



Colorado Post-Polio Connections

Volume 22 Number 3

Summer 2007

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**Colorado Post-Polio
Connections extends a
special thank you to the
Oran V. Siler, Co. and to
Easter Seals Colorado
for printing and
distributing our
newsletter.**

Post-Polio and Nutrition

Four of the most respected writers on polio and post-polio syndrome talk about good nutrition and diet as necessary for management of post-polio syndrome. Much of what they say is grounded in good nutrition for all people, but they do discuss some issues that are particular to polio survivors.

Frederick M. Maynard, M.D. and Joan L. Headley, M.S., in the Handbook on The Late Effects of Poliomyelitis, (Revised Edition, St. Louis: Gazette International Network Institute, 1999.) state that good nutrition is essential for polio survivors, as one cause of fatigue associated with the late effects of polio may be poor nutrition. They cite the need for adequate iron intake to prevent iron deficiency anemia and adequate amounts of vitamins B6 and B12 and folic acid to help with the manufacture of red blood cells in the bone marrow. (p.48)

“Maintaining well balanced nutrition is an ongoing and changeable process. Bones are constantly remodeled, tissues replaced and immune systems challenged. All processes are interrelated, and the body depends on all the nutrients (proteins, carbohydrates, fats, vitamins, minerals, etc.) to function properly. A well-balanced diet is low in fat, moderate in calories, and rich in fiber.” (p.48) “No single food can supply all the needed nutrients,” and “it may be advisable to take a quality vitamin and mineral supplement that supplies at least the recommended dietary allowance.” (p.49)

They recommend that “body weight should be kept within the normal range of a body mass index for a person’s gender, age and body frame. Additional weight from excess fat can exacerbate new muscle weakness.”(p. 89.) The authors echo the common theme in weight management literature that most weight loss occurs

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In My Opinion. . .

By Margaret C. Hinman, Editor, *Colorado Post-Polio Connections*

I struggle with the whole issue of weight management. Part of the struggle has to do with my limited mobility due to polio, but that is just one of the issues that's involved. Researching the topic for this issue of the newsletter brought to the forefront other factors for me.

Motivation—I like to eat good food. The discoverers of potatoes, bread and ice cream should be canonized saints. And perhaps add chocolate to that list. I like the taste of those foods. That makes it awfully hard for me to be motivated to get on and stay on a weight loss regimen. I know that I don't have to give those high calorie, high-carbohydrate, sweet foods up all together, but too often they can be my comfort foods and weight management goes bye-bye.

Exercise and activity—I walk for exercise only when the weather is nice. Needless to say the Denver winter of 2006-2007 did me no favors. However, that was just one season in one year and I have been dealing with activity issues for many years. I try to be conscious of keeping physically active, but a good book is often more interesting than exercising. Add the fatigue of post-polio syndrome, and activity can be a real chore. I am doing better than when I was younger, but even more activity would help with weight management, and with no adverse effects.

Reading labels—I do that, and I usually choose lower calories, no trans fats, lower sugar, etc. when I compare similar products; but I still like my ice cream rich and creamy. So, those less calorie, low fat ice creams often mean that I will eat more because they are lower and less.

That's enough of my true confessions. I hope that the articles in this issue related to diet and nutrition will be of help to you, wherever you are in the eating, exercising, caring for yourself nutritionally continuum.

Jeanine Ellison-Fisher has written about the educational experiences of those of you who were kind enough to share your stories with us. The factors we dealt with in the educational system, even when we had kind, supportive people around us are inspirational. Today's disabled school children have a gift in the Individuals with Disabilities Education Act, even if, at times, it is not as all inclusive as many would like.

Barbara Lundstrom's thoughtful review gives us another book for our leisure time. Even though he did not have polio, some of us may be able to relate to Mr. Rucker's experiences!

This issue is the first anniversary of my becoming editor of the Connections. I hope you have enjoyed the contributions of all of the people who have made it possible and that you find at least something in each issue that is of value to you. I have enjoyed working with so many interesting and generous people and appreciate their help. I look forward to our second year. I am thankful to the late Mary Ann Hamilton who helped meet the needs of polio survivors for all those years with her dedication to the newsletter. The void left by her passing inspired me to pick up where she left off, and she continues to be an inspiration to me.

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because of a decreased intake of calories and, that physical activity is a component of weight loss. They speak of motivation as a key component to a successful weight loss program.

“For polio survivors, nutritional intake and exercise are very individualized matters. Therefore, consultation with a certified nutritionist is recommended before a weight loss plan is adopted.” (p 89)

Julie K. Silver, M.D., in Post-Polio, A Guide for Polio Survivors & Their Families (New Haven: Yale University Press, 2001.), starts her chapter on nutrition by stating that because nutrition recommendations change regarding how health and disease are related to nutrition, and because individuals with health issues often require more specific advice than generic, she cannot provide a specific plan for proper nutrition and ideal weight management.

She goes on to say that for polio survivors “carrying around even a few extra pounds requires energy and muscle power that may make mobility increasingly difficult and in some instances contribute to further weakness. Excess weight may also impact the individual’s balance and lead to falls, with subsequent serious injury and disability. In polio survivors, suffering from fatigue, the burden of extra weight may worsen their symptoms.” (p. 141)

She also recognizes that some polio survivors may be underweight, rather than having to deal with being overweight. Being underweight can lead to problems

such as malnutrition, bone loss, frailty and lack of energy.

She does, however, offer some general guidelines for health maintenance and well-being:

1. Eat small portions that are low in fat and contain adequate protein and other nutrients.
2. Have healthy midmorning and midafternoon snacks to keep your energy level high.
3. Avoid eating at night after dinner.
4. Avoid taking excessive vitamins and other nutritional supplements unless recommended by your doctor.
5. Avoid tobacco in any form.
6. Limit alcohol intake as much as possible. Alcohol adds unnecessary calories, increases symptoms of fatigue, decreases balance, and in excess amounts can cause a number of serious medical conditions.
7. Check with your doctor regarding any nutritional deficiencies prior to starting a weight-loss or weight-gain program.

She concludes her chapter by recognizing that many polio survivors have “the burden of not being able to manage their weight, even in part, through aggressive exercise,” (pp.142-143.) but encourages staying trim as a part of having good health.

Richard L. Bruno, H.D., Ph.D. discusses at length the results of his research and his conclusions regarding nutrition in The Polio Paradox, What You Need to Know (New York: Warner Bros., Inc. 2002). He concludes that polio survivors have to be aware of potential hypoglycemia and recommends a diet *(Continued on page 4)*

Post-Polio and Nutrition

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that decreases the amount of carbohydrates—bread, starchy vegetables and sweets—and increases protein intake. His suggested regimen includes increased protein at each meal and adding a small snack containing protein in the morning and afternoon. As a result, patients in his studies reported a decrease in fatigue and a decrease in difficulty on focusing attention. (pp. 215-216)

He recommends eating three to five times a day, having protein at each meal, especially at breakfast, and eating breakfast immediately after getting up to help start the day well. (pp. 216-217)

Dr. Lauro S. Halstead, author of numerous articles on polio and a polio survivor himself, echoes the research of Dr. Bruno in his personal story, “Nutrition and Post-Polio” as told in the Winter, 1998 issue of Post-Polio Health, the Post-Polio Health International newsletter. (www.post-polio.org) He discusses his lack of energy and muscle weakness even though he felt he was eating well, and avoiding all of the taboos that are in the nutrition literature, until he went to see a nutritionist who evaluated his eating habits and put him on a diet that contained more protein and increased his caloric intake.

The result of the change in diet was improvement in his “good” arm, which then felt stronger, reducing the feeling of tiredness and seeming to recover faster when it was overworked. He goes on to say that although the diet change was not a cure-all for post-polio syndrome, it was a good move on his part. His final statement in the article

is “that eating under the guidance of an experienced nutritionist is good advice for everyone.”

Margaret C. Hinman

Book Review: The Best Seat In the House, How I Woke Up One Tuesday and Was Paralyzed for Life

Book review by Barbara J. Lundstorm

In his book, The Best Seat in the House (Harper Collins 2007), Mr. Allan Rucker addresses his first hand experience with a life-changing disability. He does not specifically speak to the concerns of individuals who, after 20 to 40 years, suffer the effects of polio or “Post-Polio Syndrome.” Unlike post-polio survivors who have spent many years adapting to various degrees of disability since the onset of the original polio virus, the author was not a victim of this particular virus.

Instead, on December 10, 1996, at the age of 52, after experiencing only a few short hours of what he presumed to be aches and pains associated with the flu, he realized he had no motor response in his legs or in his entire lower body. Within two hours, he was in an emergency room in West Los Angeles and soon diagnosed as having a virus affecting his spinal cord called “Transverse Myelitis.” TM is a rare but not uncommon neurological disorder that leaves one paralyzed from the waist down. Mr. Rucker was in the prime of his life, married, had two sons, and a Hollywood TV writer and producer with no assurance of recovery.

In many ways PP survivors may identify with Mr. Rucker’s *(Continued on page 5)*

struggles with loss of independence, fear, embarrassing bowel and bladder accidents, guilt, and all the physical and psychological conditions having to cope with any debilitating spinal cord disease or injury many PP survivors and quadriplegics have and continue to experience. There were family and social life adjustments to be made. He learned to transfer from bed to a chair to a wheel chair to specially equipped cars, house modifications, including bathrooms, ramps, personal hygiene techniques, and many other necessities.

With an amazing gift of humor, courage, faith, and even straightforward words, Mr. Rucker was inspired by survivors like Franklin D. Roosevelt, Christopher Reeve, and others. He began to take charge of his personal life. He expanded his career to author and co-author both humor and nonfiction books. He writes numerous TV network specials and documentaries. He teaches cinema and TV at the University of Southern California. Mr. Rucker has earned many awards including the 2006 George Peabody Award and the 2006 Emmy Award for Exceptional Merit in Nonfiction Filmmaking.

With increasing numbers of disabled in the population, Mr. Rucker has stated that we are now in a “wheelchair culture” which means we are being offered a more “permanent sense of normality.” Manufacturers are marketing adaptive aids for every type of disability. Medicine and modern scientific discoveries are advancing rapidly. Disabled persons are no longer confined to home and play an often vital role in society.

The Best Seat in the House should inspire not only those with special needs, but

any who read it will certainly raise their sensitivity to the needs of all disabled persons.

And By the Way . . .

Here are some challenges that polio survivors identified when discussing eating and weight management:

- Problems with chewing
- Problems with choking as unable to swallow correctly as the esophagus narrows as we age
- Hypoglycemia
- Living alone—how to cook and plan and what to do with leftovers.
- Fatigue from exercise

Here are some hints that polio survivors have found to help in being successful in weight management:

- Use olive oil as the fat of choice when cooking.
- Avoid white sugar.
- Join Silver Sneakers to get exercise.
- Eat slowly.
- Use a small plate.
- Eat a big meal at noon and a little meal in the evening.
- Eat small meals frequently.
- Keep a journal of food intake.
- Adapt recipes to use less calories.
- Refer to the magazine, Cooking for Two, for hints on how to use the leftover food later.
- Walk with a walker to help keep active.
- Eat less.
- Eat fruit and vegetables.
- Eat protein at each meal.

Educational Experiences Amongst Us. . . Before the Americans with Disabilities Act

By Jeanine Ellison-Fisher

This story is about us, mostly children with polio, and how our educations happened. We tell our own brief stories about how we did it and also about how people and systems dealt with us. We have extraordinary stories and plain stories, stories of pluck and willfulness, independence and need, secrecy and public drama, avoidance and support, acceptance and rejection!

Some of us did not finish school; some of us just barely graduated from high school, sometimes after skipping a lot of classes, some graduated with a GED (General Education Diploma), and some did correspondence courses, went to college, and got advanced college degrees. Some of us were socially included, and sometimes some of us were ostracized.

What happened when the “kids with polio” or the “crippled children of infantile paralysis” as we were called in the 30’s, 40’s and 50’s went to get an education? After all, there wasn’t a Handicapped Children’s Act, or more formally known as the Individuals with Disabilities Education Act which was passed by Congress and signed by President Clinton in 1990. We had to make it on our own, sometimes with the support of others, sometimes only with our own ingenuity and grit.

Most of us attended public schools, but we also attended private schools. Usually, there was little or no intervention

by officials in the schools, at all levels, regardless of what the need was. It was better if one could “pass” as “normal.” Sometimes parents intervened, sometimes not.

One problem some of us had was access to toilets. One of us went to a school where there were no indoor toilets. Carol, who attended Boettcher School, a school for the handicapped that was part of the Denver Public School system, had polio in 1946 and, at the age of 14, in 1949, she started Boettcher. “Day One presented a formidable problem,” Carol says, “I had not yet worked out a way to transfer to the toilet and with no triceps muscles. It was difficult for anyone helping me. It required three people to get me on the toilet and back in my chair. On the third day, the school administration called my parents and told them “it is not working out and I could not return.” Carol continued her education with homebound programs.

Several contributors spoke of their experiences at Boettcher. Among those was Jen. During her 4th grade year, Jen “traveled underground” on a stretcher, through a tunnel to attend Boettcher School from her room in Children’s Hospital. The tunnel was underneath the street between the hospital and the school. Some students were also bussed to Boettcher from their homes in the Denver area.

Marlene had no formal education until her parents brought her to Denver to attend Boettcher. There her favorite teachers recognized and nurtured her art and music abilities. She went on to win a scholarship to the Denver Art Institute but did not attend because it was located on the 2nd floor and she would have had to

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Educational Experiences. . . *(Con't.)*

pull herself up by the railing which was already coming away from the wall.

She also remembers thinking it was cool to come to school on a stretcher. She started Boettcher in third grade. She got polio after attending first grade for 1 ½ days, then, after a series of starts and stops, some broken bones, a stay in a convalescent home, and home bound schooling where a teacher came to her home once a week, she had regular Boettcher education.

Rob, for 55 of his 61 years, was led to believe that he did not have polio. He is thankful to this day that his family kept the truth from him because otherwise he “might have become complacent and used it to get by.” Long after he grew up and consulted five neurologists to figure out what was going on with his health, family members opened up and told him he did indeed have polio, but his parents had insisted he not be told. Needless to say, he speaks of no accommodations!

“I was the only student in school who needed a screwdriver to change her shoes,” says M, who was 11 years old when she got polio. She says, as the result of her eight months in the hospital, “I learned that a person of at least average intelligence can miss a lot of time in the classroom and still be successful in life.” Three hours of individual tutoring and homework per week for four months was sufficient for her to rejoin her class and continue on with them when she returned from a children’s rehabilitation hospital to her small home town in Montana.

M’s parochial high school had no elevators for the three levels of classrooms, and the rest rooms were only in the basement. She went up and down the stairs very carefully wearing a leg brace, watching out for other students who moved much more quickly. She sat and watched the other students do PE until her school officials realized it was a waste of time for her to be there and waived that requirement for graduation.

Jim talks about riding a bus several miles to a country school each day with no special treatment or favors during those years. He wore a brace which kept him from falling and he could not run well, so he was usually selected last by schoolmates for baseball or basketball teams. He thinks the school officials understood his situation, but his schoolmates did not. While there were no special adaptations made, he tried to keep up with friends and tended to excel in academic work. His parents insisted that he rest daily and he felt he never suffered social-emotional issues, except when it came to athletic activities.

There are big differences in how schools dealt with PE requirements. Jen says that she was put to work in the library throughout PE time, while Mary, “failed gym two times, causing me not to graduate with my class in high school.” Her gym teacher “pushed my back down. . . to make me touch my toes, causing a lot of pain, but the steno teacher was so fair and gave me good grades. . . I went on to be a secretary.”

Cerese, between the ages of 6 and 8, was housed in the gym across the street from Colorado General Hospital when she had polio in 1945-1946, because there were too many polio patients

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Educational Experiences. . . *(Con't)*

to fit in the hospital. She remembers the teacher who came and spent time with them and then “all of a sudden, she never came back.”

Cerese believes it was during that time that she lost a lot of basic learning skills. Although she doesn't say so, it appears from her letter that when she went back to regular school there was no attempt to help her catch up or fill her in on the basics she missed. Now, at age 67, she has a 3rd and 4th grade math book and is having fun working the problems. She likes to read mysteries and “would like to try and read other books for learning purposes.”

Rom was four when he got polio and initially went to school wearing a KAFO and an AFO and using crutches. The elementary school was on one level, the junior high on three levels with no elevator, and the high school had an elevator to some areas. There were no adaptations made except for giving him the key to the elevator when he was in high school. “My biggest concern was the teachers telling me I couldn't do this or I couldn't do that.”

He goes on to tell about some social issues that he faced. “I was mostly ostracized by my peers. I guess they were too afraid they would catch what I had. I would never want to re-live my high school years. It was a very lonely time, sitting at home watching kids going to proms and on dates.” For Mary, her friends were not allowed to play with her after she had polio.

W. used crutches throughout school and experienced no adaptations while

navigating her three floor high school. Her father drove her to school.

While not everyone went out to a school, some “passed” as though nothing happened. Some “kept quiet” or never looked back (until later), some were encouraged while some were punished. Some used elevators. Some did the stairs and the outdoor latrine. One rode to school in a cab to the closest flat layout school available, some were bussed or driven, some walked, some had their wheel chairs pushed and pulled up and down stairs by “the guys” while some stayed home and had tutors. Some carried their own books; others had help from their friends. Some did not finish school at all.

However, we all grew up and lived adult lives. We worked in electronics and TV repair, nursing, time-keeping at Honeywell and cashiering at WalMart. We became teachers, pharmacists, military servicemen, parents, artists, social workers, medical doctors, economists, secretaries, psychologists, counselors, housekeepers, accountants, and nuns and joined many other walks of life. We survived polio because and in spite of the system and we live to tell about it now.

Editor's Note: We want to thank those of you who shared your stories with us. We have tried to keep the anonymity of our contributors by using only first names or first initials but we hope that you will recognize your own story and be proud of what you have done with your lives.

Tips for Weight Management for the Mobility Challenged

Carrie Wheeler, Nutritionist at Craig Hospital in Denver
www.nutrition@craighospital.org

Here are some tips that can help with weight management if a person has difficulty with mobility:

- Reduce calories
- Reduce portion sizes
 - Know what a portion size is
 - Know how many portions are needed in a day
- Keep hydrated—using beverages that have the least amount of calories, i.e., water is the best choice
- Learn recipe modifications to reduce calories
- Do some kind of activity—any kind of activity, even if you cannot exercise
 - Activity helps metabolism
 - Activity reduces depression
 - Activity help persons to sleep better
 - Activity reduces boredom, often a cause for over eating
- Look at your motivation—how badly, how much do you want to change
- Be realistic—perhaps the only goal in weight management is to maintain the current weight, or just lose 10% and over how long a period of time
- Do not try any starvation diets
- Drink a glass of water before you eat and a glass of water during the meal—it helps cut the need to eat as much.
- Eat foods that are high in fiber and low in fats and sugars

- Avoid processed sugars. Sugars from fruit and from milk products are good.
- Make small changes. There is more success in the long term with small changes than with a major change that will not last.

Get Smart—Get the Facts on Food Labels

Become a smart shopper by reading food labels to find out more about the foods you eat! Here's why it's smart to check out the Nutrition Facts found on most food labels:

- Find out which foods are good sources of fiber, calcium, iron, and vitamin C
- Compare similar foods to find out which one is lower in fat and calories
- Search for low-sodium foods
- Look for foods that are low in saturated fat and *trans* fat

Use this guide to help you make health food choices that meet your nutritional goals.

A Quick Guide to Reading the Nutrition Facts Label

Editor's note: Refer to a Nutrition Facts Label on a soup can or a cereal box. They will give you an example of how to follow this guide.

Start with the Serving Size

- Look here for both the serving size (the amount for one serving), and the number of servings in the package.
- Remember to check your portion size to the serving size listed on the label. If the label serving size is one cup, and you eat two cups, *(Con't on page 10)*

Get Smart *(Continued from page 9)*

you are getting twice the calories, fat and other nutrients listed on the label.

Check Out the Total Calories and Fat

Find out how many calories are in a single serving and the number of calories from fat. It's smart to cut back on calories and fat if you are watching your weight!

Let the Percent Daily Values Be Your Guide:

Use percent Daily Values (DV) to help you evaluate how a particular food fits into your daily meal plan:

- Daily Values are average levels of nutrients for a person eating 2,000 calories a day. A food item with 5% DV means 5% of the amount of fat that a person consuming 2,000 calories a day would eat.
- Remember percent DV are for the entire day not just for one meal or snack.
- You may need more or less than 2,000 calories per day. For some nutrients you may need more or less than 100% DV.

The High and Low of Daily Values

- 5 percent or less is low—try to aim low in total fat, saturated fat, cholesterol, and sodium
- 20 percent or more is high—try to aim high in vitamins, minerals and fiber

Limit Fat, Cholesterol and Sodium

Eating less of these nutrients may help reduce your risk for heart disease, high blood pressure and cancer:

- Total fat includes saturated, polyunsaturated and monounsaturated fat. Limit to 100%DV or less per day.
- Saturated fat and *trans* fat are linked to an increase risk of heart disease.
- Sodium—high levels can add up to high blood pressure.
- Remember to aim low for % DV of these nutrients!

Get Enough Vitamins, Minerals and Fiber

- Eat more fiber, vitamins A and C, calcium, and iron to maintain good health and help reduce your risk of certain health problems such as osteoporosis and anemia.
- Choose more fruits and vegetables to get more of these nutrients.
- Remember to aim high for % DV of these nutrients!

Additional Nutrients

Protein—Most Americans get more protein than they need, so a % Daily Value is not required on the label.

Choose moderate portions of lean meat, poultry, fish, eggs, low-fat milk, yogurt and cheese, plus beans, peanut butter and nuts.

(Editor's note: Polio survivors can refer to other articles in this newsletter to see the role of protein in their diets, which may counteract this statement.)

Carbohydrates—There are three types of carbohydrates—sugars, starches and fiber. Select whole-grain breads, cereals, rice and pasta plus fruits and vegetables.

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Get Smart

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Sugars—Simple carbohydrates or sugars occur naturally in foods such as fruit juice (fructose), or come from refined sources such as table sugar (sucrose) or corn syrup.

Daily Value Foot Note

- This is a reference chart that applies to healthy people eating either 2,000 or 2,500 calories, and shows the daily maximum amounts for total fat, saturated fat, cholesterol and sodium.

Check the Ingredient List

Foods with more than one ingredient must have an ingredient list on the label. Ingredients are listed in descending order by weight. Those in the largest amounts are listed first. Effective January 2006, manufacturers are required to clearly state if food products contain any ingredients that contain protein derived from the eight major allergenic foods. These foods are milk, eggs, fish, crustacean shellfish, tree nuts, peanuts, wheat and soybeans.

What Health Claims on Food Labels Really Mean

Ever wonder about the difference between reduced fat and low fat? Or does “light” on the label really mean no fat? FDA has strict guidelines on how these food label terms can be used. Here are some of the most common claims seen on food packages and what they mean:

- **Low calorie**—Less than 40 calories per serving.
- **Low cholesterol**—Less than 20 mg of cholesterol and 2 gm or less of saturated fat per serving.

- **Reduced**—25% less of the specified nutrient or calories than the usual product.
- **Good source of**—Provides at least 10% of the DV of a particular vitamin or nutrient per serving.
- **Calorie free**—less than 5 calories per serving
- **Fat free/sugar free**—Less than ½ gram of fat or sugar per serving.
- **Low sodium**—Less than 140 mg of sodium per serving.
- **High in**—Provides 20% or more of the Daily Value of a specified nutrient per serving.
- **High fiber**—5 or more grams of fiber per serving.
- **Lean (meat, poultry, seafood)**—10 grams of fat or less, 4 ½ grams of saturated fat, and less than 95 mg cholesterol per 3 ounce serving.
- **Light**—1/2 fewer calories or ½ the fat of the usual food.
- **Healthy**—Decreased fat, saturated fat, sodium, and cholesterol and at least 10% of the DV of vitamins A, C, iron, protein, calcium, and fiber.

FDA also sets standards for health-related claims on food labels in order to help consumers identify foods that are rich in nutrients and may help to reduce their risk of certain diseases. For example, health claims may highlight the link between calcium and osteoporosis, fiber and calcium, heart disease and fat or high blood pressure and sodium.

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This fact sheet expires 1/1/2009.

This Is Your Newsletter-----

Colorado Post-Polio Connections is a newsletter by and for polio survivors, their friends and others who are interested in being part of our network. The editors and staff invite your contributions to the newsletter. If you have comments, articles, or suggestions for topics for future issues, please email us at post-poliocolo@comcast.net or write to us:

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Please include your name, address, phone number and email address in any correspondence.

Our next issue will focus on communicating with caregivers. We need suggestions from you on what is important to you in talking to caregivers both at home and when hospitalized, and in emergency circumstances that make you more dependent on others for your physical care. This is for our “And By the Way. . .” column.

Disclaimer

The opinions expressed in this newsletter are those of the individual writers and do not necessarily constitute an endorsement or approval by Easter Seals Colorado or the Post-Polio Advisory Council. If you have personal medical problems, consult your own physician.

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**FREE MATTER FOR THE
 BLIND OR HANDICAPPED**