

POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

www.cvppsg.org

December 2008 – January 2009

Carol T. Ranelli, Editor

December 6th Meeting Annual Christmas Lunch

Will be held at the **Expressions Restaurant at The Cultural Arts Center at Glen Allen**, 2880 Mountain Road. Take 295 West toward Charlottesville, take Exit 45 – Woodman Road South. Go to the light, turn right onto Mountain Road. Go $\frac{3}{4}$ mile and the Cultural Arts Center is on your right – turn right at the sign. This facility has ample handicapped parking and is easy to find.

From NOON until 3:30

We will have a private room and will order from the normal luncheon menu.

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.

Many of our members have requested more time to visit during the monthly meetings, so we are going to try something new in January. From 1:30 until 2, we will have SOCIAL TIME. Cookies will be provided – bring your own beverage of choice and catch up with members after the holidays.

January 10th Meeting

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

Please note this is the second Saturday!!!!

Our speaker will be Jane McAllister , MS,OT Guild Certified Feldenkrais Practitioner
She will discuss "Moving More Easily and the Myth of 'No Pain, No Gain'"

She will briefly discuss why many therapists today have repudiated the "no pain, no gain" approach to movement and exercise. She will then do a Feldenkrais lesson in sitting so we can experience improvement without straining or hurting.

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

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

Mid-Month Lunch

We will not have a mid-month lunch in December.

Thursday, January 15th at 11:30 we will have lunch at:
Sticks Kebob Shop, 1700 Willow Lawn Drive, across from the
Shops at Willow Lawn. You may view their menu on their website:
www.stickskebobshop.com

Canes and Crutches
By Grace Young, OT, MS

Have you thought about using a cane but dismissed the idea because you'd be self-conscious? Think you'll look "disabled"? Figure that you've gotten along okay without walking aids so far, why start now?

Good question. But ask yourself if you're really getting along okay. Do you tire quickly when you walk? Is your gait unsteady? Does it take effort to keep your balance? Are you afraid of falling or do you fall easily? Do you cut outings short because walking takes too much effort? Do you reach out to hold onto stable objects as you walk?

If the answer is yes to any of these, you have good reason to try a walking aid. The experiment won't cost much and you might be able to borrow one for a trial run. Go to a full

length mirror and watch yourself walking with and without the aid. Don't be surprised if the added support makes you look less disabled.

When muscles are weak, we compensate any way we can. This may include bending forward, leaning to one side, walking asymmetrically, or distorting the body in various ways. These compensations squander energy and can make you look more conspicuous. Canes or crutches can help you walk more normally and the extra bonus is having more energy to enjoy the fun stuff of life. When considering a walking aid, a cane may be adequate if you only need minimal support.

PICK THE RIGHT STICK

First determine the correct length of the cane. If it is too long and your elbow stays bent when you lean on the cane, the triceps muscle at the back of the elbow has to stay contracted. This can lead to muscle fatigue and shoulder pain. To prevent overworking the triceps, the cane handle should be at the height of the wrist when your arm is hanging at your side. This allows your elbow to straighten and "lock" itself in the straight position when you lean on the cane. Too short a cane isn't good either - you don't want to lean to the side.

A curved handle puts a lot of pressure in the middle of the palm, while a straight handle distributes the weight across the hand more evenly. Although a slight difference in diameter may seem trivial, a thicker cane does give more support than a thin one. Aluminum and carbon fiber canes are lighter than wood and have buttons for adjusting the height. The cane should be used on the side opposite the weaker leg to give a wider base of support. However, this may not work well if the opposite arm is weak. If both legs are equally weak you probably need more assistance than a cane provides. And if you're leaning too heavily on canes or crutches, you may need to consider using a wheelchair or scooter at least part of the time, to relieve the stress on your shoulders and back.

Underarm crutches provide more support and stability than a cane, but can cause damage to nerves in the armpit if you lean on them too much. Thick crutch pads that slip over the arm rest offer comfort and added protection from too much pressure. Many other devices - including padded hand grips and larger crutch tips - offer additional assistance for comfort and safety.

Forearm crutches, also called Lofstrand or Canadian crutches, have a handle and a metal or plastic cuff just below the elbow which gives support without putting pressure in the armpit. Here again, the crutch handle should be at wrist height to enable you to straighten and "lock" your elbow when you bear weight on the device.

Okay, now that you've watched yourself walking in a mirror, do you still think the walking aid makes you look more disabled?

Reprinted from the "Disabled 2 Abled" Grace R. Young's website and Blog.

Did you know?..... **Rx** Information from Jenny

THE SCOOP ON PHYTOSTEROLS

Can phytosterols in products such as Centrum Cardio and Bayer with Heart Advantage lower cholesterol? Phytosterols (sterols and stanols) **can** lower total and LDL cholesterol by preventing cholesterol absorption in the gut. National guidelines recommend 2 grams (equal to 2000mg) per day of phytosterols as an option for high cholesterol. This dose lowers LDL up to 15%. The FDA says that supplements or fortified foods that provide at least 400mg twice daily can lower LDL about 5% and reduce cardiac risk.

Not all products contain enough phytosterols to do any good. Centrum Cardio is okay; it has 400mg per tablet and is designed to be taken twice daily. Bayer with Heart Advantage is another story. This product has 400mg phytosterols plus 81mg aspirin per tablet, which is not enough phytosterols since most people take just one aspirin a day. In this case, it is best to take the low dose (81mg) aspirin by itself. However, if Bayer with Heart Advantage is taken, it should be supplemented with additional phytosterols from fortified foods or other supplements (ex: Benecol, Take Control, etc.)

Call if you have any questions!
Jenny Aveson
(804) 730-9498

We want to congratulate Jenny for receiving the CVS Paragon Award this year.
Job well done Jenny!!

*Polio Feet: There's a reason you have cold feet -
but you can keep warm and stay cool
By Richard Bruno, Ph.D.*

The process that cause "Polio Feet" to turn blue and cold and become difficult to move when it's only cool is the same process that caused paralysis after the original polio.

The Polio virus got into the spinal chord and either destroyed or damaged the anterior horn cell motor neurons that transmit the message to move from the brain to a muscle.

When those neurons were damaged, or especially when they died, they disintegrated and the muscle fibers that used to be turned on by those cells no longer were.

There is another kind of motor neuron that was affected by the virus - the motor nerve that controls the muscle around your blood vessels. When these muscles died, there were no motor nerves to tell the blood vessel to contract; if the blood vessel cannot contract, blood 'pools,' especially in the veins. When the blood pools in the veins, it is going to be blue, because venous blood is not oxygenated.

Polio feet are caused by warm blood that should be in the center of your body, flowing out into the hands, arms, and especially the legs (since gravity is pulling the blood down). The warm blood pools in the surface of your skin, and because the blood vessels cannot contract, the result is "polio feet." The venous pooling causes your blood to radiate heat into the environment. People who had polio keep the world warm, unfortunately at their own expense. The price of this is a thorough cooling of the limbs and all tissues of the limbs.

When heat leaves the veins, the motor nerves that lie near the surface of the skin start to cool. The muscles that lie just a bit below the surface start to cool. The connective tissue that connects muscle to muscle, and muscle to bone starts to cool and stops being elastic so it is harder for it to move.

When the motor nerves aren't functioning well, the muscles aren't going to function well; if the muscles don't function well, there is going to be muscle weakness. We think that muscle weakness and the loss of body heat are causing fatigue; and we think that people who lose all their body heat into the environment are burning calories to maintain their body temperature, so there are fewer calories to keep moving.

People who had polio should dress as if it is 20 degrees colder than it actually is, but you should dress in layers so you can control your body temperature and not pass out from a rapid flow of blood away from your head as your arteries warm.

From Henry's Desk by Henry Holland

Antidepressant Medications

I am a little surprised at the concern about the use of antidepressant medications in the treatment of PPS. It rings of the ongoing stigma against individuals who suffer from so called mental illness. I have spent 31 years studying, researching, and treating mental illness. I have a significant family member who spent 20 years in a state mental hospital. When I first began my psychiatric training 31 years ago, schizophrenia was considered a mental illness with probable psychogenic causes.

There was even a term used then, namely the schizophrenogenic mother. Today, we know clearly that schizophrenia is a biological brain disease involving disturbances of certain brain biochemicals affecting cognitive and perceptive function. There are changes on MRIs and probable genetic factors or predispositions. The same can be said of bipolar disorder (manic depressive illness) and major depression. Some studies indicate that over one third of PPSers before being diagnosed or shortly thereafter meet the criteria for the diagnosis of major depression.

The "boundary" between so called mental illness and physical illness is quite vague and may not exist. The very fact that many medications such as the various types of antidepressant drugs help us and many other individuals with chronic or recurring disorders should tell us logically that so called mental illness has definite biological factors and vice versa, that is, a condition such as PPS has definite emotional factors. I know what I have experienced. I have experienced loss of functional status, having to accept disability at a time that I would be at the zenith of my career, fear of what is happening to me and not knowing what really helps except rest, the logical anxiety that this PPS is progressive, and to hear or read that we are all going through this again (deja vu) and the whole experience seems unfair and makes me angry. That anger can get projected when we have our feuds, bash our doctors, and assail various agencies. Don't get me wrong, most of the time our complaints have some merit, and we mostly support each other, but we have been individualists and in control so long that these life style adjustments are tough and can be depressing.

Everyone who has ever lost someone precious or lost a part of their self-esteem or been ill with a chronic disorder knows what depression is like. We take antidepressants and other psychotropic or brain directed drugs because they help some of us. True, the doses are usually lower than for treating most biological depression in people without PPS. But we do not tolerate most any drug or stress very well. We require less pain meds and even less anesthesia than most. Maybe the antidepressant drugs do help our "depression" in lower doses. I simply do not know, but it would not bother me in the least if they do work that way on us. I feel better and when you feel better, you are usually less depressed.

So if you take Prozac, Paxil, Zoloft, Elavil, Pamelor, Effexor, Klonopin, Ativan, Valium, Xanax, Ambien, Desyrel, Wellbutrin, and on and on, and you feel better, I say be grateful because I am.

I have said enough.
