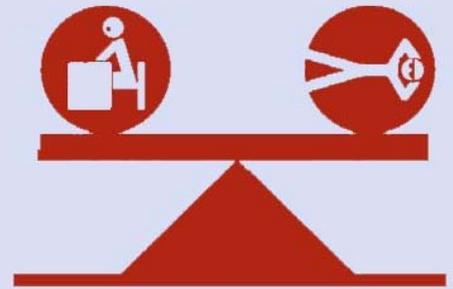


POST POLIO PACER

Conserving Strength and Energy through Pacing
October 2010 — Madison, Wisconsin
Madison Area Post Polio Support Group Newsletter
MAPPSG formed in 1985— This Is Our 25th Year!



Help Celebrate Our 25th Anniversary!

The Madison Area Post Polio Support Group was started 25 years ago and we're still going strong, thanks to Easter Seals for printing and postage for the Pacer and meals for our guest speakers.

Our program will include a welcome to all and introductions of the founding members, U.W. Hospital staff who assisted in forming the group, as well as introductions by each person attending. Share your experiences, reminisce, remember fellow survivors...and enjoy a Dutch treat lunch followed by dessert which will be provided.

November 13, 2010
Monona Garden Family Restaurant
6501 Bridge Rd., Monona
Noon to 2:30

RSVP to Gail Kempfer at 608-846-3776 or
<WP6838@windsorparkside.com>
OR
Mary Parks at 608-838-3072 or
<mparks3072@charter.net>

Polio's second act

by Kate Nolan

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Ina Pinkney has made the best of polio. Her baked goods win national acclaim, and foodies wait for seatings at Ina's, her culinary star turn in Chicago, where she is known as "the breakfast queen."



Photo by
Christine Keith

Diagnosed with polio at 18 months in 1944, she was treated by the famed Australian nurse Sister Elizabeth Kenny, whose then-controversial therapy involved boiling strips of wool, wrapping them around the affected limbs, and using massage to alleviate muscle spasms. After a month of the painful regimen, Pinkney was walking again, but the disease had caused lasting damage. For years, she exercised to retrain her muscles, but her right leg never caught up with the left.

Pinkney remembers going to a gala in New York as a young woman. Count Basie played, and her idol, movie star Fred Astaire, was there. She walked over to him, and Astaire said, "I see you have some difficulty walking. Let's just pretend."

"He took me in dance position, and we swayed, maybe 12 times – 12 sways with Fred Astaire, a very big moment," she recalls.

Pinkney now experiences "mind-numbing" fatigue, her leg feels weak, and she has tried exercising to strengthen it. She reluctantly agreed to be fitted with an ankle-foot orthosis (a brace) and wore it home from the doctor's office. Leaving the office, she fell in the street. Pinkney, 67, calls the episode a "gut blow."

"It told me I had a lot of work to do," she says. "I had to learn to walk with the brace and, more important, I had to accept it."

Postpolio syndrome

Pinkney's polio had not come back, but she had postpolio syndrome, a set of debilitating symptoms that strikes survivors at least 15 years after they've had the disease. As many as 55 percent of an estimated 775,000 polio survivors in the United States may be at risk of developing it. "We'd see more support for polio eradication if people understood the long-range effects of the disease," says Ann Lee Hussey, chair of the Rotarian Action Group for Polio Survivors and Associates. Like many Rotarians who

are polio survivors, she is a strong advocate for Rotary's US \$200 Million Challenge. "There are many polio survivors who serve as their district PolioPlus chair and are active in fundraising. I traveled to Hong Kong for an event that raised \$250,000."

Many people have not heard of postpolio syndrome. Compared with the 20th-century epidemics that spawned a national movement in the United States led by President Franklin D. Roosevelt, it's an understated illness. Many patients who have postpolio syndrome – an underdiagnosed, under-researched condition without broad-based advocacy from patients – don't even know it's related to the disease.

It has been 26 years since postpolio syndrome was identified, but often doctors don't know how to diagnose or treat it, Hussey says. Because polio is viewed as a conquered disease in the United States, its aftermath has been relatively unexplored in the research and in medical schools.

Post-Polio Health International, a St. Louis group that works closely with the Rotarian Action Group, addresses the dearth of information through a network on its website, www.post-polio.org. It connects patients with each other and the few health professionals experienced in treating the condition.

A new tide of potential patients rises in the developing world.

Most of the people who lived through the U.S. polio epidemics will die in the next 40 years – a fact that may offset the irony that the final phase of the most studied virus in history now gets modest public notice. But even greater resources may be needed in the future, as a new tide of potential patients rises in the developing world.

"They're going to have horrible lives. Who will address their pain and mobility issues?" Hussey asks.

For Daniel J. Wilson, having postpolio syndrome means managing a growing list of things he can't do anymore. "I can't walk all over Paris and take the metro," says Wilson, 60, a professor of history at Muhlenberg College in Allentown, Pa., and the author of a well-regarded history of polio in the United States, *Living with Polio: The Epidemic and Its Survivors*.

Wilson contracted the disease at age five, his mother doctoring him with the hot packs that had become common. The weakened muscles of his right torso led to scoliosis, a type of spinal disfigurement. At 10, he had spinal surgery

that put him in a body cast for six months. He completed fifth grade at home in Wausau, Wis., and regained his strength. He later earned his doctorate from Johns Hopkins University.

The first signs

The first sign of postpolio syndrome came in the mid-1980s, when Wilson had trouble lifting his right foot off the gas pedal to brake his car. Soon his right leg began giving out while he walked, and he experienced increasing muscle pain. His wife, Carol, started carrying packages for him. Now he sits while he lectures, walks with a cane, and uses a scooter for longer distances. When his beloved wheaten terrier Abbey died at 16 last year, he decided against getting another dog because he couldn't walk one anymore. He installed a stair lift at home, preparing for when he can't handle stairs.

"I live with the certainty that I can't trust my body anymore," Wilson says.

Abraham Lieberman, 72, medical director of the Muhammad Ali Parkinson Center at Barrow Neurological Institute in Phoenix, started to have difficulty walking in the late '90s and sometimes used a walking stick. By 2001, his left leg was failing, and he diagnosed himself with postpolio syndrome. He has no joint or muscle pain but suffers weakness in his legs.

"I'm not happy about it, but I'm not going to die from it. I'd be happier if I were 10 years younger," says Lieberman, who was hospitalized with polio in 1944 at age six in New York with nearly full-body paralysis. His mother wrote to Roosevelt for help, and the sympathetic president wrote back, saying he would do what he could. Lieberman's young life became a cycle of braces, injury, and surgery, but left him with strong hands and the ability to walk without assistance. He finished medical school, served in the U.S. Air Force as a doctor in Japan, and later specialized in research on Parkinson's disease.

"You can manage the pain and fatigue, but there's no simple test for it," says Julie Silver, assistant professor at Harvard Medical School and former director of the International Rehabilitation Center for Polio at Spaulding Framingham hospital in Massachusetts. "It's a diagnosis of exclusion." After thyroid problems and sleep apnea have been ruled out as causes of fatigue, for instance, postpolio syndrome may be considered in a patient who has slowed down.

There's the shock of realizing that they aren't finished with polio.

At the rehabilitation center and the handful of other facilities across the country specializing in postpolio syndrome, an assessment typically includes an examination by a doctor experienced in the condition, a nerve and muscle study, and sessions with physical and occupational therapists, a brace specialist, and a psychologist.

The psychological fallout of a diagnosis can be dramatic. “It feels like a double whammy,” says Silver, author of *Post-Polio Syndrome: A Guide for Polio Survivors and Their Families*. First, there’s the shock of realizing that they aren’t finished with polio, and then that no recovery from postpolio syndrome is in view. Care recommendations can include home modifications, a brace, stress management for fatigue, lifestyle changes such as reduced work hours, and devices to help with breathing and mobility, alleviate pain, or prevent falls.

In the 1950s, polio survivors learned to exercise during rehabilitation, often in great pain. The new field of physical therapy strongly linked determination with overcoming physical challenges. Charles Atlas was telling men they could build a muscular body through willpower and isometric exercises, and Norman Vincent Peale in *The Power of Positive Thinking* was saying attitude was everything. Both ideas were part of American culture then.

“When you went into rehab, the emphasis was on pushing as hard as you could, like *The Little Engine That Could*. Physical therapists and families pushed polio survivors to achieve the maximum results, and in many cases substantial recovery was possible,” Wilson says. “We had won World War II, and we were moving forward. Men had a lot of concerns about masculinity and proving they could take it. Dealing with painful physical therapy demonstrated you weren’t a sissy.”

More harm than good

Pinkney recalls the pressure she felt from the public campaign against polio. “How could you let anyone down, with all of them on your side? Polio children learned to be such good children,” she says.

Then, years later, came postpolio syndrome. Research showed that the exercise that had been recommended actually did more harm than good. Unlearning the old rules was as much a cultural shift as a medical one, says Wilson, whose book devotes a chapter to the illness. De-emphasizing exercise initially strikes many survivors as backward.

To overcome her postpolio fatigue and weakness, Pinkney went back to the old playbook. “But it hurt me,” she

says. “I’d be in better shape now if I hadn’t exercised.” Today she walks with a cane and predicts she will rely on a wheelchair full time within six years.

These realities are familiar to Lauro Halstead, director of the postpolio program at the National Rehabilitation Hospital in Washington, D.C., and a key figure in the story of postpolio syndrome. In 1984, Halstead organized the first medical conference devoted to the condition.

In the 1970s and ’80s, survivors started reporting symptoms reminiscent of polio. Patients and doctors feared the virus was back. Other doctors suspected the chronic condition fibromyalgia or multiple sclerosis. Some told patients the symptoms were in their heads. To make sense of the reports, Halstead, then a doctor at the Institute for Rehabilitation and Research at Baylor University in Houston, organized a national meeting of experts at the Roosevelt Warm Springs Institute for Rehabilitation in Georgia, the polio center founded by Roosevelt.

The neurological system makes adaptations that can wear out the surviving motor neurons.

A polio survivor in his late 40s, Halstead was having unexplained leg pains himself. He had polio after his freshman year of college and split the next year between an iron lung and a wheelchair until he regained his strength. He lost the use of his right arm and hand but taught himself to write left-handed and finished his schooling. Becoming a spinal cord injury specialist at Baylor, he assumed polio was behind him until the pain returned.

“The leg pains were very like the leg pains I experienced during the acute phase of polio. Fortunately, there were a lot of hotshots at Baylor to look into it. It wasn’t polio, but nobody could figure out what it was,” says Halstead, 74, editor of *Managing Post-Polio: A Guide to Living and Aging Well with Post-Polio Syndrome*.

Then he read an article by David Wiechers, a researcher at Ohio State University who was working with electromyographic diagnosis, which monitors electrical activity in the muscles to diagnose neuromuscular problems. Wiechers had tested some polio survivors who had the same symptoms and noticed surprising neurological changes. His work raised more questions than it answered, though.

Media were riveted to the notion that polio was back, which generated plenty of publicity for Halstead’s conference. But the triumph of the event was setting a research agenda. Studies would show that polio was not back. Fragments of the virus were found in patients but weren’t re-infecting them. Researchers soon named the new

disorder and clarified its characteristics.

Now the pathology is clear. During the acute phase of polio, patients can lose motor neurons, the nerves that carry signals to the muscles. More than 50 percent of them can experience weakness and possibly paralysis. The neurological system makes adaptations that can wear out the surviving motor neurons.

Imagine a right arm attacked by polio and an unaffected left arm, Halstead says. The right arm's dead nerve cells no longer stimulate the muscle, so the muscle atrophies but still sends out a chemical signal that instructs the healthy left arm to develop more "axon sprouts" – the endings on the motor neurons where chemical changes take place for muscle stimulation. Catastrophically, the number of sprouts increases.

Neurons

"Think of the tremendous metabolism it takes to generate the chemicals needed by each axon sprout. The motor neurons get worn out. That accounts for the new weakness in the muscle," Halstead says. Exercise is thought to spur the unwanted growth of new sprouts.

Questions about postpolio syndrome still outnumber the answers: Why do some people get it while others don't? What might cure the condition? Can it be prevented?

There's not much new in the research. Postpolio syndrome has always been an orphan disease – the crisis of the few since polio became a footnote in U.S. history. Before the illness was even identified, the once polio-centric March of Dimes had changed its focus to birth defects.

Some work continues. The John P. Murtha Neuroscience and Pain Institute in Johnstown, Pa., is exploring non-fatiguing exercises and stress-reduction behaviors at its polio-survivors clinic. Studies in Canada, France, Norway, and Sweden show that the immune system may have an influence on postpolio syndrome, and interest in a long-term U.S. clinical trial to replicate them is growing. Research may lead to a gamma globulin shot to reduce symptoms.

Halstead says studies have fallen off in the past 5 or 10 years, as U.S. polio survivors die and the medical complications of aging make it harder to research them. But the syndrome could continue for years.

"It is just now becoming an issue in India, and it will be eventually in all areas of the developing world as the average lifespan increases," says Hussey, of the Rotarian

Action Group. While Rotary's eradication efforts have dramatically slowed the rate of polio infection, the World Health Organization estimates that survivors number between 10 and 20 million worldwide. "Long after the last polio case, postpolio syndrome will persist as a significant personal, social, medical, financial, and political challenge," Hussey says.

F.Y.I.

Check out Dr. Bruno's NEW PPS Website... an old address <<http://www.PostPolioInfo.com>> but newly designed website.

Have you joined the Yahoo group for the Madison Area Post Polio Support Group yet? Put this address in your Favorites: <<http://health.groups.yahoo.com/group/MadisonAreaPostPolioSupport/>> Marilyn Klotzbach does a great job in posting articles, websites, etc. pertaining to polio survivors.

What is a "standardized patient"? Ruth Diehl gave a presentation to the post polio support group about the volunteer work she does as a standardized patient for the UW Medical School. A standardized patient is a person who portrays a patient for medical students to assist in their learning. Standardized patients may be asked to learn a specific set of symptoms and present that or, in other interviews, you can use your own medical and social history or just make one up. Some standardized patients agree to have physical exams. Others just agree to be interviewed by the students. There is a small amount of pay, and it is a wonderful opportunity to make a difference in educating future health care professionals.

Below is the website to get further information about being a standardized patient and how to apply: <<http://www.med.wisc.edu/education/clinical-teaching-assessment-center/standardized-patient-faqs/528>>

Take a look at Easter Seals interesting website:
<<http://edu.eastersealswisconsin.com/content/post-polio-support-group>>

Early (1985-1995) History of the Madison, WI Post Polio Support Group

By Betty Leiser, edited by Kathleen Blair

The First International Symposium was held in the American Congress Hotel in Chicago, October 14-16, 1981. Its title was "Whatever Happened to the Polio Patient?" 26 states, 3 provinces of Canada, England, France, Germany, Sweden and 11 other countries were represented, many people coming on stretchers, wheelchairs, some in iron lungs and many ambulatory, and professional people as well. Several from the Madi-

son PP group attended the entire session, and some for 1 or 2 days. Registrants tallied 160 on Wednesday and Thursday, and 200 on Friday. 70 of the registrants were in wheelchairs and 30 of them used respirators, full or part-time. Sponsors were the Rehabilitation Institute of Chicago, National Foundation of the March of Dimes, Care for Life, and the Rehabilitation Gazette. I (Betty Leiser) have the complete book of the proceedings if anyone is interested.

The second conference was held in Chicago in 1983; I do not know if anyone attended this. An invitation only conference was held at Warm Springs, GA in 1984.

In 1985, the conference had a new name and new logo – “The Rehabilitation Gazette’s Third International Polio and Independent Living Conference.” The 1985 conference was at the Sheraton St. Louis Hotel, St. Louis, MO, May 10-12. Gail Kempfer and I attended. The highlight of the meeting was to see and hear Dr. Albert Sabin. I’ll never forget one of his closing remarks, as he stood with tears in his eyes saying, “If only the third world countries could be vaccinated, we could wipe out this horrible disease completely!” Later we learned that the Rotary Clubs International had set a goal to do JUST that in honor of their 100 year anniversary!

There were 700 registrants from 36 states, 4 provinces of Canada, and 8 foreign countries at this conference. Throughout the conference they emphasized the importance of local support groups and networking of the groups. We were given many handouts and Gail and I found the name, Jane Clay, R.N., U.W. Hospital Clinic on the faculty listing. We looked for her each day but never found her. We stayed for the whole conference and then decided we should get in touch with her when we got home to see if she knew if a support group existed in Madison.

When I called Jane Clay on June 12, 1985, she was very busy and asked if I’d call back in a month. I called her again on July 10 and she suggested we meet and talk about it. She suggested Pat DesNoyers, a post polio, who was on staff at the U.W. Hospital should be included.

On August 2, Jane, Pat, Gail and I met for lunch at the Ovens at Shorewood. We talked about involving March of Dimes or Easter Seal Society. Jane knew Cleo Eliason at Easter Seals, so she contacted Cleo.

Cleo, JoAnn Ulvestad, Fayth Kail, Jane, Pat, Gail and I met at U.W. Hospital on August 30th. We expressed our gratitude to Cleo and Easter Seal Society for their continued support. Cleo was so knowledgeable about conferences and accessibility that she knew where possible meeting places could be. We settled on the Quality Courts Motel on Hwy. 12 and 18; the date Saturday, November 2, 1985 was chosen and confirmed.

Several meetings followed. The letter, information and plans were made, but we hit a snag. Because of the privacy act we could not get lists of polio survivors from hospitals or agencies. So we sat down and made a list of people we knew. JoAnn sent me a list of 29. Publicity assignments were made to local news-

letters, radio, TV and newspapers. We mailed 75 letters on October 2nd and on each reservation form I wrote “Invite Any Interested Post Polios.” They were to return their \$2.00 check and form to Easter Seals. Cleo called me October 3rd at 11:00 a.m. and said, “I’ve got 3 reservations already.” By October 31st, we had 68 registered.

The Quality Inn served a sandwich and salad luncheon subsidized by Easter Seals. Registration started at 10:15 followed by a presentation by Cleo, Dr. Sperling, and Dr. Agre. After lunch we had an informal discussion regarding formation of the group.

Representatives from March of Dimes and Mr. Campbell of Easter Seals, were in attendance plus 72 registered and 59 for lunch. Those who could not attend were asked if they would like to be on the mailing list. We also voted on the day of the week and frequency of the meetings. We decided on bi-monthly meetings on Saturdays.

The planning committee met November 8th at the U.W. Hospital to make plans for the next meeting. It was decided that we would meet at U.W. Hospital and each could either bring a brown bag or eat in the cafeteria. We set January 25 (with a February snow date) and the topic “Making the Most of Wisconsin Winters.”

Mike Tiegan, recreational therapist, Joel Wish, rehabilitation psychologist, and Marcia Kmiotek, O.T. participated, and Pat DesNoyers, a social worker, served as moderator. Publicity gained more attention and articles began appearing in newspapers. We had reservations for 60 to attend; 40 were new people. Channel 3’s John Karcher attended and filmed the entire day.

On April 19 we had a meeting from 10 to 3 at Poole’s Cuba Club. The March of Dimes wanted to help, so they mailed letters and furnished name tags. We enjoyed an open discussion with Dr. Sperling. With so much interest, we decided to meet monthly at U.W. Hospital in the surgical waiting room, keeping meetings at the 1 to 4 time slot. Some topics were: attendants, respiratory issues, nutrition, depression, “The Brick Wall,” insurance, and social security.

October of 1986 we had an all day meeting from 9:30 to 3:00 at the hospital. Jane arranged for private dining rooms and the lunch was \$5.00. The topic was: “Rising Medical Costs – Who Can Help?”

We had a fun subject in February of 1987 – “Travel, Leisure, and Accessibility” lead by Ruth Diehl and Kayleen Brereton. We shared our own experiences —some humorous — some horrendous! We continued meeting at U.W. Hospital, but kept looking for other possible meeting places which were free.

June 4-7, 1987 were the dates for the “GINI’s Fourth International Polio Independent Living Conference” at the St. Louis Sheraton. 39 states and 20 countries were represented. Ted Kennedy, Jr. was the keynote speaker at the banquet. Gail

Kempfer and I were so proud that our whole post polio clinic team was in attendance and I have the photo to prove it!

The summer of 1987 we decided it might be fun to have a picnic. We reserved a shelter in Middleton. Since it was a very hot, humid July day, it was not well attended. We did not try it again!

We had some complaints about meetings in the hospital setting, so we began the search for new accessible places big enough for all. We had a couple of meetings at Thorstad Chevrolet meeting room. Other places around town were not going to work, so we stayed at the hospital moving from one room to another, but we didn't lose anyone in the vastness of the hospital. Then we decided to try a luncheon meeting at a restaurant. On Saturday, July 16, 1988, we had our luncheon at Mothers Day Restaurant (now Prime Table). All were pleased with food, prices and accessibility.

Our annual meeting, "Post Polio Update" was held November 5, 1988 at the Sheraton from 10 until 3. Although only 63 attended, our mailing list had grown to 407. We sent out 180 questionnaires to local people regarding meetings and topics. The 27 responses were critiqued.

Gini Laurie died of cancer on Jun 28, 1989, a great loss to all and especially Rehabilitation Gazette.

Through the years many questions about organizing, networking, and newsletters kept popping up. The planning committee continued to feel it was best not to organize because of legal/technical effects, so that eliminated networking questions as well. We have, however, kept in touch with the group in Milwaukee and many of us have attended their all-day meetings held at the Medical College of Milwaukee and its Rehabilitation Center. The questions of the newsletter arose again, and Chuck Onsom agreed to do it. The first issue was January/February 1990. March of Dimes did the printing.

July and September meetings were held at Mothers Day Restaurant, but in October we returned to the U.W Hospital for our "Stress and Fatigue Management" meeting with Jane Noack, O. T. In November of 1989 we began meeting bi-monthly on the third Saturday at Mothers Day Restaurant. Fortunately for our support group, Louise Novotny became our chairperson on May 14, 1990 and we did get organized!

In May of 1990 we voted and named our newsletter – "POST POLIO PACER." The first issue with the new logo by Ralph Denu came out January 1991. Louise took over as editor in July 1991, and Easter Seals began the printing and mailing.

On Saturday, April 19, 1991, we were again back at Howard Johnson Motel on East Washington for our all day meeting. Topics were: "Maintaining Healthful Living While Physical Activity is Decreasing," "Conserving Energy through Pacing," and sessions with attendants, spouses and significant others who are living and working with polio survivors.

In May of 1991 we learned about the accessible "cabin in the woods" located at Mirror Lake State Park. It was built by the D.N.R. and actual construction labor was donated by the Wisconsin Telephone Pioneers. Ground breaking occurred on April 6th, and the dedication and open house was on June 8th. Kayleen Brereton, who worked with the D.N.R., presented the program. The "cabin in the woods" can be rented daily or weekly from the State Park offices. It was booked solid the first year, and now the D.N.R. has built a second cabin in Kettle Moraine Park.

May 2, 1992 brought us back to Howard Johnson for our 9:15 to 3:30 meeting. A wonderful panel gave personal reflections: "Adapting to Lifestyle Changes," "Making Life Easier with Gadgets and Adaptations" by Shelley Peterman Schwartz. We also received an update on research.

The all day meeting on September 25, 1993 found us in a new meeting place, the Radisson Inn on Grand Canyon Drive, with a specific theme, "Post Polio in the Family." We had a wonderful post polio perspective panel and a second panel, family members' perspective. Later a talk on relaxation and renewal got us all pepped up. Mary McBride ended the conference with the talk "Time for Some Humor." She was great.

The planning committee decided to have all day meetings every two years. The next all day meeting was scheduled for October 21, 1995 at the Holiday Inn West, another new location. Diana Grove was chairperson of the day, and the theme was "Taking Charge of the Hills and Valleys—Understanding Post Polio". It sounded fascinating.

As of this writing, October 18, 1995, we have 617 names on our mailing list. Our luncheon group has 50 names. The Newsletter is now printed by Marshfield Clinic and Easter Seals still mails them out for us. We have grown and are growing more and more as people hear about the Post Polio Support Group in Madison. Some are just beginning to see/have changes, 40-50 years down the line. They think they are the only ones and have either accepted or denied the symptoms. But that's what we're all about – a POST POLIO SUPPORT GROUP in existence since 1985—10 YEARS!—By Betty Leiser

Editor's Note: Now we need someone to bring the documentation of the group up to date—1996-2010.

The Holidays are Coming! *And since there is no way to stop them, avoid stress and fatigue. Consider conserving your energy as a gift to yourself!*

1) Rest before shopping or going out for dinner. 2) Shop with a list—keep shopping time to a minimum. Shop on line or mail order. 3) Wrap & label as you buy & sit to wrap if possible. 4) Enjoy small quantities of holiday treats. When hosting a meal, prepare what you can in advance, ask each guest to bring a dish to pass or order a prepared meal from a grocery store.

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Do you have suggestions for speakers, topics, books to read and discuss, etc.? Call or e-mail (see e-mail list) one of the people listed above to suggest program topics or speakers, volunteer to organize one meeting program, share your knowledge (or find an expert) about becoming a non-profit organization or volunteer your talents (financial, organizing, etc.) as a committee member.

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Golden Rule of Post Polio Syndrome

"If something you do causes you fatigue, weakness or pain, you shouldn't be doing it!"

*Happy Holidays to All,
 Kathleen Blair
 And
 Marcia Holman*

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To get your Pacer on line, set your email program to always accept messages from wghmch@chorus.net

Names in bold are new to the list or have an address change. To add your name and/or up-date your e-mail address to this list, notify Marcia Holman at: wghmch@chorus.net

POST POLIO PACER is a quarterly newsletter published in January, April, July & October for polio survivors, the Madison Area Post Polio Support Group, health care professionals and interested persons to share information and to promote friendships. Articles in this newsletter are for information; medical advice is always necessary.

Please request permission from the editor to reprint articles from the Post Polio Pacer.

Disclaimer: The opinions expressed in this publication are those of the individual writers and do not imply endorsement by Easter Seals Wisconsin or the Madison Area Post Polio Support Group.

Time flies when you are having fun—especially if you pace your activities!





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A NEWSLETTER FROM THE MADISON-AREA POST POLIO SUPPORT GROUP

Mark your calendars!

LOCATION:

Monona Garden Family Restaurant
6501 Bridge Rd., Monona
Noon to 2:30

Saturday, November 13, 2010

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<http://www.EasterSealsWisconsin.com/>



**25th Anniversary of Madison Area Post Polio
Support Group—Come & Celebrate!**
See information on page 1

NO MEETING IN JANUARY

Saturday, March 12, 2011

Topic to be announced

