

POLIO DEJA VIEW



March, April, May, 2012

www.cvppsg.org

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

*Mary Ann Haske,
Editor*

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March 3, 2012 Meeting

12:00 pm (noon) at Children's Hospital, 2924 Brook Road, Richmond
Play Date/Game Day

In response to the positive feedback regarding Saturday night fun at the Fall Retreat, we are offering an opportunity to get together and share a fun time. Bring a brown bag lunch and beverage at NOON and we will supply dessert. If you have a favorite game you would like to share, bring it. We will end at our usual time of 4 pm.

April 14, 2012 Meeting

(2nd. Saturday due to Easter & Passover)

2:00 pm at Mobility Center, 7450 Midlothian Turnpike,
North Chesterfield, VA 23225, 800-231-7774
*Tour of this new facility and a review of new technology
(Directions and more information inside newsletter)*

May 5, 2012 Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond
*Cookies provided – bring your own beverage.
Partner Session*

Dave VanAken will lead a Partners Discussion Group in another room. This gives PPSer Partners a chance to share their experiences and challenges. Meanwhile, we PPSers may discuss questions or issues about which they have concerns. Then we will all join together and share.

Mid Month Lunches

Wednesday, March 21, 2012

Mid-Month Lunch at 11:30

Olive Garden

9750 Midlothian Turnpike, Richmond, VA 23235, 330-7391

For a reservation, call Carol Kennedy (740-6833) or
Barbara Bancroft (204-1688) by Monday, March 19th

Wednesday, April 18, 2012

Mid-Month Lunch at 11:30

Arianna's Italian Grill

5107 Lakeside Avenue, Henrico 23228, 627-0314

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

Wednesday, May 16, 2012

Mid-Month Lunch at 11:30

Q BBQ

2077 Walmart Way, Midlothian 23113, 897-9007

For a reservation, call Carol Kennedy (740-6833) or
Barbara Bancroft (204-1688) by Monday, May 14th

Knowing When to Hold'em and When to Fold'em **...From Your Editor**

To navigate through life, it helps to learn from a parent, teacher or friend and then relate that lesson to your current status. So...when I was a little girl, as Christmas approached, my mother would give us a box of Ivory Snow, an egg beater & a bowl and tell us to get our paints. We were to paint winter/Christmas scenes on the windows. We loved it. That eggbeater was turned furiously to whip up the "snow" to apply to the windows. There were snowmen, smoke coming out of chimneys, snowflakes falling, branches of holly, Christmas trees, all portrayed on the windows. Years later, I told my mother how much I had enjoyed doing that and she laughed and said she was so busy shopping and baking that she did not have time for housework. We covered up the dirty windows. So, she knew how to fold.

When I was beginning high school, I wanted 2 particular blouses. My mother went shopping for them. (This was the last Christmas that my mother was well. She died when I was 17.) One was on the rack. The other was only on the mannequin in the window. My mother asked the saleslady to get it as it was my size. (It was a teal blue with a peek-a-boo front button structure. I really wanted that shirt.) The saleslady said no. My mother went to the department manager and ended up at the head office telling the chief of the store about the situation. I received the blouse for Christmas. My mother knew when to hold'em. She stood her ground.

This Christmas I was riding in the car with my daughter and her paralyzed significant other. I was telling them that we were in the area in which I grew-up. I was saying how I would love to live in that area but it was impractical. I would not be able to scoot around as it just was not accessible. Neil began to ask me why I was not fighting for accessibility. I laughed and said he had to look around. It was an old part of town but there were a lot of curb cuts. That was not the problem. The problem was the beautiful old trees that had the sidewalks buckling. If they fixed the sidewalks, the trees would be killed. On this issue I can easily fold. I would not want to see the charm of the trees destroyed.

However, that interchange reminded me of an event in September

when I did not fold. I had tickets to see President Obama at the University of Richmond. Since I know that nothing regarding wheelchairs is ever simple, I arrived very early. As the line snaked along the street, I could see a tall flight of stairs getting closer. I was not worried because I had attended the arena for other events and I knew there was a great ramp. However, I did ask a policeman if I needed an escort. He said he would get back to me. After a bit, he came and said they were going to lift me and my chair up the steps. I laughed and said I don't think so. The chair without me in it is 250 lbs. and we will not even discuss the weight of it with me in it. I said that if they dropped me I would probably be bed ridden for the rest of my days and, if they did not drop me, I would have to visit them in the hospital when they had their hernia repairs. I then asked why the ramp was not available. Well the Secret Service had it blocked off and no one could use it. I said to get on the phone with the Secret Service and tell them this was not acceptable. The policeman kept coming back to me saying he was making one call after another and getting nowhere. I said to keep working. Finally he said that Washington said I and my companion could use the ramp if accompanied by the police. I said that was great. I was really proud of myself because I was relentless. No way was I going to not attend. I had been given tickets by the college and I was in my chair when they were handed to me. There is a funny component to this. When we left the building at the end, the ramp was still blocked. However, Secret Service and police had vanished. I finally found one lone policeman who could remove the barricade. I stood my ground. I was determined. I think the lovely policeman who kept working on the problem knew he did not stand a chance against me and really worked hard to make it happen.

One of our members said to me that this is another variation of picking your battles. I guess it is. I certainly learned to do that when dealing with so many teen-aged children. I just had not transposed that term to my present situation. So, I guess the moral of this is to pick your battles, or know when to give in and when to take a stand and not budge!

Save the Dates

Meetings, March 3, April 14, & May 5, 2012 No meeting in July.

June Luncheon, June 2, 2012

Mid-month Lunches: Wednesdays, March 21, April 18, & May 16, 2012. No mid-month lunch in June.

Chesterfield County Hearing/Vision/Driver Assessment Workshop, March 24, 2012

Chesterfield County Senior Day, May 2, 2012



Christina's World

Twelve years ago I wrote an article entitled "Christina's World." The article was about Christina Olson who was the young woman in the painting by Andrew Wyeth. A print of the painting is below. Several weeks ago, Dr. Mike Grizzard, a specialist in infectious diseases, called me on the phone. He informed me that Christina's World would be on the cover of an upcoming issue of *Clinical Infectious Diseases*. This medical journal is the main journal for infectious disease specialists. Dr. Grizzard and his wife Mary are responsible for selecting the cover of each issue. Mary Grizzard has a doctorate in art history. They used portions of my article which was originally published in the *Deja View* in 2000. The article does not appear to be on the web site of the Central Virginia Post Polio Support Group, but readers can get a copy of the 2000 article by e-mailing me at henry4fdr@aol.com. The explanation of the cover of the journal is copied below the picture.

The rest of the story is continued on page 4

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

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

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

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

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.

Please note: Articles written by CVPPSG members may be used exactly as written provided credit is given for each article used (Ex. From Henry's Desk....). Permission for copyrighted articles must be given by the source of the article.



Cont'd from page 3



On the cover: "Christina's World" by Andrew Wyeth (American, 1917-2009). Tempera on gessoed panel. 1948. The Museum of Modern Art, New York, NY. Art Resource, NY. Reproduced with permission.

In recounting the events of 1948 in his book, Truman, author David McCullough wrote, "It was the year, too, of Christina's World, a haunting portrait by Andrew Wyeth of a crippled woman and a forsaken house on a bleak New England hill...that would become one of the most popular paintings ever done by an American." Following the polio epidemic of 1916 in which over 27,000 contracted the disease and 6000 died, most assumed that any "crippled person" would have been affected by the disease, yet her condition remains an enigma.

Christina Olson was a real person, born in 1893, who lived for 75 years in the house on the hill. At age three, her parents noted that she was already walking with an unusual gait and had difficulty with her balance; however, despite this, throughout her school years, she was able to walk the mile and a half to school. In her third decade, she began to lose strength in her legs and often fell. In March of 1919, at age 26, she was admitted to Boston City Hospital for evaluation. No diagnosis was reached. By age 53, she was no longer able to stand, having earlier resorted to crawling, the action

Christina's World

depicted in the painting.

For thirty years, Andrew Wyeth used one of the upstairs rooms in the Olson farmhouse as a studio. In 1948 he sketched Christina as she crawled down the hill to visit her parent's graves. Although Christina was the inspiration for the iconic painting, the model was actually Wyeth's wife, Betsy, who posed for the painting, but Wyeth depicted the figure as he imagined Christina would have looked in her youth.

The true etiology of her disability remains unknown. The description of her symptoms is suggestive of Charcot-Marie-Tooth Disease or perhaps Friedreich's Ataxia or even a mild form of cerebral palsy. Polio remains a possibility; as Christina grew older, symptoms resembling those of Post-Polio Syndrome appeared, but such might also occur with other neuromuscular disorders.

Christina Olson died in 1969, never realizing that her world had become so renowned.

The preceding was drawn primarily from an article published in the Central Virginia Post-Polio Support Group newsletter, *The Deja View*, April/May 2000 by Dr. Henry Holland.

On July 1, 2011, the weather-beaten farmhouse featured in the backdrop of the painting was designated a national landmark. The Olson House, located on Hathorne Point in Cushing, Maine, is owned by the Farnsworth Art Museum in Rockland, ME.

Henry Holland, MD, Richmond, VA, Guest Contributor (Mary & Michael Grizzard, Cover Art Editors)

CONDOLENCES



We wish to express our sympathy to the family of Claudia Sadlowe who passed away November 7, 2011. Her presence at our meetings will be missed.

We wish to express our sympathy to the family of Alan D. Fiala who passed away May 26, 2010. We appreciate that CVPPSG is one of the organizations he remembered in his Trust.

Did you know.....

www.polioplace.org

Did you know that you can spend an afternoon on this website: <http://www.polioplace.org>, scroll down to Archives and explore information about polio years ago? This site, Polioplace, is a service of Post-Polio Health International made possible by a grant from a small fund of the Roosevelt family. I found that I was smiling as I looked at pictures of children whom I only “know” as adults. There are moving statements made by polio survivors. There is a sweet letter by a little girl to her grandmother. I loved a picture of what appears to be a volunteer reading a comic book to a little girl in an iron lung. Okay, it sounds depressing but it isn’t. It is touching. At least, try it and let me know what you think.

Revised Disabilities Act Rules

Did you know that the Department of Justice revised rules and regulations for the Americans with Disabilities Act that went into effect March 15, 2011? These new rules cover all the things we think of when we hear ADA such as libraries, malls and restaurants. These standards include also, for the first time, standards on making swimming pools, parks, golf courses, boating facilities, exercise clubs, and other recreation facilities accessible for individuals with disabilities. Entities covered by the ADA have until March 15, 2012 to comply with the act. Anyone want to explore a park?

Visit to Mobility Supercenter



Lee Crenshaw and his team, Jason Blackwell and Mike Pacelli, will be our hosts on the afternoon of Saturday April 14, 2012 at 2:00. They will give us a tour of their new facility and show us the latest in accessible vans, ceiling lifts, stair lifts, custom vehicle seating, driving aids and elevators. There will also be popcorn and soda! Don’t let the address scare you away. The directions are easy to follow. From Richmond you would navigate to Chippenham Parkway (Rte 150) and take the Midlothian Turnpike (west) exit which is also Route 60W. The center is about ¼ mile on the right at the intersection of Midlothian and Boulders Parkway. Lee says you can’t miss it. If that is not the way you would come, call the center, 800-231-7774, for other directions. Yes, we are having a “field trip”. Our group can be full of surprises. See you there.

Tossing a Good Salisbury Steak . . . Chapter 3

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

*By Wallace W. (Jerry) Epperson, Jr.
Chapter 4*

Growing up, I remember going places with my family, but the travels were disrupted by my older sister, Nancy, who was afraid of bridges. She seemed okay with cement bridges but wooden or steel-framed bridges made Nancy have my father stop the car so she could get out. I can remember Dad doing a slow-burn as we would drive across the offending bridge then stop and wait for Nancy to walk across and join us. To me, the thought of walking across the bridge was much more frightening, especially if it was over water. Of course, my balance and propensity to fall probably explains it.

Whether it was my being thrown in the pool experience at Warm Springs or my mother's fear of water, I have had a fear of falling in the water for as long as I can remember.

The town of Victoria had a reservoir that had been built for the railroad, and it had a picnic area and a small sand beach. The parking area was littered with rocks, not pebbles or gravel, but three to five inch pointed rocks which made walking nearly impossible for me.

One summer my family went to the town reservoir for a picnic when I was four or five. Everyone was swimming, it seemed, so Dad took me to the car, changed me into a swimsuit and removed my braces. He then walked me over to the beach and sat me in the water up to my chest. Sitting there, watching others wade and swim, I could move my arms but nothing else. I don't remember being scared but I do remember being bored. I also remember my mother not being happy with Dad for putting me in the water. I never went back in the water there.

Tommy Wright was one of my father's best friends and his son, Thomas, and I were the same age and friends going to school and church together. Mr. Wright and Thomas would go fishing, and sometimes be kind and take me along. Most often, we went to the "Old Booth Place", as Mr. Wright called it which happened to be owned by my future in-laws.

Because of my braces, I had to fish off the road or the small beach, using a cane pole and a worm. Thomas could go into the overgrown areas around the pond, and always caught more fish – holding them up for us to see.

One day, fishing off the road, I caught a small five-inch fish (actually 4 inch but all fishermen exaggerate) and held it up for Thomas to see. As I was getting ready to take it off the hook and back in the pond, Mr. Wright suggested I just slip him in the water still hooked. I let the fish run out a ways, then pulled him back in, and held him up for Thomas to see at the other end of the pond.

Over the next half hour, I held up that poor tired little fish about five or six times. On the way home, I was so pleased that Thomas thought I had finally caught more than he did. I don't think he ever figured it out.

My last water-related memory growing up was when I was eleven or twelve and was baptized.

Over the years, the braces that I wore went from being heavy steel to being lighter aluminum alloys, thank heavens.

My friends and I took the pre-baptismal classes, and on the important day I wore old clothes. After the regular sermon the doors behind the altar were opened. There was the small pool about five foot by eight foot and maybe four feet deep.

One at a time each of us walked out, stepped down into the pool, joining the minister. He then said a few words, put a

handkerchief over your mouth and nose, and lowered you backward into the water. After a moment he helped you rise, back to a standing position.

I was nervous, but never anticipated what would happen. As I descended into the pool, my left leg began to float. As odd as it sounds, I still remember standing knee deep in the water on the steps, and seeing my left leg floating in front of me. It would not stay down so I could not take another step forward or backward. After a moment, the minister stepped forward, and I put my hand on his shoulder. Somehow he held me so I could be baptized but, not used to having my head under water, I choked a bit and coughed a lot. I was embarrassed, but it was over.

Something similar happened about the same time. My Aunt Pearl called just as one of the occasional hurricanes was beginning to blow. She asked my father to come get her and my Uncle Marvin so they could stay with us during the storm. I walked out to go with Dad, and as I got to the front porch, the wind blew my left leg backwards, and I could not set it down. Standing on my right leg, I yelled for Dad, and he helped me indoors. It felt so strange not to have gravity help me walk.

Another challenge in life was tall sets of stairs. My kindergarten class met in the basement of a neighbor's home, accessed through a steep set of stairs from her backyard. The teacher told me to go slowly up and down using both hands on the rails.

One day, one of the girls brought in a pale blue robin's egg to show around. Somehow I ended up with it when we had to come in from the backyard. Holding it in my left hand, I started down the tall stairs, only to fall and roll all the way down. I still remember opening my hand to find a gooeey mess, and the girl crying that I had broken her egg. My glasses were broken but fortunately nothing else.

Falling is a bit of an art. Preferably, you should try to fall back and land on your bottom, then slide down the remainder of the stairs. The worst is to fall forward, head first, trying to catch yourself with your arms, then bumping down on your nose. Since my left leg cannot be controlled, sometimes the left leg goes one way and the right goes another, doing a very painful split.

The worst stairs for me were in my church from the sanctuary down to the Sunday school area. After several tumbles, I was instructed to always walk around the church outdoors.

Another couple of challenging stairs were at school. In elementary school, the powers that be were kind enough to keep both my first and second grade classrooms on the first floor to avoid me going up the stairs. Carrying this a step farther, I was told to use the teachers' lounge and restroom, also on the first floor, rather than go to the basement level for the regular toilets. This made me feel special and strange at the same time. Sharing a toilet with lady teachers? Not fun. Another modification was that whenever we had a fire drill, the principal, Mr. Blanton, would run in, pick me up and carry me out. Again, I was different from the other kids – and being carried made me feel like a baby.

Rainy days were a challenge, but ice and snow were impossible, especially without crutches. Using crutches helped a little, but, rubber crutch tips on wet surfaces are an invitation to an accident. Also, with your arms locked into the crutches, you have no way to catch yourself.

When I started going to our school cafeteria, I unfortunately created my own food fights. Sometimes, the glossy slick floors were enough. If they had recently been cleaned with soapy water, falling was inevitable. Spilled food in the line or around the tables, unseen because I was carrying a tray full of food, allowed more creative falls. My food trays were always full.

Falling forward usually just got my

clothes messy and was embarrassing. The most entertaining was a fall backward, with my legs shooting forward. That backward fall made me toss the tray of food into the air. A really good tumble could get the food and drinks to go twenty to thirty feet, raining on whoever was in its path. Salisbury steak in gravy flew really well, while hot dogs did almost no damage, except for the mustard.

In my youngest days, I would carry a sandwich and go straight to a table or sometimes just stay in the classroom like I did most recesses. There wasn't much I could do on the playground. Besides, at my pace, by the time I got out there, it was time to return.

As I got older, I wanted to eat with friends so I ventured into the cafeteria, often walking in baby steps because of the danger of slipping.

In perhaps the eighth grade, I had several Olympic-quality tray tosses, one hitting several teachers. Soon, when I was carrying a tray of food, people would watch me, carefully, ready to run if I fell. One friend suggested that I do the falls deliberately to hit certain unfriendly targets, usually upper classmen or teachers.

Of course I was teased and when I fell, the shouts of "incoming" would be heard. I laughed it off but it added to my self-consciousness.

After a number of falls, the usual solution each year was for me to catch one of the cafeteria ladies' eyes, and they would bring a tray out to me. About one in three meals would never get to me as they got busy or forgot. Maybe that is why I am fat today, subconsciously afraid of not getting a meal.

The slick floors were an equal opportunity hazard, and I was not the only one falling. I just fell more than others. By the way, the falls occurred whether I was carrying a tray or not, but the falls with a tray were more exciting. Later in life, I learned to fall and throw books, papers, soft drinks, briefcases and other colorful and potentially dangerous missiles.

JUNE LUNCHEON

June 2, 2012

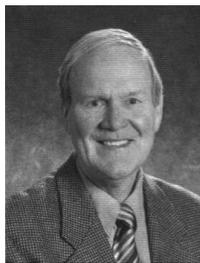
It is time to mark your calendar to save the date for our June luncheon. It is your opportunity to go to the Hard Shell's new location at the Shoppes at Belgrade, 11400 West Huguenot Road next to Ruth's Chris Restaurant. The Hard Shell Restaurant was voted Best Seafood Restaurant in 2010 by Richmond Magazine and also received this designation 4 other years.

We will have a private room with dining starting at 12:00 noon. The menu will include seafood, for which they are known, as well as chicken, burgers, and steak. Luncheon items of soup, salads, and sandwiches are available as are dinner entrees and desserts.

We hope that you will take this opportunity to join us at this luncheon where we can talk, visit among the tables, and celebrate the coming of summer.

There will be individual checks and parking is ample as the restaurant is closed to the public during lunch. This June luncheon is one that you do not want to miss! So, contact Barbara Bancroft (204-1688) or Judith Moffitt (754-1067) by Friday, May 25, 2012 to reserve your seat at the table!

Ask Dr. Maynard



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Question: *My physiatrist says that paraplegics have a lot more diabetes, so I started wondering how post-polio and spinal cord injury compare with regard to the disease.*

A: You are right that people with chronic spinal cord injury paralysis do develop glucose metabolism abnormalities and diabetes (by criteria) more often than their age cohorts. I attended a 90-minute course on this topic and obesity among people with spinal cord injury at a recent meeting of the American Academy of Physical Medicine and Rehabilitation. The new information reminded physicians how important muscle is to insulin utilization and, therefore, to serum glucose levels.

During the lecture, I was thinking about people who had polio, with their extensive muscle atrophy, because I expect the same issues exist for them. Not only are people with extensive muscle paralysis (paraparesis and quadriparesis, independent of causation) predisposed to obesity because they cannot move and exercise as much to burn up calories, they also are predisposed to store fat because the relative lack of muscle mass (as a proportion of the body) leaves high circulating levels of insulin which combines with serum glucose to store fat.

A recent study of body composition among polio survivors in Taiwan found a higher proportion of fat, independent of body weight as considered from the standard of Body Mass Index (BMI). Normally a BMI (calculated from height and weight) of 25 to 27 is considered “overweight” and over 30 as “obese.” Almost all polio survivors studied, even those not overweight/obese by BMI, had an increased proportion of fat by body composition measurements, a proportion that would typically be expected only in overweight/obese individuals.

I would expect there is a correlation between glucose metabolism abnormalities and increased fat proportion of body composition.

Question: *My father-in-law is 88 years old and has post-polio syndrome. He has had trouble sleeping for the past several years, and he claims that it “takes more medication for people with post-polio syndrome.” My wife is his caregiver and controls his medication so he will not overdose. What is your professional opinion?*

A: Your father-in-law is mistaken about need for higher medication doses for post-polio people. Generally they are more sensitive to medication and require lower doses because their bodies distribute medications differently through body tissues and fluids due to reduced muscle mass. I would be very careful with sleeping medication doses, in particular, because of their potential to affect breathing during sleep (suppression) and the likelihood of creating dizziness/balance problems on awakening (leading to greater falls risk) – both greater problems among polio survivors than the general population.

Encourage him to keep talking to his doctor about what is and is not helping and to try several different types of medications or other techniques to attain “good sleep” without just dangerously taking higher doses of prescribed sleeping pills.

Question: *I have a severe rotator cuff tear and an orthopedic surgeon has recommended a shoulder replacement because of the severity of the tear and the presence of significant arthritis. I had polio in my right leg and use my left leg to lift/stabilize myself on crutches. Apparently the increased dependency has weakened my arms and, perhaps, injured them. The surgery may help or may create complications. Can you share any knowledge to help me make an informed decision?*

A: You raise several important issues related to the pros and cons of shoulder replacement in polio survivors. First of all, if you never had any significant residual weakness in your shoulder muscles as part of your original polio, then it is unlikely that your shoulder problems are, anatomically at least, related to polio. You may have worn them out and/or injured them as you suggested, and the shoulder problem can be surgically treated like anyone else’s.

Definitely get a second opinion about whether the best treatment is arthroplasty (replacement). In addition to a second opinion from a shoulder surgeon specialist, I recommend a second opinion from a non-surgeon, such as a physical medicine and rehabilitation specialist in post-polio. That person cannot only advise about non-surgical alternatives for the shoulder problem, but also advise you on preparations for the post-operative period, if you do elect to have the shoulder replacement.

Certainly, you should at least practice transferring and walking and caring for yourself with only one arm, since you will not have much use of the arm after surgery for at least three months. You are facing a difficult and important decision. Don’t make a hasty one, especially if you are not suffering severely. Take all steps possible to inform yourself about the pros and cons.

THE LOWLY FRUITCAKE

(Now that the Holiday Season is over, do you look around your kitchen and see a fruitcake that you received and wonder what to do? Are you thinking of using it as a ball and toss it around in the yard? Are you crumbling it and feeding it to the birds? Well, at our gift exchange, someone received some decorations and a homemade fruitcake. The following was enclosed in the gift bag and I was asked to include it in the newsletter. Hope it helps to bring respect.)

As Rodney Dangerfield said, this little fruitcake gets "no respect". Fruitcake is mocked and derided. People who have never even tasted one make fun of the fruitcake! So, this cake is asking you to consider its recipe and walk with it through:

MOMENTS IN TIME!

Imagine 1900 and Lizzie is churning butter and gathering eggs and shelling nuts with the help of little Essie in order to make the fruitcake. Lizzie is also thinking of the baby who will arrive before the next Christmas.

It's 1906 and little Mamie, age 5, just can't wait until the fruit cakes are served Christmas day and runs through the kitchen and grabs a hunk of hot fruit cake and runs away eating it. Lizzie and Essie are horrified. Mamie broke tradition.

It is now 1944 and Mamie has saved her sugar and butter ration coupons so that she can make a fruitcake and send it to Ben, her stepson, who is in a German POW camp. Fruitcake is on

the approved Red Cross list but the cake must be wrapped in cellophane. One cannot get cellophane due to the war. Wait, Mamie sees cellophane decorating Thalhimers' Pastry Shop. She asks if she can buy some but is told that it is for decorating and not for sale. Undaunted, Mamie goes up to the office of Mr. Thalhimer and he comes down and takes it out of the window and gives it to her. Alas, the prisoners never received their packages. The Germans kept them for themselves.

In 1951 Mamie became ill. Her daughter, moi, took over the making of the family recipe.

In 1959, the daughter made the fruitcake from an old-fashioned wheel

chair (wicker back and seat). She was recovering from surgery on her polio leg. She did this with a 4 month old baby tied into her lap.

Over the years, families sat around in the evening cutting up fruit and shelling nuts. These items did not come in plastic containers like they do now.

Is the recipe older than 1900? Probably. Did Lizzie's mother, Kate, make fruitcake in the 1800's? The granddaughter does not know.

About this fruitcake.....the oven went kaput and the cake was baked in a toaster oven. If it is crumbly, just eat it with your fingers!

ENJOY!

Local Events

Chesterfield County Hearing/Vision/Driver Assessment Workshop

When: March 24, 2012 from 9:00 am – 1:00 pm

Where: Johnston Willis Hospital, 1401 Johnston Willis Drive, Richmond, VA

Free hearing screenings • Free vision screenings • Driving skills assessment for Seniors

Annual Senior Day in Chesterfield County

When: May 2, 2012 from 7:30 am – 12:45pm

Where: Victory Tabernacle Church, 11700 Genito Road, Midlothian, VA

Theme: Celebrating America's Everyday Heroes

Vendors: Information for Seniors regarding assistive living, insurance, libraries, medical

Medication Disposal Bin: Bring old medicines in original bottles, if possible, enclosed in a zipped plastic bag and place them in the bin

Events: Speakers and entertainment throughout the morning

Attendance: Welcome to attend all or part of the day

Post-Polio Thoughts A BETTER LIFE

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

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

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

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

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

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

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

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

Not all palliative care programs are alike—and neither are all patients.

We need a good fit. Shop around—check out the list of what's available in your locality at getpalliativecare.org (see Step 2) or ask your doctor for a referral.

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

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

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

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

Nancy Baldwin Carter, B.A., M.Ed. Psych, from Omaha, Nebraska, is a polio survivor, a writer, and is founder and former director of Nebraska Polio Survivors Association.

Source: Post-Polio Health International (www.post-polio.org)

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