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Fear of Falls, Risks and Practical Strategies

Kristine Legters, PT, DSc, NCS, Gannon University, Erie, Pennsylvania

When my students and I looked at falls in individuals with post-polio problems, the numbers were really staggering. About 85% of the participants in our study reported falling. Fear of falling was also a staggering and scary number—95% of the individuals with post-polio. Another interesting fact was that many individuals who were nonambulatory and who were in wheelchairs also were afraid of falling.

What factors put you at risk for falling? Review the list below to determine how many factors describe you. This short list is used for older adults, which some of us are, but can also be used by younger polio people.

Kristine Legters, PT, DSc, NCS (Legters001@gannon.edu) received her doctor of science degree in neurologic physical therapy. Her research and publications in the recent past have been in the area of fall prevention and inner ear disorders. She is a polio survivor who contracted polio from the vaccine. Legters presented this information at PHI's Ninth International Conference on Post-Polio Health and Ventilator-Assisted Living: Strategies for Living Well in June 2005.

You may not experience some factors, yet experience others. And, some of them you may be able to change and some you may not. I'd like to expand on a few.

Visual impairment: Recognize that your ability to adapt to the change in light decreases as you get older, and remember that fact when you walk into a very bright room or a very dark room. Also, conditions such as glaucoma, cataracts and macular degeneration increase your risk for falls.

Use of assistive devices: The issue with assistive devices is the proper use of them. For example, if the legs of your quad cane are in your pathway, as opposed to properly being towards the outside of your pathway, you are at risk for falling.

Decreased sensation in feet: Decreased sensation in your feet puts you more at risk for falling because you don't know where your feet are. It may or may not be a result of post-polio. It could also be because you are diabetic.

Urinary incontinence: Nobody wants to talk about it, but if you are having to get up frequently in the middle of the night, that puts you more at risk for falling because you are not as alert and your pathway may not be well-lit. *continued on page 2*

What factors put you at risk for falling?

Confused mental state	☐	Use of psychotropic medications	☐
Visual impairment	☐	Balance difficulties*	☐
Decreased leg strength*	☐	Decreased sensation in feet	☐
Use of assistive device	☐	Use of multiple medications	☐
Environmental hazards	☐	Alcohol consumption	☐
Urinary incontinence	☐	BP↓s when standing	☐
Dizziness	☐	Cardiac medications	☐
Decreased leg coordination	☐	Abnormal walking pattern	☐
Low activity level	☐	Depression	☐

**Risk factors of falling that have been investigated in those with post-polio syndrome.*

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Dizziness: Talk with your physician about any dizziness you may have because there are many, many causes of dizziness, including cardiac issues, blood pressure concerns, inner ear problems and medication issues. For example, psychotropic medications, and even cardiac medications, list dizziness as one of the side effects.

Multiple medications: The red flag number is four. If you are on more than four medications, you are considered at risk for a fall. I am not saying stop your medication. Instead, I am saying go to your physician and talk about all of your medications. You certainly may need all of them, but there may be other kinds that won't cause the side effect of dizziness.

Blood pressure decreases when standing: When this happens you will have a sensation of lightheadedness or dizziness. Discuss this with your physician, also.

As I look at the list, I know I can check off several and I am not an "older adult" yet. Therefore, I need to look at what strategies I can do so I am less at risk for falling.

The fear of falling issue has many causes and you don't have to *fall to have a fear of falling.* If you look at the diagram (see top of page 3), there are many things that contribute to your FOF and, unfortunately, it's a cycle.

For example, it's really difficult for me to walk outside if I am not using my crutch, or if it's at the end of my workday. So, I make the choice not to go out with my friends or family and I stay home. Then, my friends and family stop asking me to go out because they know I always say no. With this restriction of my social activities, I possibly lose strength and because of the weakness, I lack coordination, which makes me more at risk for falling, and I continue this cycle.

We, as polio survivors, have some power to intervene in this cycle and to make some changes. For example, do more difficult chores in the morning after a good night's rest. Here are other strategies we all can use.

Assess your home environment. Do a home safety check to be sure that you are rid of environmental hazards in your home. For example, get rid of clutter, do not use throw rugs, remove electrical cords in your path, use cordless phones, clear outdoor walkways, repair uneven walkways, use handrails, put a non-skid surface or reflective marking on steps, improve lighting, use nightlights, store frequently used items within easy reach, put grab bars in the bathroom, use a shower seat, and adjust the toilet, bed and chairs to the proper height.

Assess yourself. Have you had annual vision and hearing examinations? Are your feet and toes pain-free? Do your shoes fit? Do they have flat, low, wide heels with non-skid soles? Do you avoid walking without your shoes and in your sock feet? Do you wear clothing that doesn't drag? Have you had a physical to check for unstable/low blood pressure, or to seek help in reducing frequent trips to the bathroom in the middle of the night, or to discuss with your physician if you are on more than four medications?

"Safety For Older Consumers Home Safety Checklist," CPSC Document #701, is available at www.cpsc.gov/cpscpub/pubs/older.html.

FACTORS THAT CONTRIBUTE TO FEAR OF FALLING (FOF)

The factors that contribute to FOF in older adults are multi-factorial. The prevalence of FOF in those with post-polio syndrome (PPS) *far exceeds* that of the community dwelling older adult. Those with PPS report FOF when they are *tired,* when they are *outside* and when they are *weak. Falls* in those with PPS are most frequent while *walking,* when *outside* and often involve an *environmental hazard.*

Know yourself and your post-polio syndrome problems. Pay attention to your body's signals—pain, fatigue, time of day, level of activity for that day or the day before—only do "risky" tasks at times when you are at your best. If you don't know your fatigue level during the day, I suggest you keep a log and record the time of day when you are having more difficulty and/or record a particular activity that makes you more fatigued.

Be as active as you can be, given your post-polio symptoms. If you are able to exercise your feet and legs, do so. They are the key to good balance.

Take your time. Remember to move at speeds that are consistent with your energy and ability. Rushing to the phone is not worth a fall. They will call back or leave a message. Also, remember to have your cordless phone with you at all times.

Pay attention to changes in your health. DO NOT assume that every change in your health is related to post-polio. It may not be. Any new symptoms need to be appropriately investigated by your physician.

Seek expertise and education. In our survey results, less than one third of us as post-polio survivors seek the assistance of health care professionals and that concerns me as a polio survivor and a health professional.

Health care professionals have a lot of information but you need to be willing to talk with them. If we don't ask you the right question, tell us anyway. I will guarantee you as a physical therapist that our profession and the occupational therapists are trained to be very good listeners. Find professionals in your area who can assist you with appropriate exercises to improve your balance, the proper fitting of orthotics and assistive devices, a home assessment, a lesson on how to get up from a fall, and information about new adaptive equipment for the home.

Older adults are hesitant—and I think we can lump ourselves as people with post-polio in that group—to talk about fears but it is important that we do.

I want to finish with two ideas. If you are in a situation where there are not a lot of people in and out of your home and you are at risk for falling and/or have fallen, remember that there are several personal alarm systems (Lifeline®, 800-380-3111) available on the market. You may not think you are old enough, but I encourage you to explore this option.

There is a fair amount of research that supports the use of hip protectors (Posey Hipsters, ProtectaHip). A hip protector is a garment that you wear under your clothes that has extra padding in the hip area. The padding provides additional protection to the hip area and lessens the chance of a fracture when you fall. ●

Report of Polio in Minnesota:
Questions and Answers that Clarify the Headlines

Joan L. Headley, MS, Executive Director, Post-Polio Health International (director@post-polio.org)

Post-Polio Health International responds to its Members' inquiries regarding the news reports of polio in Minnesota with the following Questions and Answers.

First of all, the most up-to-date authoritative report from the Centers for Diseases Control and Prevention is "Poliovirus Infections in Four Unvaccinated Children – Minnesota, August-October 2005." (www.cdc.gov/mmwr/pdf/wk/mm54d1014.pdf)

The CDC issued this public health dispatch online in the *MMWR (Morbidity and Mortality Weekly Report,* Vol. 54) on Friday, October 14, 2005.

It has been widely reported in the press that none of the children showed any symptoms of paralytic polio. How did the fact that the child was infected by the poliovirus type 1 become known?

The child, who was never vaccinated against polio for religious reasons, was admitted to a hospital for pneumonia and to three more hospitals for recurrent infections. Health officials found the poliovirus while doing a workup to determine the cause of the child's illness. Eventually the child was diagnosed with severe combined immunodeficiency (SCID).

What kind of poliovirus is it?

The poliovirus has been identified as a Sabin oral polio vaccine-derived poliovirus (VDPV).

Is it different from the poliovirus that causes the cases of paralytic polio in countries such as Nigeria, India, and most recently, Yemen?

Yes, most polio cases in the world are caused by wild (naturally occurring) poliovirus, including the polio cases in India, Nigeria and Yemen. The first objective of the global polio eradication initiative is to stop polio caused by wild poliovirus. After eradication is achieved, it is planned that oral polio vaccine (OPV) use will stop entirely and vaccine-derived poliovirus cases will stop soon after. It is important to mention that either inactivated polio vaccine (IPV) or OPV that protects the population from the wild poliovirus also protects against any VDPV.

How did the child who was never vaccinated acquire the poliovirus?

The mystery has not been solved, but the facts show that three unvaccinated siblings in another household in the Central Minnesota Amish community have been found to have the same VDPV type 1. None of these children have been ill and are not immunocompromised. Another child (the fifth) from a family not related to the other two has been found with the poliovirus. Public health officials are investigating not only the families of the poliovirus infected children but their community members, too. The four hospitals are being investigated along with their healthcare workers and staff members to determine the source of the VDPV.

Why is it such a mystery? Couldn't the poliovirus come from another child who was vaccinated here in the US?

No. As stated earlier, the genetic evidence identifies that the poliovirus is Sabin vaccine derived and the US has not used the Sabin oral polio vaccine (OPV) since January 2000.

Furthermore, given the degree of difference in the genetic makeup of the poliovirus in the Minnesota children from the parent Sabin poliovirus type 1 strain, it is estimated that the virus has been replicating for approximately

two years, which is older than the infant (now 8 months old). So, it is thought that the source of the poliovirus is a person who received the OPV in another country. It is unlikely the source will be found. The last outbreak of paralytic polio in the US in 1979 was traced back to the Netherlands, through Canada, in unvaccinated Amish persons.

In addition to tracking the source of the poliovirus, what are public health officials doing?

The families and community members of the Amish children and the health-care workers who may have been exposed, who are at ongoing risk, or whose immunization status is uncertain are being offered the inactivated polio vaccine (IPV).

Is the IPV the recommended polio vaccine for children and adults in the United States today?

Yes, the inactivated polio vaccine (IPV) is currently used in the United States, with a shot recommended at two months, four months and 6-18 months, and a booster at 4-6 years.

Don't the majority of parents vaccinate their children?

Yes. For example, Minnesota reports that 93% of its children aged 19-35 months are vaccinated and so are 98% of its school-aged children.

Is it correct to say that polio vaccinations are not mandatory? Or asked another way, why would the Amish children not be vaccinated?

Many states have mandatory vaccination requirement for school or daycare center attendance, but there is usually an exception to that requirement for those persons who have a philosophical/religious objection to vaccinations.

Who should be worried about this recent discovery in Minnesota?

The vast majority of the population has nothing to worry about because they have been vaccinated. However, individuals who are unvaccinated or have incomplete polio vaccinations are at risk for developing polio when exposed to VDPV-infected persons. In another sense, we all should be worried when polio cases are reported anywhere in the world and should support the ongoing efforts to vaccinate the world's children.

Would a booster be recommended for adults who live in Minnesota as a precaution?

The Minnesota Health Department has noted that the general public in Minnesota (and, by extension, travelers to Minnesota) are not at risk from these infections in the Amish community and so it is not recommending a booster dose except to specific health-care workers that have taken care of the infant.

However, this is a good time for everyone to review their polio immunization status to be sure they have had a full series (3 or 4 doses). If the series is incomplete, a booster dose of IPV would be in order. If immunization status is not known, check with your physician to receive a full series. For details, read "Polio Vaccine: What You Need to Know" (www.cdc.gov/nip/publications/VIS/vis-IPV.pdf).

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Shift in Worldwide Polio Vaccine Approach in 2005

New monovalent oral polio vaccines (mOPVs) are now used to more rapidly interrupt the final strains of poliovirus transmission around the world. Monovalent OPV1 was first used in India in April 2005 and has subsequently been used in Egypt to interrupt endemic strains of virus. It has also been used in Yemen and Angola to stop outbreaks in these previously polio-free countries, and in Somalia to minimize the risk of an outbreak becoming a widespread epidemic.

Circulation of wild poliovirus type 2 has been interrupted since 1999. In the final stage of polio eradication, only type 1 and type 3 wild polioviruses continue to circulate. The new monovalent vaccines contain only one of the three types of polioviruses in a live-attenuated form. When outbreaks are detected, the type of polio can be determined and authorities can vaccinate children with the specific monovalent vaccine.

The principal weapon used in the Global Polio Eradication Initiative has been the trivalent oral polio vaccine (tOPV), which includes three types of polioviruses in a live-attenuated form that gives protection against all three types of wild poliovirus. However, there is actually competition among the three viruses to cause immunity, which results in protection but not with equal efficiency for each type. ●

SOURCE: Global Polio Eradication Initiative, Monovalent oral poliovaccines, *Fact Sheet* (www.polioeradication.org)

Global Polio Eradication Initiative

What is the latest?

There are 6 countries with endemic polio (Nigeria, India, Pakistan, Niger, Afghanistan and Egypt) and **10 countries which have been re-infected** (Somalia, Yemen, Indonesia, Sudan, Ethiopia, Angola, Mali, Cameroon, Chad and Eritrea).

Where can you find the latest?

A website at www.polioeradication.org sponsored by World Health Organization, Rotary International, Centers for Disease Control and Prevention and UNICEF contains the most up-to-date information. ●

Report of Polio in Minnesota

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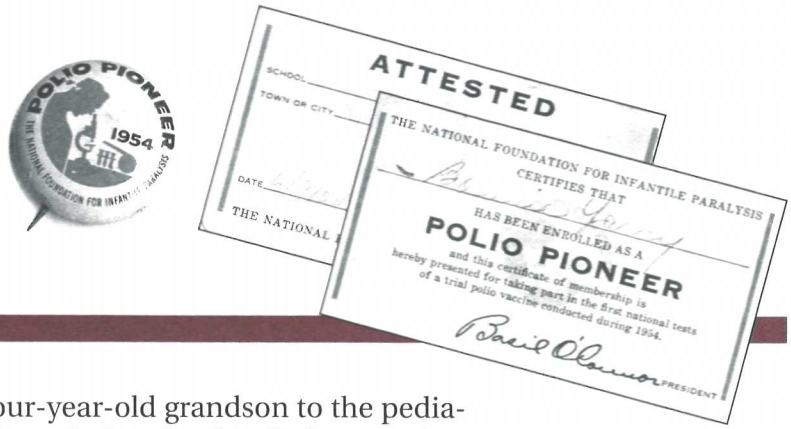
Should a person who is traveling out of the country obtain a booster?

In short, adults who were vaccinated with 3 or more doses of OPV or IPV as children may benefit from a single lifetime booster dose as an adult, if they are at increased risk for exposure to poliovirus through travel to a polio endemic or outbreak country. Check the list of countries on the US Department of Health and Human Services, Centers for Diseases Control and Prevention's website (www.cdc.gov/travel).

What is the lesson learned by this experience?

Actually, there are three important lessons to be learned. First, it is important to vaccinate all children with polio vaccine. Secondly, all countries live under a continued threat as long as polio transmission continues in any country, and lastly, this experience reminds us of the importance of rapidly completing global polio eradication. ●



Polio Pioneer

Bonnie Yarry, Maitland, Florida (byarry@hotmail.com)

Recently, I accompanied my daughter and four-year-old grandson to the pediatrician's office. Justin was due for his polio inoculation. It rekindled memories more than a half-century old.

In 1954, I was a tiny peg in Dr. Salk's success story as one of the original Polio Pioneers. I still have the certificate and pin to prove it. We were New York City second graders—guinea pigs for the vaccine's trials, some receiving the live (attenuated) poliovirus and others receiving a placebo.

At monthly intervals, our class traipsed down to P.S. 148's makeshift infirmary, a kindergarten classroom filled with New York Health Department doctors and nurses prepared to inoculate us. Oh, the wait, the tension, the fear, as we lined up in the hallway creeping our way inside the classroom, parallel to the white, portable, hospital dividers.

Polio had already hit my family. Daddy had told me his recollection from when he was four years old, the same age my grandson is now.

> *"I remember my sister climbing on her butt up the five flights of stairs to our apartment on South Third Street in Williamsburg. She started by sitting backwards on the bottom step, then put both hands behind herself on the next step up, and lift herself up to that step with the strength of her arms. Then she went to the next step and the next until she arrived to the top of the landing. Once there, she scooted along on her arms and bottom until she rounded the corner and began the fifteen-step ordeal again.*
>
> *"My sister's emotional strength was the opposite of her useless legs. I was proud of my sister."*

Upon hearing the nurse call, "Next," I abandoned my reverie and stepped behind the curtain. With butterflies in my stomach, I stuck out my arm, never looked at the needle, waited for the prick and then the pain. I heard others cry, but I didn't. I thought of Aunt Mary and wanted her to be proud of me. ●

Resources for Preparing for Emergencies

The US Department of Homeland Security has divided the job of preparing for emergencies into three groups of tasks.

- **GET A KIT** of emergency supplies. When preparing for a possible emergency situation, it's best to think first about the basics of survival: food, clean air and warmth.
- **MAKE A PLAN** for what you will do in an emergency. Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations.
- **BE INFORMED** about what might happen. Disaster preparedness accounts for man-made disasters as well as natural ones.

For more details and copies of check-off lists and forms, log onto www.ready.gov. For a print copy of "Preparing Makes Sense. Get Ready Now," call 800-237-3239 or 800-464-6161 TTY.

INFORMATION FOR PEOPLE WITH DISABILITIES: June Isaacson Kailes (jik@pacbell.net), Disability Policy Consultant, Los Angeles, CA, maintains an extensive up-to-date listing and links of "Disaster Resources for People with Disabilities and Emergency Managers" at www.jik.com/disaster.html.

Medicare Prescription Drug Coverage

DATES TO REMEMBER:

- **November 15, 2005** is the first day you can join a plan.
- **January 1, 2006** is the day coverage begins for those who join by December 31, 2005.
- **May 15, 2005** is the last day to join a plan for coverage for 2006.

THINGS TO REMEMBER: Everyone with Medicare is eligible for this coverage, regardless of income and resources, health status or current prescription expenses. There is "extra help" if your resources (excluding home and car) are less than $11,500 if you are single, or $23,000 if you are married and living with your spouse.

You must sign up for the coverage. It is not automatic (unless you are on Medicaid and don't choose a plan; they will choose one for you).

Private insurance companies approved by Medicare are offering the prescription coverage. The monthly premium will depend on the plan you chose. Medicare "quesstimates" it will be around $37 in 2006 for standard coverage.

WHERE TO START? Your *Medicare and You* handbook for 2006 that you received in October contains "Getting Started" on page 1. Similar information is available online at www.medicare.gov/Publications/Pubs/pdf/11146.pdf in a document called *What Medicare Prescription Drug Covers Means to You: A Guide to Getting Started*. It lists five statements. Pick the one that describes you and follow the "What you need to do."

GET HELP! Call 1-800-MEDICARE, your local office on aging (www.eldercare.gov), or contact your State Health Insurance Assistance Program (SHIP) (www.medicare.gov/contacts/static/allStateContacts.asp).

Post-Polio Water Work

Post-Polio Water Work is a DVD produced by Mary Essert, BA, ATRIC, and Vickie Ramsey, RN. Essert has been involved with aquatics since 1949, and Ramsey is a polio survivor. The program is designed for persons who experience post-polio problems and includes techniques for increased range of motion, strength, endurance and relaxation. The DVD includes a sheet of photographs of the exercises ready for lamination.

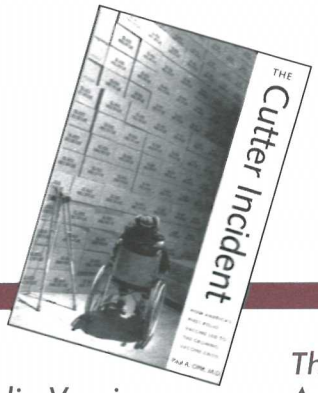
Post-Polio Water Work ($34.95, USD) can be ordered online at www.maryessert.com or by writing Essert Association, 3635 Irby Drive, Conway, AR 72034.

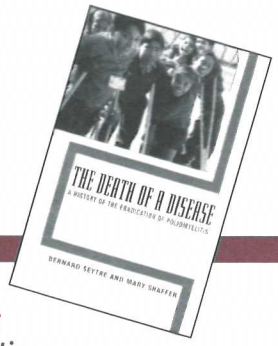
After about 10 minutes of narrative, Essert and able-bodied people, not polio survivors, demonstrate numerous exercises, some designed for the center of the pool and some while standing at the wall. The narration does emphasize the importance of resting between each exercise activity.

Nickie Lancaster, polio survivor and long-time swimming instructor, reviewed the DVD. She notes there was no mention of the importance of water temperature (no less than 85° F; 90-94° F is ideal) and feels the DVD would be of better use to polio people if it showed survivors doing the exercises the best they could. Lancaster is a strong advocate of aquatic activities, because of their benefits to circulation, to weight loss and maintenance, to heart health, to avoid disuse weakness, and for pain relief. She thinks survivors who purchase the DVD should try the exercises with caution and not all at once. After selecting a few, try them, resting between repetitions, being on the alert for increased pain and/or weakness.

Lancaster, who has gone to the pool 2-3 times a week for the last 15½ years, has found that walking forward, backward and sideways in water up to her neck is the best pool activity for her. She spends about one hour in the water alternating walking for 2-3 minutes and resting for 2-3 minutes. She believes she would not be able to walk today if not for this exercise. ●

BOOKS





The Cutter Incident: How America's First Polio Vaccine Led to the Growing Vaccine Crisis

by Paul A. Offit, MD. October 2005; ISBN 0-300-10864-8; $27.50 hardcover, 240 pages, 25 black and white illustrations; New Haven, CT: Yale University Press (www.yalebooks.com)

This book recounts how a devastating episode in 1955—when, at the height of the polio epidemic, a vaccine made by Cutter Laboratories in Berkeley, California, inadvertently contained the live, virulent virus—resulted in liability laws that have discouraged companies from developing and producing vaccines to this day. Today, there is a critical shortage of vaccines —and only four companies make them.

Offit's book is very pertinent today, as the world faces a possible major flu pandemic with US litigation laws discouraging manufacturers from creating new influenza (or other) vaccines.

Paul Offit, MD, is chief of the Division of Infectious Diseases and a professor of pediatrics at the University of Pennsylvania School of Medicine.

The Death of a Disease: A History of the Eradication of Poliomyelitis

by Bernard Seytre and Mary Shaffer. October 2005; ISBN-13: 978-0-8135-3676-7 (hardcover); ISBN-13: 978-0-8135-3677-4; ($22.95 paperbk., 161 pgs.); New Brunswick, NJ: Rutgers University Press (http://rutgerspress.rutgers.edu)

This concise, very readable book tells the story of the poliovirus from its beginnings in ancient Egypt right up to WHO's eradication campaign. The authors, both professional science writers, explore the earliest stages of research, describe the wayward paths taken by a long line of scientists—each of whom made a vital contribution to understanding the disease—and trace the development of the Salk and Sabin vaccines.

Seytre and Shaffer use a global approach and explore the history of polio on four continents—Africa, Canada and the United States, India and Europe.

Other Recent Books by Polio Survivors

Orchid's Bloom by Roxann Gump O'Brien. 2005; ISBN 0-9770026-0-8 ($13.95; paperbk., 188 pgs.); published by Rondell Glenn Publishing.

Through the Storm: A Polio Story (Revised and Expanded Edition) by Robert F. Hall. 2005; ISBN 1-59298-113-5 ($20.00 USD, paperbk., 222 pgs.); Edina, MN: Beaver's Pond Press, Inc. (www.beaverspondpress.com).

Sucking Air, Doing Wheelies: Memoirs of a Fifties Polio Survivor by Robert Mauro. 2005; ISBN 1-4137-8791-6 (paperbk., 451 pgs.); Baltimore, MD: PublishAmerica, LLLP (www.PublishAmerica.com/books/10388).

In Appreciation ...

PHI thanks its supporters for their contributions to our work.

In honor of ...

Robert L. Arnold
Mr. and Mrs. Richard Heckman
Margaret and Louis Hemmeter

In memory of ...

Mel Damsky
Jowilma Eskelsen
Richard Gilbert
Elizabeth Harris
Marilyn Rogers
Carl Ross
Keith Rowell

PHI thanks its supporters for their contributions to The Research Fund.

In memory of ...

Judith Ainsley
Dorothy Dayton
Edie Elterich
Elizabeth Landreth Lloyd

Special Thanks ...

■ GLORIA FINKEL, a longtime member of Post-Polio Health International, remembered PHI in her will. Gloria, who lived in Montgomery, Alabama, learned to walk even though her arms and hands and the majority of her breathing muscles, including her diaphragm, remained paralyzed after rehabilitation.

In the 30th anniversary edition of the *Rehabilitation Gazette* (Vol. 29, Nos. 1 and 2) published in 1989, Gloria said, "Inside I was still the same, but I was treated differently by others. However, I have found that people tend to accept you as you accept yourself."

■ Polio survivor CURT KETTNER and friends raised $3,300 for The Research Fund by playing in the Fourth Annual Curt Kettner Post-Polio Syndrome Golf Tournament at the Show Low Golf Club in Show Low, Arizona.

New Medical Advisory Committee Members Named

Post-Polio Health International and International Ventilator Users Network depends on the counsel and advice of members of its Medical Advisory Committee. Recently the Board of Directors added the following individuals:

Marny Eulberg, MD, Saint Anthony's Family Medical Center West, Denver, Colorado;
William M. DeMayo, MD, Conemaugh Health System, Johnstown, Pennsylvania;
Mary Ann Keenan, MD, Orthopaedic Surgery, University of Pennsylvania, Philadelphia;
Prof. Frans Nollet, MD, PhD, University of Amsterdam, Netherlands; and
Rhoda Olkin, PhD, California School of Professional Psychology at Alliant University, San Francisco, California.

The complete list of members of the Medical Advisory Committee is on PHI's website, www.post-polio.org.

The Latest from International Ventilator Users Network

The *2006 Resource Directory for Ventilator-Assisted Living* is now online (www.post-polio.org/ivun/d.html) and available in print. The *Directory* lists health professionals, long-term ventilator users, manufacturers of ventilator equipment and aids, and related organizations, foundations and associations. Contact PHI (314-534-0475, info@post-polio.org) to order your copy ($8 US postpaid, $10 international air).

POST-POLIO HEALTH INTERNATIONAL

POST-POLIO HEALTH INTERNATIONAL
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK

MEMBERSHIP OPPORTUNITIES

International and USA membership levels are the same.
(US dollars only)

$15 Supporter

- Access to www.post-polio.org
- Access home mechanical ventilation information at www.post-polio.org/ivun
- Networking opportunities
- Information about relevant events
- Support of Post-Polio Health International's educational, research, and advocacy efforts
- Opportunities to participate in research
- 100% tax-deductible

$25 Subscriber

All of the benefits of Supporter, AND ...

- Quarterly 12-page newsletter of your choice: *Post-Polio Health* OR *Ventilator-Assisted Living*
- 100% tax-deductible

$45 Subscriber Plus

All of the benefits of Subscriber, AND ...

- Both quarterly newsletters: *Post-Polio Health* AND *Ventilator-Assisted Living*
- 100% tax-deductible

$75 Contributor

All of the benefits of Subscriber Plus, AND ...

- *Post-Polio Directory*
- *Resource Directory for Ventilator-Assisted Living*
- Discounts on special publications, such as *Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors*
- Discounts on meetings sponsored by Post-Polio Health International
- 100% tax-deductible

$125 Sustainer

All of the benefits of Contributor, AND ...

- One additional complimentary Subscriber Membership for another person designated by the Sustainer or to a person who has expressed financial need to IVUN
- $100 is tax-deductible.

Use the form below to join today!

If you are a current member, give this form to a friend, family member, or health professional.

MEMBERSHIP APPLICATION

International and USA membership levels are the same.
(US dollars only)

PLEASE SEND TO

Name _____

Institution _____

Address _____

City _____

State/Province _____

Zip/Postal Code _____

Country _____

Phone _____ (area/country code) Fax _____ (area/country code)

Email _____

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THE MISSION OF POST-POLIO HEALTH INTERNATIONAL, *including International Ventilator Users Network* ... is to enhance the lives and independence of polio survivors and home mechanical ventilator users through education, advocacy, research and networking.

The single best way to protect against the flu is to get vaccinated each fall. This year, each vaccine contains three influenza viruses – one A (H3N2) virus, one A (H1N1) virus and one B virus. The viruses in the vaccine change each year based on international surveillance and scientists' estimations about which types and strains of viruses will circulate in a given year.

About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

October or November is the best time to get vaccinated, but you can still get vaccinated in December and later. Flu season can begin as early as October and last as late as May.

Medicare (US) covers both the costs of the flu vaccine and its administration.

Medicare also provides coverage for one pneumococcal polysaccharide vaccine. One vaccine at age 65 generally provides coverage for a lifetime, but for some high risk persons, a booster vaccine is needed. Medicare will also cover a booster vaccine for high risk persons if 5 years have passed since the last vaccination. ●

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