

PHI's mission is supported by its Membership.

## The Need for Wheels

*Warren Peascoe, Vienna, West Virginia*

**M**y wife and I had just testified at an EPA hearing. As I approached the minivan for the two-hour drive home, I noticed a puddle under the engine. Because I use a power wheelchair, I could not slide under the car to look for a leak or sample the liquid. I began to worry what would happen if the van—which is modified with a ramp, hand controls and rotating front seats so that I can transfer easily into the driver's seat—would not start. How would we get home? How could we transport me and my chair?

Since contracting polio at 4½, I have walked with braces and crutches. In high school my parents put hand controls on the family car, and I got my driver's license. My first car was a graduation present from college. It allowed me to attend graduate school, go on dates, court and marry my wife, get a job, and raise two sons. I was independent. I was mobile with my braces and crutches and, when needed, could use multiple modes of public transportation: taxis, buses, trains and airplanes.

Deciding where to store my forearm crutches has always been a problem. My first car was a two-door and had bench seats. I simply opened the door and put them on the floor of the back seat. My next car was a four-door but still had a bench seat up front. I could store the crutches on the floor of the front seat just behind my feet. Then came bucket seats. Luckily, there was room between the side of the seat and the door of the car to store the crutches. There is no convenient place to store crutches in the minivan. I keep a pair secured by seatbelt across the back seat for emergency use.

Hand controls are cleverly designed so that an able-bodied person can also drive the vehicle. There are two basic types of hand controls. Both clamp to the steering column of the vehicle. I use "right angle" hand controls. I push a lever forward and a rod pushes the brake pedal. I move the lever downward and a series of gears push the gas pedal. The other is called a "push pull" control. The brake operates the same, but the gas pedal is pushed through a series of gears by pulling the lever.

All the rental cars I've used over the years had "push pull" hand controls. On several rentals, when the lever was pushed to put on the brake, it also pushed the gas pedal causing the vehicle to accelerate. I always check the operation of strange hand controls before I start driving.

On newer models, it is more difficult to clamp the hand controls to the steering column. Many new cars have a shroud around the steering column, and many



Minivan with folding ramp extended. The driver's seat is turned so that I can transfer into it from my chair.

continued on page 4

# Two Post-Polio Wellness Retreats to be Held in 2018



## Rocky Mountain Village Camp, Empire, Colorado, August 19-23

Colorado Post-Polio and Easter Seals Colorado invite you to join them for the “Colorado Post-Polio 2018 Rocky Mountain Getaway,” Sunday, August 19 thru Thursday, August 23, 2018 at Rocky Mountain Village Camp in Empire, Colorado. Participate in polio-related educational lectures and discussions, exercise sessions, physical therapy and craft activities.

To get on the mailing list and for more information contact Nancy Hanson, Easter Seals Colorado, 303-233-1666 ext.237, [nhanson@eastersealscolorado.org](mailto:nhanson@eastersealscolorado.org).

## Bay Cliff Health Camp, Big Bay, Michigan, September 10-15

Fred Maynard, MD will lead a team of volunteer health care professionals that will provide up-to-date information on health and wellness as it relates to the late effects of polio. The retreat will focus on improving participants' overall health and quality of life.

Educational sessions will assist polio survivors in learning more about the late effects of polio and leading a healthier lifestyle. Participants will be able to explore activities such as aquatic therapy, massage, aromatherapy, and other complementary and alternative medicines. There will be recreational options to explore throughout the week for those who are interested. All activities will be adapted to each participant's functional ability level.

The cost is \$275. Space is limited, so call Bay Cliff Health Camp at 906-345-9314 for an application or download one at [www.baycliff.org/bay-cliffs-post-polio-wellness-retreat](http://www.baycliff.org/bay-cliffs-post-polio-wellness-retreat). ■



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*PHI's mission is to enhance the lives and independence of polio survivors and home mechanical ventilator users through education, advocacy, research and networking.*

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Be sure to set your spam filter to receive emails  
from [info@post-polio.org](mailto:info@post-polio.org).**

### Moving? Change of address?

Notify PHI before you move by calling 314-534-0475 or email [info@post-polio.org](mailto:info@post-polio.org), and tell us your old and new addresses.

### Away temporarily?

Send us your second address and dates you will be there and we'll do our best to send you newsletter.

## Polio Place: information and advice you can use

*In 2011, with the help of a generous grant from the Roosevelt Warm Springs Foundation, PHI launched Polio Place (www.polioplace.org). It was intended to serve as a dynamic internet repository for medical and practical information, historical records and artifacts. A major component of Polio Place was focused on examining the past.*

The “People” section catalogued the history of the disease—by examining not only those involved in the effort to develop a vaccine (those such as Leone Farrell, Jonas Salk and Albert Sabin), but also those who aided in rehabilitation efforts for survivors (such as Sister Kenny, John Affeldt and Jacquelin Perry).

The “Artifacts” section focused on the history of the disease, as well, but through the eyes of its survivors. PHI asked survivors to submit short narratives to help expand the understanding of equipment, family life and rehabilitation, and offer insight into their experiences through letters, old photos, medical records and newspaper articles. We encourage those who still wish to do so, to visit this section and submit their own “artifact.”

One often overlooked aspect of Polio Place, though, is its wealth of resources intended to help those now dealing with the challenges of living with the late effects of polio.

The aptly-named “Living With Polio” section contains numerous entries—organized by topic in a blog-style format—intended to provide in-depth information or advice on subjects relevant to polio survivors today. We are continually updating and adding new material to this section. In addition, a number of video presentations on various topics can be found in the section “Post-Polio Experts Present.”

Recently, we added a section, “Articles from *Post-Polio Health*,” where one can find all previously-published articles from this newsletter arranged by topic. In the introductory paragraph, there is a link to PHI’s collections page, where one can find links to all past newsletters arranged chronologically, as well as a number of other non-PHI publications from our archives.

We also added a section, “PHI-Funded Research,” so that you can stay up-to-date on the latest research news from PHI. You can also easily stay abreast of new opportunities to participate in research from other institutions.

Finally, we added a menu tab for the *Post-Polio Directory*. We’ve received numerous comments in recent years from people who find www.post-polio.org difficult to navigate. Many particularly had trouble locating the directory on that site. In response, we decided to include a tab on the main menu on Polio Place to facilitate easy access to the directory.

As always, PHI invites you to participate in making Polio Place better. Submit an artifact. Send us your life story. Tell us about a particularly useful piece of adaptive equipment you own and include a picture. Let us know about a new book, video, website or article you’ve come across. We look forward to hearing from you! ■





car rentals companies do not want to install hand controls because it may damage the shroud.

Vehicle adaptive equipment can be very expensive and is generally not covered by medical insurance policies. Over the years, the cost for hand controls, unlike

computers, has gone up. The last time I had hand controls installed, the installer had to be certified and required documentation that I was trained to use the controls even though I had over forty years of experience. New vehicle rebates for adaptive equipment from manufacturers, tax deductions for medical expenses, and veteran's benefits may be of some help; however, many people are priced out of equipment that could change their lives.

When I retired about 15 years ago, PPS forced me to transition first to a

scooter, and now to a power wheelchair. With my wife's help, we considered several options to transport my scooter or power chair. Currently I use a Braun minivan conversion which has a folding ramp and lowers the van. Both of my front seats turn so that I can transfer and either drive or ride as a passenger.

At cardiac rehabilitation, I met a gentleman who was blind who used the local para-transit bus. He would call the bus when his treatment was finished and wait for it to take him home. He needed

to arrange for transportation one to two days in advance. The bus would pick him up within an hour of the scheduled time. I thought this required a lot of waiting and great patience on his part.

I preferred having my own transportation in order to go when and where I wanted with no waiting and no need to schedule my trips. In addition, I found out that it takes about three weeks to get approved to use the para-transit system.

When we finally got home after the EPA testimony, we stopped at an auto dealership to get the leak checked out. It turns out the leak was in the cooling system. They did not have the time or parts to make the repair that day, so they filled the radiator and gave us a gallon of water. We nervously drove home. I later had the van repaired locally.

Fortunately, the van has always remained drivable, even when it has needed repairs. I don't know what I would do if we were away from home and the van broke down and was not drivable. How to transport the power wheelchair and myself home remains a question.

I decided it was time to look into para-transit. I called our transit authority (bus station), and they referred me to ADARIDE. Once eligibility is established, the transit authority can provide transportation in a vehicle with a lift. They can pick you up from home and transport you to any location in their service area. The authority does require advance notification. They will send the para-vehicle within an hour of the scheduled time and only charge up to twice the normal bus rate. I decided to apply right away, so that if I needed to use it, I would not have to wait for approval. One can apply by calling 887-232-7433 or visiting [www.adaride.com](http://www.adaride.com).

Para-transit service, required by the ADA, is available for people who cannot use fixed-route bus or train service. In general, para-transit service must be provided within 3/4 of a mile of a bus route or rail station, at the same



To operate the hand controls, a lever is pushed forward to engage the brake and down for the accelerator.

hours and days, for no more than twice the regular fixed-route fare. It is also available to people who have a specific disability that prevents them from traveling to a boarding location or from a disembarking location. Distance, terrain, weather or architectural barriers (lack of curb cuts or sidewalks) may form a basis for eligibility. For example, a person who walks with a cane and would need to travel 3/4 mile to the bus route but cannot walk that great a distance (even if only in winter), may be eligible. ADARIDE is the agency that determines eligibility.

I phoned ADARIDE and a very nice person guided me through the application process in order to make sure I met the eligibility requirements for para-transit. Support forms from a health professional are also required. After about three weeks, I received the notification that I was eligible for para-transit. The next step was to go down to the transit authority and get a picture ID, which will allow me to use para-transit anywhere in the country where it is available.

Because it takes a few weeks to get approval, I recommend that anyone with a mobility impairment in an area with bus service check with their local transit authority to see if they qualify for para-transit. Let ADARIDE do their job to determine eligibility.

***“Change, caused by the loss of ability, happens. I may not like it, but polio and PPS has taught me to be adaptable.”***

Change, caused by the loss of ability, happens. I may not like it, but polio and PPS has taught me to be adaptable. Things I could do yesterday, I may not be able to do today. And things I can do today, I may not be able to do tomorrow. Advanced planning can take the sting out of forced change. ■

## ***In Appreciation***

Thank you for recognizing your friends and loved ones with contributions to the activities of PHI and IVUN and for your generous Membership contributions.

*Please contact us if we made an error.*

### **Contributions to PHI's education, advocacy and networking activities**

#### **In Memory of**

Jerome Barancik  
James Dougan  
Benjamin Fischlowitz  
Jean Graber  
Mary Hicks  
Norma Zoe Humphrey  
David C. Lugviel  
Beatrice McGraw  
Gail Thornton  
Robert Voss

#### **In Honor of**

Linda Bieniek  
Rick Hardin  
Joan Headley

### **Contributions to The Research Fund**

#### **In Memory of**

William G. Ohme

## One Civilian's Experience of Triumph Over Polio, the Fall of Saigon, and the Reinvention of Herself

### SHATTERED DREAMS

Memories of April 1975 are seared into my brain like a branding iron stamped on the flesh of a cow. I remember the events vividly, as if they happened yesterday. My heart thunderously pounds in my chest as I share my story with you.



My new rattan suitcase with red leather trim sat in the corner of the living room. It was filled to the brim with hope of a new life.

Mom and I had spent several days shopping for new clothes for my trip to West Germany. She carefully packed each item with love and care. My favorite outfit was a big orange-and-white polka-dot shirt and pants. This colorful, cool pantsuit was the last item packed. Mom placed my travel documents on top of my mod-looking outfit. I was scheduled to leave Saigon on June 14, 1975.

I needed to be brave. I was five years old, and I was going to travel from Saigon to West Germany for polio rehabilitation therapy. My leg muscles had atrophied, and my left leg bent at an odd angle, like a broken pencil, as I crawled along the floor. My clothing had ragged holes in the knees from my aggressive movements to keep up with my older brother, Quang Phuong, my sister, Linh Phuong, and the neighborhood kids.

If I could have looked at a map, I would have seen that the Viet Cong had conquered all of the country north of Saigon. The Viet Cong were moving rapidly from the eastern Cambodian border into an area south of Saigon and

north of Can Tho. The city of Saigon was being encircled by Communist troops.

We began hearing thunderous bombs and explosions along with the wailing of sirens in the early morning hours of April 29. I was petrified and frozen in my spot. I was not sure what to do, and Mom looked like a lost child. Our burly neighbor banged on our door, came running inside, and began digging a shelter under our kitchen floor, close to our front door. Mom and Uncle Dinh immediately began helping him dig.

Mom yelled to my brother Quang Phuong to break the legs off of one of our kitchen chairs. Our neighbor grabbed a hammer and nails and quickly constructed a crude ladder for our shelter. Uncle Dinh noisily climbed on our roof and, with the help of other neighbors, ripped off two sheets of metal, which were placed on top of the shelter. After several hours of digging, we had a hiding place that would hopefully keep us safe from bombs, mortar fire and enemy soldiers. Homemade shelters in Vietnam were called *hams*.

Uncle Dinh was the last person in the ham. He placed two large metal sheets over the top of the bunker. Once the ham was covered, the air became hot and sticky, and it felt like living inside a coffin. I felt like I was suffocating and couldn't breathe, but I didn't dare complain.

The noises outside were horrendous. There were deafening explosions that shook the ground like a never-ending earthquake. We heard artillery shells dropping on our rooftop, and it seemed like our home was going to crumble and bury us alive. Then it became eerily quiet and still. We were unsure if we should come out of the bunker. Each time we thought about venturing out of the ham, another rocket exploded nearby.



On the morning of April 30, we crawled out of the ham when we hadn't heard any artillery chatter from the M-16s and AK-47s or any overhead screaming rockets for several hours. We quickly used the bathroom and began searching for scraps of food in the kitchen. We shared some dried instant noodles, a stale piece of bread, and a rotten guava.

Suddenly, our neighbor burst into our house carrying his Sony transistor radio. "Hurry, President Minh is about to make an important announcement. Come over to my house to listen." As we walked outside, we gagged on the acrid smell of explosives. Our family quickly arrived next door and crowded into his home, which already had many neighbors, friends, and relatives packed inside.

At five years old, I didn't understand what was being said on the radio until someone yelled, "The war is over!" Some people were crying, some were cheering, and others sat in stunned silence. The radio announcer described the chaotic scene in Saigon from the day before, when last-minute helicopter evacuations occurred from the grounds of the US Embassy. Thousands of South Vietnamese had surrounded the wall of the embassy and were desperate to be one of the lucky ones chosen to fly to freedom.

The radio announcer's voice went up several octaves as he announced that a Viet Cong tank had just smashed through the elaborately decorated steel gates of the Presidential Palace. A single soldier ran across the palace grounds carrying the flag of our enemy: crimson red on top and blue on the bottom with a bright yellow star in the middle. The flag was hoisted up and flown from the Presidential Palace. Then the streets of Saigon were flooded with Viet Cong tanks, trucks, and troops weary and intoxicated with victory.

As we walked back into our home, I noticed that the heart of my small rattan suitcase had been pierced by shrapnel. The guts of my dreams were strewn with clothing and rubbish on the floor. In the flash of an instant, our entire world had turned upside down on April 30, 1975. ■

Excerpt from *Standing Up After Saigon: The Triumphant Story of Hope, Determination, and Reinvention*.



Thuhang Tran

***Standing Up After Saigon: The Triumphant Story of Hope, Determination, and Reinvention*** is the incredible memoir of Thuhang Tran as told by author Sharon Orlopp. With a scarcity of personal, civilian memoirs from Vietnam, this story provides a unique window into a particular era in history.

Born in Saigon near the end of the Vietnam War, Thuhang was two-and-a-half years old when she contracted polio, which left her legs partially paralyzed. Orlopp recounts how Thuhang's parents and siblings cared for her and sacrificed

to get her the treatment that would enable her to walk again. But their efforts were disrupted when communists invaded South Vietnam and her father, Chinh, an air traffic controller in the South Vietnam Air Force, was lost in evacuations and presumed dead.

This powerful memoir follows Thuhang and her father Chinh through their respective struggles, from Thuhang's battle with polio and the impact of her father's absence to Chinh's immigration to the United States and his desperate fifteen-year mission to be reunited with his family. Thuhang remained hopeful and resilient through all the seemingly impossible hurdles she's faced and lives today to tell her story and inspire those around her to find strength through perseverance.

Thuhang's journey is a gift of courage, hope, perseverance and family love. She wrote this memoir hoping to inspire those who "feel invisible, under-appreciated, under-utilized, made fun of, disrespected and not valued. I hope my journey as a person who is an immigrant and differently abled will build bridges, encourage cultural understanding and give inspiration for treating all people with dignity, respect and inclusion."

To learn more about Thuhang Tran's triumphant story, view the book trailer at <https://youtu.be/94UGIGuSq48> or visit [www.StandingUpAfterSaigon.com](http://www.StandingUpAfterSaigon.com).

*Standing Up After Saigon* is available at Walmart.com, Amazon and Barnes and Noble.

**QUESTION:** *It seems like every doctor I go to is always recommending exercise to maintain my muscle strength. I am 84 years old. Sorry, but I've spent 70 years overachieving. I'm tired now and just want to rest without pain in the time I have left. I think I'm ready to consider hospice care.*

**Response from Rhoda Olkin, PhD:**

I want to address the issue of exercise (and my colleague will address the consideration of hospice care).

First and foremost, of course you don't want to exercise! It's hard work, it is usually not fun, and it's tiring. Yes, I know there are people who thrive on exercise, who talk about a runner's "high" and a "second wind," who cite exercise as their antidepressant, who claim it gives them energy. I am not one of those people. When I set a goal of exercising for five minutes, I procrastinate all day, and hate every single second of the entire five minutes.

So, here's the good news. You don't have to exercise if you don't want to. Yes, it could in the long run give you more energy. Yes, you might live another ten minutes longer. But it is entirely up to you. We all make choices, and each choice has a price. But they are ours alone to make.

My mother, who had a mild case of polio when I did, back in 1954, is now 92 and in better shape than I am. She does tai chi, and if a doctor tells her to walk more, she marches up and down the hall in her house. She has been at about the same healthy weight for the last 40 years. She learned Italian, goes to operas and lunch with friends, takes a lip-reading class, and looks better than most of her peers. Whereas I, at 64, am overweight, sedentary and have been known to have ice cream for dinner. Choices.

Studies suggest that close friendships, an active mind and exercise are associated with longevity. Newer research is showing that 'gratitude' is a buffer against depression for people with disabilities. Positive disability identity is associated with less anxiety and depression. So now we are supposed to exercise, we should hold a positive attitude towards our disability, we should socialize more and be involved in some type of intellectual engagement. And now add to the list that we should develop gratitude. It just seems like more instructions about how people with disabilities are "supposed" to be.

But what if that's not you?

I don't care if you exercise or not. But I do care if you are depressed. You can be sedentary and happy, or sedentary and depressed. I support you in the former but hope that you are not the latter.

**Response from Stephanie T. Machell, PsyD:**

Do you believe the late effects of polio make you eligible for hospice? Or are you saying you want to give up? Either way, I'm concerned, because feelings of hopelessness can be a symptom of depression.

Are you depressed? I'd have to evaluate you to know. Along with hopelessness, some of the clinical signs I'd be looking for are depressed mood that lasts for more than two weeks and isn't "brightened" when positive things



**Dr. Rhoda Olkin** is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.



happen, changes in sleep patterns and/or appetite, lack of interest in your usual activities not related to being unable to do them due to disability, and high levels of guilt over things outside your control. Some symptoms of depression (like lack of energy and feeling slowed down) could also be symptoms of post-polio syndrome, so I'd want to know if you are having these beyond what is "normal" for you. You can also self-assess with the Beck Depression Inventory, which is reproduced in this newsletter (See page 11).

Other psychological issues can lead to feelings of hopelessness. Grief, including over the loss of the ability to do the things you once could and/or other losses related to aging with a disability (or just to aging), can produce many of the same symptoms as depression. Many polio survivors I've worked with have needed to grieve the loss of the self that was able to overachieve.

Because you express such strong distress about exercising, I'd also want to assess your experiences with rehabilitation and exercise and what they've meant to you. I've worked with polio survivors who experienced trauma related to their polio experiences, including being forced to exercise when they were in pain and being shamed and even abused in physical therapy situations. For them, being forced to exercise now triggers memories of those experiences, including memories of a feeling (such as hopelessness).

If any of the above resonates with you, you should see a mental health professional for a proper evaluation and (if indicated) treatment. You deserve

to feel better and enjoy your life, and psychotherapy can make this happen. Look for someone experienced in working with disability, trauma and/or grief. Make sure you feel comfortable with this person because the best predictor of a successful therapy outcome is a positive relationship between client and therapist.

If you are clinically depressed, you might consider an evaluation for medication too. But don't be surprised if whoever you see also prescribes—wait for it! —exercise! There have been many studies showing that exercise is a safe and effective treatment for mild to moderate depression. Once you get past the ways you may have become deconditioned, it could make you feel less pain and fatigue than you have now. A physical therapist knowledgeable about polio issues can recommend safe and appropriate exercise for you that won't cause you to overdo.

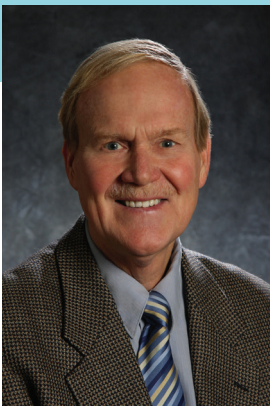
As Dr. Olkin said, it's your choice. I hope you choose to do what helps you to be comfortable and pain-free. ■

**For more about exercise and the late effects of polio, go to:**  
[www.polioplace.org/category/blog-tags/exercise](http://www.polioplace.org/category/blog-tags/exercise)

***The Beck Depression Inventory is a test that measures the severity of a person's depression. This self-report measure is not to be used as a diagnostic tool but only serves to assess the severity of depressive symptoms. (To take the test, see page 11).***

**Dr. Stephanie T. Machell** is a psychologist in independent practice in the Greater Boston (MA) area. She specializes in working with those affected by polio and other physical disabilities. Her father was a polio survivor.





Frederick M. Maynard, MD

## Ask Dr. Maynard

Send your questions for Dr. Maynard  
to [info@post-polio.org](mailto:info@post-polio.org).

See other questions at  
[www.post-polio.org/edu/askdrmay.html](http://www.post-polio.org/edu/askdrmay.html).

**Question:** *About a year ago, I was diagnosed with Parkinson's Disease (PD). Then recently, when providing medical history to a new eye doctor and reporting that I had polio as a child, I learned from him that he and a colleague authored a letter which was published in NEJM (New England Journal of Medicine) about polio and PD. My father also had PD. I learned from the medical record of my hospital admission for polio that the doctor documented my father had polio as a child with some residual in a leg. (I remember his misshapen foot and atrophied leg.) Although Dr. Raymond Roos at the University of Chicago Post-Polio Clinic did not diagnose PPS, I believe that I definitely have some of the late effects. Some of the PD symptoms are similar, as you may know. I am interested to know what experiences you may have had with others who have had a polio history and now PD. Is there a connection? There can't be many folks who fit into the category.*

**Answer:** There have been many cases of adults with a history of childhood polio developing PD. One of the first reports of this is in a 1978 *NEJM* article<sup>1</sup> and may have been co-authored by the eye doctor you met! A relationship has long been observed between PD and a history of previous encephalitis due to several different types of viruses that may cause damage to the brain, particularly to the substantia nigra (SN) which is a small area of the brainstem that develops a deficiency of dopamine production in patients with PD and is thought responsible for most PD symptoms. Bodian documented polio virus damage to the SN in autopsy cases during the 1940s.<sup>2</sup> More recently an MRI study on a child with acute wild polio in India documented changes in the SN.<sup>3</sup> Therefore, it is certainly plausible that previous polio virus-caused encephalomyelitis can affect the SN and predispose it to later-life degenerative dysfunction resulting in PD. A 2010 epidemiologic report from Denmark actually documented a 2.3 times higher risk of developing PD among people with a history of polio compared to controls matched for age, gender and geographic location.<sup>3</sup>

In light of these facts from the medical literature review of PD and polio that your question initiated, I think it is likely more than coincidental that you and your father both developed PD many years after having had childhood polio. I have personally seen a handful of patients with your two diagnoses, and I don't recall any unusual problems they shared in common. Both conditions can benefit from individualized exercise programs to slow down symptom progression and from rehabilitation strategies to preserve and/or enhance functional capacities. ■

1. Vincent FM, Myers WG. Poliomyelitis and Parkinsonism. *N Engl J Med*. 1978;298:688-689.

2. Bodian D. Histopathologic basis of clinical findings in poliomyelitis. *Am J Med*. 1949;6:563-577.

3. Nielsen NM, Rostgaard K et al. *JAMA*. 2002;287:1650-1651

**The Beck Depression Inventory is a test that measures the severity of a person's depression. This self-report measure is not to be used as a diagnostic tool but only serves to assess the severity of depressive symptoms. This questionnaire consists of 21 points, each point contains of a number of statements. Please read the following carefully and select the one that best describes your health during the past two weeks. The scoring scale is at the end of the questionnaire.**

- |  |  |
|--|--|
| <p>1. 0 I do not feel sad.<br/>1 I feel sad<br/>2 I am sad all the time and I can't snap out of it.<br/>3 I am so sad and unhappy that I can't stand it.</p> <p>2. 0 I am not particularly discouraged about the future.<br/>1 I feel discouraged about the future.<br/>2 I feel I have nothing to look forward to.<br/>3 I feel the future is hopeless and that things cannot improve.</p> <p>3. 0 I do not feel like a failure.<br/>1 I feel I have failed more than the average person.<br/>2 As I look back on my life, all I can see is a lot of failures.<br/>3 I feel I am a complete failure as a person.</p> <p>4. 0 I get as much satisfaction out of things as I used to.<br/>1 I don't enjoy things the way I used to.<br/>2 I don't get real satisfaction out of anything anymore.<br/>3 I am dissatisfied or bored with everything.</p> <p>5. 0 I don't feel particularly guilty<br/>1 I feel guilty a good part of the time.<br/>2 I feel quite guilty most of the time.<br/>3 I feel guilty all of the time.</p> <p>6. 0 I don't feel I am being punished.<br/>1 I feel I may be punished.<br/>2 I expect to be punished.<br/>3 I feel I am being punished.</p> <p>7. 0 I don't feel disappointed in myself.<br/>1 I am disappointed in myself.<br/>2 I am disgusted with myself.<br/>3 I hate myself.</p> <p>8. 0 I don't feel I am any worse than anybody else.<br/>1 I am critical of myself for my weaknesses or mistakes.<br/>2 I blame myself all the time for my faults.<br/>3 I blame myself for everything bad that happens.</p> <p>9. 0 I don't have any thoughts of killing myself.<br/>1 I have thoughts of killing myself, but I would not carry them out.<br/>2 I would like to kill myself.<br/>3 I would kill myself if I had the chance.</p> <p>10. 0 I don't cry any more than usual.<br/>1 I cry more now than I used to.<br/>2 I cry all the time now.<br/>3 I used to be able to cry, but now I can't cry even though I want to.</p> <p>11. 0 I am no more irritated by things than I ever was.<br/>1 I am slightly more irritated now than usual.<br/>2 I am quite annoyed or irritated a good deal of the time.<br/>3 I feel irritated all the time.</p> <p>12. 0 I have not lost interest in other people.<br/>1 I am less interested in other people than I used to be.<br/>2 I have lost most of my interest in other people.<br/>3 I have lost all of my interest in other people.</p> <p>13. 0 I make decisions about as well as I ever could.<br/>1 I put off making decisions more than I used to.<br/>2 I have greater difficulty in making decisions more than I used to.<br/>3 I can't make decisions at all anymore.</p> | <p>14. 0 I don't feel that I look any worse than I used to.<br/>1 I am worried that I am looking old or unattractive.<br/>2 I feel there are permanent changes in my appearance that make me look unattractive<br/>3 I believe that I look ugly.</p> <p>15. 0 I can work about as well as before.<br/>1 It takes an extra effort to get started at doing something.<br/>2 I have to push myself very hard to do anything.<br/>3 I can't do any work at all.</p> <p>16. 0 I can sleep as well as usual.<br/>1 I don't sleep as well as I used to.<br/>2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.<br/>3 I wake up several hours earlier than I used to and cannot get back to sleep.</p> <p>17. 0 I don't get more tired than usual.<br/>1 I get tired more easily than I used to.<br/>2 I get tired from doing almost anything.<br/>3 I am too tired to do anything.</p> <p>18. 0 My appetite is no worse than usual.<br/>1 My appetite is not as good as it used to be.<br/>2 My appetite is much worse now.<br/>3 I have no appetite at all anymore.</p> <p>19. 0 I haven't lost much weight, if any, lately.<br/>1 I have lost more than five pounds.<br/>2 I have lost more than ten pounds.<br/>3 I have lost more than fifteen pounds.</p> <p>20. 0 I am no more worried about my health than usual.<br/>1 I am worried about physical problems like aches, pains, upset stomach, or constipation.<br/>2 I am very worried about physical problems and it's hard to think of much else.<br/>3 I am so worried about my physical problems that I cannot think of anything else.</p> <p>21. 0 I have not noticed any recent change in my interest in sex.<br/>1 I am less interested in sex than I used to be.<br/>2 I have almost no interest in sex.<br/>3 I have lost interest in sex completely.</p> |
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## Interpreting The Beck Depression Inventory

Having completed the questionnaire, add up the score for each of the 21 questions by counting the number to the right of each question you marked. Use the table below as a guideline to interpret your score. **This is only a guideline. If you have concerns about your mood, please consult a professional.**

Total Score	Levels of Depression
1-10	These ups and downs are considered normal.
11-16	Mild mood disturbance
17-20	Borderline clinical depression
21-30	Moderate depression
31-40	Severe depression
over 40	Extreme depression



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