Polio Australia
Representing polio survivors throughout Australia

Volume 8, Issue 1

Polio Oz News

March 2018—Autumn Edition

Gary's Polio Project To India

By Gary Newton and Team

No doubt, many thought it impossible, or at the very least highly unlikely, that a very small group of polio survivors from Australia would make the time and effort to raise enough money (over $60,000) to travel over 22,000 kms to India and back to help with the Global Polio Eradication Initiative (GPEI).

Not only did we fund the trip ourselves (with wonderful support from so many generous people, of course) but we also were able to make a contribution of nearly $40,000 to Polio Australia and Rotary's End Polio Now campaign to both support Aussie polio survivors and to fight for polio's extinction.

18 months ago, at Polio Australia's *Australasia-Pacific Post-Polio Conference* in Sydney, Rotary's Jenny Horton planted a seed, which finally came to fruition 4 weeks back. Jenny's 'planting' was very gentle and very uncomplicated. She simply said *"Given your passion and desire to end polio,"* (earlier I had been up on stage literally crying about ending polio in the world), *"have you ever thought about going to India to help out with the GPEI? You would be blown away by their response to you going!"*

And Jenny was 100% right! In fact, we were all completely overwhelmed by the happenings and incredible Indian and Rotarian hospitality shown to our delegation from Geelong (Victoria). Our group was made up of myself, my wife (and carer) Annie, and fellow survivors Jennifer Merrett, Jan McDonald and Dalice Dalton. Each of us (except for my wife) contracted polio more than 60 years ago.

We made this exhausting (and exhilarating) trip to help keep India polio-free and rid the world of polio forever; to support polio survivors in India and Australia; and, as a mark of respect, to honour and express our gratitude to not just our parents, but the parents of all sick children, for the massive time, love and effort that they each put into their kids. Perhaps just think about that for a moment; what was the commitment to you as a child with polio from your parents? I suspect it was quite substantial. It certainly was for each of us.

Gary administering oral polio vaccine

So what did we do on this truly breathtaking and amazing 10 day trip?

- Helped launch a polio survivors support group (with Rotary's help) and offered thoughts and ongoing guidance for the establishment of a rehabilitation centre for polio survivors in Vysag, India;
- Addressed polio survivors in Vysag about the importance of creating support networks;
- Attended a school awareness rally and street parade with hundreds of children;
- Met with Rotarians from all around the world, polio survivors, and doctors from Delhi and Vysag;
- Spoke at a Rotary Club meeting and at an International Fellowship Dinner in Delhi before a huge international audience, which included being interviewed on South Korean TV;

(cont'd P3)

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Inside this issue:

President's Report

Gillian Thomas

What a pleasure it has been to start 2018 with staff available to expand our services in the directions we have long dreamed of. At our team meeting early in the year, the meat was put on the bones of the 2018-2020 strategic plan developed by the Board at our 2017 AGM. The energy and enthusiasm displayed at this meeting, and the outcomes from it, confirm that exciting times are ahead for both Polio Australia and our post-polio community.

Priority One of our strategic plan is education. As such, our vanguard project for 2018 is the continued roll-out of the Late Effects of Polio Clinical Practice Workshops across Australia. The workshop topics include:

- What is Polio?
- Demystifying Late Effects of Polio and Post-Polio Syndrome
- Clinical Presentation and Screening
- The Ageing Polio Population
- The Management Team
- Practical Strategies
- A Late Effects of Polio Case Study

The workshops earn the participants 3 CPD (continuing professional development) hours, and have so far been endorsed by a number of professional bodies, including Occupational Therapy Australia, The Australian Orthotic Prosthetic Association, Australian Primary Health Care Nurses Association (APNA), Australian Nursing & Midwifery Federation, and Massage & Myotherapy Australia, with more endorsements in progress.

As I write, 11 workshops have been held since the start of the roll-out in late 2017. These workshops have seen more than 160 health professionals from different disciplines receive training in the management of the late effects of polio from our Clinical Health Educator, Paul Cavendish. With a further 22 workshops already locked in over the next few months covering every state (and the NT), and new dates and locations added regularly, Paul has a lot of travel ahead!

The impact of the training on the lives of Australia's polio survivors is inestimable, as the information will assist health professionals to manage their clients' chronic post-polio health condition. As polio survivors we should encourage our own health professionals to attend a workshop when it reaches our area – check here regularly for details of upcoming workshops.

Online delivery of the workshop material is also currently being explored, as a means of reaching even more health professionals, especially in remote areas, and as a reinforcement of the face-to-face training.

Our Polio Health and Wellness Retreat this year returns to South Australia. Please be sure to email us with your expression of interest in attending. Maryann and Rachel are currently putting the program together, and it promises to be as informative and interactive as you have come to expect.

In a first this year, we are holding a *Walk With Me* event in conjunction with the Retreat. *Walk With Me* is our major fundraising drive each year, with the beneficiaries being both Polio Australia and the State Polio Networks who participate — you can see information on the 2017 Walk events here.

More information on both the Retreat and the Walk will be available soon. In the meantime, enjoy this read!

Gillian

From the Editor

Maryann Liethof
Editor

Welcome to Autumn! Although we are still enjoying temperatures in the mid-20s in Melbourne, the leaves are just starting to turn and the days are becoming shorter. It's a lovely time of year!

I have been settling in with my new 'Team': Rachel Ingram, Health Promotions Officer (commenced August 2017); Paul Cavendish, Clinical Health Educator (commenced September 2017); and Bonnie Douglas, Financing/Fundraising Manager (commenced January 2018). We have all been busy working on an integrated strategic plan for the next 3 years, with a key focus being on training up health professionals in working with the post-polio body.

As you will read on Page 4, Paul has already been busy in the first quarter, with fully booked workshops in Tasmania. A short video was recorded at the Hobart workshop, with 'lived expert' Rebecca Round explaining the post-polio symptoms she is living with. Readers can view photos and link to the video from Page 5.

Rachel has been working with Paul to ensure the workshops webpage is kept up-to-date. She has also been reworking Polio Australia's www.stillhere.org.au website, which is now home to the latest news and events, and a place to read polio survivors' stories. Read more about this website on Page 6.

Meanwhile, Bonnie is busy hunting down funding opportunities to subsidise the 2018 Polio Health and Wellness Retreat being held in Glenelg, South Australia, in October. You will find the Expression of Interest form on Page 21. The venue boasts 9 wheelchair accessible rooms, which is astounding! We now need all the grants we can get to ensure the Registration Fees are kept as low as possible.

Of course, Polio Australia's Board Member, Gary Newton, and his 'team' have been on an amazing adventure to India. Starting on Page 1, their respective experiences have been spread across a few pages, and provide a really interesting read.

This edition of *Polio Oz News* also highlights a number of issues relating to 'assistive technology' (AT), which many polio survivors depend on. Start with Kymberly Martin's article on Page 10.

I hope you enjoy this offering.

Maryann

Gary's Polio Project To India *(cont'd from P1)*

- And, we got to do something our parents wanted so desperately but were unable to do for us (because there was no vaccine available) - we got to vaccinate some kids against polio!

I've got to tell you that, particularly for me, immunising those children was a very humbling moment and special feeling. But enough from me, here's some of what the others thought of our time in India.

Jan McDonald

What an amazing journey we had. We left with the idea of helping, talking, inspiring and sharing, but we got so much more back. We met heart surgeon, Dr Nischal Pandey, and polio survivor, Sai Padma, and her husband, Anand, all chipping away tirelessly to help those less fortunate. All probably working too hard, but never appearing to falter.

Though we did not physically work hard, just being there seemed to really please the locals. Perhaps it helps with publicity, as I am sure we were photographed enough to be seen in the local media. And Gary was a hit! In the slums, people stopped and stared (maybe it was his high-tech wheelchair). At the Rotary dinner he got a standing ovation!

In the bedlam and uproar of life, small bands of people are constantly working for a better life for the disadvantaged. There seems to be a resilience imbedded in Indian life, perhaps the belief in Karma, that keeps them stoically keeping on despite the conditions. Amidst the smog and poverty, people are seen quietly sweeping their little patch of dust. In the chaos of traffic moving in all directions, the drivers remain calm and move over for others.

Young polio survivors with deformed limbs could not bring their crutches into a Rotary/Global Aid meeting, all for the want of rubber stoppers on them to stop them sliding on hard surfaces. So they "good naturedly" left them at the door and swiftly crawled in.

In one area, roads were not used by cars between 6.00 and 7.30am so that people could have a morning walk, exercise, do yoga, and meditate before the day started – and they did. Hordes were out enjoying the mild weather. At 7.30am on the dot, the chaos returns. An amazing, inspiring, emotional journey!

(cont'd P8)

LEoP Clinical Practice Workshops Update

By Paul Cavendish
Clinical Health Educator, Polio Australia

The Late Effects of Polio (LEoP) Clinical Practice Workshops have commenced in earnest from February this year, with sessions being held in Hobart, Launceston, Brisbane, Newcastle and the Gold Coast.

The workshops are targeted toward health professionals and provide an overview of the polio virus and how complications may evolve after some time of stability. We present information on assessment, managing symptoms and key referrals for health professionals to consider based on certain symptoms.

I have been very pleased with the level of interest among health professionals in what we are presenting, with numbers ranging between 9 and 25 participants. I am also very grateful to the polio survivors who attend and contribute their story and insights to health professionals as part of this workshop. The feedback continues to demonstrate this 'lived expert' segment is an important component of the workshop.

An area of interest amongst health professionals has been the type and quantity of exercise that should be recommended for a polio survivor. This is also an area where polio survivors have expressed concern and uncertainty in regards to what they should be doing or whether to avoid exercise altogether.

Most important to this discussion is the realisation that the answer to this question will be different for each person. The effects of polio are different and, therefore, so are the recommendations. However, there are some things which should be considered.

Firstly, knowledge of how muscle strength has been affected is paramount. This can be done by manual muscle strength testing. A clinician should be skilled in this area and understand they will need to test the same muscle a number of times before making a conclusion on strength. If a muscle is weak, or has low levels of strength, preservation of existing strength is the goal – no further formalised exercise training should be undertaken.

At this point, it is important to move to the definition of what we consider 'exercise'. When muscles contract, this results in change to the motor nerve, muscle and recovery required from this work. Activity, not just exercise, is important to consider for the health benefits and also the risks of overworking polio weakened muscles. As we age, the intensity of activities shifts up. Some household chores can in fact meet the energy demands of moderate intensity activity such as cycling or swimming. This is a consideration which can be forgotten and leads to unnecessary fatigue. Therefore, being busy or active in other ways can be just as problematic as 'exercise'. Another consideration is reviewing time in static positions. Pain levels are increased and metabolism is decreased with prolonged time spent in one position. Changing our posture regularly during the day will improve our function and pain perception.

Polio affected muscles can already be overworked and not require more conditioning, even when there is sufficient measured muscle strength. There have been studies looking at changes to muscle from activity in a polio survivor. The thigh muscles adapted in terms of size of individual fibres and their endurance levels to a very high degree because of the work being performed (e.g. relying on the strength of one leg instead of two for so many years) that there was very little room for additional improvement from doing further strengthening exercise.

The take home message for both clinicians and survivors is to have a really good understanding of existing strength and function. Before looking at modifying current exercise and activity patterns, consider fatigue levels and the work muscles are currently performing. Can the way in which activity (home chores, outings and 'exercise') be structured differently within a day and a week? Any activity should consider the work that is being done already by muscles, and the general overall health of the joints. Is it necessary to strengthen a limb that is already strong from doing a great deal of work? Perhaps other things are more important to improve health. This may include ways to improve the length of some overworked muscles through stretching and mobilisation. Activities are possible but sometimes there needs to be creativity to ensure health benefits can be met. Walking is obviously out for many people but it doesn't mean there are no options. Regular communication on fatigue and considering all aspects which may contribute to fatigue will go a long way in getting the right amount of activity within a day and week.

There are a great number of people who can potentially assist, including occupational therapists, physiotherapists and exercise physiologists. However they do need to have an understanding of the late effects of polio and continue to listen to ensure their recommendations are meeting your needs. As we continue to deliver workshops, there will be greater numbers of practitioners available on our register to assist you. Please promote our workshops and resources if you feel your health professionals could improve their understanding and hone their skills and knowledge in this area.

Hobart LEoP Workshop Pictorial

Polio survivor and 'lived expert', Rebecca Round, explaining her 'polio feet' to health professionals.

Q&A session with health professionals and 'lived experts'.

View a video of the Q&A session here

ABC Radio National Life Matters Interview

The aftermath of surviving polio

Click anywhere in this article to link to the interview.

▶ Listen now Download audio

Thursday 22 February 2018 9:06AM **(view full episode)**

Polio was, and still is in some countries, one of the most devastating childhood diseases- a virus that can cause paralysis in the more severe cases and in some instances death.

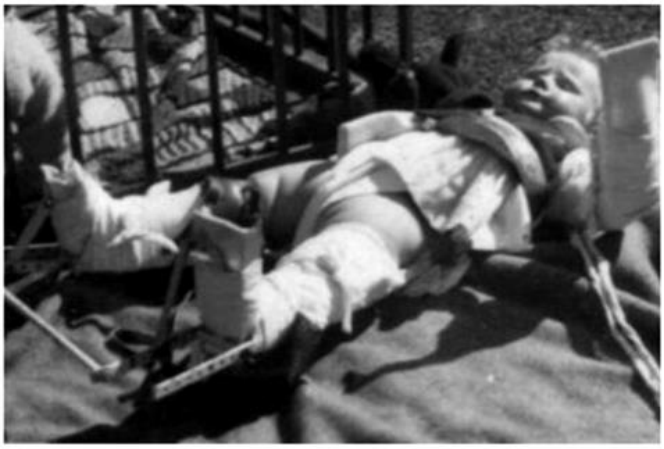


IMAGE: GILLIAN THOMAS AT ABOUT 18 MONTHS

Australia was officially declared polio free in 2000, but that doesn't mean that the effects of the virus have disappeared entirely.

People who contracted the virus as children are now experiencing a range of symptoms which can be directly traced to the illness. As an added complication, some people who contracted the virus as a child, may not even be aware they had it.

Gillian Thomas is a polio survivor and president of Polio Australia, as well as the state branch in NSW, and Paul Cavendish is an exercise physiologist and clinical health educator with Polio Australia.

"Still Here!" Website

Polio Australia has re-launched our ***"Still Here!"*** website with a new focus on Australia's polio survivors. You can post your story and photos to appear on the website; you can read others' stories; as well as keep up-to-date with all of Polio Australia's activities! The website will be updated regularly, so visit www.stillhere.org.au to see our brand-new look and browse the newest information and stories!

CoS Programme Handbook: Easy To Read Version

The Commonwealth Continuity of Support (CoS) Programme now offers an *Easy Read* version of the Handbook for clients. Click on the picture (left) to view the PDF. Below are some key points about CoS:

- The CoS Programme (CoS) aims to help older people with disability receiving state-managed specialist disability services who are not eligible for the National Disability Insurance Scheme (NDIS).
- You will receive the same support services you were getting before you moved to CoS.
- The Australian Government Department of Health will manage CoS instead of your state or territory government.
- You will continue to receive your existing services until you move to CoS.
- You do not need to be assessed again to enter CoS.
- You can stay with the same service provider. If the service provider cannot do this, we will help you find a new service provider.
- If you pay a fee for services now, this amount will not change under CoS. If you don't pay fees, this will not change.
- If this is how you received your supports before, you can remain on an individual budget model under CoS.
- Once you begin as a client under CoS, if your needs change your service provider will undertake (or organise) a review of your supports.
- Depending on the outcome of this review, there are some options where you can stay in CoS and get the extra supports you need.
- However, as was the case when you were receiving state-managed specialist disability services, for other clients whose needs change they will leave CoS and enter aged care services.
- Aged care may offer many clients the services that best match their needs.
- Support is available if you need to leave CoS and access aged care supports.

Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 October to 31 December 2017. Without you, we could not pay our rent, core operating expenses, or management staff!

Hall of Fame

Name	Donation
Dr John and Pam Tierney	$3,200
Eastern Region Polio Support Group (Vic)*	$4,749.06
	Total—$7,949.06

General Donations			
Jill Burn	Barbara Burnett	Rohan Clark	Sahra Elphick
Joan and Graeme Smith	Liz Telford	Gillian Thomas	Sandra Woodbridge
Toowoomba Polio Group (Qld)*		Croydon Men's Shed (Vic)	
Total—$2,935.60			

Breathe Fundraiser Donations	Donation
Gary Newton	$4,000
APCO Service Station	$2,000
Yellow Brick Road	$500
Buxton Real Estate	$500
Rotary Club of Geelong	$407.90
General Takings	$4,983.19
	Total—$12,391.09

Grand Total—$23,275.75

* In the last quarter of 2017, Polio Australia received generous donations from two independent Polio Support Groups, the Eastern Region Polio Support Group in Victoria and the Toowoomba Polio Group in Queensland. Whilst Polio Australia greatly appreciates this financial stimulation, it is sadly due to the closure of the support groups mentioned, and Polio Australia was the benefactor of residual funds in their accounts.

We know many Polio Support Groups around Australia are considering their long-term future, as many of the Conveners and group members experience increasing fatigue levels and mobility issues. Polio Australia believes that the Polio Support Groups have a very important place in the community, but also appreciates the increasing struggle some groups are now facing.

If your group falls within this category, we would always encourage you to first communicate with your own state Polio Network, where applicable. They may be able to suggest strategies and/or provide other types of support.

In the case where a Polio Support Group has decided to cease operating, and is not affiliated with a state Polio Network, Polio Australia can be contacted for further information regarding the transfer of residual funds. Polio Australia has established a special account for this purpose, ensuring these donations will be used to continue supporting polio survivors in all states in the coming years.

Gary's Polio Project To India *(cont'd from P3)*

Jennifer Merrett
I have heard it said that India changes perspectives. It does! I keep thinking of the little street that I walked down with Annie and the people, open drains and strange smells there. The people looked content in such extreme poverty. That was such an eye opener for me. I was glad it was decided not to stay to administer the vaccine when we reached the polio booth in that particular area, for whatever reason, because if we did, I would have cried.

National Immunisation Day (NID) was amazing. It was great to see the little kids delivered by car, bike or foot. Generally, with happy little faces. So good to be a part of this.

Seeing Sai Padma and Anand and learning of their work at Global Aid India was inspiring. Spending 3 days with them in Vysag was wonderful. I'm sure Sai's vision of a rehabilitation centre for polio survivors will become a reality.

Within my mind, I have examined so many aspects of our journey. For me, a rich bond of friendship emerged with each person in *Gary's Polio Project to India* team. We shared something quite unique together, which is meaningful in the big picture. And thanks to Gary's initiative, we made a difference in some small way. India is magical, it has beckoning powers and I hope to return.

Annie
A wonderful trip; the people we met along the way were amazing. Loved the children, so great to experience a National Immunisation Day and all that went with it in India.

Dalice Dalton
How lucky was I to be part of such an exciting project. India was a country I had always been interested in visiting ever since researching it as a Girl Guide for my Queen's Guide Emblem. Also the fact that I am a polio survivor made it a project close to my heart and the thought of being part of such a worthwhile cause left me with no doubt that this trip was for me.

The first day after our arrival in Delhi (the night before) started with a breakfast meeting with heart specialist, Dr Nischal Pandey, who quickly became our friend. He does so much work for underprivileged and sick kids both in Delhi and in his home village, some 100s of kilometres away. Such a gentle, unassuming, kind and inspiring man. We would meet up with Dr Nischal again on Day 5 at the NID when our dedicated drivers picked us up and drove for a couple of hours to a private school in Ghaziabad. After an entertaining chat with the vice principal and meeting lots of Rotarians from all around the world, we then gathered together in the assembly hall for some entertainment from the children. They performed some traditional dances and played out a skit where they cleverly portrayed what was to happen on NID and how the poliovirus would be eradicated.

(cont'd P9)

Gary's Polio Project To India (cont'd from P8)

L-R Standing: Dalice Dalton, Indian friends, Jan McDonald, Gary Newton
L-R Sitting: Sai Padma, Jennifer Merrett, Annie Newton

We then assembled outside for the Polio Awareness Rally. Another lump formed in my throat as we five Aussies strove to get to the front to march next to our glorious Aussie flag. I felt so proud to be there. We had flags and banners all reading *"Keep India Polio Free"* and this is what we chanted all through the streets as loud as we could. I've never partaken in a rally before and I had a ball.

Hopefully, all that provides you with a good sense of what we were so fortunate to experience in India in January. We five Aussie travellers were a great fit. We were all on the same page as far as respect, care and consideration for each other. I couldn't have wanted a better team to be a part of.

More about the End Polio Now campaign in India

The aim, by 2.5 million volunteers, was to immunise 172 million children under 5 years old, over two days, to minimise the risk of the poliovirus coming back from Pakistan or Afghanistan and re-infecting Polio Free India.

Although India is now free from polio, it doesn't mean that they (or the world for that matter) can drop their guard. Very close by is Pakistan and Afghanistan which still harbour small pockets of polio.

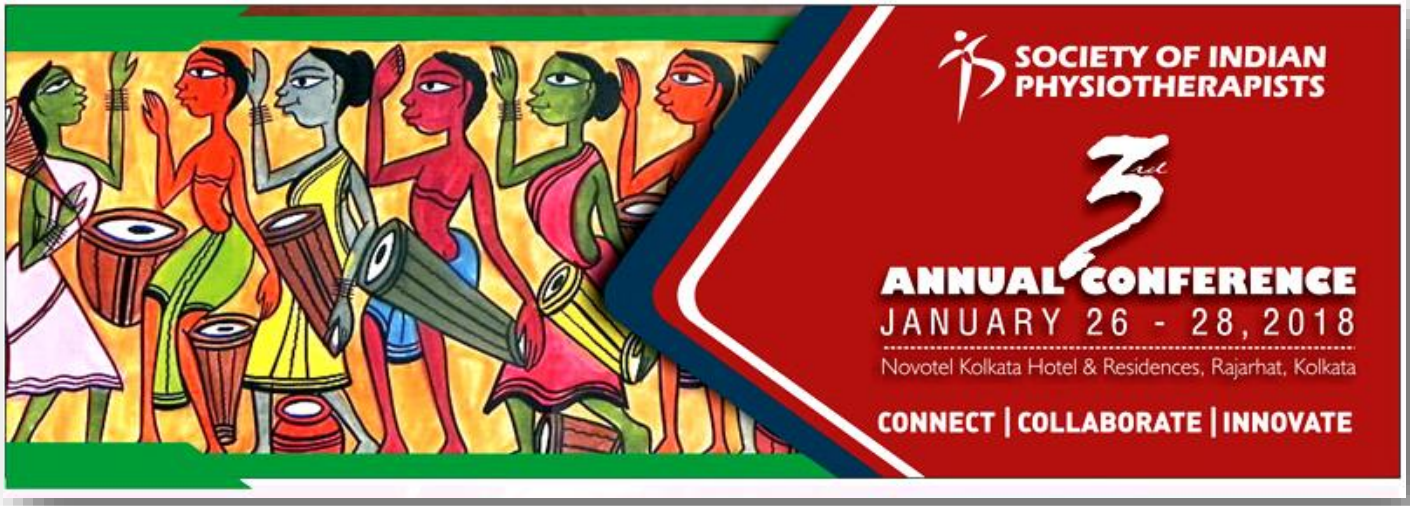
Small pockets of polio left unattended means a global problem again of possibly 200,000 new cases within 10 years according to the World Health Organisation. We're very close to reaching a polio free world. However, until we do, we must and will keep immunising as many children as possible to spare them from a life of disability and pain.

SIPCON—Gary's Video Presentation

When word got out that Gary Newton would be in India, he was invited to attend the 3rd Annual Conference of the Society of Indian Physiotherapists (SIPCON) from 26-28 January, 2018, in Kolkata to be part of the panel discussion on 'Post-Polio Syndrome: What, Why And How Do We Manage It?'.

Unfortunately, Gary was unable to align his schedule to travel to Kolkata. However, he did record a video which was played as part of the panel discussion. View it here.

For more information on the Society of Indian Physiotherapists and their Annual Conference, visit their website: www.sip-physio.org



Assistive Technologies

By Kymberly Martin

Source: freedom2live.com.au – 21 February 2018

Evidence confirms what AT practitioners and AT users have long known. Assistive products and services, or soft technologies which match and deliver them, are effective solutions to daily living problems. They enable people living with disability and people ageing into disability, to achieve their participation-based goals.

The World Health Organization (WHO) recently adopted a resolution intended to make AT more accessible worldwide, and called for six key actions to improve availability, standards, collaborations, R&D and more. WHO has also established the Global Access to AT (GATE) initiative to deliver AT to those who need it.

Swinburne University lecturer and occupational therapist Dr Natasha Layton (pictured) recently joined global researchers and educators at the Global Research, Innovation and Education in Assistive Technology (GREAT) Summit at WHO headquarters in Geneva, where discussion focused on service provision, research, education and training relating to AT policy, products, personnel, provision and use.

"Although participants work in different parts of AT development, supply, research and education chain, with very different AT products, there was a great sense of unity of purpose at the Summit", Layton told F2L.

"All pieces of the AT puzzle are needed for AT to be appropriately delivered to those who need it. This guiding principle is evident across the 92 snapshots of scalable AT innovations which were shared at the summit," she said.

The World Health Assembly (WHA) *Draft Resolution on Improving Access to Assistive* Technology, takes global co-operation on AT to a new level. Resolutions are proposed by member countries and become a powerful directive to governments and WHO to enact the Resolution objectives. The Draft Resolution was accepted on January 22, 2018 and the Final Resolution will be taken forward to the next WHA.

The Resolution called for WHO action at two levels. Firstly, it sets an agenda for member states to strengthen their AT policies and programs and to ensure trained AT practitioners and technical staff are available. Also, to secure AT access, consider a national AT list and promote research and cooperation across national borders, pursue barrier free environments and collect data on the need and benefit of AT.

Secondly, to develop a world report on AT;

technical and capacity-building support to assist nations develop AT policies and programs; technical and capacity-building support: establishing regional / sub-regional manufacturing, procurement and supply networks for AT; develop minimum standards for AT and regular review and reporting on progress until 2030 to ensure enactment.

The 'mainstreaming' of assistive features within information and communication-based technologies, the rapid evolution of materials such as carbon fibre, and production methods such as 3D printing, has provided opportunities to address the under-realised potential of AT. *"The last decades of AT research gave a good practice blueprint – the 'technology chain' of inclusive and accessible environments, a skilled AT workforce, and consumer-focussed policies – as necessary ingredients for great outcomes,"* Layton said.

Australia is one of 175 Member States who have ratified the United Nations Convention on the Rights of Persons with Disabilities, with Articles 4, 20, 26 and 32 setting forth the obligation to ensure access to AT for an affordable cost and to foster international cooperation in order to achieve this.

(cont'd P11)

Assistive Technologies *(cont'd from P10)*

Layton said from an Australian perspective it was clear that AT innovation does not rely on established R&D centres. Many examples of affordable and scalable technologies came from countries without manufacturing infrastructures, making AT products 'in the field' with sustainable materials, she said, supported by technologies such as the internet, CAD design and 3D printers attached to portable batteries. *"From an AT design and deployment view, Australia has much in common with countries such as Africa, where AT products and services must serve sparse populations in similar physical conditions."*

According to Layton this is a call to arms to fully realise the potential of AT for all. Peak bodies such as ARATA are working with AT professional organisations globally to inform, support and contribute to these global endeavours, and to keep Australian stakeholders informed. ARATA stand ready to support the implementation of the Resolution should it be accepted by the WHA in late May this year.

Layton is one of the presenters for the education program at the ATSA Expo in Melbourne in May. Responding to the WHO resolution, ATSA executive officer, David Sinclair told F2L it was pleasing that the provision of AT is receiving the focus and interest it deserves. *"ATSA welcomes the recent statement from the WHO recognising the importance and impact to lives that AT has. This supports the changes implemented by Australian Governments to meet the United Nations Convention on Human Rights of Persons with Disabilities, following the introduction of the National Disability Insurance Scheme, MyAgedCare, and the National Injury Insurance Scheme."*

He said the WHO has demonstrated its holistic understanding of the supply of AT, by *'emphasizing the need for a comprehensive, sustainable and multisector approach to improving access to assistive technology that fulfils the safety and quality standards'*, which is endorsed by ATSA. Sinclair believed that although some may think a statement from a world based organisation will have little or no effect here it would be a missed opportunity, *"as Australia is a signatory to and contributor to the WHO".* According to Sinclair the WHO statement gives an insight of what over time will most likely become the policy and approach of the Australian Government. He encouraged AT providers to take the time to read the statement and consider how they may need to shape their business for the future.

To add your voice and stand with global colleagues connect with GATE on: https://mednet-communities.net/gate/ and ARATA on: www.arata.org.au/

Assistive Technology A Priority In 2018

By Kymberly Martin

Source: freedom2live.com.au – 7 February 2018

Developing new strategies to deal with a more consumer-driven world is vital to the assistive technology (AT) sector with this year already shaping up with a number of major activities underway. It will also be a big year of roll outs for the National Disability Insurance Scheme (NDIS) and, as Western Australia comes on board, demand on the industry will be high, Assistive Technology Suppliers Australasia (ATSA) executive officer, David Sinclair, told F2L. ATSA anticipates that the 2018 priorities for the industry will relate to supply and prescription of AT in response to the shift to supply in a consumer-driven world. *"The industry will need to develop and refine suitable strategies to manage these changing demands,"* said Sinclair.

Each provider of AT is encouraged to educate and equip themselves with the latest information. This is not just in the disability space but the ageing sector as well, as society develops person-centred choice and control. *"AT is an integral element for enabling people to fulfil their life goals and objectives, providing opportunities for all. The National Disability Insurance Agency (NDIA) has also recognised this with the resent release of the Market Insight report that demonstrates the growth and opportunities for the AT sector in the context of the NDIS."*

The ATSA Living Expos being held in Melbourne and Perth in May have been organised to support the industry in this time of great change, he said. The expos bring AT and lifestyle services and products together to support people with disability and include an extensive program of consumer and professional based educational presentations.

"ATSA has already experienced great interest in the 2018 expos with more exhibitors signed up than previous years. The Perth event will be a first for ATSA which is already looking like a hit."

The ATSA expos will be held at the Melbourne Showgrounds from May 16-17 and the Perth Claremont Showgrounds from May 30-31, 2018.

According to Sinclair two important Federal Government undertakings should not be overlooked in early 2018. These are:

The Senate inquiry into 'The *need for Regulation of Mobility Scooters, also known as Motorised Wheelchairs*' which has the potential to affect a number of people in the community as it will restrict the weight and speed of powered mobility. Sinclair said ATSA supports fairness and equity for seniors and people with disability, rather than over-regulation leading to misalignment with internationally accepted standards. *"However, the inquiry should focus on the real issues, education and infrastructure and not just the mobility device itself. ATSA encourages all users and suppliers to respond to the inquiry so that best outcomes for all will be achieved."*

On December 13, Minister for Urban Infrastructure and Cities, Paul Fletcher, announced major changes to legislation to replace the existing Road Vehicle Standards Act which was to come into effect from 2019. The aim is to provide increased consumer choice through expanding and improving the pathways for importing specialist and enthusiast vehicles including performance, low emissions and mobility access vehicles. This legislative package, Sinclair said, is the most important set of changes to the Australian Government's regulation of motor vehicles in almost three decades. The Bills were to be introduced and debated in Parliament in the New Year.

"I encourage businesses involved, along with users of mobility access vehicles, to consider providing their feedback on the drafts of the Bills by mid-February 2018."

The Road Vehicle Standards package of Bills and information on the consultation process can be found on the department's website.

For more information visit:
infrastructure.gov.au/vehicles/mv_standards_act

Pain Priority For Aged Care Reform

Source: Pain Australia E-News – Issue 77

Painaustralia's Submission to the Consultation on Specialist Dementia Care Units (SDCUs) has identified effective pain management as a core area of responsibility across all aged care settings and considered in all aspects of aged care reform.

Current practices within the aged care sector allow pain to remain unrecognised or undiagnosed because of cognitive or other communicative impairments and inadequate training of aged care staff with day-to-day responsibilities for residents.

As far as is known, dementia itself does not cause pain, however people living with dementia are at greater risk of other things that can cause pain such as falls, accidents and injuries, as well as a range of other medical conditions that can cause pain.

People with dementia are also less able to express emotion or communicate to their carers that they are in pain, which can cause severe behavioural and psychological symptoms of dementia (BPSD).

The establishment of SDCUs for people with BPSD offers an opportunity to provide person-centred, multidisciplinary care for people living with BPSD, but must be considered as part of a broader strategy to improve care and pain management across aged care settings.

While Severe Behaviour Response Teams (SBRT) in existing aged care settings do help resolve some unmet need for people with BPSD, particularly undiagnosed pain, a range of additional measures will be necessary to ensure providers and carers can best respond to severe BPSD.

This includes the urgent need to improve the prevention, treatment and management of pain across aged-care settings through a national pain management training program for all aged care staff; national standards to improve the reporting of pain in aged care facilities; a national pain management program for all people living in residential aged care; greater access to services through the Aged Care Funding Instrument; and implementation of the National Pain Strategy to ensure best-practice pain management occurs in all residential aged care facilities.

Rego Discounts For Modified Vehicles

By Kymberly Martin

Source: freedom2live.com.au – 21 February 2018

The Victorian Government and VicRoads now provide registration discounts for all vehicles that have been modified to make them accessible for people with disabilities. The registration discounts apply to Victorian residents with a modified vehicle who are in a wheelchair and have hand controls to drive a car, or who are intending to buy a new vehicle for these purposes.

In 2010, Spinal Cure Victoria director, Gary Allsop, was in the throes of purchasing a new vehicle when he found a letter from the former Victorian Minister for Transport, Peter Bachelor, that revealed some valuable details. This was that he was eligible for refunds from VicRoads on the registration fees he had paid for his modified vehicle.

"If you intend buying a new vehicle to have converted to carry a wheelchair, then the stamp duty that might be applicable to that vehicle is refundable," Allsop told F2L. *"The way you go about retrieving that money is firstly registering the vehicle as a wheelchair vehicle. After you have the registration papers you can then email your details to returns@sro.vic.gov.au at the State Revenue office or call them on 03 9628 0000 for further information. You may be asked to provide further details, such as a statutory declaration.*

"If you are a pensioner and own a converted wheelchair vehicle that carries someone sitting in a wheelchair, in my case being a quadriplegic, you should now pay half the Transport Accident Charge (TAC) and no registration fee. If you own a wheelchair vehicle and are working you would

(cont'd P14)

Rego Discounts For Modified Vehicles *(cont'd from P13)*

pay the full TAC fee but no registration fee," he said.

A vehicle is eligible for a full discount or no registration fee if it's registered in the name of a person with disability, their parent or legal guardian if they are a minor, and if the vehicle has been significantly modified to transport those sitting in a wheelchair. To be eligible for this discount, the vehicle needs to be modified so that people who use wheelchairs can enter and leave the vehicle in their wheelchair, are able to transport at least one person who uses a wheelchair, or whose mobility is profoundly impaired.

The vehicle must be registered as a wheelchair vehicle and may need to be presented at a VicRoads depot for inspection or require a letter from a GP stating the person's condition and what year it occurred. Additionally, some people may be eligible for a refund from VicRoads for all the registration fees previously paid dating back to 2004, regardless of whether they are a pensioner or not, providing the vehicle is set up to carry a person sitting in a wheelchair.

In Allsop's case, registration fees paid on two vehicles dating back to 2004 gave him a refund of around $700. *"To see if you qualify for a refund under any of these circumstances call VicRoads on 13 11 71 about your vehicle status, what modifications you have had done and what refunds you may be entitled to,"* Allsop said. *"Also, if you have a disability and drive a car with modified hand controls, you are now eligible for the 'no registration' fee."*

Shingrix: Is The Hype Justified

By Paul A. Offit MD

Source: Medscape—13 February 2018

My name is Paul Offit from the Vaccine Education Center at Children's Hospital of Philadelphia. I want to talk about a newly licensed and recommended shingles vaccine.

Shingles, as you know, is a reactivation of an original chickenpox infection that travels down a dermatome and causes rash and pain. It's a common infection — roughly 1 in every 1,000 people every year in the United States will suffer shingles, and about 1 in 3 people in the United States will suffer shingles in their lifetime. Usually, shingles occurs in those > 65 years of age.

The pain of shingles is one of the worst pains in medicine. It's right up there with corneal abrasions, labor and delivery, and kidney stones (which is like labor and delivery for men) — an incredibly painful experience.

The first shingles vaccine was licensed and recommended in 2006. It's called Zostavax® and is a live, weakened form of the chickenpox (varicella) virus. In fact, Zostavax is the varicella vaccine; it's just 14 times the dose. The efficacy of Zostavax against rash was about 51%; the efficacy against postherpetic neuralgia (the pain associated with shingles) was about 67%, and the duration wasn't great. After about 4 years, the protective effect for postherpetic neuralgia went from about 67% down to about 30%.

(cont'd P15)

Shingrix: Is The Hype Justified (cont'd from P14)

Recently, in October 2017, another shingles vaccine was licensed and recommended. It's called Shingrix, and it's made in quite a biologically different manner. Instead of being a whole weakened form of the virus, it's just one protein that sits on the surface of the virus — the so-called glycoprotein E — and then two adjuvants are used. One adjuvant is called monophosphoryl lipid A (which is just a detoxified lipid A), the same adjuvant that was used in Cervarix®. The other is a novel adjuvant, one that we haven't used in this country before. It's called QS-21. It's a glycoside (specifically, saponin). The "QS" stands for the name of the tree (*Quillaja saponaria*) from which this product was purified. It's a soap tree indigenous to Chile. The "21" stands for the 21st chromatographic peak from which this saponin was isolated.

If you look at the efficacy of Shingrix against rash, it's not 51% (as was the case with Zostavax); it's in the mid-to-high 90% range, for all age groups — even for those over 70 years of age. Similarly, if you look at the protective efficacy against postherpetic neuralgia, it's in the high 80% to low-mid 90% range, and the duration is much greater — 4 years later, the protective efficacy is still about 85%.

How should this vaccine be used? This was the question faced by the Advisory Committee on Immunization Practices (ACIP) in October. They made the following recommendations:

- This vaccine can be given starting at 50 years of age;
- It's a two-dose vaccine, with the second dose being given 2-6 months after the first;
- It is the preferred vaccine — those who have not yet received a shingles vaccine should receive Shingrix rather than Zostavax; and
- Even if you've already had Zostavax, it is still recommended that you receive two doses of the Shingrix vaccine.

It's pretty remarkable. Typically, the gold standard for inducing long-lived, highly effective protective immune responses is much better defined for live attenuated viruses than for purified protein (so-called "subunit vaccines"), but this is one of those rare examples — in fact, the only example I can think of — where the purified protein (the glycoprotein A) vaccine induces a better and longer lasting response than the live attenuated viral vaccine.

The side effect profile for systemic side effects (fever, myalgia, chills) is somewhat worse for Shingrix than for Zostavax, but that said, fewer than 5% of people who received Shingrix said that it interfered in any sense with their daily lives. So, it certainly looks like the better vaccine.

Any views expressed above are the author's own and do not necessarily reflect the views of WebMD or Medscape.

Rare Franklin Roosevelt Photo

By Ellen Moynihan

Source: New York Daily News – 9 January 2018

A rare photograph of President Franklin Roosevelt wearing the braces he needed to stabilize his polio-stricken legs was unveiled Monday at the Roosevelt House Public Policy Institute at Hunter College.

The image, shot by Daily News photographer Martin J. McEvilly in 1933, depicts the President as few ever saw him.

The photo was presented to Roosevelt House as a gift from the Daily News. Never published in The News, the picture was discovered during the digitalizing of the photo archives in the 1990s.

Roosevelt House is the former residence of the Roosevelts and the photograph was taken on the stairs outside the building.

"It shows Franklin Roosevelt in a way he never wanted to be seen," said News editorial writer Michael Aronson. *"It shows him completely determined but completely disabled.*

(left-right) Hunter College President Jennifer Raab and former Daily News Editor-in-Chief Arthur Browne and his grandchildren at Roosevelt House Public Policy Institute.

(Jefferson Siege I New York Daily News)

(cont'd P16)

Rare Franklin Roosevelt Photo *(cont'd from P15)*

He was very careful to hide that fact."

The presentation was made during a ceremony honoring former News Editor-in-Chief & Publisher Arthur Browne, who retired Dec. 31 after 44 years at the newspaper.

The former copy boy, reporter, columnist, city editor and editorial page editor was feted by a host of dignitaries including Gov. Cuomo, Manhattan District Attorney Cy Vance and Police Commissioner James O'Neill.

"Good journalism pushes elected officials, and elected officials push good journalists," Cuomo said. *"I want to thank you on behalf of the people of the state, on behalf of my father (the late former Gov. Mario Cuomo) and on behalf of myself."*

Browne, surrounded by reporters, editors, elected officials and public policy wonks, saluted all who worked to make New York a better place.

"I thank you all because I know you all care deeply about the people of New York City, and most of you have expressed your devotion through journalism," he said. *"It's been absolutely great, and I want to thank you all for all of this."*

Dr Mathew Varghese

Mathew Varghese's polio ward at St Stephen's Hospital has eight women in plaster and traction, all in different stages of recovery after undergoing surgeries to straighten their legs or spine.

(Sanchit Khanna/HT Photo)

The polio warrior who wants his ward empty

By Anonna Dutt

Source: Hindustan Times — 14 January 2018

Microsoft-founder and philanthropist Bill Gates has called him one of five *"heroes saving the world"* who inspire him in *GatesNotes* last week, but Dr Mathew Varghese, an orthopaedic surgeon who runs India's only polio ward at St Stephen's Hospital in Delhi, has not read the post. *"I rarely read anything online. I just use WhatsApp to look at x-rays,"* he says.

His one dream is to see the polio ward empty, but fears his wish may not come true in his lifetime.

India eradicated polio seven years ago — the last case was reported on January 13, 2011 in the Howrah district in West Bengal — but millions who survived it live with the scars.

In the early-90s, polio crippled more than 50,000 children each year. *"There are many polio-affected people out there who can lead a more normal life with the orthopaedic surgeries. It will take another 50 years for the devastating effects of polio to not be visible,"* said Dr Varghese, who refuses to disclose his age but flaunts 30 years of work experience surgically-correcting and rehabilitating people affected with polio.

His ward this week has eight women in plaster and traction, all in different stages of recovery after undergoing surgeries to straighten their legs or spine. *"Do you know why there are eight women in the ward now?"* he asked. *"It's because it's exam time and most men are busy studying. Only women who are not in school or college get surgery done at this time of the year,"* he said.

Dr Varghese's first close encounter with polio was three decades ago when, as a senior resident at Maulana Azad Medical College, he started going to the Sanjay Amar Colony slum with a group of other doctors every Saturday to treat the poor. *"Several patients had deformities caused by polio and I decided to help them,"* he said.

Over the decades, he's touched and changed many lives. *"Most patients with this condition say that they do not believe in god. Why should they? They do not deserve life-long suffering,"* he says.

He does his bit to mitigate the suffering. St Stephen's cross-subsidises treatment for needy patients and offers surgery, physiotherapy, supportive devices and hospital stay free to all

(cont'd P17)

Dr Mathew Varghese (cont'd from P15)

polio patients admitted to the hospital. Since 2001, the polio programme is aided by Rotary India.

Treating people is extremely humbling and for Dr Varghese, learning never stops. *"Once on my door-to-door rounds in a Haryana village, I saw a child I had put on callipers walking around without them. I started scolding the mother, telling her that her carelessness would lead to his leg getting twisted again and his needing surgery,"* he said.

"When I paused for breath, the mother calmly explained that the child has outgrown his callipers. 'We took him to the hospital to get new ones, but were told he'll get a new one only after two years. We don't have the money to buy them, so he does without,' she said. I was ashamed," he said.

Dr Varghese is at the ward before 8am each day and tries to treat everyone who reaches the ward. *"Most orthopaedic beds in government hospitals are occupied by accident victims, there are no beds for polio patients. I try to admit outstation patient immediately to save them travel, and if a patient is from Delhi, reschedule them for a day when a bed is free,"* he said.

Polio cases are far from easy to treat and the complex surgeries need extensive planning. *"The surgeon must have thorough knowledge of all the bones and joints as polio can paralyse any part of the body.*

"I thought if no one can do it, I should be extremely good at it," he said. *"Even today, we avoid giving polio cases to residents for practical exams, knowing well they would flunk the test,"* said Dr Varghese.

An avid photographer, he captures his memories on a camera he carries around with him wherever he goes. Each photograph in his slide-show of more than a hundred pictures has a story that he narrates in a small basement full of books, files and souvenirs.

Among his prized possessions are paintings made by his patients, including his large life-like portrait on the wall opposite the door of his office. *"I tell my friends that they will not have to look for my photograph after I die, it's already here,"* he said.

Dr Varghese encourages patients to use their time in the ward to learn and create. And they do. Kiran Bhardwaj, 27, a postgraduate who has been living in the ward for 10 months for four corrective surgeries for her spine and legs, paints when she is fit enough to sit up after surgery. *"This time, I will leave on my feet,"* she said.

Now that India is polio free, what keeps him going? He look at the happy faces of his patients and smiles widely, *"Do I really need to tell you?"*

Killing Of Mother-Daughter Team

Killing of Mother-Daughter Team Shakes Polio Eradication Drive in Pakistan

By Donald G. Mcneil Jr

Source: New York Times — 22 January 2018

Two polio vaccinators — a mother-daughter team — were shot dead in Pakistan on Thursday [18 January], the first time in two years that the polio eradication drive has been shaken by assassinations.

While tragic, the killings in Baluchistan province will not seriously disrupt Pakistan's eradication drive, said one of its leaders.

"We are very close to winning the battle," said Aziz Memon, a textile executive who heads Rotary International's local polio vaccination efforts.

Last year, Pakistan had only eight confirmed cases of polio paralysis; four years ago, the nation had 306.

Photo: A relative mourned next to the body of a polio vaccination worker who was killed by gunmen in Quetta, Pakistan, on Thursday.

Credit Arshad Butt/Associated Press

(cont'd P18)

Killing Of Mother-Daughter Team *(cont'd from P17)*

The only other country with ongoing transmission of polio is Afghanistan, which had 14 cases last year, most of them in provinces adjoining Pakistan and among Pashtuns, the predominant ethnic group in border areas.

A health worker gave vaccine drops to a child in Kasur, Pakistan, on Thursday, days after the country launched an anti-polio campaign across the country.

The two countries now coordinate their national vaccination days, in which more than 200,000 part-time canvassers in Pakistan and 40,000 in Afghanistan try to give vaccine drops to every child under age 5.

Two years ago, the blast of a suicide bomber near a polio center in Quetta, the province's main city, killed a local official and 13 police officers assigned to guard vaccination teams. The Pakistani Taliban claimed responsibility.

The Taliban in Afghanistan has never opposed polio vaccine; hostility to it by some factions of the fragmented Pakistani Taliban has largely faded in the last two years, Mr Memon said.

But there is persistent hostility between Pakistan's military and clan militias in some mountainous border areas that have never been fully under government control.

The vaccinators, a 38-year-old woman and her 16-year-old daughter, were each shot in the head by motorcycle-riding assassins, Pakistani authorities said. Mr Memon said he would go to Quetta to console and compensate the widower, a truck driver with six other children. In the past, Rotary has given the families of murdered vaccinators thousands of dollars.

The other disease closest to complete eradication is dracunculiasis, better known as Guinea worm disease. In 2017, there were only 30 cases in the world, 15 in Chad and 15 in Ethiopia, according to the Carter Center in Atlanta, which leads the fight against it.

Afghanistan Expands Environmental Surveillance

Environmental sampling from an open drain in Kabul city in August 2017. Samples are generally collected in the early morning when there is a higher flow of sewage. Photo: WHO/S.Ramo

Source: www.polioeradication.org – 22 January 2018

Afghanistan's surveillance system is the strongest it's ever been, says country experts.

Afghanistan is increasing the drive to track and understand the movement of the poliovirus by expanding environmental surveillance – collecting and testing sewage samples for poliovirus in the laboratory – to all regions. At the end of 2017, a new environmental sampling site became operational in Kunduz province, becoming the 20th site since the collection and testing of sewage samples for poliovirus began in Afghanistan in 2013, with WHO support.

In 2017, 317 sewage samples were collected from all sites, and 30 of these showed that the poliovirus was present. This insight means that the polio eradication team knows where the virus is, without relying on the identification of paralysed children. Given that for every one polio victim there can be hundreds of 'silent' cases – children infected but with no symptoms – improved environmental surveillance is like giving the programme x-ray glasses with which to find and track the virus.

Reaching All Children In The Lake Chad Basin

Source: www.polioeradication.org
— 21 February 2018

In at-risk areas of Chad, large-scale polio campaigns are increasing the immunity of every child.

The discovery of wild poliovirus in Borno and Sokoto states in Nigeria in 2016 after more than two years without any reported cases prompted a multi-country response in neighbouring countries of the Lake Chad basin, covering Cameroon, Central Africa Republic, Chad, Niger and Nigeria. Since the outbreak response started, coordinated vaccination campaigns have been taking place in all five countries, reaching tens of millions of children. This year, campaigns are planned for March, April and October – all of them synchronized between the neighbouring countries.

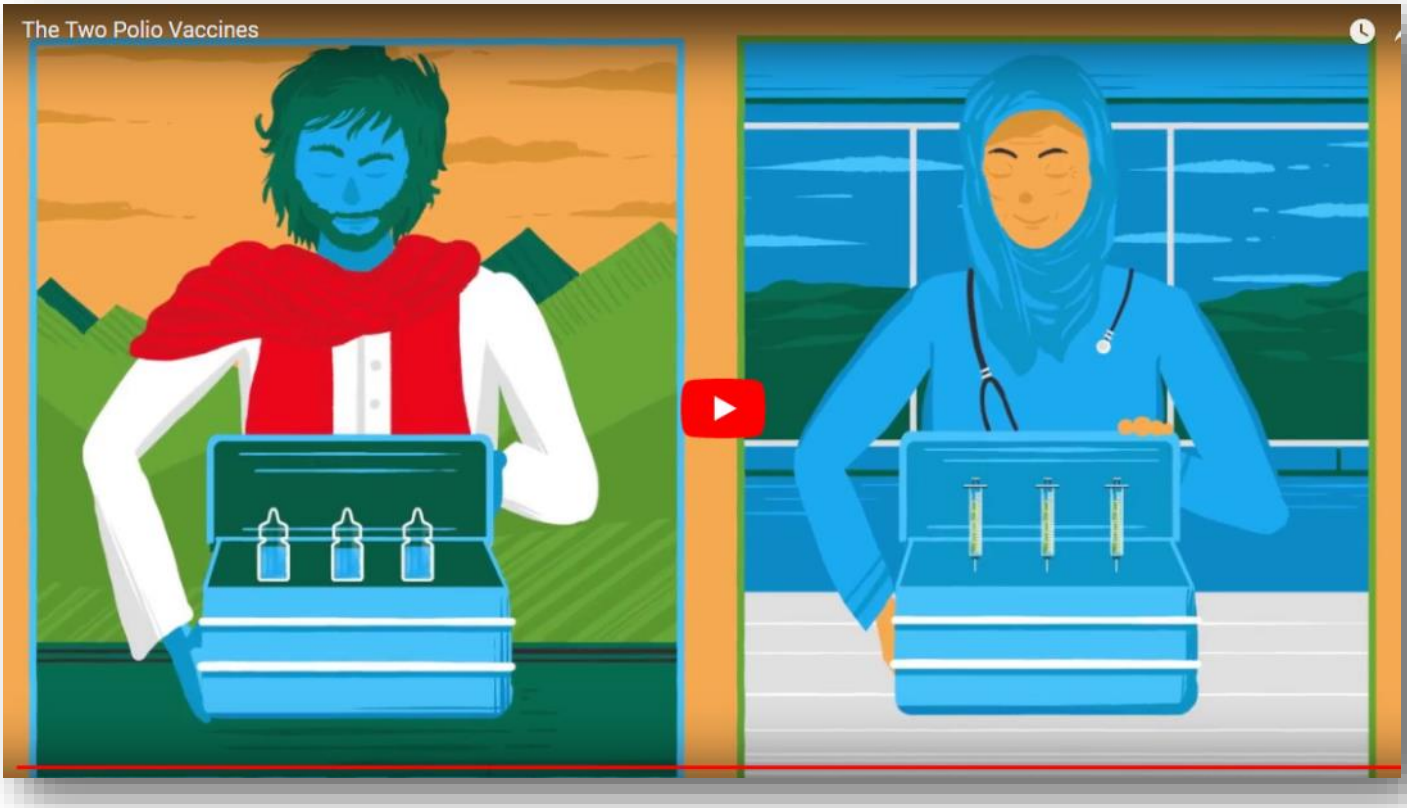
In Chad, vaccination activities for polio and other diseases are being carried out in priority districts, supplementing regional campaigns which aim to target the hardest-to-reach children.

A child is vaccinated in a nomadic camp in the village of Ngouboua, in Chad's north-west region. Additional vaccination activities have taken place in priority districts in Chad between regular campaigns to help strengthen the immunity of children under five.

The Two Polio Vaccines

Source: www.polioeradication.org

Polio can't be cured, but it can be prevented. Two important tools help to prevent polio – two safe, effective vaccines. Find out about the oral polio vaccine and the inactivated poliovirus vaccine and their roles in the polio eradication effort. Click on the picture below to link to the video.



Polio This Week

Source: Polio Global Eradication Initiative — as of Wednesday 27 February 2018

In response to recent cases, the government of the Democratic Republic of the Congo (DRC) has announced the circulating vaccine-derived poliovirus 2 (cVDPV2) outbreak ongoing in the country as a Public Health Emergency of National Concern. Since the outbreak began, the Ministry of Health, supported by WHO and partners of the Global Polio Eradication Initiative, has implemented four monovalent oral polio vaccine 2 (mOPV2) supplementary immunization campaigns and one mop-up campaign to prevent virus spread. They have worked hard to strengthen surveillance and routine immunization in the outbreak zones and across the country, and are fully committed to ending the outbreak. The total number of officially reported cVDPV2 cases in the DRC in 2017 is 21. No cases of cVDPV2 with onset in 2018 have so far been reported.

Wild poliovirus type 1 and Circulating vaccine-derived poliovirus cases

Total cases	Year-to-date 2018		Year-to-date 2017		Total in 2017	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	3	0	3	0	22	95
—In Endemic Countries	3	0	3	0	22	0
—In Non-Endemic Countries	0	0	0	0	0	95

Case breakdown by country

Countries	Year-to-date 2018		Year-to-date 2017		Total in 2017		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Afghanistan	3	0	2	0	14	0	6 Jan 2018	N/A
Democratic Republic Of The Congo	0	0	0	0	0	21	N/A	3 Dec 2017
Pakistan	0	0	1	0	8	0	15 Nov 2017	N/A
Syrian Arab Republic	0	0	0	0	0	74	N/A	21 Sep 2017

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

Polio Australia

Representing polio survivors throughout Australia



Polio Health and Wellness Retreat
Body / Mind / Spirit

Stamford Grand in Glenelg, South Australia
Thursday 11, Friday 12, Saturday 13 and Sunday 14 October 2018

Expression of Interest Only

Polio Australia will once again be facilitating its 4 day / 3 night Polio Health and Wellness Retreat for polio survivors and their partners/family members from Thursday 11 to Sunday 14 October, 2018 in the beautiful seaside suburb of Glenelg, South Australia. The Stamford Grand has **9 wheelchair accessible rooms** available.

The holistic 'Body / Mind / Spirit' theme will continue and include ssessions such as:

- Interactive group sessions and one-to-one consultation opportunities with a variety of allied health professionals
- Hydrotherapy and exercise options
- Latest orthotics, aids and equipment displays
- Chair Dancing and Meditation Sessions
- Activities To Keep The Mind Active
- Creative Workshops

See details of previous Retreats at www.polioaustralia.org.au/retreats

Polio Australia's Health and Wellness Retreat
11th—14th October 2018

Cost of Registration Fees for 3 nights accommodation, all meals and most activities
$450 pp double and twin / $500 single

Please provide me with more information on the Polio Health & Wellness Retreat when available.

Name:_____

Address:_____

Phone/s:_____ **Email:**_____

Return to: Polio Health & Wellness Retreat, Polio Australia, PO Box 500, Kew East, VIC, 3102 or Email: office@polioaustralia.org.au