up and down stairs was a huge

challenge – and it was as long as I could walk. As odd as it sounds, going up was easier than down stairs. You could use your hand on a rail to pull yourself up, but going down put all the work on one knee to let you down slowly, without falling.

I have fallen thousands of times. Some were due to losing my balance or when my brace broke, but most were from slick floors. Another challenge was uneven ground or on a surface like bricks. You quickly learn to ask for help, always difficult for a male.

By the way, whoever designs airport, restaurant and office restrooms and puts the towels on the opposite wall from the sinks are idiots. Dripping soapy water makes for a very slippery surface, and those floors are very hard.

At Warm Springs, we also were taught how to swim, but I never learned for some reason. It was mandatory, however, that we learn what to do if we fell into water. We were taught to hold our breath, remove our trousers, unstrap the heavy brace (otherwise known as an anchor) and float to the surface. Sounds easy, but it was impossible. Even sitting on a bench, dropping trousers and unbuckling six leather straps took a couple of minutes.

I remember vividly going to a class and being taken to the concrete swimming pool by two of the male teachers. They told me they wanted to give me confidence around water, so they took my crutches and tossed me into the pool. I sank to the bottom and could see them looking down into the water. I struggled to get out of my trousers without success. I don't remember being as much scared as angry at these people who asked the impossible. After what seemed like a long time I was pulled out of the pool – a very unhappy, angry, wet child. And the leather on my brace was wet and would take forever to dry.

Speaking of water, I have a policy about boats. If I can stand in one place and see both the bow and stern, the boat is too small for me. My balance and pitching decks might lead to a fat, bald man overboard.

My last memory of Warm Springs is difficult to describe. Everyone who came to my ward was scared, friendless, homesick, and anxious about their upcoming surgery. Remember we were all 8 to 14. You could hear them crying at night, and see them looking lost in the day. Some had family but most just had occasional visitors. I don't remember any of us trying to comfort them because they were soon in surgery, then in bed for weeks.

The nurses and orderlies were all kind and helpful, as I remember. My friends and I observed that each of us had one nurse or

orderly that seemed to treat us especially nice. I suspect this was on purpose.

By the time the new kids had recovered enough to get around, most were welcomed into our group. In some strange way, they had earned the right to be one of us. In my ward of thirty boys, a couple left and another couple came in every week. We all had lots of stories about our home towns and our friends back home. Some were from other countries, too. We knew this was temporary and we would be going home someday. Of course, some of us never got to go home – but just a few in my time there.

Looking back, I think my experience at Warm Springs taught me to have a protective shell around myself, not to get close to many others, and to recognize how many things are not in our control.

It also gave me exposure to many people unlike those in my small home town. The different accents, customs and attitudes were an education by itself. This has been helpful in my life.

By the way, I was never around the polio victims that had to be in iron lungs. They were in a different part of the hospital. That had to be tough.

## ***FYI***.....

### **Retreat Deadline:**

*The deadline has been extended to September 20, 2011.*

*It is not too late to plan to join us for a fun weekend.*

### **Our Holiday Party:**

*It will be December 10, 2011 because we could not get the meeting room for December 3rd.*

### **New “Deja View” Schedule:**

*Starting with the next issue, our newsletter will be coming out quarterly. This means that you, the reader, will need to save your current issue to consult about upcoming events.*

### **November Meeting:**

*The November Meeting is the 2nd Saturday so that we do not get involved in the congestion from the Teddy Bear Run. We will meet at 3 so we don't run into road blocks due to the Richmond Run.*

## Research

### **Research – Aging Well with Post-Polio Syndrome: Don't Let Fall Prevention Fall through the Cracks** *Researchers at the University of Washington's Aging Rehabilitation Research and Training Center*

#### **Falling in older adults is a big public health problem.**

Injuries that result from falling in older adults are serious, life-changing, costly, potentially fatal. In the United States, deaths from falls is the leading cause of injury-related deaths in adults over the age of 65. (1) In 2000, the incidence of falling injuries was estimated to be 10,300 for fatal and 2.6 million for non-fatal injuries in adults over the age of 65. (2) Both fatal and non-fatal injuries from falling increase with age among older adults. (3) The direct medical care costs of treating injuries from falling in the elderly is estimated to be \$0.2 billion for fatal injuries and \$19 billion for non-fatal injuries. (2) The economic cost for rehabilitation after falling is even greater when stays in a nursing home, assistive devices (canes, walkers, etc.) and physical therapy are considered. Once an initial fall occurs, it can lead to a fear-of-falling, which is associated with avoiding daily activities as well as physical activity. (4) This, in turn, becomes a troubled cycle as lack of physical activity increases the risk of falling. (5)



Polio survivors have a variety of symptoms that are known risk factors for falls in older adults and people with neuromuscular diseases such as muscle weakness, joint pain and fatigue. One study showed that the rate of polio survivors who fell at least once in the past year was four times that of other adults over 55. (6) Three important predictors of falling were identified for polio survivors – a) Problems maintaining balance, b) Weakness in knee extension in the weakest leg, “knee buckling” and c) Fear of falling. (6)

**Polio Survivor Data from our Survey**  
Many Post-Polio Health International readers participated in our survey that asked some questions about falling. Here are the responses of people with post-polio syndrome:

- 242 (54%) reported a fall within the last 6 months
- 385 (86%) are concerned about falling.
- 366 (82%) reported not doing things because of fear of falling.

#### **What can you do to prevent falls?**

Knowledge is half the battle. Falls inside the home have been linked to stairs with four or more steps, slippery floors, sliding rugs, low lighting levels, missing handrails, uneven flooring and obstructive walkways. Falls outdoors are often linked to walking on uneven or cracked sidewalks, curbs or streets. Other fall prevention tips include:

Have your vision and hearing checked regularly.

Talk to your doctor about side effects of medication that could affect coordination and balance or increase weakness.

Wear rubber-soled and low-heeled shoes that fit well and fully support your feet, and replace worn cane and crutch tips.

Avoid wearing socks when walking inside on hardwood or linoleum flooring. Socks with the grippers on the bottom or wearing Crocs while inside help prevent indoor falls.

Be careful when walking outdoors on wet or icy sidewalks. Carry your cell phone on walks. Try to anticipate fatigue and bring what you might need for more support (cane, walker, etc.) or even a friend or family member.

Ask your doctor what exercises you can do regularly to maintain strong bones, strength and flexibility. Exercise that improves balance and coordination (Tai Chi or Yoga) are most helpful.

Keep your home safe – remove things you can trip over (shoes, papers, books, clothes) from stairs and high traffic areas. Keep clutter down!

Install handrails or grab bars in your bathroom or other frequently used areas where you may need extra support (stairs and hallways).

Improve the lighting in your home. As you age, you need brighter lights to see well.

The U.S. Centers for Disease Control and Prevention has produced brochures titled “What YOU can do to prevent falls” and “Check for Safety: A Home Falls Prevention Checklist for Older Adults” available in English, Spanish and Chinese. [www.cdc.gov/ncipc/duip/spotlite/falls.htm](http://www.cdc.gov/ncipc/duip/spotlite/falls.htm)

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## *Eleventh Annual Fall Retreat !!!*

### **NEWS FLASH!!! DEADLINE FOR NEW REGISTRANTS EXTENDED TO September 20TH.**

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](http://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**

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

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. For late registration, Call Linda VanAken (804) 778-7891.**

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 14<sup>th</sup> until Sunday, October 16<sup>th</sup>

Please mail to: Linda VanAken, 14606 Talleywood Ct., Chester, VA 23831 with check made out to: **“CVPPSG”**  
**FOR LATE REGISTRATION, CALL LINDA VANAKEN (804) 778-7891**

Final payment has to be received by **September 10<sup>th</sup>**.

**DEADLINE FOR NEW REGISTRATION EXTENDED TO September 20<sup>TH</sup>.**

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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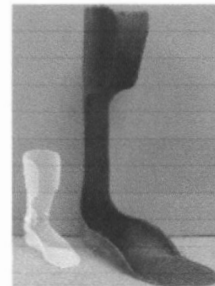
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