



Colorado Post-Polio **Connections**

VOLUME 23

NUMBER 2

SPRING 2008

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**A special thanks to
Oran V. Siler Co. and to
Easter Seals Colorado
for printing and
distributing the
Connections.**

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FALLING FLAT: AN EXPLORATION OF POLIO SURVIVORS' FALLS

By Linda Wheeler Donahue

Falls are the leading cause of injury deaths among older adults. In fact, more than one third of adults aged 65 and older fall each year. For individuals with the late effects of polio, the risk of falling is even greater.

Polio survivors are at high risk of falling and when they do, they are more likely than others to suffer a fracture. They are likely to fall forward if they trip, and tripping is associated with drop foot, knee buckling, or slipping. In the case of lack of balance, the polio survivor is likely to fall backward.

Let's attack this subject by dividing into two categories: preventable falls and unpreventable falls.

Preventable Falls

Dr. Julie Silver reminds us that one of the most important things to remember about falls is that they are generally “preventable occurrences,” rather than accidents. Let's identify ways to reduce our risk of falling.

With 90 percent of hip fractures in older people being caused by falls, it is important to attack the problem through prevention. Here are a few suggestions:

- If you stand for a few seconds before gait initiation, you will get your bearings and your body will adjust to being upright before you take that first step.

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IN MY OPINION . . .

Falling is one of my most constant fears. In earlier years, the fear of broken bones and other often painful consequences was superseded mostly by embarrassment and the need to keep well-meaning people from getting me back on my feet too soon. In talking to other polio survivors, many can tell stories of the falls that they have experienced and some can laugh at the circumstances and the irony of the experiences. Many can also recount the seriousness of their falls, including broken bones, bruising and other injuries.

As a child in the rehab hospital, I was taught how to fall and how to get myself up again. However, after falling a few times I learned that watching every step I took helped prevent falling. And, as I aged, I became more cautious, relying more and more on assistive devices such as braces, crutches and canes to keep me upright. On the other hand, I learned that canes and crutches can skid out easily on wet and slick surfaces and increase the chances of falling.

Another consequence of the fear of falling has led to some maladaptive but necessary behaviors, such as walking incorrectly, and not using muscles as they were meant to be used. This has led to walking with that “polio gait” we all recognize.

We all have to find our own way to ensure our safety, to keep from injuring ourselves from falls. Linda Wheeler Donohue shares her solution to preventing falls: using a power chair. My route is different. I am engaged in major physical rehabilitation, having a physical therapist help me work on my gait and balance, getting a new brace that uses the same principles that modern prostheses use (the devices that we hardly notice on wearers), and learning how to walk like the able-bodied world walks. This process is taking a long, long time and much persistence but I am relearning how to walk like I did before I had polio. I love the results and look forward to the day when I am able to walk without those crutches and canes, at least most of the time. And the resulting gait and balance improvement will help prevent falling.

This issue of the Connections also includes some statistics on falling and aging. Their source is a free fact sheet issued by Colorado State University Extension on how to prevent falls. Information at the end of the article explains how to get the fact sheet, which was too long to include here. I recommend getting it and making use of the practical suggestions in it. The fact sheet states clearly that the best way to prevent falling is to know the factors involved and to take preventative measures, whether you are polio survivor or not.

Also, read “And by the Way . . .” to learn what some polio survivors do to prevent falls.

Jim Oxley has given us another great book review entitled How to Get the Health Care You Want by Loral L. Casey, a book on managing our own health care.

Finally, Woody Trosper’s polio story is told by Ileta Smith. Woody has been a long time, loyal volunteer at Easter Seals helping to keep the Colorado Post-Polio group alive and well. Thank you, Woody, for all you do for the organization.

Margaret C. Hinman, editor

Falling Flat: An Exploration . . .

(Continued from page 1)

- Wear supportive footwear that fits well. When you leave the house, put on your lace-up oxfords for extra support.
- Watch out for medication side-effects; ask your doctor or pharmacist to review your prescription to reduce interactions.
- Remove hazards in your home that can lead to falls, such as throw rugs or loose tiles.
- Install grab bars anywhere a sturdy support might help you. Think outside the box. Go beyond the bathroom and install grab bars in other areas as well.

It goes without saying that we should not venture out on foot in hazardous weather conditions. Also consider one of the several personal alarm systems available. Just click the button worn around the neck or wrist for immediate assistance 24/7.

We spend most of our time in our homes so it is important to increase safety and ease of use. Some suggestions are to remove items you might trip over such as newspapers, clothing, shoes, and clutter. Place non-slip mats in the bathtub and on shower floors. As we get older, we need brighter lights to see well. And very importantly, make sure all stairways have sturdy handrails and sufficient lighting.

Unavoidable Falls

Polio muscular skeletal problems such as weakness and loss of balance are major

reasons why unavoidable falls happen. On a personal note, when I was still walking, many of my falls occurred as I was pivoting. I remember standing at a check-out counter in a pet store, cane in hand. The clerk came up behind me, “All set?” she asked. I turned around slightly to look at her, and as I began to pivot, I went crashing to the floor, fracturing a bone.

With other falls, my body collapsed with no warning. I went straight down with force, always landing on my left leg which was always very weak. Once I began to fall, there was nothing, not a thing, I could do to stop or cushion the fall.

My fall from grace goes something like this: Crash. Bang. Splat. I didn’t tumble; I crumbled.

After sustaining four serious fractures due to falls, my orthopedic physician gave me a good dressing-down. In this scolding he began by saying my cane was “a joke”, in that it did not give sufficient support. Then he said it was time to cease walking and begin using a wheelchair, if not, my next fracture might not heal.

Life has been much better since I made that major transition to wheels.

The bio-mechanics of polio-weakened muscles makes us prime candidates to trip and fall. My fall pattern was similar to a building demolition. First collapse; then crumble; and finally land there flattened in the dust. Your fall blueprint may be different, just as our gait patterns are diverse.

Polio weakness characteristically worsens with increased activity and is most prominent at the *(Continued on page 4)*

Falling Flat: *(Continued from page 3)*

end of the day. Toward nightfall, snuggle into that comfy recliner; curl up and relax knowing you are not about to take a fall.

In conclusion, falls with resultant injuries are a significant issue for individuals with the late effects of polio. It is vitally important to do all we can to fine-tune our environment to reduce preventable falls. And unavoidable falls need not mean there is no hope. Using assistive devices such as bracing and wheelchairs should be considered pre-emptive strikes. Pacing activity with frequent rest breaks is another preventative measure.

I wish you all a fall-free future!

About the author:



Linda Wheeler Donahue, Professor Emeritus of Humanities, is President of *The Polio Outreach of Connecticut* (<http://www.the-polio-outreach-of-ct.com/>) and Editor of *The Polio Messenger* newsletter.

A highly regarded international speaker, Professor Donahue writes on a variety of subjects dealing with the psychological and social consequences of disability, and with ways to prevent and resolve problems associated with the late effects of polio.

Linda has had a great deal of experience with polio falls! Four of her falls resulted in fractures and her present full-time use of a power wheelchair. She writes a regular column called "Life on Wheels," welcomes feedback, and can be reached at LinOnLine@aol.com.

Resources:

- Cosgrove JL, Alexander MA, Kitts EL, *Late effects of poliomyelitis. Arch Phys Med Rehabil* 1987; 68:4-7.
- Di Pilla, Steven. *Slip and Fall Prevention: A Practical Handbook. CRC Publisher. (June 26, 2003)*
- Edlridge, Carole. *Evidence-based Falls Prevention. HCPro, Inc. Publisher; (October 22, 2004)*
- Gandevia SC, Allen GM, Middleton J. *Post-Polio Syndrome: Assessments, Pathophysiology and progression. Disability and Rehabilitation. 2000; 22:38-42.*
- Halstead, Lauro S, Rossi CD. *New problems in Old Polio Patients. Orthopedics* 1985; 8:845-50.
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- Lord, Stephen R., Sherrington, Catherine. *Falls in Older People: Risk Factors and Strategies for Prevention. Cambridge University Press. (March 19, 2007)*
- Silver, Julie K. *Post-Polio Syndrome: A Guide for Polio Survivors and Their Families. Yale University Press; 9-1-2002*
- Windebank AJ, *Late Effects of Paralytic Poliomyelitis in Olmsted County, Minnesota. Neurology* 1991; 41:501-7.

Are we going to see you at the Colorado Post-Polio Education Conference 2008 on May 10?

See old friends, meet new friends Saturday, May 10, 9:00 a.m. to 3:00 p.m., at the Lakewood Holiday Inn, 7300 West Hampden Avenue, Lakewood, Colorado 80227.

Learn:

- how to protect yourself from fraud
- about assistive devices that can make your life easier
- about Mayo Clinic research on Post-Polio
- about the pitfalls of travelling solo with post-polio syndrome
- Warm Springs, Georgia, FDR's polio rehabilitation center
- About Freedom Dogs as helpers

If you haven't registered for the conference, contact Marlene Harmon, 303-689-7669, or Nancy Hanson at Easter Seals, 303-233-1666 ext. 237, for more information.

**BOOK REVIEW: HOW TO GET
the HEALTH CARE YOU WANT**
by Laural L. Casey

Reviewed by Jim Oxley

This book rates number one as a reference source to help you navigate our present health care system. It is especially useful for you and your caregiver to work out your goals or expectations related to what you want the system to provide, such as ways and means of accessing medical professionals and institutions; for managing one's cash including the insurance coverage; for communicating with medical professionals and with your own family in crisis situations; for creating and maintaining your own health records; and, of course, for having at hand a list of resources available to assist us as we age and have more medical problems including issues with disabilities.

As we well know, we have to be our own health-care advocate. Just finding the right doctor with whom you are comfortable is a major task. Communicating your particular situation or problems presents another challenge. All of this is especially important if you should become seriously ill and perhaps you face fright, loneliness and frustration. At such times, you call on a loved one as a patient advocate or in that person's absence, a friend, pastor, or social worker. It is important to be able to rely on the care and judgment of this advocate, who can step in and help make decisions, be your spokesperson and communicate with doctors, nurses and family, as well as communicate in all aspects of your caregivers' contacts with you to achieve the best outcomes from the whole system.

The author provides a chart of standard care expectations on which you can jot down what care means to you; what stresses may be leading to your illness; what you expect of your medical team; and what you expect in terms of access (appointments, health record and costs). A method of organizing your care concerns can be structured, using SOAP notes. *Subjective* or what is important information (your life's story); *Objective* or important findings; *Assessment* of priority, listing of diagnostic results; and *Plan* or determine what is next. Using this strategy can lead to better planning and more successful outcomes whether it's a surgery plan or our personal or advocate's plan.

Usually we know when our medical services are not up to par but this author not only punctuates the negative but also tells the reader how to get the best service. "Remember as the customer, you have the power and you are in control of your care experience. If efficient access and superior ancillary service is priority for you, then divert your health care dollars to the provider that has what you are looking for."

In the chapter on "CLOSE ENCOUNTERS OF THE CLINICAL KIND," the author stresses the need to do as much checking on the credentials of the brain surgeon before the operation as you can, even to getting second opinions. In other words, do a bit of research on any specialists before making a decision. What is their training in terms of medical schools, years in preparation, others' opinions or advice? So-called "bedside manners" are very important too and should be considered in making your decision. Compassionate

(Continued on page 6)

How to Get the Health Care . . .

(Continued from page 5)

and competent care helps promote healing and makes for a faster recovery.

Several pages are devoted to insurance issues, including national-and-state-government plans. Many suggestions are offered on identifying the best insurance you can afford and then what the various kinds of coverage mean. Money matters need to be considered long before one needs to access the coverage. Again, a person doesn't need money worries on top of medical worries at a time of a serious illness. Consideration should be given to what is not covered and is usually included in the "Exclusions" part of the certificate of coverage, which is the legal binding document describing your coverage terms.

The National Committee for Quality Assurance (NCQA) is a private, not-for-profit organization that assesses and reports on the country's managed care plans. NCQA can be accessed on its website at www.healthchoices.org.

A chapter is devoted to developing and maintaining your own health record. This topic was covered in the winter issue (Vol.23 No.1) of "Colorado Post-Polio Connections." The same reviewer, using some of the points in this book, wrote a number of suggestions on the importance of keeping a journal or some kind of personal records of doctor's visits, hospital encounters, any illnesses, medications prescribed and outcomes, patient's history, legal documents, immunizations and insurance information. Please refer to this article for more details on this topic.

Finally, the last chapter covers a number of resources available on medical specialties, with detailed descriptions of those specialties, using the medical jargon that goes with each and the various organizations that do the accreditations and Boards of State Medical Examiners.

In summary, this book is filled with much detail, which detracts from its interest but at the same time represents its greatest strength, thus making it an excellent resource. We live in a world of details and frustration, and sometimes we need to find a way through all of this, especially when considering the whole health care system and all the providers involved.

I recommend it for giving helpful ideas for all of us. The author's career spans more than twenty years of experience as a patient advocate, working in that part of the medical field that deals with management, finances, record keeping and insurance. She shares in an interesting way, some of her own views on how she handled her family's health problems.

Post-Polio Connections would not be possible without the volunteers who give of their time and talents. The volunteers who helped with this issue include: Jeanine Ellison-Fisher, Delores Glader, Nancy Hanson of Easter Seals Colorado, Margaret Hinman, Barbara Nickelson, Jim Oxley, Ileta Smith, Woody Trosper and those busy bees who help with the mailing.

AND BY THE WAY . . .

Here are some of the ways that polio survivors have adapted their environment to help prevent falling. They:

- Use assistive devices such as braces, canes, crutches, light weight walkers, electric and manual wheel chairs.
- Install hand rails in and around the house and sturdy stair rails on both sides of all stairways.
- Install and use ramps instead of stairs.
- Use flat bottomed shoes that support braces better, giving more foot-to-ground surface to aid in walking.
- Install grab bars in the bathroom, in the tub, in the shower and by the toilet.
- Refinish tubs and shower floors with non-slip finishes.
- When traveling, they take a pair of swim shoes and use them in slippery showers and tubs.
- Back throw rugs with a non-slip backing, or better yet, they get rid of throw rugs, especially on slippery surfaces.
- Replace worn carpet, have the carpet stretched to get out the ripples, and/or tape down torn spots until they can replace the carpet.
- At night, have their home safely lit with night lights in the bathrooms, hallways and stairways.
- Turn on lights when they get up at night.

Here are some suggestions from polio survivors of self-care activities that can help prevent falling:

- Change your attitude from “I can and need to be independent” to “I can and

need to be safe.” Then, make choices based on the new attitude. After all, using people and things to help improve our quality of life can be a “new” independence.

- Ask for help, walk together with someone and hold on to each other.
- Get plenty of rest so that you don’t get fatigued.
- Be aware of your emotions. They can affect how well you walk.
- Be aware of your environment when you walk, thus avoiding potential hazards.
- Focus on the way you walk.
- Limit caffeine. It can cause shakiness.
- Stop when you feel weak, rest a bit, then start again.
- Research shows that you can teach old dogs new tricks, so be willing to take the time and effort to get professional help in learning how to improve your general physical health by learning improved ways of walking.
- Make use of a good physical therapist who can help you work on balance and gait—and who understands polio and polio survivors.
- Research the newest technologies in orthotics that can improve your walking, gait and balance and reduce the chances of falling.
- Practice balance exercises.
- Learn how to fall safely.
- Plan ahead for weather conditions by getting those groceries and medications before bad weather sets in so you don’t have to go out when the sidewalks and streets are dangerous.

FEATURING: EDITH “WOODY” TROSPER

Interviewed by Ileta Smith

Facts about Woody:

- Raised on a farm north of Greensboro, North Carolina
- Contracted polio in 1944, age 10
- Education—
 - Women’s College in Greensboro (University of NC at Greensboro), studying home economics
 - University of North Carolina—Pharmacy degree
 - University of Colorado—Master’s degree in pharmacy
- Work history—
 - Duke University and University Hospital in Chapel Hill, North Carolina
 - Veteran’s Administration Hospital, Denver, Colorado
 - Penrose Hospital, Colorado Springs, Colorado
 - King Soopers Pharmacies, Denver, Colorado
- Volunteer activities—
 - Post-Polio at Easter Seals Colorado
 - her church
 - Columbine Genealogy and Historical Society of Littleton.
- Interests
 - Super Colorado Rockies fan
 - Genealogy
 - Gardening

Woody’s polio story:

Woody’s polio story began when she was 10 years old, and living on a farm located

just north of Greensboro in Guilford County, North Carolina. Of her three siblings, her sister and next older brother were sick for a short time; they probably had mild cases of polio, although they were never diagnosed as such. Her sister had been a swim instructor at a summer camp in western North Carolina, which had been shut down by the polio epidemic; she may have brought the bug with her when she returned home. Her oldest brother was out of state, in basic training with the Army.

In July of 1944, about two weeks before she contracted polio, Woody had stepped on a nail in the barnyard. During preparations for summer camp, which included a pre-camp physical, she was given a tetanus shot because of the puncture. Woody feels the tetanus shot may have weakened her resistance to polio. She was very ill for about a week and couldn’t physically get out of bed.

World War II caused a shortage of doctors and her family doctor had been called up, so, after a month, her father convinced an older doctor to come out to the farm to examine her. As soon as he picked up her leg and looked he said, “Yeah, that’s polio.”

She was sent to Bowman Gray Hospital, a hospital and medical school in Winston Salem (now affiliated with Wake Forest University). That morning the diagnosis of polio was confirmed. From there she went directly to an emergency hospital in Hickory, in the foothills of North Carolina, where she stayed for eight months. During this time she only saw her parents a few times a month, since gas was rationed due to the war.

(Continued on page 9)

Woody Trosper *(Continued from page 8)*

Her father was active in the bond and March of Dimes drives in Greensboro, so he used his influence to get gas coupons for the parents of children in the hospital to carpool to Hickory.

Because the epidemic was so bad in North Carolina, and especially in the Hickory area, all of the hospitals were filled to capacity. A summer camp outside Hickory had been converted to an emergency hospital in only 48 hours. Although it had been a month since she became ill with polio, the protocol was to keep all new arrivals in isolation in the contagious ward for a month.

She remembers that the governor of North Carolina came to visit this hospital. He brought chewing gum for everyone, which was a special treat, since everything was rationed during wartime. She chewed some of the gum, but put the rest in a drawer of her nightstand. After a day or two, she decided to chew some more of her gum. However, when she opened the drawer she saw ants everywhere. Needless to say, she didn't chew any more of THAT gum. In fact, it took her many years before she could chew any Juicy Fruit gum. Four months later, her brother came home on leave and got married; he and his bride spent their brief honeymoon in Hickory so they could visit Woody.

The Hickory emergency hospital was closed in March of the next year because fewer polio cases were reported and other hospital beds became available. More severe cases were sent to the larger hospitals, and stabilized patients like Woody were sent

home. All of her hospital expenses were paid by the March of Dimes.

Her treatment in the temporary hospital consisted of Sister Kenny's hot packs (which were new then), and physical therapy. Approximately 50 years later, when Woody realized she was experiencing Post Polio Syndrome (PPS) symptoms, and was subconsciously worrying about the process, she began having nightmares which happened when her feet got too hot. Once she realized the source of the nightmares, they ended. The smell of wet wool is still unpleasant to her, however.

After Woody returned home from Hickory, her mother did very few exercises with her. Although she was supposed to receive vitamin B shots, Woody yelled and complained about it so badly her mother quit giving them to her. Consequently, she really had no special follow-up treatment. About this time, she did have a triple arthrodesis operation for a wobbly ankle.

Originally she used crutches, and wore a lower leg brace on her right leg to control a drop foot. During high school, a man in Greensboro connected a flat metal rod to a pad that went under her foot; then the rod went around her heel and up her leg almost to her knee, where it was fastened with a collar. This brace filled in the right shoe so that her smaller foot was more stable. She gradually grew stronger and eliminated one crutch, then switched to a cane, and finally ceased to use any of these. Her right ankle was fused while she was working at Duke University Hospital, and she was then free of using any assistive device. Due to the progression of her PPS, especially balance issues,

(Continued on page 10)

Woody Trosper *(Continued from page 9)*

Woody has returned to using one crutch, and she still wears shoes of two different sizes.

Woody was about to enter 4th grade in a country school when she contracted polio. She continued some studies during the year she was out of school so she was actually promoted to the 5th grade when she returned.

What Woody remembers most about returning to school was that she felt ashamed. The Victorian attitude of the time was if you were less than perfect, or if anything unpleasant was happening to you, it was a direct result of something you had done--or not done. Thus, if you did not fully recover from polio, you must not be trying hard enough. Also, if you were shy, as she was, you hated to be "different." She left the country school and attended Greensboro public schools for grades 9 through 12, where carrying her books and climbing the stairs in the multi-level buildings while on crutches was a big problem.

While in college she discovered she liked chemistry, so she changed from her original major in Home Economics to Pharmacy, one career that was open to women at that time.

When she decided on her career, she gave no thought to the number of hours she would spend standing. After almost 40 years, she found that the many hours of working, along with her hiking excursions, had over-worked the muscles in her "good" left leg, and hyper-extended her right knee. She noticed that both knees were getting weaker, especially when she tried to stand from a squatting position. At age 60, after working and standing all day, she was so

tired all she could do was rest until she went to work the next day. She retired at age 62.

Woody now experiences PPS symptoms such as: fatigue, increased muscle weakness, some breathing problems. The latter may have more to do with her earlier smoking, even though she quit 30 years ago; she has lost about 1/3 of her lung capacity. All these make distance walking more of a challenge, so now she takes more rest breaks when she is walking, takes afternoon naps, and does better with 10 hours of sleep at night.

To cope with the symptoms, she has made some life style changes, reducing the amount of work she does in her garden, and enlisting help with some of the household chores such as gardening, snow removal, and laundry. On the advice from a physical therapist on exercising, she limits her exercise to two one-hour weight training classes per week at her senior center. She often watches TV lying down, and she uses a recliner-lift chair that makes getting to a standing position easier.

She credits Dr. Marny Eulberg with influencing her life by providing her with knowledge, and understanding of ways to cope with the changes that she is now experiencing due to PPS. Dr. Halstead and Dr. Bruno have also provided her with new insights.

Woody plans ahead more now, especially taking into consideration the route she will take to get places, including where she will be placing her feet, weather and terrain conditions, etc. Her life includes a positive attitude, a wonderful sense of humor, and a variety of interests, all of which help her live with post-polio syndrome.

STATISTICS RELATED TO FALLING IN THE ELDERLY

- Annually, falls are reported by one-third of all people 65 and older.
- Two-thirds of those who fall will fall again within six months.
- Falls are the leading cause of death from injury among people 65 or over.
- Approximately 9,500 deaths in older Americans are associated with falls each year. The elderly account for seventy-five percent of deaths from falls.
- More than half of all fatal falls involve people 75 or over, only 4 percent of the total population.
- Among people 65 to 69, one out of every 200 falls results in a hip fracture, and among those 85 or over, one fall in 10 results in a hip fracture.
- One-fourth of those who fracture a hip die within six months of the injury.
- The most profound effect of falling is the loss of independent functioning. Twenty-five percent of those who fracture a hip require life-long nursing care. About 50 percent of the elderly who sustain a fall-related injury will be discharged to a nursing home rather than return home.
- Most falls do not result in serious injury. However, there is often a psychological impact. Approximately 25 percent of community-dwelling people 75 and over unnecessarily restrict their activities because of fear of falling.
- The majority of the lifetime cost of injury for people 65 and over can be attributed to falls.

MAJOR RISK FACTORS THAT CONTRIBUTE TO FALLING AMONG THE ELDERLY

- Osteoporosis—a condition wherein bones become more porous, less resistant to stress and more prone to fractures.
- Lack of physical activity—Failure to exercise regularly results in poor muscle tone, decreased strength, and loss of bone mass and flexibility.
- Impaired vision—Age-related diseases, such as cataracts and glaucoma, alter older people's depth perception, visual acuity, peripheral vision and susceptibility to glare.
- Medications—Sedatives, anti-depressants, and anti-psychotic drugs can contribute to falls by reducing mental alertness, worsening balance and gait, and causing drops in systolic blood pressure while standing.
- Environmental hazards—Hazards around the home, in the yard and in the community.

Excerpted from: Tremblay, Jr., K.R. and C. E. Barber. "Preventing Falls in the Elderly," Colorado State University fact sheet # 10.242. www.ext.colostate.edu/pubs/consumer/10242.html.

Editors note: Add polio and/or post-polio syndrome to those factors and you have reason to take action to prevent falling. Refer to the above web site to download and print your own copy of the complete fact sheet, or call your county Colorado State University Extension office for a free copy.

This Is Your Newsletter-----

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

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Lakewood, Colorado 80226

Please include your name, address, phone number and email address in any correspondence. To change mailing information, contact Nancy Hanson at 303-233-1666, ext. 237 or email her at www.nhanson@eastersealscolorado.org.

Our next issue will focus on co-morbidities—the relationship of polio and post-polio syndrome to other diseases and disabilities. We need suggestions from you as to how you have had to cope with other diseases in relationship to polio for our “And By the Way. . .” column.

Disclaimer

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

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