



# Polio Oz News

December 2016—Summer Edition

## Gary's Indian Summer

The following article by Gary Newton, one of Polio Australia's newest Board Members, epitomises the resilience and fortitude I have experienced with many polio survivors over the years. I have nothing but admiration for Gary, Jennifer, and Jan, who are acting on their convictions and doing something *real* about helping to end polio worldwide, with their planned trip to India in January 2017.

Whilst Polio Australia is 100% supportive of Gary and the 'team', sadly we are unable to provide them with any practical or financial backing because we simply don't have the resources. We have also consciously avoided using this trip to promote the Polio Australia 'brand', as we are concerned about giving India's large post-polio population false hope that we have the means to provide them with much needed support.

By all accounts, Australia is a 'rich' country—however, Polio Australia is a self-funded charity with critically limited capacity to represent our own polio survivors. This is further compounded by the fact that the Australian government is yet to acknowledge (financially) that polio survivors are '*still here*' and need more support than ever. Which is why Polio Australia is also delighted with Gary's intention to donate any residual funds raised through his crowd-funding webpage to Polio Australia!

So, in this season of giving, please consider supporting Gary, Jennifer, and Jan to realise their goal of vaccinating India's infants against polio—something our post-polio community missed out on . . .

- Ed

## Geelong Polio Survivors 'pay it forward' in India to honour tireless parents

By Gary Newton

As most of you know, in the first half of the last century, polio was *the* most feared disease in the developed world. Today, it's a disease most Australians have *forgotten* how to fear.

Truth is the community, health professionals, and the entire developed world, has largely forgotten about polio. You may be surprised to know that Polio Australia estimates the survivors of polio living in Australia today to be around 400,000.

Poor record keeping during the polio epidemics makes it difficult to know exact numbers, but we do know there were over 40,000 cases of paralytic polio recorded between the 1930s and 1960s. We also know that paralytic polio (the most easily recognisable form) only strikes about 1% of total cases. So it's fair to extrapolate that around 400,000 people are living with the late effects of the disease today.

Effective polio vaccines introduced here in the 1950s (Salk) and 1960s (Sabin) saw a massive drop in infections.

Today the world is almost polio free ... almost! Three countries are yet to stop transmission.

Cont'd P4



Gary, aged 7, with his niece, Christine

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## From the President



Dr John Tierney OAM  
President

In this edition of *Polio Oz News*, there are many reports of Polio Australia's highly successful Australasian-Pacific Post-Polio Conference held in Sydney last September. Over three days, 229 participants and 61 pro-bono speakers from 14 countries took part. Our special thanks go to Mary-ann Liethof whose drive and determination made this all come together so well. I would also like to especially thank our conference steering committee chairman, Dr Steve de Graaff; webmaster extraordinaire, Gillian Thomas; MC Gary Newton; and *Interpoint Events*, the conference organising team, whose skills in managing such an event were invaluable.

One enthusiastic participant asked: "Where are you putting the conference on next year?". Given this event was two years in the making and consumed so much of Polio Australia's time, effort and resources over that time frame, I am afraid that this will not be happening anytime soon. If you attended, I hope that you learnt a lot about how to manage your post-polio condition, I certainly did! If you were not able to be there, you will find in this edition of *Polio Oz News*, and on Polio Australia's websites, a gold mine of information from the conference to assist with the management of your LEOp condition.

Three weeks prior to the conference, I was given the opportunity to address the Rotary Zone 7B / Zone 8 (Australia and New Zealand) Conference in Penrith. This was a gathering of 400 Rotary governors, past, present and future, and other Rotary leaders. They invited me as a keynote speaker to make a

presentation on LEOp for the first time.

One of the topics I covered was Polio Australia's recent highly successful partnership with Rotary District 9685 undertaking the training of health professionals about the differences that they should take into account when treating someone with the LEOp condition. We are hoping that other Rotary Districts will follow the example of Rotary District 9685, and in my talk I pitched for the support of central funding at the Rotary Zone level. With Rotary confident that they will have polio beaten by 2018, we are hoping that Rotary International might turn their attention to assisting those of us with the LEOp.

Our annual major fundraiser *Walk with Me* this year was a great success with 150 donors contributing \$16,388 dollars, so far. **You can still donate on our website up until New Years Eve at [www.polioaustralia.org.au/walk-with-me-2016/](http://www.polioaustralia.org.au/walk-with-me-2016/).** Without Dick Smith as a major sponsor, including all the supporting web-based infrastructure that went with managing donations, this time we did it all ourselves, thanks to the wonderful webmaster skills of Gillian.

Also in 2016 we had a Queensland *Walk with Me* for the first time, which was arranged by our chief fundraiser extraordinaire, Sue Mackenzie, who raised over \$4,000 dollars from 32 donors. Sue had a great event on the Brisbane River to support her fundraising, with many taking part.

This year the main *Walk with Me* event was again at Parliament House in Canberra on the 10<sup>th</sup> November, but with a new twist. We also scheduled the Polio Australia AGM at the same time to make it easier for Polio Australia Board members to take part, especially those who have to travel long distances.

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## From the Editor



Mary-ann Liethof  
Editor

After nearly 2 years in the planning, the Australasia-Pacific Post-Polio Conference may be over, but I'm confident it will leave a lasting legacy for all who attended. Unfortunately, I was so preoccupied with the logistics and ensuring everything was going according to plan (together with Melanie and her team from Interpoint Events), that I missed out on

everything I wasn't either timekeeping for or facilitating. This makes it quite difficult for me to actually summarise the proceedings! However, a number of people provided feedback, and many wrote articles for their own organisations, some of which I have included in the following pages.

If you are unfamiliar with the term 'paying it forward', it is to "*respond to a person's kindness to oneself by being kind to someone else*". Gary Newton had been inspired to head to India together with a small of others to play a small part in ridding the world of polio. By doing this, they hope to 'pay it forward' in honour of their parents who were unable to prevent their children contracting the poliovirus, but devoted untold time and energy to support their beloved children overcome the disease, and come to terms with its aftermath. Every life is precious and every child deserves to be given the best chance of living a healthy life, so whether Gary and his team get to vaccinate 1 or 100 children, it will still make a difference.

One of the Keynote Speakers at the Conference was Dr William (Bill) DeMayo, a Physiatrist (Rehabilitation Specialist) based in the USA. I



first met Bill in 2008 during my Churchill Fellowship trip to North America where I was visiting a number of post-polio clinics. We kept in touch over the years, and I was delighted when he both accepted my invitation to speak at the Conference, and then offered to talk to any groups who might be interested. His offer was eagerly taken up by Polio NSW, Spinal Life Australia (Queensland), and Polio SA who shared the article on Bill's talk on P10. Of course, this also provided him with an opportunity to see a bit more of Australia, and I believe Bill is keen to find an excuse for a future trip!

Would you agree that if you are going to be handing around the 'begging bowl', you should also be able to have some fun with it? Well, this is exactly what happened with three key events in October, November, and December which helped raise nearly \$20,000 for Polio Australia's work. On P12 and 13, you will read about the two Brisbane and Canberra *Walk With Me* events, and a Fashion Parade and Lunch held on the International Day of People With Disability, with all proceeds going to Polio Australia. We are greatly indebted to Sue Mackenzie and Bill Peacock for their efforts in organising their respective activities, and everyone who so generously supported these fundraising campaigns. We, quite literally, can't exist without you!

As always, there are several more interesting articles to work your way through, but as we are all winding down for the end of the year, I suggest you just relax and take your time with this bumper edition. Wishing you the very best for the season, and may we all look forward to a bright and shiny New Year. Enjoy! 🌟

Mary-ann

## President's Report (cont'd from P1)

A morning tea preceded this with the *Parliamentary Friends of Polio Survivors*, where we launched our updated *Australian Polio Register* and our new *Post-Polio Health Professionals Register*. The latter register enables polio survivors — and health professionals — to search for health professionals who actually know something about the LEO. These wonderful resources were put together by Gillian.

At the Board's Canberra AGM, we farewelled outgoing members, John Mayo and Dr Margaret Peel, both from Queensland. I would like to take this opportunity to thank John and Margaret for their years of service on the Board, and wish them well in their future endeavours. John continues on as an Executive Officer at Spinal Life Australia (SLA), which is Brisbane based and auspices the polio survivors' support groups in that state. Margaret has since joined SLA's Board representing polio survivors.

Margaret will be replaced by Dr Christine Tilley, and John's successor on Polio Australia's Board is Michael Powell, the CEO of SLA. At the AGM, Michael signaled that SLA, under his leadership, is keen to develop more support mechanisms for their polio survivors and to further develop the network across Queensland. Part of this change could also be to provision more support for the work of Polio Australia.

Towards the end of November, the executives of PA and SLA met in Brisbane to explore how the two organisations could develop a productive partnership to support our polio survivors. Given our challenges with government and other community-based organisations in the past, this was a breath of fresh air and I look forward to reporting in the next issue of *Polio Oz News* on how this new partnership is progressing. 🌟

John



## 'Pay it forward' in India to Honour Parents (from P1)

So the big push is on to get rid of it now - forever. Having lived with it for over 60 years, I can tell you that is a good thing!

Next month (January) I'm heading off to India, together with a terrific group of people from the Geelong Polio Support Group (Victoria, Australia): polio survivors, Jennifer and Jan, and carers, Annie and Eileen. Our aim is to raise awareness, contribute to the *End Polio Now* campaign, and support the local survivors.



In fact, for Jennifer, Jan and myself, this trip is a journey to honour our parents and all those parents of polio survivors who did so much for us all as kids. Many parents virtually gave up their lives, or at least put them on hold, to look after ours.

Although this trip was never on any of our 'Bucket Lists', our 'flying visit' to India will undoubtedly be an incredible, life-changing journey for all of us. We've put in as much of our own money as we can, and

*Why India?* Because it borders Pakistan, which still has wild polio, and there are 25 MILLION newborns in India every year who need to be protected. And because as long as a single child remains infected, children everywhere are at risk of contracting polio.

*Why not just give a donation, as some have suggested?* Because, to us, that's too easy. Whilst we're still well enough (even though we're in our 60's and 70's), we want to see and feel what polio survivors feel in India every single day. We want to be reminded, not just how lucky we are to live in Australia, but how lucky we are not to have contracted polio over there.

Our reasons for going are very simple, we aim to:

- help administer the polio vaccine to children under 5 yo, something that wasn't available to us back when we were kids;
- help motivate, encourage and provide some support for people who feel disability is 'end of life'. We want to help them focus on their 'ability' not the 'dis'-ability;
- show some warmth, humanity, and caring, which is so clearly missing from many parts of society and our world today.

At the invitation of Rotarian, Jenny Horton, we will be working with WHO, Rotary International, and literally MILLIONS of other volunteers over two days to help administer the polio vaccine in Delhi. We'll visit a polio ward to talk to patients at St Stephens Hospital, and later fly 2 hours to Visakhapatnam where we'll be meeting local polio survivors. Using our own 'lived experience', we hope to help them understand that life with a disability can still be lived well and with purpose.

Personally, I want to help do for children in India what my parents would have given their right arm to do for me back in 1954, that is provide protection from polio with a vaccine.

we're giving up a lot of our time, and expending an awful lot of our dwindling energy, because we are passionate about the cause.

The thing is, we can't do it alone. To this end, we have set up a *Go Fund Me* 'crowd funding' page to enlist help from everyone who shares our vision of seeing polio gone for good, supporting survivors and honouring the love and hard work their parents put in.

Our *Go Fund Me* campaign has set a high bar - a target of at least AUD\$50,000. Some of that funding will be used to get our group to India, as none of us are rich. But rest assured, we will all be travelling in economy class and staying in mid-range/accessible accommodation. This is not a 'junket' - we really don't have the energy!

We have also set up a FaceBook page: *Gary's Polio Project To India*, so you will be able to follow our progress through photos and stories: [www.facebook.com/newtongaryj](http://www.facebook.com/newtongaryj)

The purpose of aiming high with this campaign is so that we can then distribute all residual donations to both **Polio Australia**, for the provision of much needed support to Australia's polio survivors; and **Rotary International**, because the Bill & Melinda Gates Foundation will match 2 to 1 whatever Rotary raises.

The World Health Organisation says failure to eradicate polio from the last remaining strongholds of Nigeria, Afghanistan and Pakistan could result in as many as 200,000 new cases every year, within 10 years, all over the world.

We now need your support to help our 'team' play our own small part in ending polio forever. Please donate online to: [GoFundMe.com/garyspolioproject](http://GoFundMe.com/garyspolioproject), or you can send a cheque to: Geelong Polio Support Group, c/o Peter Clancy, 102 Collins Street, Drysdale, Victoria, 3223, Australia. Be sure to mark the back of your cheques 'India Trip'.

And please share our story and video with your friends and family. Thank you! 🌟

## Australasia-Pacific Post-Polio Conference

As you will see on the following pages, the *Australasia-Pacific Post-Polio Conference: Polio — Life Stage Matters*, has provided much food for thought, and even some life-changing strategies for the post-polio delegates. This was all made possible thanks to the huge pool of Australian and international expertise provided by the 23 Keynote Presenters, 38 additional Oral Presenters, and 8 Poster Presenters, which provided a total 85 stimulating Presentations across a broad spectrum of post-polio issues.

There was a total of 229 delegates from 14 countries, and many important connections, as well as new friendships, were made in the 3 days of the Conference. In my mind, this is the true mark of a successful Conference.

Post-Polio Health International recorded 11 Presentations at the Conference and has generously given Polio Australia permission to embed the videos on our Polio Health website here: [www.poliohealth.org.au/phi-videos-sydney-2016/](http://www.poliohealth.org.au/phi-videos-sydney-2016/)

Over the Christmas break whilst most of us are enjoying a bit of 'down time', our web-guru, Gillian Thomas, will be uploading all the available presentations, photos, articles and feedback on the Conference website, so keep checking: [www.postpolioconference.org.au](http://www.postpolioconference.org.au)

In the meantime, we have a limited supply of the Journal of Rehabilitation Medicine publications containing all the Conference Abstracts, as well as the stylish orange tote bags that were given to the Conference delegates.

These can be purchased online here: [www.poliohealth.org.au/abstracts-bag/](http://www.poliohealth.org.au/abstracts-bag/) at the following costs:

Journal of Rehabilitation Abstract Book  
= AUD\$10.00

*plus postage and handling:*  
add \$5.00 within Australia  
add AUD\$10.00 to New Zealand  
add AUD\$20.00 to Europe/USA

JRM Abstract Book *plus*  
Australasia-Pacific Post-Polio Tote Bag  
= AUD\$15.00

*plus postage and handling:*  
add \$10.00 within Australia  
add AUD\$20.00 to New Zealand  
add AUD\$35.00 to Europe/USA

- Ed 🌐



### Post-polio syndrome a challenge for health practitioners

By Kymberly Martin

Source: [freedom2live.com.au](http://freedom2live.com.au) – 12 October, 2016

Polio is a disability and health issue that goes largely unrecognised among many health practitioners. For a perspective on the challenges facing polio survivors in Australia, F2L spoke to Polio Australia national program manager, Maryann Liethof, at the Post-Polio Conference, who acknowledged that there is little understanding about the late-presenting effects amongst health care workers.

She said as polio survivors age they do have more disability but it depends on the level of disability they had to start with. *"If they did have a severe disability as a result of their polio in the early stages of their life they would probably have connected with the disability sector, but most did not. They walk around without [a problem] but as they age there is evidence of muscle weakness and a whole host of issues that are impacting now on their physical ability."*

*"The excuse is often: you are getting older, this is what happens. However, it is quite clear that the ageing problems of people who have had polio are totally different to the natural ageing concerns of the general population."*

At a national level, Polio Australia promotes awareness more in the health sector than the disability sector. *"When polio survivors are looking for answers to their evolving condition they will go to their health practitioner, GP, physio or any number of allied health professionals as these are the people who need to work with them on their increasing disabilities. There is a disability component to it as well as a health component because polio is one of those areas where it is not one or the other, it is both."*

As for the NDIS, she said if people are under 65 years and at the higher end of the disability spectrum they may be eligible to enter the scheme. *"Unfortunately, as the majority of our polio survivors are over 65 they are not able to do so."*

Liethof said on one hand the conference has been a learning opportunity for polio survivors. *"But what we really wanted to do was generate much interest from the health sector who can take all the information back to their respective work places or hospitals and up-skill their own staff in recognising the late effects of polio."*

She said response from delegates was *"overwhelmingly positive."* Dr Nigel Quadros, senior consultant in rehabilitation medicine at the



## Australasia-Pacific Post-Polio Conference *(cont'd from P5)*

University of Adelaide, has attended post-polio conferences in Europe and found the Australian event was "equal if not better." He is planning a systematic review followed by a clinical study on osteoporosis in polio patients. Elizabeth Lounsbury, chair of Post-Polio Canada, said "the conference flow was great with many interesting speakers – none I attended was less than informative". Marmaduke Loke, from Dynamic Bracing Solutions USA, described the conference as "very successful and people learned valuable nuggets of information from every presenter."

The last words were from Faith Love who travelled from the Gold Coast to attend the conference. The 76-year old was diagnosed with polio when she was eight years old. For her, the keynote lecture from Professor Antonio Toniolo from the University of Insubria Medical Centre in Italy was revealing. Research has shown that the polio virus stays dormant in the body, a fact she was unaware of. "Many polio survivors have had

huge careers in those intervening years and survive the worst of it only to hit the wall with the later effects of polio", she told F2L.

In retirement Love moved to Queensland for the warmth because: "as everyone knows polio wrecks your temperature control and I am very much better for having done that. At first I swam in the ocean which I think is a great healer – but finally I was unable to get up when the waves started to knock me over, so I had to give that away". Her management regime includes swimming in a warm indoor pool which makes movement easier and taking a mild muscle relaxant. "Exercise is important but you must be careful not to overdo it."

In his lecture, Professor Toniolo spoke about the progressive decline of physical strength in some poliomyelitis survivors, accompanied by intolerance to cold, chronic pain and other disabilities, a condition termed post-polio syndrome (PPS).



Mary-ann Liethof



Marmaduke Loke



Dr Nigel Quadros



Prof Antonio Toniolo



Dr Steve de Graaff



Japanese Polio Delegation at Welcome Cocktail Party



Information sharing in the foyer



Day 3 Plenary Session



Presenters L-R: Dr Eric Voorn, Tim Lathlean, and Dr Frans Nollet

## Australasia-Pacific Post-Polio Conference *(cont'd from P5)*



Gary Newton

Dr Christine Bell



Neena Bhandari

Jenny Horton



Sai Padma

### Jennifer Merrett's Conference Summary

The vibe at the Post-Polio Conference on September 20<sup>th</sup> to 22<sup>nd</sup> 2016 was great from start to finish.

Why? Because of the people who attended. Speakers, delegates, organisers, staff — all injected positive enthusiasm into the event. There appeared to be an invisible connection permeating throughout the group positively linking us all.

I learnt a lot about PPS because of the manner in which the presentations were delivered. Speakers spoke in layman's terms, sharing their knowledge with warmth, sincerity, and, at times, humour. There were many "ah ha, is that why it's so" moments for me.

I am unsure as to where I fit into the post-polio story. I have what is described by the medical profession as a typical polio foot. My foot has presented challenges all my life and is becoming more troublesome as I become older. Over the past 5 years I have had cause to address some additional symptoms.

I remember, as a child, almost 70 years ago, traveling from Portland to visit a specialist whose name was Doctor Kneebone in Hamilton. Conversations with my mother over the years went along the lines of "he wanted to place your leg in irons!" As I recall, the word polio was never mentioned, I recollect no other symptoms other than a funny walk and a deformed, uncomfortable right foot.

I learnt from the speakers and delegates at the conference that there is help and knowledge available. Post-Polio Syndrome is complex. I'm not going to place a label on my condition. I learnt from the speakers at the conference that if I choose to maintain my body by utilising the support and help which I now know is available I can live with any limitations which may or may not present in the future.

### Highlights:

- The great sense of comradery between all attendees.
- Broad and valuable knowledge gained from all speakers. In particular:
  - Gary Newton: M.C. Extraordinaire.
  - Dr Stephen de Graaff: for his amazing knowledge and support.
  - Marmaduke Loke: for new bracing methods which are changing lives.
  - Dr Christine Bell: the complication free recovery from anaesthesia for post-polio patients.
  - Sai Padma and Praginanand Busi: combining ancient and modern methods, including meditation.
  - Jenny Horton: update on polio eradication.
  - Neena Bhandari: regular hydrotherapy, meditation, massage, Ayurvedic methods. *(More evidence-based research is required in this area).*

### What did I bring home?

- Loads of knowledge about PPS.
- I learnt that other people have a foot like mine!
- How to work within my limitations to maintain optimum physical health.
- I was reminded of the significance of being a part of a group of like-minded people.
- There is knowledge and help available.
- If it has to be, it's up to me!
- Without a doubt the most significant thing I gained was several rich and meaningful friendships.

I sincerely thank the Geelong Post-Polio Group along with Polio Australia for the opportunity to attend the conference and I look forward to spreading the PPS story across the broad spectrum of society. 🌈



## Australasia-Pacific Post-Polio Conference *(cont'd from P5)*

### My Thoughts on the 2016 Australasia Pacific Post-Polio Conference: Polio - Life Stage Matters

**By Gary Newton, Volunteer National Communications Coordinator and Board Member, Polio Australia**

Prior to the event, I was asked by Mary-ann Liethof from Polio Australia if I would provide my written thoughts on the 2016 Australasia-Pacific Post-Polio Conference. I was very happy to do so and would like to share them with you now.

It was billed as 'life changing for many' in so far as self-management of the late effects of polio. An opportunity to set a new benchmark for best practice techniques in health clinics, both in Australia and other parts of the world for polio survivors. And it was.

But for me the 2016 Australasia Pacific Post-Polio Conference delivered so much more.

You could literally feel it from the moment you entered the main conference area of the hotel. The goodwill from staff and event crew putting the last minute touches on the preparations was obvious. (You see I arrived two hours early having completely misjudged Sydney traffic and the time it would take from my lodgings in Canterbury). Then, as the delegates and presenters began arriving, there was a wonderful sense of 'comfort together', of being as one with other polio survivors and a shared excitement of what the next 3 days might uncover for us all.

How many times have you entered a room and felt accepted, completely at ease with the people around you? It was like these people knew you, were part of your 'family' yet most of us had never even met. As strange as it may seem, I felt like the people at this event really had a tremendous bond, a shared understanding of the unique struggle that polio and its late effects provides. As one said: *"So many people in one space understanding how I cope with life with PPS"*. (Jenny Jones)

And so to 'the learning', the sharing of information and **My Top 5 List** of what I got from the Conference (in no particular order of importance).

#### No. 1

Day 1, first up on stage (and what a wonderful opening) semi-retired MD and polio survivor herself, Dr Marny Eulberg, spoke about *"What polio causes, does not cause and might cause"*. BANG! Right there in the first 5 minutes! My first light bulb moment when Marny said: *"Polio can cause emotional issues"*. Suddenly (knowing that

I had 32 days in isolation when I contracted polio at 15 months. I knew why I am so regularly moved to tears, and why, as I often joke 'my bladder seems attached to my tear ducts'. By the way, *knowing* and *controlling* those emotions are two different things, as many found out at the end of the conference when I did my wrap up as MC and seemed to once again experience some 'bladder problems'.

#### No. 2

My heart jumped for joy when Queensland Nurse, the superb Jenny Horton, on the frontline in Nigeria with Rotary International's PolioPlus Program gave us a marvelous insight into the Global Polio Eradication Initiative. Jenny explained how 2.5 BILLION children have been immunised since the program began in 1988. That equates to 15 million people who have received an 'invisible gift'. 15 million kids who would otherwise be paralysed but can now walk, run, jump and dance thanks to vaccines, the work of Rotary and its amazing partners.

Also as part of Jenny's presentation, it was wonderful seeing Sir Clem Renouf's video talking about Rotary's original joint commitment to not only eradicating polio but to **alleviating the symptoms of polio for polio survivors**, which is so very important to us who are 'still here' (and there are plenty!).

#### No. 3

Conference Chair and well respected medico, Dr Steve de Graaff, taught me about the challenges of managing pain, something so many 'old polios' suffer from on a daily basis. Another excellent presentation.

#### No. 4

Did you know there are, or were, actually 3 types of polio? Professor Robert Booy, Head of Clinical Research at Sydney Institute for Emerging Infections and Biosecurity, explained polio types (now just 2) and said how many of us in the room were very unlucky kids given the low incidence of paralytic polio at the time, which was <1%.

#### And No. 5

Brilliant Dr Kerry Highley, Medical Researcher and Author of *"Dancing In My Dreams: confronting the spectre of polio"*, gave us a marvelous ending to the three days with her closing address and a potted history of polio in Australia. If you can get your hands on her book, I recommend you do so.

So many outstanding talks and presentations, it's really hard to restrict it to just my 'Top 5' but I do want to give special thanks to Gayle Kennedy for her amazing polio story and indigenous insight.



## Australasia-Pacific Post-Polio Conference *(cont'd from P8)*

What Gayle endured through the 50's and 60's was truly heartbreaking. She is an incredible Australian.

Also special thanks to General Physician, Dr Peter Nolan; Orthotist, Darren Pereira; and Occupational Therapist, Dr Natasha Layton; for their excellent contributions, which made a real impact on me.

Everyone will undoubtedly take their own 'Top 5' from the Post-Polio Conference, which was over in a flash, it seemed, but such a significant three days that the memory of that experience with fellow polio survivors will live on for me for a very long time.

Remarkably, it was all made possible through much good will and a mutual desire by so many to recognise that polio survivors are 'still here' and that we still need support to maintain health and independence. 🌟



Gayle Kennedy

## Post-Polio Health Professional Listing

### Register online on the Interdisciplinary Post-Polio Health Professional Listing

Polio Australia's new **Interdisciplinary Post-Polio Health Professional Register** can now be accessed by both health professionals and potential post-polio 'clients' who are seeking informed practitioners.

Many polio survivors report great difficulty in obtaining correct diagnosis and treatment for polio related problems. Therefore, both treating health professionals and polio survivors are keen to find practitioners who have some knowledge of, and/or experience in working with, polio survivors.

To help facilitate these links, Polio Australia has developed an online interdisciplinary listing of practitioners who have an interest in treating polio survivors at: [www.poliohealth.org.au](http://www.poliohealth.org.au).

Medical practitioners acknowledge that an interdisciplinary approach is appropriate and recommended, as individuals are likely to have a wide variety of problems. As many symptoms result from motor unit degeneration, and/or attrition combined with normal ageing and overuse, treatment regimens and management strategies must be adjusted to the state of the condition.

Health professionals from all Australian states who are interested in being included on this list are encouraged to go to the Polio Health website and add their name to the Health Professional Register: [www.poliohealth.org.au/post-polio-health-professionals/](http://www.poliohealth.org.au/post-polio-health-professionals/) 🌟

### Search Health Professionals Register

All health professionals currently on the Register are listed below – the list is pre-sorted in various ways as indicated on the tab headings. Any column can also be sorted (A-Z) by clicking on its header row; clicking a second time reverses the order (Z-A). To easily find a specific health professional, enter your search term in the box (*you do not need to hit the enter key*) and the list will be filtered to display only your selection. Clear the search box, or refresh the page, to view the whole list again. To see the complete details for any health professional, click his/her related "Full Details" link.

Polio Australia monitors the quality of the information available on the Register and updates the information regularly. However, Polio Australia does not make any representation or warranty about the service quality and expertise of the health professionals registered, nor the accuracy, reliability, currency or completeness of any material contained on websites referenced in any registration.

<div> <div>Profession</div> <div>Surname</div> <div>Location</div> <div>Practice Type</div> <div>Wheelchair Access</div> </div>								
Search: <input type="text"/>								
Surname	Title	First Name	Profession	Suburb / Town	State / Territory	Practice Type	Wheelchair Access	More Information
Buchan	Mrs	Ann	Neurophysiotherapist	Unley	South Australia	Private Clinic	Yes	<a href="#">Full Details</a>
Carrera	Ms	Deborah	Physiotherapist	Phillip	ACT	Private Clinic	Yes	<a href="#">Full Details</a>
Cheng	Miss	Susanna	Exercise Physiologist	Eastwood	New South Wales	General Practice	Yes	<a href="#">Full Details</a>
Coker	Ms	Jane	Other	Dumbalk	Victoria	Private Consultant	Yes	<a href="#">Full Details</a>
de Graaff	Dr	Stephen	Rehabilitation Physician	Camberwell	Victoria	Private Consultant	Yes	<a href="#">Full Details</a>
Drummond	Miss	Lillian	Physiotherapist	Bowen Hills	Queensland	Private Clinic	Yes	<a href="#">Full Details</a>
Franzen	Mrs	Rosemary	Occupational Therapist	Eastwood	New South Wales	Public Hospital	Yes	<a href="#">Full Details</a>

## Dr DeMayo Shares Latest Rehab Findings From The US

**By Juliet Pannozzo, Marketing Consultant**

Source: [www.poliosa.org.au/latest-news](http://www.poliosa.org.au/latest-news)  
- 4 October 2016

Technical difficulties didn't stop the show when US-based Dr William DeMayo, a specialist in physical medicine and rehabilitation spoke to a full house for *Polio SA* in Glenunga on Sunday 18<sup>th</sup> September.

The event preceded his keynote talk at the 2016 *Australasia-Pacific Post-Polio Conference* in Sydney on 20<sup>th</sup> to 22<sup>nd</sup> September. After he spoke, Dr DeMayo was joined by Dr Nigel Quadros from the Queen Elizabeth Hospital for a Q&A session.

Working without the aid of his PowerPoint presentation, Dr DeMayo's information about pain management and rehabilitation was not what some might have expected – his holistic, multidisciplinary approach involves very little in the way of narcotics use.

In fact, he's much more interested in trying to get to the root cause of a problem to prevent the need for drugs, as opposed to masking the symptoms. And he also encourages clients not to underestimate the power of spirituality and optimism during the rehabilitation journey.

### **Don't throw the baby out with the bathwater – build on what works**

Dr DeMayo talked about how he sees a lot of clients starting one rehabilitation modality and then stopping it, in favour of another – a practice he thinks is unwise.

*"Don't throw the baby out with the bathwater"*, he urged, meaning that it's important to build on rehabilitation work that has been useful in other areas then combine it with advice from another.

Dr DeMayo's own multidisciplinary approach is very individualised. It builds on, and compliments, other approaches and experiences. In his practice he works with physiotherapists, nurses, orthotists, speech therapists, occupational therapists and exercise therapists to tailor solutions for his clients.

He encourages people with post-polio syndrome to never stop trying to find ways to manage the condition through medical, alternative and complimentary medicines like aromatherapy, massage, yoga, water massage.

In recent years, yoga is an exercise form he has been really impressed with in with his clients. *"Yoga in post-polio is non-fatiguing, and stress lowering"*, he said.



L-R: Polio SA President, Brett Howard, with Dr Nigel Quadros and Dr William DeMayo

He warned, however, it's important that the yoga instructor has an understanding of modifying poses to suit an individual's ability and pain threshold.

### **Tap into your own brand of spirituality**

One of the points Dr DeMayo spoke at length about was the importance of spirituality and optimism in an individual's rehabilitation.

It doesn't matter what you believe in, he just encourages you to tap into it because he sees greater results in pain management and rehabilitation with individuals who do.

*"It's a mistake not to include spirituality – or whatever puts you in touch with a higher power – when dealing with sleep problems, stress and pain"*, he said.

Similarly, he advises individuals to pay attention to their thoughts and words. *"Saying 'I can't' is extremely disabling. Quoting the wise words of Henry Ford, 'Whether you think you can do a thing or think you can't do a thing, you're right,'"* he said.

And Dr DeMayo says it's the same with post-polio syndrome. Words like *"I need to"*, *"I have to"*, and *"I should"* leave us stuck in the corner feeling guilty when they can't be achieved, leading to further stress or sleep problems.

He suggests, instead, replacing this thinking with *"I want ..."* or *"I've got a difficult choice"*.

He adds that insomnia, stress, anxiety and lack of peace, make the cycle of pain much worse, in the way that gasoline feeds a fire. So it's important to use whatever techniques are available to help keep these aggravating factors at bay – another reason why he believes spirituality and optimism to be so crucial.

## Dr DeMayo Shares Latest Rehab Findings *(cont'd from P10)*

### Set goals and know your limits

Self-empowerment and limit setting are critical, according to DeMayo. It's important that individuals ask themselves what they can do to relieve their pain or increase their function.

This is because there's a limit to how much activity each individual can achieve and it is impeded by inactivity, over-activity, and age.

He said it's important to listen to the body and modify activity based on how you feel during and after activity. You don't want a life that revolves around activity and depletes you any more than a life as a couch potato. There's a middle ground and it can shift if your activity is in the right zone.

"Many folks with post-polio overdo it. We want people to work at capacity, not over. So in order to do that we have to cross the line slightly to work out where it is ... but not by much", he said.

And once you regularly reach your limit, you'll find that it shifts, and you can do more. 🌟

Whilst in Australia for the Australasia-Pacific Post-Polio Conference, Dr DeMayo also spoke to Polio NSW members in Sydney, and a mix of polio survivors, staff, and health professionals at Spinal Life Australia in Brisbane.

- Ed 🌟

## Marmaduke Loke: Seeking Expressions Of Interest

Following the Australasia-Pacific Post-Polio Conference in September, a number of people expressed interest in consulting with one of the USA Keynote Presenters, Orthotist, Marmaduke Loke: [www.dynamicbracingsolutions.net/](http://www.dynamicbracingsolutions.net/)

Marmaduke spoke to many polio survivors at the Conference who were very interested in knowing more about his Dynamic Bracing Solutions, which his website describes as follows:

*The new bracing solutions only enable an individual with a greater potential than they had before; what the person does with it is critical to the outcome. The people who have faced the challenge and overcame the obstacles are living a better life. Outcomes once thought unobtainable are now being realized. Activities thought lost forever are being reclaimed. A majority of the users can do more and use less energy and experience a reduction in fatigue. Many have a reduction in pain and many people feel stronger. Balance and security are improved with better mechanics and patterning; standing and walking are more efficient. Majority of individuals have downgraded the need for other assistive devices (canes, crutches) and majority of users are more active. Some people have regained muscles or muscle strength caused by disuse atrophy syndrome. Psychological benefits for users and members of their support systems have been witnessed.*

Terry Fletcher is one polio survivor keen to consult with Marmaduke, and he has advised that he is prepared to travel to Australia to do

consultations for interested people - if there are enough willing to invest their time and financial resources in his unique bracing solutions.

If you are interested in finding out more, please have a good look around Marmaduke's website first: [www.dynamicbracingsolutions.net/](http://www.dynamicbracingsolutions.net/).

Then, if you are still keen, please contact Terry Fletcher by Email: [disaware@bigpond.com](mailto:disaware@bigpond.com) or Ph: 02 9398 7820 or Mob: 0412 903 639 to lodge your 'Expression of Interest' by **Friday 23rd December 2016**.

If this visit by Marmaduke appears to be viable, his suggested timing is for late March/April 2017 for the casting and measurements, with a subsequent trip needed for the follow up consultation. The location is to be determined, but possibly Sydney.

**Note:** the average cost for Marmaduke's Dynamic Bracing Solutions is approx. US\$20,000 per limb.

- Ed 🌟





## 2016 Walk With Me Events

In 2016 our "Walk With Me" awareness raising and fundraising efforts attracted five teams across four states, with Walks being held in Brisbane on Saturday 20th October, and Canberra on Thursday 10th November.

The five teams hope to raise a total of \$22,000, with the amount to date sitting on \$16,388.00 from approx. 150 donors. Special thanks go to Gold Coast Benji, who attended both walks. He must be exhausted! [www.goldcoastbenji.com.au](http://www.goldcoastbenji.com.au)

Donations can still be made online until Saturday 31st December at: [www.polioaustralia.org.au/walk-with-me-2016/](http://www.polioaustralia.org.au/walk-with-me-2016/). Videos of the events will be uploaded to this webpage in early 2017.

All funds raised will be used to support Polio Australia's programs including: the production of clinical practice resources; facilitating Clinical Practice Workshops to assist health professionals improve the diagnosis and management of the Late Effects of Polio; and running the annual LEOp Self-Management Residential Program (Health Retreats) for polio survivors and their families/carers. 🌟



### Brisbane: Walk With Sue (Polio Australia)



### Canberra Teams: Walk With John (Polio Australia) / Gillian (Polio NSW) / Tessa and Jenny (Polio WA) / Ron and Jill (Post Polio Vic)





## International Day of People With Disability Event

An *International Day for People with a Disability* celebration and fundraiser was held on Bribie Island (Queensland) on Saturday 3 December. This fun day including a fashion parade and lunch, was a joint activity between Polio Australia representative, Bill Peacock, and his team – Peter Sheehan and Tom Dutton – and the Rotary Club of Bribie Island, led by Anne Matthews. The event attracted 70 participants, and raised a healthy \$2,777, with all proceeds going to Polio Australia.

The day's celebration was held at the Pacific Harbour Golf and Country Club. Di from *Anna's Fashion*, and Fiona from *Aussie Blokes Bribie Island*, organised the fashion and models for the show. There were some amazing styles, with much thought put in and people with a disability wearing the clothes, such as models Fiona Donaldson and Tom Dutton.

Tom Dutton conducted an Auction, raising over \$900 for a painting donated by Paul Constable-Calcott, titled "*Post Polio Gathering*", a dreamtime theme of people coming together to celebrate. Paul is both an Aboriginal man and polio survivor. Other auction items included: Broken River Mountain Resort accommodation; Bribie Island BBQ Boat hire; a camping pack donated by GC Benji; and a doTERRA essential oil package from Lyn and Peter Guerin.

Community Radio Caboolture also supported the day, and Shane Kells (Kelsy) "One Voice" provided the music entertainment. Bill reported that the room was filled with laughter and happiness.

Polio Australia wholeheartedly thanks Bill and his team, Anne and the Rotary Club of Bribie Island, and everyone else who contributed to the day. All funds raised will be used to develop and deliver Polio Australia's programs to support polio survivors. 🌟



Bill Peacock (L) with fellow revellers



Post Polio Gathering

## Supporting Polio Australia

**Polio Australia would like to thank the following individuals and organisations for their generous support from 1 August to 31 October 2016.**

### Hall of Fame

Name	Donation
Dr John and Pam Tierney	\$5,000.00
Walk With Me Brisbane	\$4,003.00
Helen Horsley	\$1,060.00
<b>Total—\$10,063.00</b>	

### General Donations

Names					
Nola Buck	Jill Burn	Dr Margaret Cooper	Robert Davis	Raewyn Griffiths	
Brandier Agrirock Holdings	Mary-ann Liethof	Patricia Pooock	Julie Rope	Joan Smith	
	Liz Telford	Gillian Thomas			
Total—\$11,210.00					

## Scooting The Arctic (Advertisement)

Here's an idea: hop on a mobility scooter, travel to the Arctic then write a book about it!

Well, that's what Australian Maureen Corrigan has done with a new travelogue describing her trips into the Arctic Circle. She's travelled to Iceland and Norway in the Arctic, visited temples in Japan, cruised the Greek islands, and many other exotic places, all with her lovable Luggie – a fold up mobility scooter that can be taken just about anywhere.

Maureen has Multiple Sclerosis – a slowly advancing disability that makes walking increasingly difficult. But that hasn't put Maureen off doing what she loves best: travelling – and now writing.

*"Having a great time on the Cruise from Venice ... Greetings from Croatia ... at Spitsbergen near the North Pole ..."* Maureen's been everywhere!

And not only has Maureen written a book about her travels in the Arctic, she is a regular blogger on the web.

*"Being independent is also very important to me, including whenever I travel. I want to take myself somewhere and I don't want to be taken",* says Maureen in her blog on the website "Divine".

*"Travelling is a passion of mine, an addiction that has to be fed regularly, similar to reading a good book – a book whose pages open into another world",* she says.

And now it's clear Maureen also loves writing. Her new book, *"Unexpected Rewards – Travelling to the Arctic with a mobility scooter"* is her own travel guide to the far reaches of Norway, Iceland and the Arctic, all on her portable folding scooter – called a Luggie.

Maureen started her career as a medical doctor and then moved into Health Administration, but after developing Multiple Sclerosis she had to make adjustments to her life, and one of these was to purchase her Luggie and start travelling.

*"Since I bought it I have been travelling to so many different places and more often, because the small light scooter has been so easy to use ... My scooter is nearly four and a half years old now and I love it!",* said Maureen back in early 2015.

Peter Fraser, the Managing Director of importer Scooters Australia says that the Luggie is now the company's biggest selling model.

*"It's a small and highly portable and can be taken on planes, cruises or put in the boot of a car or taxi. And because it uses a lithium-ion battery, it's light weight and easy to lift",* said Mr Fraser.

Maureen's book can be purchased on-line at [www.trekkr.com.au](http://www.trekkr.com.au)

# Rome wasn't seen in a day



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## Improving Hospital Risks For Post Polio Patients

It shouldn't all be up to us to educate and inform: Improving hospital risks for post polio patients

**By Liz Telford and Fleur Rubens, Post Polio Victoria – November 2016**

Since PPV was established five years ago, in response to people's concerns about reduced services and lack of information, many stories have been shared about hospital and other medical experiences. These have included misdiagnoses, anesthesia issues, respiratory difficulties after surgery, inappropriate after-surgery care, spinal injury following surgery, and even unexpected deaths.

With the poliovirus now no longer seen, hospital staff are not trained in recognising post polio or how to manage it. The medical profession has overlooked that people who have already contracted polio are now presenting with general medical issues. Medical training does not cover post-polio implications and patients are often left to educate their doctors and nursing staff.

While some people report that they have simply provided their anesthetist or surgeon with a flyer about post polio and this has been accepted with good will and a positive outcome, many do not have that information to provide. Others have had doctors reject the information. This can cause anxiety and distress in the patient, and also place him or her at serious risk. It is well documented that people with post polio are likely to have increased sensitivity to opiates, muscle relaxants, sedatives, and anaesthetic drugs, leading to recommendations to start low and titrate carefully (Calmes, SH 2014; Lambert DA, Giannouli E, Schmidt BJ 2005; Bruno, RL 2016). This information is widely available, yet not, apparently, read by doctors.

It is not as well known though that non-paralytic polio also has impacts on the patient's general health. For people who contracted polio, whether it was paralytic or non-paralytic, their rate of hospitalization is 1.5 times greater than the general population (Kay, L 2016). This suggests two important factors: hospitals are more likely to encounter people with polio than if they had not had polio, and many of these people will not themselves be aware that their polio history is relevant.

The difference in responses between doctors when provided with information by the patient, and the lack of polio knowledge of both doctors and the patients, are reasons we believe that it should be the responsibility of the hospital, and not the patient, to ensure that their history of polio is taken into account. The only way to do this is for there to be a standard question at



intake, in the same way that it is standard to ask about heart, diabetes and other conditions and for this to trigger a set of clinical protocols.

Atul Gawande, a professor of surgery at Harvard Medical School, is concerned about the complexity of medicine in the modern world. He conducted a study in eight hospitals around the world instituting checklists in surgery situations. He reports complication improvement of 35% and that death rate fell 47%.

One of our compatriots had an unexpected death after surgery in hospital due to a series of inappropriate management events combined with a lack of listening to the patient and the patient's concerned family member. An outcome following this situation has been the development of a Polio Clinical Alert, which that hospital now attaches to the file of any inpatient who identifies as having a history of polio. This identifies some post-polio complications and respiratory considerations for medical staff to be aware of and where to get more information.

Regrettably, the hospital does not go as far as taking the initiative and asking the question at intake "Have you ever had polio?" which would trigger the alert. It is still up to the patient or the family to recognise the need to mention that the person has a history of polio.

Unfortunately, many people are unaware that their polio history may be relevant, particularly when there has been no paralysis. As already highlighted, a history of polio, whether or not it resulted in obvious paralysis, may be enough to have affected the patient neurologically and affected their muscle, tendon and spinal development in ways that are not externally apparent but may be important to be aware of in surgery.

## Improving Hospital Risks (cont'd from P15)

In his book *"The Checklist Manifesto"* Gawande notes that the success of the checklist program depends on hospital culture and the implementation process of the checklists, including the ability to implement the checklists. This requires values such as humility and teamwork, as opposed to those of independence and self-sufficiency which are more commonly associated with medicine. He comments that there was sometimes deep resistance to checklists within hospitals. Interestingly, we were told by one hospital that they did not like protocols, as they preferred their doctors to "think for themselves". We disagree with this view. On the contrary, we think that armed with clear factual information about post polio, doctors are able to think more specifically about what is required. Another said "We wouldn't make mistakes like that", perhaps highlighting again the difficulty medical staff have in recognising the value in planned teamwork and all staff having information.

The 'Alert' states, for example, "*Patients who were ventilated with their initial illness (were in an iron lung), who have bulbar dysfunction, or who have kyphoscoliosis are particularly at risk of respiratory complications. These patients are frequently very sensitive to sedatives and narcotics so that usual doses may result in respiratory failure and death*". This not only alerts staff to anaesthesia and medication issues, but muscular-skeletal issues, mobility issues, dysphagia, sleep-disordered breathing, reduced exercise tolerance, risk of heart failure or respiratory failure, and other concerns.

These may indicate particular drug management, nursing care in theatre, and post-surgery extra physiotherapy, respiratory specialist involvement, occupational therapy and extra nursing care. A home rehabilitation plan may need to be discussed. Teamwork is essential, as is listening to the patient.

The question "*Have you had polio?*" on the intake form, with a positive response setting off a "*Post-Polio Protocol*", is a vital trigger to help staff with critical differences in a patient with a history of polio.

Individuals can help improve hospital systems too. If a hospitalisation is known in advance, the patient can provide their hospital with the references below and can ask the staff whether they have systems in place for managing the different issues that may arise for people with post-polio. If the answer is 'no', a follow up letter to the hospital director discussing how information at hand may improve the hospital experience for you. This feedback could encourage the hospital to consider their

knowledge and capacity to respond to patients with a history of polio and may help to put a set of protocols into place. ●

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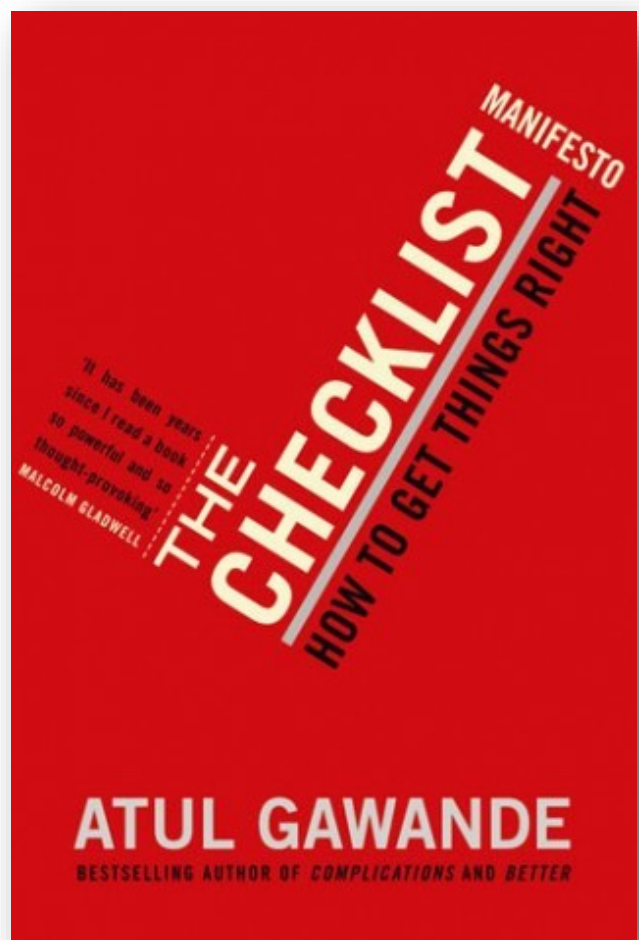
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## Polio Day: Staying On Message



L-R: Bill Jarrard, Fran Henke, Sir Gustav Nossal, Bev Watson and Don Jago

**By Fran Henke**

**Source:** FH Blog - 23 October 2016

Why was our theme for Polio Day 2016, **60 years of vaccination in Victoria?**

Firstly, polio survivors are the vaccine's best ambassadors. None of us want another child, another person, to experience our childhoods and this later age.

Ramesh Ferris has been a spectacular ambassador for vaccination. He was back in Australia last week supported by Global Citizen on its *One Last Push* talking about final eradication. Born in India, Ferris had polio at six months of age, seriously affecting his legs. With no means of rehabilitation his mother placed him for adoption with a Canadian family in the Yukon. In 2002, Ramesh returned to India to meet his biological mother and to visit the orphanage where he lived. He learned of polio survivors who were forced to pad their knees with cut-up pieces of tyre and crawl in the dirt with sandals on their hands. Since then, Ramesh has become a global advocate for vaccination, to his cost — I recall he lost a job in Canada over these travels. On Sky News (link below) he acknowledged that support such as he received in the Yukon will be needed for polio survivors in Asia. In comparative terms, he was right, Australians already have it.

But what about us? We will come to that.

Historically, Victoria was the first state to have Salk's vaccine. This came about because Melbourne was home to the Commonwealth

Serum Laboratory. In 1951 Dr Percival (Val) Bazeley — an Orbost boy — investigated polio vaccine production in Australia. In 1952, Jonas Salk developed a potentially safe vaccine. In 1953 Dr Bazeley (awarded an OBE for his work on penicillin) went to the US and joined Salk's team becoming responsible for bulk experimental vaccine production. In 1954 trials were conducted on 2 million children in the US. Once success of those trials were announced, Dr Bazeley returned to CSL and the following year — 1956, 60 years ago — CSL began production. Once Sabin's oral vaccine became more popular, the Australian Government began importing the Sabin, and CSL ceased production of Salk vaccine. The last Australian polio epidemic was 1961-62. Yesterday Sir Gustav Nossal commented to me on the QT that Val was a bit of a lad — had to be as a genius. Sir Gus also commented that Salk and/or Sabin should have won the Nobel Prize.

We did our theme proud yesterday with one of the world's most eminent immunologists in Sir Gus; chair of the Rotary program *End Polio Now*, Don Jago; and Canadian polio survivor, Bill Jarrard, co-founder of Mindwerx International, helping people think, learn and innovate more effectively.

Sir Gus, as did Don Jago, mentioned the mind-numbing and heart-breaking numbers of children who got polio in 1988 — 350,000 cases in 125 countries — inspiring a massive community campaign. In India on 21 January 2000, 150 million children were vaccinated in one day. During the Afghanistan war, initially the Taliban declared vaccination a western plot to sterilise their women, but when they saw its importance, Days of Tranquillity, or cease-fires, were held to allow teams of vaccinators to work through the villages.

By 1991 polio was gone from the Western hemisphere, by 2000 2,888 cases were reported in 20 countries, by 2004 this was reduced to six countries, and by 2015 only 74 cases were reported. Sir Gus noted that two countries — Afghanistan and Pakistan — reported small numbers but Nigeria was still affected by the fatwa and vaccinators were killed as they worked. The total number of cases was just 27. However, from the microbiologist's purview, polio is now a minor public health issue. Modelling shows that savings between 1988-2035 amounted to \$40-50 billion, he said. ●

Read Fran's full article on her blog site here:  
<http://fhenke.wixsite.com/blog-pointsofview/single-post/2016/10/23/Staying-on-message>



## Polio Day: Australia Can Help End Polio

**By Ramesh Ferris**

**Source:**

[www.internationalaffairs.org.au/australian\\_outlook/australia-can-help-end-polio/](http://www.internationalaffairs.org.au/australian_outlook/australia-can-help-end-polio/)  
- 24 October 2016

**The eradication of polio is absolutely achievable. The disease remains present in just a few countries and the vaccine required to immunise children against polio costs only 13 cents per dose. On World Polio Day on 24 October, Australia should know that the disease can be eliminated by coordinated global action and that Australia can play a significant role.**

I have been an advocate to end polio ever since I met polio survivors in India crawling on the dirty streets because they didn't have access to vaccines, corrective surgeries and rehabilitative supports like braces and crutches. Seeing their utter lack of mobility made me profoundly aware of the undignified life I could have lived.

I was born in India and was diagnosed with polio when I was six months old. This should have sealed my fate. Instead, I was adopted by a family in Canada, a country where I was able to receive the critical medical attention that grants me the ability to walk today with the help of braces.

I will always be grateful for the opportunity I have been given. This is why I have partnered with Global Citizen, a campaigning and advocacy organisation with the mission to end extreme poverty by 2030. Together, we are campaigning key donor governments to fully fund the at least US\$1.5 billion (AU\$1.9 billion) needed to once and for all eradicate polio by 2019.

Over the last few weeks, I have travelled to Canada, the US and Australia and met with prime ministers, members of parliament, celebrities and advocates. In Montreal, I stood on stage at a Global Citizen Concert to end AIDS, Tuberculosis and Malaria, calling for the end of polio in front of 15,000 people. I made the case that the success of our polio eradication efforts serves as a blueprint for combating other terrible diseases. Moreover, the savings we will amass once polio is gone, US\$50 billion in 20 years, can be used to strengthen healthcare systems and be redirected toward addressing other health emergencies.

After this event, I met with Bill Gates and he reaffirmed his support and commitment to end polio through the Gates Foundation. The overwhelming public support I received from global citizens and influencers from all around the world has convinced me that united we can achieve a polio-free world within our lifetimes.



In order to reach these goals and rebound from setbacks, such as the recent tragic outbreak in Nigeria after two years as polio-free, we must pressure our governments to recommit to polio eradication by fully funding the Global Polio Eradication Initiative.

Australia is a key player in this endeavour. Last year, at the Commonwealth Heads of Government Meeting in Malta, I was fortunate enough to meet Prime Minister Malcolm Turnbull who pledged Australian support for ending polio:

*"We are very committed to this campaign and this issue. It is of vital importance to the people of every country. It's a great tribute to the generosity, the philanthropy, in the truest sense of the word, of the Commonwealth, that polio eradication is deemed such a big priority in Malta."*

This is a commitment I applaud and I would like to praise Malcolm Turnbull for his government's championing of this critical effort. I was further encouraged when early last week 20 members of parliament came together in a bipartisan display of support to launch the One Last Push campaign. These MPs have made a personal commitment to ensure Australian support right through to the last case.

Currently, Australia donates A\$15 million per year towards polio eradication but next year this is scheduled to be reduced to A\$3 million. However, Australia would do well not to pull back on its commitment to end polio.

By maintaining funding at the current level of at least \$15 million per annum through to 2019, Australian aid could make a big difference. It could mean the difference between a child's ability to live a dignified life as I am fortunate enough to have; or one where he is forced to drag his crippled legs through the streets as I saw too many times in India.

## Polio Day: Australia Can Help End Polio *(cont'd from P18)*

If Australia stops now on polio eradication, it is giving up on reaching one of the greatest public health achievements in history. An achievement that will ensure that all children, including future generations, will be able to live in a polio-free world.

By failing to eradicate polio from the last remaining strongholds, as many as 200,000 new cases per year could re-emerge, and within 10 years polio could spread across the globe. Furthermore, our success in eradicating polio by 2019 could serve as an early success and the litmus test for the ability of the international community to achieve the Sustainable Development Goals. At the moment, we have a narrow window of opportunity to build on the progress that has been made and stop polio once and for all. By bridging the funding gap, the Australian 45th Parliament could be the parliament to end polio, giving concrete evidence to the lifesaving power of Australian Aid.

*Ramesh Ferris is a polio survivor and global advocate for the eradication of the disease.*

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## The Larocco Log

### A Rare and Intimate Glimpse Into the Life of FDR

**By Karen Chase**

**Karen Chase, author of "FDR on His Houseboat: The Larocco Log, 1924-1926", examines one of the lesser known periods of Franklin Delano Roosevelt's life, as he battled polio and retreated from public life to live onboard his houseboat.**

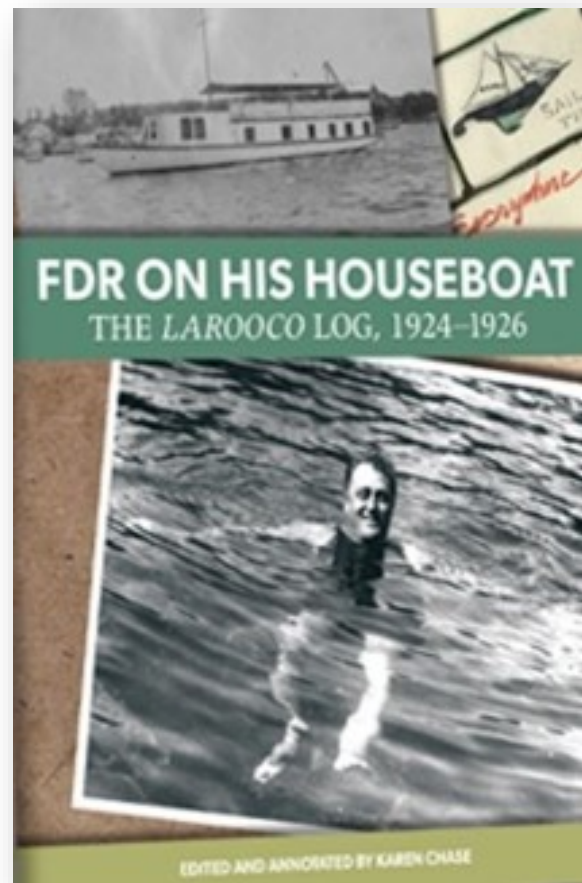
**Source:** [www.biography.com/news/fdr-polio-houseboat](http://www.biography.com/news/fdr-polio-houseboat)

During the Roaring Twenties, a politically ambitious young man who had been crippled by polio bought a houseboat so he could cruise the warm waters of the Florida Keys and try to cure his damaged legs. When Franklin Delano Roosevelt was stricken with the disease in 1921, he withdrew from public life. He spent three winters aboard his houseboat, from 1924 to 1926. While FDR was sailing the Keys, the larger world was glittering. Charlie Chaplin, George Gershwin, Ernest Hemingway, F Scott Fitzgerald, Bessie Smith, Louis Armstrong, Gertrude Stein, Frida Kahlo, Martha Graham — all were flourishing in the 1920's, but so were Joseph Stalin, Al Capone, and Hitler. The world went on as Roosevelt fished for mangrove snapper and drank martinis.

While on the boat, he kept a log in longhand in a three-ring binder, writing in it almost every day. Sometimes he used black ink, sometimes turquoise, pages full of playfulness.

*Grog in midst of glorious sunset which was almost as poetic in coloring as Frances' and Missy's nighties*  
So he documented one jolly evening.

Or reporting on a broken motor:



*Miami Engine doctor at work  
Patient may respond to heroic treatment*

A few years ago, I was working on my memoir, *Polio Boulevard*, a book about my own girlhood polio — a book in which Franklin Delano Roosevelt looms large. Piled on the floor near my desk were four fat navy tomes of his letters. His son Elliott had edited these volumes of his father's personal correspondence in 1949, four years after Roosevelt's death during his fourth term as president.

**Cont'd P20**

## The Larooco Log *(cont'd from P19)*

Having FDR's words near me was inspiring and comforting. One day, I picked up one of the books and began trolling around. Buried amidst the letters, I stumbled on Roosevelt's nautical log. His humor and language were captivating as he wrote about the usual subjects of nautical logs — weather, route, fish caught, broken engines, guests, meals. I knew then that I had to share this little-known record from one of the least-understood periods of FDR's life.

*FDR on His Houseboat: The Larooco Log, 1924-1926* presents FDR's log entries, interspersed with photographs from the tumultuous outer world, to form a kind of timeline between two arenas — one man's small private life full of struggle and fun, juxtaposed with the large public sphere. This book gives us a side of FDR seldom seen before, revealing his wit, his penchant for practical jokes, and his zest for each day's ordinary concerns in the context of his painful struggle to regain the use of his legs. The book also includes a facsimile of the original Larooco log.

Roosevelt had always loved boats and water. When he was five, in his first letter to his mother, he enclosed his drawing of sailboats.

One night in August 1921, 34 years after he mailed that letter — after he boated, after he fought a forest fire and swam with his children in the Bay of Fundy — he was struck by polio. Roosevelt never walked again.

From then on, FDR tried treatment after treatment in his quest to regain the use of his legs. In the summer of 1923, Roosevelt traveled from his home in New York to vacation with Louis Howe, his close political adviser, at Howe's cottage on Horseneck Beach in Massachusetts. At the beach, Roosevelt tried out new regimens for his legs, working with a well-known neurologist who had developed a strenuous course of treatment.

Sometimes Roosevelt went to the dunes in an old bathing suit, found a secluded spot, and crawled on his hands and knees over the hot sand until he was worn out. Back at the cottage, Howe would fix drinks for the two of them. Picture FDR sipping a martini and discussing politics, having just crawled across the beach. He didn't mind crawling because he could do that himself. What he hated was for others to have to carry him from place to place.

One day that summer, his old college friend John Lawrence stopped by the Howe cottage for a visit. There at Horseneck Beach, the men hatched a plan to buy a houseboat of their own for the coming winter months.

For three winters, FDR lived on the Larooco, fishing and swimming and sunbathing, entertaining friends, drinking and playing Parcheesi, but most of all tending to his body so that he might walk again.

About heading south to find a cure, he explained to one of his doctors:

*You doctors have sure got imaginations! Have any of your people thought of distilling the remains of King Tut-ankh-amen? The serum might put new life into some of our mutual friends. In the meantime, I am going to Florida to let nature take its course — nothing like Old Mother Nature, anyway!*

Roosevelt had been assistant secretary of the navy under Woodrow Wilson and had run unsuccessfully for vice-president in 1920. Although FDR was active — he knew no other way — these years aboard the Larooco were the most politically removed time of his life. When he was approached to re-enter politics, he vowed that when he could walk without crutches, he would. Had he kept this vow, we would never have had the Roosevelt presidency.

During this period, the Roosevelts' marriage was shifting. When FDR contracted polio, Eleanor ignored their estrangement, which had come about three years earlier when she learned of her husband's affair with her social secretary, Lucy Mercer. At that time, Eleanor offered him a divorce, which he refused, promising not to see Mercer again, but from then on, they never slept in the same bed. When he got sick, Eleanor chose to nurse him with undivided devotion, tending to all of his most basic needs.

The year after FDR bought the houseboat, he helped build a separate home for Eleanor and two of her friends, a couple she met when the three worked for the Women's Division of the New York State Democratic Committee. Nancy Cook was a curly-haired, irreverent, dynamic woman in her thirties, and Marion Dickerman, seven years her junior, was an educator.

One summer day, Franklin and the three women were picnicking by the Fall Kill Creek, two miles from the main Roosevelt house in Hyde Park, New York. The women began to worry aloud that FDR's mother would be closing the house up for the winter and they wouldn't have a place to visit until the following spring.

*"But aren't you girls silly?"* said Franklin, *"This isn't mother's land. I bought this acreage myself ... Why shouldn't you three have a cottage here of your own, so you could come and go as you please?"*



## The Lorooco Log *(cont'd from P20)*

So began the building project of the "honeymoon cottage" as FDR called it. Both husband and wife created cozy, casual, independent living arrangements for themselves. As Eleanor was settling in to the new cottage, FDR was taking up winter residency on the Larooco.

She reported, in spite of the general jolly mood on the boat, *"It was noon before he could pull himself out of depression and greet his guests wearing his light-hearted façade."*

After FDR's first winter on the houseboat, he was introduced to Warm Springs, a Georgia spa town. After the third winter, he was ready to say goodbye to the boat and plunge into the Warm Springs waters, which he felt were more likely to heal his legs. *"The water put me where I am, and the water has to put me back"*, he said.

Here his focus widened as he founded a rehabilitation center, working to heal not only his own stricken body but others paralyzed by polio.

To me, and to so many who had polio, Roosevelt is a heroic figure. Happening upon his unknown nautical log was thrilling. To have an opportunity to help his log find a place in the world was a tiny way to repay him for the inspiration he was to me and countless others.

Welcome aboard!

*Karen Chase is the author of FDR on His Houseboat: The Larooco Log, 1924-1926; Polio Boulevard: A Memoir; Land of Stone: Breaking Silence Through Poetry; as well as three volumes of poetry, Kazimierz Square, BEAR, and Jamali-Kamali: A Tale of Passion in Mughal India.*

## Managing Back Pain and Osteoarthritis

### Managing Back Pain and Osteoarthritis Without Paracetamol By Christian Mallen, Elaine Hay

**Source:** Medscape – 16 November 2016 from the British Journal of Sports Medicine, 2016;50 (20):1286-1287

#### Physical Treatments Are the Way Forward

Paracetamol (acetaminophen) is a drug we are all familiar with. It is cheap, readily available over the counter, and is commonplace in family medicine cabinets across the world. We rely on it in the middle of the night to settle childhood fevers, and it is usually our first-choice drug for a wide range of painful musculoskeletal disorders, including osteoarthritis and spinal pain. Yet new evidence in a linked paper by Machado and colleagues (doi:10.1136/bmj.h1225) casts doubt on the efficacy and safety of paracetamol and questions its place as our first-choice analgesic.

In their systematic review and meta-analysis examining the efficacy and safety of paracetamol for spinal pain and osteoarthritis, Machado and colleagues synthesised evidence from 13 randomised controlled trials. They report that there is "high quality" evidence that paracetamol is ineffective for reducing pain intensity and disability in patients with low back pain and "high quality" evidence that paracetamol produces a significant but not clinically important effect on pain and disability in patients with osteoarthritis. While adverse events were reported at a similar level to that seen with placebo, patients taking



## Managing Back Pain and Osteoarthritis *(cont'd from P21)*

paracetamol were nearly four times more likely to have abnormal results on liver function tests. These findings encourage us to reassess the role of paracetamol as the key analgesic in managing osteoarthritis and spinal pain.

Some of these findings are not surprising. The recently revised guidelines from the National Institute for Health and Care Excellence on the management of osteoarthritis caused controversy when draft guidance advised that paracetamol should not be routinely offered to patients as it might not be effective and was potentially associated with important side effects when used at high doses for a prolonged period of time. This decision was reversed in the full guideline after concerns from a range of stakeholders that this change in guidance might dramatically increase the prescribing of other potentially harmful drugs including non-steroidal anti-inflammatory drugs and opioids. The Medicine and Healthcare Products Regulatory Agency is currently reviewing the safety of over the counter analgesics, and the findings might also influence prescribing guidance. The new evidence provided by Machado and colleagues re-opens the debate, leaving patients and clinicians wondering what is left that can help to manage these common, painful, and highly disabling conditions.

There are alternative safe and effective treatments available, although evidence suggests that they are used inconsistently. Over the past 10 years prescriptions for topical NSAIDs, such as ibuprofen, have more than doubled in the UK. Topical NSAIDs (such as ibuprofen) are available over the counter, are as effective as oral NSAIDs for knee osteoarthritis, and are associated with fewer side effects. They are also popular with patients, who prefer using topical NSAIDs for mild, local, and transient pain. Oral NSAIDs are effective but are best limited to short courses in patients without contraindications—making them unsuitable for many, especially older, patients with multiple health conditions. The evidence supporting the use of opioids for osteoarthritis and spinal pain is limited, and while the UK has yet to see the dramatic increase in prescribing observed in the United States, a reduction in the use of paracetamol could result in increased prescribing rates and a new range of associated problems, especially in high risk groups.

Ongoing and ever increasing concerns about

pharmacological management of musculoskeletal pain highlights the importance of non-pharmacological options, which form the cornerstone of self management of spinal pain and osteoarthritis. NICE recommends that all patients with osteoarthritis should receive written information with advice about maintaining or increasing physical activity and optimising weight (if appropriate); exercise, manual therapy, acupuncture, and psychological support are also recommended for those with back pain. While the effectiveness of exercise for both osteoarthritis and spinal pain is established, we know that uptake of, and adherence to, exercise is poor. Health professionals, particularly in primary care, where most of these patients are managed, have an important role to play in supporting individuals to exercise. Physiotherapists are key professionals to offer expert advice and support in this regard, but timely access to physiotherapy services is becoming increasingly limited in the NHS, constraining the usefulness of this evidence-based and safe treatment. Trials of exercise

based interventions for musculoskeletal pain and osteoarthritis typically show the same response pattern of a short term reduction in levels of pain and disability with demonstrable clinical benefit tailing off over 12 to 24 months. Maintaining the benefit of exercise is a current

research priority, with approaches to improve adherence being a key target.

Spinal pain and osteoarthritis are common reasons for seeking healthcare, accounting for around 10–15% of all consultations with a general practitioner. Management of these patients can be challenging and is compounded by emerging evidence about the safety and effectiveness of commonly-used drugs that conflicts with established clinical practice and published guidelines. Changing behaviour of doctors and their patients is notoriously difficult, but the findings of Machado and colleagues emphasise that the time has come to shift our attention away from tablets as the default option for managing chronic musculoskeletal pain. Non-pharmacological treatments work, are safe, and have benefits that reach beyond the musculoskeletal system. The challenge for patients, providers of healthcare, and policy makers is how to ensure access to, uptake of, and adherence to these self-management approaches. ●



## Food And Pain: The 'Essentials'

By Pauline Anderson

Source: Medscape – 28 September 2016

SAN ANTONIO — Just as the American Heart Association and American Diabetes Association have developed dietary recommendations related to heart disease and diabetes, the American Academy of Pain Management — now the Academy of Integrative Pain Management (AIPM) — should soon also have targeted dietary recommendations.

*"This is something that we as a group want to have out by the next annual meeting, if not sooner",* said Robert Bonakdar, MD, director of pain management, Scripps Center for Integrative Medicine, La Jolla, California, and assistant clinical professor, University of California, San Diego.

Dr Bonakdar said he hopes his group will first develop a *"white paper"* with perhaps the *"top 4 or 5 things that are essential for doctors who are seeing patients with pain to consider"*.

He elaborated on some of these 'essentials' during an address to delegates at the American Academy of Pain Management (AAPM) 2016 Annual Meeting here. Dr Bonakdar is past president of AIPM and remains on its board of directors.

### Inflammation Influence

He told his audience how nutrition can affect pain through many mechanisms. *"Diet can influence inflammation, shift the microbiome, modulate the immune system, improve joint function, eliminate pain triggers, and reduce deficiencies"*.

Dr Bonakdar talked about the *"state of the plate"*, which he said is *"pretty dismal"*. Over 60% of foods consumed are highly processed, and the Western diet lacks fresh fruits and vegetables and fiber, he said.

A poor diet produces signs of inflammation, such as C-reactive protein (CRP), noted Dr Bonakdar. Elevated CRP levels can increase the risk for low back pain, for example, and there's a direct dose response, he said. *"The higher the CRP, the more intense the pain is, and the more it can interfere with activities of daily living"*.

The Western diet also shifts the body's microbiome structure, which can affect digestion, Dr Bonakdar said. Over time, he added, this can have a significant effect on diversity of flora.

This lack of diversity is directly linked to many pain states, including chronic pelvic pain and irritable bowel syndrome, he said.

Consuming highly processed foods can also affect mast cells, which become *"hyper-excitable"*,

again causing pain, said Dr Bonakdar. He noted several disorders that are connected to mast cell – mediated mechanisms of nociception, including migraine, fibromyalgia, and neuropathic pain.

*"If we are not feeding our cells appropriately, or we are feeding our cells toxic products or inflammatory products, the end result is going to be inflammation and pain"*.

Clinicians, he told *Medscape Medical News* after his presentation, don't often consider the effect of pain on cells. *"Pain can in subtle ways affect the cell in very dramatic ways, but we don't often appreciate that or recognize it, or treat it because we are trying to get the headache better"*.

Addressing a question from a delegate about the inflammatory nature of grains, Dr Bonakdar said that *"excess grains can be inflammatory, especially if there are issues with celiac or sensitivity"*. He added that he may suggest selectively removing grains from a patient's diet.

Many patients consume grains in a "quick hit" highly-processed food. *"This product doesn't have nutrients, anyway; there is nothing there except colorful packaging"*.

Magnesium is an important example of the pain-related impact of nutrients. About 70% of the population has a magnesium deficiency, and about 20% of the population *"are not even getting half of the daily requirement"*, said Dr Bonakdar. Deficiency is defined as a serum level of less than 0.75 mmol/L.

There's a *"very strong"* association between lack of magnesium and migraine, said Dr Bonakdar. *"The odds of migraine go up by 35-fold if you have a magnesium deficiency"*.

For patients with a magnesium deficiency, he recommends over-the-counter chelated formulations of magnesium, which are more bioavailable than magnesium oxide or magnesium sulphate. He typically starts patients on 200 mg of the supplement per day, titrating it up to 500 mg per day. He tells patients to take it at bedtime, when bloating side effects may be less noticeable. In addition to positive changes in muscles, patients have reported benefits on mood.

Patients can also get magnesium in their daily diet. Foods high in this nutrient include spinach, chard, pumpkin seeds, almonds, black beans, avocado, figs, and bananas.

Asked whether he checks a patient's serum magnesium levels, Dr Bonakdar said there is *"no real standard"* of how to do this. He takes a dietary history, and patient responses typically *"tell me I'm on the right track"* by treating them.



## Food And Pain: The 'Essentials' (cont'd from P23)

Another deficiency — in vitamin D — could also be important in the field of pain management. At least 70% to 80% of pain patients have a vitamin D deficiency, which can make nerves "hypersensitive", he said. In those with "ultra-low" vitamin D levels (serum 25-hydroxyvitamin D < 20 nmol/L), Dr Bonakdar recommends high-dose vitamin D in liquid form.

Dr Bonakdar also discussed the relationship between obesity and pain. One study — an analysis of more than a million Americans answering health survey questions — showed a direct dose-response curve between obesity and pain, especially as people age, he said.

Just as diet can increase pain, so too can it decrease pain. Evidence indicates that a low-glycemic-index diet (based on how foods affect blood glucose), which is high in polyphenols, fiber, fruits, vegetables, healthy fats, and 'good' sources of protein, has a positive impact on pain. Such a diet benefits the microbiome and increases bacterial diversity.

*"So it pretty much reverses the trends we see with the Western industrialized American diet",* said Dr Bonakdar.

He also talked about the importance of 'mindful' eating. *"How much you're putting on your plate, how you're preparing that food, and how quickly you're eating it, all informs the occurrence of inflammation",* even if the food is relatively healthy, he said.

There are some herbs and spices — for example, curcumin, a constituent of turmeric — that reduce pain and inflammation. Studies support this benefit of curcumin in patients with osteoarthritis and rheumatoid arthritis, said Dr Bonakdar.

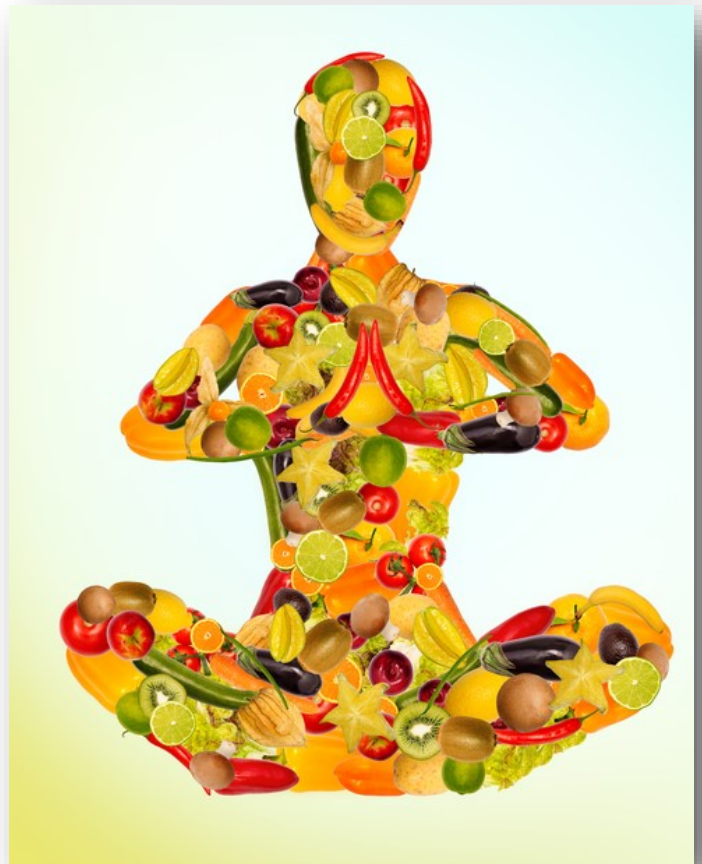
Omega-3 fatty acid is another important nutrient when it comes to pain prevention — and it may also help in cognitive functioning, said Dr Bonakdar.

And some evidence links coenzyme Q10 to pain reduction. A study in adolescents with migraine and a deficiency in this natural antioxidant who took it in supplement form had reduced headache frequency.

### Diet and Exercise

Combining an anti-inflammatory diet with exercise might boost the impact on pain even more. An 18-month study in patients with osteoarthritis who had weight issues — the IDEA trial — found that *"diet was helpful, exercise was helpful, but the combination was the most helpful",* said Dr Bonakdar.

*"Even reducing weight by about 5% can have significant impact on pain and function".*



There is more evidence from another study of 130 female patients with rheumatoid arthritis in a relatively poor area of Glasgow, Scotland. The analysis showed that patients who followed a healthy Mediterranean-like diet had significantly reduced pain at 3 and 6 months.

*"At the end of the day, this is powerful medicine for pain management, and not just in rheumatoid arthritis",* said Dr Bonakdar. *"We now have clinical trials that show that diet in various forms — nutritional interventions, nutritional supplement interventions, combinations with nutrition and exercise — can be helpful in reducing pain from A to Z".*

Asked to comment, Nancy Cotter, MD, who serves as physician lead for integrative health at the Veterans Administration in New Jersey, said there's plenty of evidence that nutrition is helpful for pain management at *"multiple levels",* including musculoskeletal and neurogenic pain.

*"However, that awareness really hasn't permeated the consciousness of the general medical population, or the patient population",* said Dr Cotter. *"When we think of pain, we think of pills. That's been it".*

American Academy of Pain Management (AAPM) 2016 Annual Meeting. Presented September 23, 2016. ●

## Ninth Case Of Polio-Like Illness

### Ninth case of polio-like illness confirmed in Washington State

**Source:** [CBS News/AP](#) – 30 November 2016

The boy, under age 10, has acute flaccid myelitis, also referred to as AFM.

The other children from Washington who were diagnosed with the syndrome this fall range in age from 3 to 14 and come from King, Pierce, Snohomish, Whatcom and Franklin counties.

AFM cases have not been limited to Washington. In October, Centers for Disease Control and Prevention pediatrician Dr Manisha Patel told CBS News, "We do have an uptick in cases of acute flaccid myelitis in 2016".

As of September 2016, 89 people in 33 states were confirmed to have AFM, according to the CDC. Even with the increased rates, AFM is still rare — striking about one in a million people.

Ninety percent of cases have been in children, said Patel, the acute flaccid myelitis team lead at the National Center for Immunization and Respiratory Diseases at the CDC.

Health officials say AFM can occur as a result of a variety of germs including enteroviruses, West Nile virus and adenoviruses. The condition affects the nervous system, primarily the spinal cord.

Its symptoms — arm or leg weakness or varying degrees of paralysis — are likened to those caused by polio (which was eradicated in the U.S. thanks to the polio vaccine). Still, the CDC reports that the cause of the recent cases is unclear and it's not known how to prevent it.

The CDC is working with local health officials to investigate the cases in Washington state and elsewhere in the U.S.

Click the link to see full article and associated video: [www.cbsnews.com/news/polio-like-acute-flaccid-myelitis-afm-illness-washington-state-confirmed-cdc/](http://www.cbsnews.com/news/polio-like-acute-flaccid-myelitis-afm-illness-washington-state-confirmed-cdc/)



## Ideas That Will Help End Polio

**Source:** [Polio Global Eradication Initiative News](#)—November 2016

To mark this World Polio Day, we launch an innovation series celebrating the new approaches helping to address the final hurdles standing in the way of a polio-free world.

This World Polio Day, there is much to celebrate. This year to date has seen fewer children paralysed by polio than ever before and fewer children missed on vaccination campaigns, while surveillance systems have proved their strength by finding polioviruses that had previously slipped under the radar.

In the past three decades, the Global Polio Eradication Initiative (GPEI) has made incredible progress towards ending this disease forever. But the road to eradication is not an easy one, and hard work and innovations are a crucial part of achieving a polio-free world.

There are several stages that must be completed to eradicate a disease, from detailed preparation,

a coordinated attack on the disease, consolidation and control of progress and finally, the endgame: achievement of the goal. Tactical persistence throughout the initial phases is what has brought the polio eradication programme 99.9% of the way towards finishing the job – but as seen in other eradication and elimination programmes, the final days require flexibility and new approaches to end the virus in its final hiding places.

This World Polio Day, we are recognising the innovations that are helping to bring us closer than ever to the end. The polio eradication programme is working in the three remaining polio endemic countries to find new ways to find and stop the virus in the reservoirs where it continues to circulate; is using new combinations of vaccines to optimize immunity, and finding new ways to deliver them.

Stay tuned to our [Innovation for Eradication Spotlight Series](#) in the coming months to find out about the innovations driving the GPEI towards the endgame.

## Polio Eradication Funding Updates

**Source:** [Polio Global Eradication Initiative News](#)—November 2016

**Norway** provided 50 million Norwegian krone to WHO for polio eradication as part of its overall annual contribution to the agency.

Further to the annual review of the GPEI, the **United Kingdom** released £35 million to WHO for activities in 2016/2017.

The **Bill & Melinda Gates Foundation** awarded US\$22 million, mainly for staff, as part of its continued support to UNICEF's polio activities.

UNICEF received an annual instalment of US\$20 million from the **Carlos Slim Foundation**, as part of the on-going agreement between the two organizations to further the goals of the GPEI.

**Australia** disbursed AUD\$15 million to the GPEI to support WHO priority activities in the endemic regions.

As part of the **UN Foundation's** [Shot@Life](#) campaign, UNICEF received an additional supplement of US\$202,319 for social mobilization activities in Afghanistan and US\$761,347 for Oral Polio Vaccines supply in the Lake Chad Region. 🌍

## Polio This Week

**Source:** [Polio Global Eradication Initiative](#) — as of Wednesday 7 December 2016

Countries	Year-to-date 2016		Year-to-date 2015		Total in 2015		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	12	0	17	0	20	0	12-Oct-2016	NA
Guinea	0	0	0	1	0	7	NA	14-Dec-2015
Lao People's Democratic Republic	0	3	0	5	0	8	NA	11-Jan-2016
Madagascar	0	0	0	10	0	10	NA	22-Aug-2015
Myanmar	0	0	0	2	0	2	NA	5-Oct-2015
Nigeria	4	0	0	1	0	1	21-Aug-2016	16-May-2015
Pakistan	18	0	49	2	54	2	3-Nov-2016	9-Feb-2015
Ukraine	0	0	0	2	0	2	NA	7-Jul-2015

<http://polioeradication.org/polio-today/polio-now/this-week/>