



COLORADO POST-POLIO Connections

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Dr. Eulberg receives honors

Dr. Marny Kay Eulberg, M.D., was recognized on two separate occasions during 2005 for her outstanding work as a family physician. She was named the 2005 Colorado Academy of the Family Physicians Family Physician of the Year and honored for such by both houses of the Colorado Legislature. She was also honored by Denver Mayor John Hickenlooper and the Denver City Council for her lifetime contributions to the health and welfare of Denver citizens, in particular for co-founding and directing the only post-polio clinic in Colorado. These honors are just the latest in a long list of recognitions during her years as a doctor.

Dr. Eulberg is a polio survivor and has experienced the effects of post-polio syndrome. This is her story:

One day when I was 4, I noticed that my leg just didn't work right. I had flu-like symptoms and, later, pain in my neck. My mother called the family doctor, who said it was probably the flu. The following Sunday, my mother kissed me and my 14-month-old sister, Vicky, good-bye and left for church. When she returned an hour later, Vicky was unable to walk. My mother decided that this was not an ordinary case of the flu. *(Continued on page 4)*

From Your New Editor

The death of Mary Ann Hamilton leaves those of us who follow her with big shoes to fill. For 20 years, Mary Ann was the heart, soul and impetus behind Colorado Post-Polio Connections. She consistently and tirelessly read, selected, edited and produced the newsletter that has been the resource, sometimes the only resource, for polio *(Continued on page 2)*

From your editor *(Continued from page 1)*

survivors throughout the state of Colorado. In addition, due to her effort and that of Easter Seals Colorado, the newsletter has a readership that extends beyond Colorado, including some international readers. With the help of her family in later years, she produced this newsletter even as her health and functional abilities waned. Her presence will be sadly missed.

So, in her spirit, we are attempting to continue with the newsletter, beginning with this issue. However, that one-woman job is being taken over by a team of readers, researchers, writers, interviewers, proofreaders and general helpers.

As this newsletter is a team effort, we are inviting our readers to join our team by contributing their knowledge, expertise, and life stories that will help make this our newsletter. We will continue to have health and medical articles, essays in which writers can share their experiences and book review or synopses, all features of previous issues of the Connections. We would like to include also feature articles on survivors themselves or on our service providers as well as news of new happenings that can relate to us.

Beginning with this issue, we are also including a column called “And By the Way,” where readers can share helpful hints that have worked for them. Look for it on page 10. If you have any contributions for future issues, either to this column or any other part of the newsletter, you can email them to post-poliocolo@comcast.net. Or send them to Colorado Post-Polio Connections, c/o Easter Seals Colorado.

In this issue also look for articles on Dr. Marnie Eulberg, Colorado’s Family Physician of the year, and Ann Hueter, retired physical therapist with the Colorado Post Polio Clinic at St. Anthony’s Central Hospital as well as an interview with Mary Christenson, the new physical therapist at the Post Polio Clinic.

We also have a feature article on cold as well as a review of the Pulitzer Prize winning book on the history of polio written by David M. Oshinsky, and information on a trust fund to help supplement assistive device costs.

In the future we will have articles on keeping our minds active and sharp. With this in mind, we look forward to being welcomed back into your home.

Margaret C. Hinman, editor

<p>A special thank you to Oran V. Siler Printing Co. and Easter Seals Colorado for printing and distributing our newsletter.</p>
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The Colorado Post Polio Clinic—an interview

Dr. Marny Eulberg, Colorado's 2005 Family Physician of the Year, and Ann Hueter, Registered Physical Therapist, were the driving forces in the establishment of the Colorado Post Polio Clinic in June 1985. Since its establishment it has provided services for approximately 1000 clients. In an interview with Dr. Eulberg, she shares her information about the clinic:

Please give a brief history of the Post Polio Clinic.

The Colorado Post Polio Clinic was established in the Physical Therapy Department at Mercy Medical Center in Denver. Around 1987 it was moved to the Family Medical Center at the old Beth Israel Hospital, now Centura Senior Life Center, and then, in 1996, to the St. Anthony Family Medicine Center West at St. Anthony Central Hospital.

Some time in the future, St. Anthony Central Hospital will be moving to a new campus. Will the Post Polio Clinic move with it?

Although the plans are not totally cast in stone, the most current plans are that the Family Medicine Residency and the Family Medicine Residency Clinics will all move to St. Anthony North Hospital, sometime before the current St. Anthony Central hospital closes (possibly as early as July 2007). The Post Polio Clinic will be housed within the Family Medicine Residency Clinic as long as I am on the faculty of the residency. (Tentative retirement plan for me is summer/fall 2010.) I plan to continue

seeing polio survivors as long as I am physically and mentally able – even if I have to do it out of my home after I retire from the Residency!!!

How did you get support for establishment of clinic?

Because of the interest and enthusiasm of Ann and me, we were able to get the support we needed to start the clinic. Ann was very helpful in convincing the administration of Mercy Medical Center that it served an important need AND that we would not lose money. BUT, we also told them from the beginning that the clinic was not going to be a big money maker either. Mostly, it has been to our benefit that our existence is not very well known within the hospital and therefore when cuts or downsizing have happened we have not been adversely affected.

What kind of services does the Clinic offer to polio survivors?

The clinic provides an evaluation of the survivor's current physical condition and establishes a "base line" of current functioning. It provides education as to what Post Polio Syndrome is and what it is not. It also looks at what a person might expect to happen over the next several years, trying to sort out what symptoms are PPS and what may be due to some other diagnosis, and the options for treatment.

The clinic uses a teamwork approach. Who have been on the team?

A physical therapist, Ann Hueter, RPT, and I have been the

(Continued on page 12)

Eulberg: Her story *(Continued from page 1)*

Both Vicky and I were taken to the local hospital, where we were diagnosed with polio. Some of my memories of the next six months include the pungent smell of hot, wet wool from the Kenny hot packs, the pleasant bubbles and comfort of the whirlpool, and seemingly endless hours of trying to walk within the parallel bars in the hospital rehab facility. I missed my family more than I could say.

I left the hospital six months later with two great challenges. The first was a long leg brace that locked at the knee and was used with crutches. The second was the beginning of a desire for a career in medicine.

My parents launched a decade-long campaign against my budding medical career. They pointed out the difficulties of standing for long hours each day, through medical residency and beyond, wearing a leg brace. That was a good point. But whenever I thought of the doctors who had cared for me--intelligent, yes, but very unapproachable, doing many procedures to me, with neither my permission nor any attempt to explain the reasoning behind them--I vowed that I would become a doctor who remembered and learned from my past.

I was accepted at the University Of Arizona College Of Medicine, where I was determined to be as good as or better than most of the other students. I asked for no favors and accepted no sympathy because of my "handicap." I worked nights, 11:00 p.m. to 7:00 a.m., as a medical technologist, 2-3 nights a week, to support myself through medical school. I performed all the tasks expected of medical students, interns and residents--including on one occasion standing in the OR for eight hours straight during an open heart surgery. Following a family practice residency

at Mercy Medical Center in Denver, I returned to my hometown of Hot Springs, S.D., but I found myself missing the life of a larger city, and returned in August 1980 to begin my private practice there.

I had done well without any assistive devices for about 25 years. Then, in early spring of 1985, I stubbed my left toe and fell, bruising myself badly. It occurred to me that I might break a bone if I fell again. But when a colleague suggested I start using a short leg brace, my initial reaction was, "No! I am not going to wear a brace ever again!"

Gentle nudging prompted me to design an experiment. I decided I would count how many times a day I caught my toe and stumbled when I wore the brace--proving to my colleague (and myself) that I did not need the brace. The results, however, did not support my theory. I was stumbling 5-10 times a day without the brace, and not at all with it. So, I began using it more and more.

During this time, I became very interested in late effects of polio, such as I was experiencing, but found it very difficult to find physicians who knew anything about polio. It occurred to me that if I, a physician myself, was encountering so much difficulty, other polio survivors were facing a serious challenge in finding a physician to treat their symptoms. I began reading everything I could find about post-polio syndrome, gait analysis, the principles of bracing--mostly in the interests of my own care, but also to try and help other survivors with similar problems.

Thus began the Post Polio Clinic at Mercy Medical Center, where I worked one day a week, and served on the family practice staff the rest of the time. I continued to wear a short

(Continued on page 5)

Eulberg: Her story *(Continued)*

leg brace on my left leg at all times, and then started using a forearm crutch on the right when walking long distances. Over time, my post-polio syndrome has progressed with increasing weakness of my left leg, especially my left quadriceps, so that even with a short leg brace on the left and using a forearm crutch on the right for distances over a block, I sometimes felt that my left knee as going to buckle and, on more than one occasion, worried that I was not going to make it back home safely.

After much searching and evaluation, I chose to get a new design of a brace, made by Dynamic Bracing Solutions in San Diego, California. After much work, I am now walking “hands free,” feeling totally stable and supported, and walking with much less obvious limp! I felt enough better about how I looked when I walked that I became motivated to lose 50 pounds and have kept most of it off for over a year.

At present, I work in the Saint Anthony’s Hospital system for 0.6 of an FTE (full time equivalent) but I usually work about 50 hours per week—seeing post-polio clinic clients about three half days per month. I spend the rest of my time as a teacher of young doctors specializing in family medicine in the Family Medicine Residency at St. Anthony’s. I also work three half days per week directly seeing patients as their family doctor.

The theme of this current chapter in my life is that of adapting to change. And, I feel fortunate to be realizing the dream I had so many years ago--to use my experience to help others accept life as a polio survivor.

Survivors’ Trust Fund—a source of financial help when other sources have been exhausted

The Survivors Trust Fund is a newly established Non-Profit Corporation established in Colorado for the benefit of persons who have experienced a life changing illness or accident that has resulted in a physical disability that threatens their ability to maintain their independence.

It is a source of supplemental (partial payment) funding to be used for the uninsured, underinsured, or needy persons who are unable to acquire needed assistive devices without additional funding. It would allow a survivor of a “significant medical condition to continue to, or resume, function independently.” It is for situations that “fall through the cracks” of a person’s medical insurance or other sources of funding.

Funds from the trust can be used for devices to allow a physically challenged person to drive or travel in a vehicle, devices or services that would allow a person with limited vision to operate a computer, devices or services with decreased hearing to communicate with others. It could include ramps or lifts to transport electric scooters or wheelchairs that most insurance does not cover. However, it is not limited to the examples listed above.

To access these funds, persons need to be identified by medical professionals or social workers working with the disabled persons or identified by the general public. There is an application to *(Continued on page 6)*

Survivors' trust fund *(Continued)*

be completed, which will be reviewed by the trustees who will determine eligibility as well as the exact amount of the grant.

The trust fund is targeted mainly for the Denver metropolitan area but may include the state of Colorado and perhaps persons living in the western states surrounding Colorado.

The trust fund takes donations to help enhance the initial grant. Also, at this time, there is a used Jazzy power wheel chair for sale (best offer), and the profits will be donated to the trust fund.

For further information about the Survivors Trust Fund, contact Dr. Marny Eulberg, M. D. at the Post Polio Clinic, 303-899-5369.

Ann Hueter retires from Post Polio Clinic

Ann Hueter, physical therapist, is retiring after nearly 50 years of practice, including 20 years with the Colorado Post Polio Clinic currently at St. Anthony's Hospital. Ann and Dr. Marny Eulberg founded the clinic in 1985 at Mercy Medical Center when Ann was Director of Physical Therapy and Marny was on the faculty of the Family Medicine Residency Program.

Ann was born and raised in northern California around the San Francisco Bay area. As a small child she had the honor of crossing the Golden Gate Bridge on opening day in 1937. Among the dignitaries that participated in the opening ceremonies was

President Franklin D. Roosevelt, a very well known polio survivor.

Ann attended Fresno State College, now California State University at Fresno, for three years before finding a major area of interest to pursue. She transferred to the University of Southern California and completed her bachelor's degree in Physical Therapy in 1957. She did part of her clinical training at Rancho Los Amigos Hospital in Downey, Calif. which at that time had become a regional polio respiratory center. She took a job there following her training and worked with both children and adults in iron lungs. On the staff was an orthopedic surgeon who became Ann's mentor over the years, Dr. Jacquelin Perry. Dr. Perry is well known for her work in the Polio and Post Polio field.

Ann's physical therapy experience has been broad and varied. She considers herself a generalist with a sub-specialty in Polio and Post Polio problems. She has worked in hospitals, in-patient, out-patient and rehabilitation departments, in home health care, nursing homes, pediatric facilities, out-patient orthopedics. She has served on the faculty of the University of Colorado Physical Therapy Program. She went back to school in 1974-76 to receive her Masters Degree in Allied Health Education from the Medical College of Virginia in Richmond, Virginia.

She arrived in Colorado in 1971, after leaving Southern California in 1970, where she again had worked at Rancho Los Amigos Hospital for 5 years. After traveling across Canada and much of the U.S., she found the Denver area to her liking. She retired from full time *(Continued on page 7)*

Hueter retires *(continued from page 6)*

practice about 10 years ago but continued with the Post Polio Clinic until the fall of 2005.

Ann now spends her winters in Arizona where she plays French horn in a women's band and enjoys kayaking and playing Pickleball. Much like tennis, Pickleball is played on a smaller court and with solid paddles. A very popular senior sport, it is included in the Arizona Senior Olympics. Ann has won several medals over the past 6 years including a gold two years ago. In the summers, she returns to her mountain home near Como which is 80 miles southwest of Denver in South Park. She enjoys walking with her dog in the woods, fishing and entertaining visitors.

At this time in her life, Ann is very thankful to have chosen physical therapy as a career and has not regretted this choice thru the years. She says she has appreciated her work in the Post Polio clinic because of the wonderful people she has met and the challenges they have brought to her.

Her work as physical therapist with the Post Polio Clinic has been turned over to Mary Christianson. Many of us "polios" are very thankful to Ann for the help she gave us through this clinic and wish her a long and happy retirement.

Thank you from the Colorado Post Polio Connections to the following volunteers who have made this newsletter possible: Jeanine Ellison-Fisher, Dr. Marny Eulberg, M.D., Delores Glader, Nancy Hanson of Easter Seals Colorado, Marlene Harmon, Margaret Hinman, Barbara Lundstrom, Jim Oxley, Woody Trospen.

Mary Christenson, PT, MS -- the New PT at the Post-Polio Clinic

by Jeanine Ellison-Fisher

"Ann Hueter, Maggie Hanlon, and I worked together in an outpatient clinic more than 10 years ago". . . and that is how the new Post-Polio Clinic Physical Therapist, Mary Christenson, met Ann Hueter, her predecessor, at the Colorado Post-Polio Clinic. Mary says, "Last fall, Ann told me she was going to retire and that they were looking for someone part time . . . and I wanted to keep my hands in clinical work while also teaching at Regis University Department of Physical Therapy. So, one thing led to another."

As a result, Mary has been working Tuesday afternoons since early November, 2005 at the Post- Polio Clinic in St. Anthony's Central with Dr. Marny Eulberg. She is very excited about her clinical work. As Mary sat across from me, comfortable, easy to talk to, tall, slender and graceful, her lovely, kind blue eyes twinkled when she talked about her life of working in Physical Therapy, teaching students in PT, and life-long-learning about PT, as well as meeting so many "wonderful" people in the process. Mary started out her education in micro-biology but she quickly realized she preferred working with people rather than cells, so she became a physical therapist.

Much of her working experience has been with people who have arthritis, and she sees some similarities between problems faced by people with arthritis and people with post-polio. She has been *(Continued on page 8)*

Mary Christenson (*Continued from page 7*)

aware of and interested in the work which Marny and Ann have done, and Marny is an “excellent mentor in this area, a patient and good educator. People with post-polio have much to share and I enjoy working with them in the clinic,” she adds.

Mary’s role at the PP Clinic will primarily be consultation and examination, while looking at options to improve function. In the Post Polio Clinic, she says “there is always more to learn. New needs create new experiences. You have to actively listen to what people tell you, and, as I grow older I have become more aware of the importance of listening! Usually people will tell you what they need. I hope to contribute to their overall health and functional ability.”

Her long brown hair is tied up neatly behind her head because it is “so hot today.” She tells me about her family of “3 six-year-olds.” First, I am told about her 6-year-old horse, Emma, and how both she and Emma are each taking lessons so one day they will ride together! Her two 6-year-old golden retrievers, Sam and Abby, came already named when the neighbors gave them to her. Mary, Sam, and Abby love to walk together in the evenings, travel together in the mountains, or romp in rural northeast Colorado when Mary is visiting her grandmother in Sterling, near where Mary is doing research for her dissertation on rural barriers and facilitators to physical activity for people with arthritis.

Mary is a Colorado native. She grew up in the Denver area and left for a year while working on her bachelor’s degree when she did her Junior-Year-Abroad in

Lancaster, England. After receiving her BA in micro-biology and a second bachelor’s degree in Physical Therapy, she got her Masters degree in Exercise and Sports Science. She is now working to earn her PhD in Health and Behavioral Sciences from CU at Denver, and hopes to finish in 2007.

Mary is employed full-time at Regis University in the Department of Physical Therapy as an Assistant Professor and Academic Coordinator of Clinical Education. She enjoys working with the students in the Doctor of Physical Therapy program and is excited to be a part of this field. She’s a busy woman with a full time job teaching at Regis and a “full time job” as a doctoral student and is happy to have the opportunity to work with the individuals in the clinic.

Over the years, Mary has worked as a PT in home health, a hospital, a skilled nursing facility, and an outpatient clinic. She was also the Director of a Physical Therapist Assistant program. “It keeps me going that I really like what I am doing.”

And, I am immediately impressed that Mary does indeed like what she is doing, all of it, and that she will be an asset to the Post Polio Clinic.

Are You Really Cold?

By Delores Glader

Many polio survivors experience difficulty in tolerating cool or cold temperatures. Sometimes they have more trouble than others keeping a limb or even the whole body warm in winter, or even in warm weather, despite the amount of clothing used,

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Are you cold? *(Continued from page 8)*

or even being in a warm room. They have trouble with cold because the neurons in the brain and spinal cord that cause the veins to contract were killed by the poliovirus. As a result, polio survivors are unable to stop warm blood from pooling in the veins near the surface of the skin, causing the feet to look purple or blue. As the outside temperatures drop, pooling produces a loss of heat from warm blood near the surface of the skin and causes the tissues to cool.

Because the motor nerves and muscles conduct more slowly and may be less able to make cold muscles contract quickly and forcefully, movement of weak muscles is more difficult. Cold causes muscle weakness, muscle pain and fatigue. Thus, polio survivors' motor nerves function as if it's 20 degrees colder than the actual temperature. So, they should dress as if it is 20 degrees colder than the recorded temperature.

Cold intolerance may be altered by other medical conditions, such as anemia, decreased thyroid function, stroke, severe arthritis, Parkinson's disease, trauma, spinal cord injuries, burns, peripheral neuropathy (from diabetes, for example) congestive heart failure and peripheral vascular disease and by certain medicines. In addition, persons may be less active and thus generate less body heat.

To combat cold limbs and body, make sure your home is warm enough. Set your thermostat to at least 68 to 70 degrees. Even mild but cool temperatures from 60 to 65 degrees can trigger hypothermia in cold-sensitive persons. Also, avoid excessive

alcohol consumption. It may make the body feel warm inside, but lowers its ability to retain heat. It keeps blood vessels dilated, restricts shivering response, impairs judgment and alters awareness of weather conditions.

Hypothermia is a danger for many older persons, not just polio survivors. Every year, hypothermia kills 600 Americans, half of whom are 65 and older. This occurs when a person's body temperature drops below normal and stays low for a prolonged period of time. With advancing age, the body's ability to endure long periods of exposure to cold is lowered.

The way to identify someone with hypothermia is to look for confusion, sleepiness, slowed or slurred speech or stiffness in the arms and legs, weak pulse or low blood pressure, or poor control over body movements.

To keep your body from getting cold try using heat retaining sock liners or even long johns made of the woven breathable plastic fiber polypropylene (marketed as Goretex or Thinsulate). Then, put on warm socks or try battery-powered socks or ski-boot insoles. Dress warmly even when indoors, and eat enough food. Also, keep your feet elevated as much as possible during the day. Dress in loose fitting, layered, lightweight clothing. Outer clothing made of tightly woven, water-repellent material is best for wind protection. Wool, silk or polypropylene inner layers hold more body heat than cotton does. Cover your hands with mittens because they keep your fingers in closer contact with one another. Use these suggestions as ways to help control your body temperature, because your body can't.

(Continued on page 10)

Are you cold? *(Continued from page 9)*

Another factor to consider is that the average normal temperature of 98.6 degrees F is anything but that, especially as we get older. Older people have lower temperatures for several reasons, including inactivity. A considerable amount of energy used in exercise elevates body temperature. Also, temperatures of the elderly can be different at different times of the day. Tests have been made on their average body temperature during the day. For example, at the beginning of the day, it could be 97.3 degrees F; at 4 p.m., just a tenth of a degree higher; and at 10 p.m., 97.8 degrees F---still close to a full degree below 98.6 degree F.

A technique that doctors and nurses are now using to get a better reading of body temperature is to use a thermometer that measures the temperature of the temporal artery in the head. They get a reading by lightly tracing an infrared sensor across the patient's forehead and then behind the ear. These thermometers are for sale for home use for about \$50.

By being aware of why polio survivors are so sensitive to cold and by taking action to keep the body warmer, they can take care of their bodies and live a more comfortable life.

Reference Notes

Harvard Health Letter, April, 2006

Mayo Clinic, Tools for healthier lives, June 10, 2005

New Mobility, Richard L Bruno, chairperson of the International Post-Polio institute, March, 2001

Managing Post Polio, A guide to living well with Post-Polio Syndrome, 1998.

National Institute of Health. February 15, 2006...U.S. Dept. of Health and Human Services.

And by the way . . .

Here are some suggestions that other polio survivors have used to help combat the cold:

- Travel with an electric heating pad. It can warm a cold limb during the day and after getting into bed, and be used to warm the sheets before crawling into bed.
- Use an electric throw or afghan when sitting around.
- Use a dual controlled electric blanket or electric bed warmer (mattress pad) with each side set at a different temperature so that when you need more warmth you can move to the warmer side and then keep the other side just warm enough to take the chill off the bed.
- Wear leg warmers that dancers use.
- Use "bed buddies," those microwaveable rice or other heat retaining material heating pads (also used for cold packs if kept in the freezer) to warm a cold limb.
- Carry a pair of gloves or mittens, even in the summer and use them to keep your hands warm.
- Swim in a warm water therapy pool.
- Although controversial, some people have found that magnetic mattress pads have helped them.
- Giulia Hine, a polio survivor from Boulder, borrowed a concept from Europe and made her own *Federbett*, a comforter, extremely thick, extremely lightweight, with tons of down and without baffles, and which conforms to the body, keeping her warm all year around. She has made and sold them for years.

Book Review—POLIO: An

American Story

Book: POLIO An American Story

Author: David M. Oshinsky
 Winner of the 2006 Pulitzer Prize in
 History
 Professor of History, University of
 Texas at Austin

Publisher: Oxford University Press, 2005.

Reviewer: Jim Oxley, Facilitator, Ft.
 Collins/Loveland Post Polio Support Group

Those interested in history and in polio will enjoy this book. The author takes one back to the times of the Egyptians, Romans and Greeks, when there were sporadic outbreaks of polio then not recognized for what it was. The early epidemics in Europe and later in the United States perplexed the medical profession and left parents fearful that their children might be the next to become paralyzed or incarcerated in an iron lung, isolated from parents, families and friends.

Polio struck primarily children - thus the name, Infantile Paralysis. But when Franklin D. Roosevelt was stricken in the fall of 1921 at the age of 41, polio was no longer called a child's disease. With FDR's influence in politics and now with his disability, he truly changed the course of history in this country. He started the March of Dimes, which funded the National Foundation for Infantile Paralysis; established Warm Springs Clinic to provide hot water therapy as a treatment for those with polio; and he awakened the nation to the need for research and education to understand and hopefully find a cure for the disease. His efforts also brought the nation to recognize people with other disabilities

and to find ways to accommodate their needs.

Threading the polio story through the Great Depression and World War II into the late 1940s and early 1950s, the author highlights the research that was underway at Rockefeller Institute, John Hopkins, and the Universities of Michigan, Cincinnati and Pittsburg. At the latter, Dr. Jonas Salk was vigorously pursuing the idea of using the killed polioviruses made into a vaccine.

Other researchers, including Dr. Albert Sabin, were taking another approach to making a vaccine from the live viruses. There were three virus types that had to be considered if full immunity from the disease was to be obtained. Both men unmercifully debated each approach with each other and never became friends. They and others, in later tests, discovered that kidney tissue from chimpanzees was the ideal media in which to grow the virus in the laboratory. A huge monkey farm was established in South Carolina to provide tissue for vaccine development and animals for testing.

Salk was able to test his vaccine on human subjects at two institutions, one for crippled children and one for the retarded and feeble-minded. Fortunately, in 1952, his tests showed promise, and with 57,000 cases of polio, the worst ever in the U.S., a break through had been achieved. Over 1,300,000 school children, with the help of volunteers, were vaccinated in 1954, the largest trials ever attempted. The vaccine produced some fatalities; but later it was learned that one laboratory out of six that were producing the vaccine in large quantities had made the bad batch that gave children polio. *(Continued on page 12)*

Book review *(Continued from Page 11)*

Sabin pressed on with his idea that a live virus was the only way to go. He couldn't test his vaccine in this country with so many children already inoculated with the Salk vaccine so, in 1959, he turned to Russia, which, too, had an interest in wiping out polio. There, they vaccinated 10 million people with the Sabin vaccine and the glowing results made Sabin the hero of the day. His vaccine was easier to give (by mouth), cheaper to make, safer and more effective.

The World Health Organization and the American Medical Association supported the Sabin vaccine and soon our government licensed it. "By 1963 the battle for supremacy was over. The Sabin vaccine was in ... and he, Salk, was out..." stated the author. Dr. Salk soon tried to start his own Institute at Pittsburg but was denied the effort by the university. He then decided to create an Institute to advance "the health and well being of man" and located it near San Diego at a site overlooking the Pacific Ocean. Dr. Sabin continued to refine his vaccine at the University of Cincinnati.

Both scientists were children of Eastern European Jewish parents; both deserved a Nobel Laureate and never received it; both died of a heart attack in their eighties; and both left a powerful legacy of giving the world a way to wipe out polio. Hopefully that day is not far off.

Post Polio Clinic *(Continued from page 3)*

major players. Ann, who had worked at Rancho Los Amigos in California when it was a polio rehabilitation center was the

physical therapist for twenty years and retired in the fall of 2005. Mary Christenson, PT, is now the physical therapist. When we were at Mercy, we had a close association with an occupational therapist and a speech therapist, who was very good with swallowing problems, and intermittently, with pulmonologists. As more HMO's developed and each had rules about which providers their members could see, it has become more difficult to use a team that can be available to all patients.

Does the clinic network with other services?

I try to personally meet as many of the orthotists in the areas as possible and learn their interests and expertise. I like to know the quality of their work before referring patients but, for many reasons, that is not always possible.

In what ways can persons who do not know but suspects that they had polio make use of the clinic?

They can use the clinic as a resource for information and also be seen for an evaluation. If after the evaluation, the diagnosis is still in question, then referral to a neurologist or a physiatrist, a physician specializing in physical medicine & rehabilitation, can be made and an EMG done. It should be noted that an EMG can establish a diagnosis of old polio but can not distinguish between a person who had polio which is stable from a person who had polio and is experiencing PPS.

Are there other polio clinics in Colorado?

No, but Dr. Terry Struck in Colorado Springs has a special *(Continued on page 13)*

Post Polio Clinic *(Continued)*

interest in PPS and is listed in the Post-Polio Health International Directory as a health professional, and she has seen a number of polio survivors.

There are 26 post polio clinics in the United States. How do the services of the other clinics compare to the Colorado Post Polio Clinic?

There is a wide variety of services. There are clinics that do a very comprehensive evaluation which is done over two to three days, and each client is seen by each of the major disciplines including nutrition, psychology, Occupational Therapy, Physical Therapy, Speech Therapy, Social Work, orthotics, etc. Also, some clinics do EMG's on all new patients. The St. Anthony Post Polio Clinic is an approximately two hour evaluation with the physical therapist and Dr. Eulberg and then appropriate referrals are made to the needed specialties. These are done, as much as possible, within the patient's insurance network and as close to the person's home as possible.

We have readers who do not live in Colorado. How can persons access information as to the location of other clinics throughout the country?

The best way is to contact Post-Polio Health International in St. Louis, MO at www.post-polio.org or to contact Dr. Eulberg who has their 2006 directory of both national and international resources.

How can persons get an appointment to the Colorado Post Polio Clinic?

All appointments are scheduled personally by Dr. Eulberg by calling the Post Polio Voice Mail at (303)899-5369.

Is there any other information that might interest our readers?

Just that in April I was invited to participate in a workshop on Polio Bracing that was held at the Roosevelt Rehabilitation Institute in Warm Springs, GA. It was a great experience to see the facility that FDR funded with much of his personal funds and feel his spirit that still permeates the place!!

SHARE YOUR STORY!!

The focus of the Fall issue of Colorado Post-Polio Connections will be about keeping our minds active, and exploring the effects of polio on our cognitive functioning. In that issue we would like to also feature how the educational systems dealt with polio survivors and how polio might have affected your career choices and subsequent education. If you have a story to share, please send it to us at Colorado Post-Polio Connections, Easter Seals Colorado, 5755 West Alameda Avenue, Lakewood CO 80226, or email us at post-poliocolo@comcast.net by September 1. Include your name, address, phone number and e-mail address with your reply.

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