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Choosing the Right Physical Therapist for You!

Cynthia Henley, PT, and Kathryn Wollam, PT



Cynthia Henley, PT

When a new health issue emerges, there is a concern about how to manage it. If the issue is related to pain and/or movement, chances are you will want to partner with or be referred to a physical therapist. However, questions often arise. How do I choose a physical therapist (PT)?¹ What should I expect from physical therapy? What if my physical therapist is not knowledgeable about post-polio issues? A good understanding of the physical therapist's role and of your responsibilities can lead to a successful treatment outcome.

Physical therapists are movement experts who improve quality of life through individualized exercise programs, hands-on care, and patient education.² Their evaluation of an individual results in the development of a treatment plan, focused on the individual's long-term goals to improve mobility and restore function. They also offer programs that promote general health and wellness.

Education requirements for physical therapists in the United States now includes a doctoral degree with science and research-based coursework in the classroom, laboratory and clinic. PTs must also pass a state examination to become licensed to practice. Some clinicians specialize after graduation in areas such as orthopedics, oncology, neurology, pediatrics or geriatrics.

How do I choose a physical therapist?

Your physical therapist must be licensed in your state and stay current with continuing education requirements. Physical therapist assistants are also certified professionals and may provide treatment but do not perform evaluations.

Physical therapists work in various settings. It may be helpful to visit the outpatient clinic, hospital physical therapy department or rehabilitation center to view the facility and meet the therapists. Home based treatment may be the best option if mobility is an issue.

For continuity of care, it is best to work with one or two physical therapists in the clinic and establish a good rapport. Asking questions and providing feedback to your PT regarding your response to treatment is essential. You are an integral part of the

team and your input is important. If the therapist does not have prior experience treating patients with a history of polio, they should be receptive to information on post-polio syndrome (PPS). Therapists are interested in learning and sharing ideas for the best functional outcome for their patients.

The reason you are seeking advice or treatment from physical therapy is important to consider. If you have been referred for a simple orthopedic injury, you may find excellent care with a general physical therapist who is made aware of the exercise guidelines for polio survivors.³ However, for the more complex management of issues related to post-polio syndrome or functional decline, a PT with experience in PPS or a neurological specialist is the best option.



Kathryn Wollam, PT

Insurance companies have guidelines regarding coverage and reimbursement for physical therapy. Your plan may specify the number of visits that will be covered or require a co-payment. It is best to determine if the clinic or therapist participates with your insurance coverage. You should also get your visits pre-authorized and your out-of-pocket expenses known.

If you have the option to choose your own physical therapist or plan to pay privately for the consultation, it is best to seek the advice of a PT who is knowledgeable about PPS.

Since this option may not always be available, check with your physician, a friend, or another polio survivor for a PT recommendation. Your local support group can be an excellent resource as well. You can also refer to the Post-Polio Health International (PHI) website (www.post-polio.org) for medical professionals in your area.

What should I expect from physical therapy?

Your initial visit to physical therapy includes a thorough evaluation. During the interview, the therapist should ask about your medical history, your polio history, current medications, any recent falls or functional changes, your current concerns, the reason you are seeking

physical therapy and your personal goals from treatment.

A physical examination follows the interview. A thorough evaluation reveals contributing factors to movement limitations. It can also help the therapist detect any comorbidity that may be complicating the issues since PPS is a diagnosis of exclusion. The examination should include observation of your posture and mobility, testing of sensation and reflexes, and an analysis of your walking.

An accurate MMT gives the physical therapist information to prescribe exercises that are safe and effective.

In addition, measurement of joint range of motion and muscle flexibility, and grading of muscle strength using a manual muscle test (MMT) will be performed. An accurate MMT gives the physical therapist information to prescribe exercises that are safe and effective. The muscle test determines which muscle groups can be safely exercised and those that should be protected.

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Post-Polio Health International's mission is to collect, preserve and make available research and knowledge to promote the well-being and independence of polio survivors, home ventilator users, their caregivers and families, and to support the health professionals who treat them.

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A treatment plan is developed with the information obtained from the evaluation. Treatment may include exercises, modalities to control pain and gait training. Your therapist should work with you to establish functional goals and a reasonable timeline to achieve those goals.

Progressive muscle weakness, muscle and joint pain, and fatigue are common symptoms of PPS.⁴ The increased energy required to safely function daily may prove exhausting, and energy conservation techniques, assistive devices or braces, as well as adaptive equipment help reduce energy output.

Your PT has the expertise to advise you regarding these adaptations. Simple home modifications such as a raised toilet seat, removal of throw rugs or rearranging furniture can make a significant difference in your ability to function at home. The use of a brace, assistive device or wheelchair may be recommended. This can be difficult to accept but the decrease in pain and fatigue, and improved mobility and function often override these concerns.

Physical therapists are trained to note muscular tightness that causes postural changes and makes mobility more difficult. Simple stretching techniques can counteract this problem. The effects of aging and a sedentary lifestyle on cardiovascular endurance can also be addressed by your PT with a safe exercise program.

Aquatic therapy is often a beneficial adjunct to treatment, utilizing the buoyancy of the water to support weak muscles and decrease joint stress while offering resistance to strong muscles. The water provides an excellent medium to accomplish range of motion, strengthening and conditioning exercises; a safe environment to challenge balance; and the ability to move in ways that may not be available on land.

What if my PT is not knowledgeable about post-polio issues?

Not all university curriculum provide training specifically for PPS. However, a licensed PT has a good background in neurology and can research the diagnosis of PPS if needed. You can share information including exercise guidelines, signs of overuse and the wealth of knowledge available on the PHI website.

What are my responsibilities as the patient?

You have certain responsibilities for the successful outcome of your physical therapy. During your initial visit, be specific with your pertinent history and concerns. A written list can be helpful in providing a thorough but concise medical and polio history.

During your initial visit, be specific with your pertinent history and concerns.

Communication is key! Be specific with your response to treatment, during and after your session. Inform your therapist about how you felt following treatment and report any of the signs of overuse including excessive fatigue, pain or muscle twitching. Your PT needs to be made aware so the program can be modified as needed. Keep a log and understand that daily activities (shopping, appointments, entertaining) on the days you receive treatment can increase your fatigue. It is important not to confuse this with overexertion from exercise.

Educate yourself. Know the exercise guidelines for polio survivors and the contraindications of electrical stimulation for strengthening of polio muscles. Be aware and share information, articles and the PHI website.

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Be receptive to the recommended interventions. Do not expect immediate results from the changes but realize that you may note long-term benefits.

Follow the home exercise program (HEP) that your physical therapist has provided. Ask for verbal and written instructions and review your program with the PT to ensure that you understand the program and are performing it with proper form and technique. Become aware of any signs of overuse due to PPS and report it to your PT to modify the HEP if necessary.

In conclusion, selecting a physical therapist may seem like an overwhelming process. You will find a treatment partner that suits your specific needs by understanding how to choose a physical

therapist, what to expect from physical therapy and your responsibilities as a patient. The patient/therapist relationship can be very rewarding and successful in the management of the health issues for which you are seeking care. ■

References

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2. www.apta.org/your-career/careers-in-physical-therapy/becoming-a-pt
3. www.neuropt.org/docs/degenerative-diseases-sig/ddsig-fact-sheet-exercise-and-post-polio-syndrome.pdf
4. www.post-polio.org

Cynthia Henley, PT, graduated from Northeastern University in 1981. As a physical therapist, she has worked in patient care, administration and education. Her extensive experience in evaluation and treatment of polio survivors began when she joined the University of Miami Post-Polio Clinic under the direction of Carol Vandenakker Albanese, MD, in 1996. The clinic offered a team approach to management.

She has presented topics related to post-polio management with team members at conferences of Post-Polio Health International and South Florida support groups and at University of Miami PM&R Grand Rounds. Topics include Aquatic Exercise, Fall Prevention, Rehabilitation Guidelines and Spine Care. She co-authored with Kathryn Wollam, PT an article for *Post-Polio Health* on "Sacroiliac Pain" and a Poster Presentation on "Benefits & Techniques of Aquatic Exercise" for the European Conference on PPS in Copenhagen, Denmark.

Ms. Henley is a board member of Advanced Driver Rehabilitation, an adaptive driver training program and Karen Peterson & Dancers, a physically integrated dance company. As a member of US Masters Swimming, she competes nationally and internationally.

Kathryn Wollam, PT, graduated from the University of Miami in 1985. Her wide range of professional experience includes the treatment of patients of all ages in the out-patient, hospital and home-based settings.

Early in her career, Kathryn developed a keen interest in the evaluation and treatment of post-polio patients. She joined the University of Miami Post-Polio Clinic in 1997. Interdisciplinary evaluations were performed by the physiatrist, physical therapists and orthotist with the patient being considered an integral part of the team.

Kathryn has collaborated with Cynthia Henley, PT, on many polio-related projects including conference presentations and educational articles. Together they created a pamphlet and a poster presentation on aquatic exercise for polio survivors. She has also been a guest speaker for multiple support group meetings throughout South Florida.

Most recently, Kathryn was the director of rehabilitation services at a rural hospital in Starke, Florida.

The Stories and Challenges of One-Handed Polio Survivors

Paulette Bergounous and Barbara Rogen

There are never two stories alike, yet our challenges are unique when compared to the numerous polio survivors with lower extremity involvement.

Barbara had polio at 11 years of age. I was 2½ years old. We were fortunate that neither of us needed an iron lung during our hospital stays. Her left arm was paralyzed; my right arm was paralyzed.

We share a common history in that for many years most people were never aware of our problems. It wasn't until post-polio came into our lives that we were faced with the loss of strength and function. Suddenly the strength and function we had acquired over the years disappeared.

For many years we have felt alone. Barbara and I have attended post-polio support groups, but we were usually the only ones with arm involvement. The literature regarding polio and post-polio has been primarily focused on lower extremities. We feel it important to reach out and connect with others and share our challenges.

As single-handed post-polio survivors, these are some of our struggles:

- ◆ Reaching a high shelf.
- ◆ Putting up and taking down luggage from the overhead compartment of an airplane.
- ◆ Styling hair: drying, styling in the back, pony-tail issues.
- ◆ Pulling a large dish from the microwave at eye level.
- ◆ Taking heavy, hot items from the oven.
- ◆ Pouring and scraping liquid contents of a bowl into a pan for baking.
- ◆ Attempting to carry two glasses of water or dinner plates.

- ◆ Attending a buffet and trying to manage getting food on a plate.
- ◆ Cutting meats.
- ◆ Polishing and cutting finger and toenails.
- ◆ Attempting some yoga positions.
- ◆ Getting up from the floor.

There are many more that we could add. This is just a sampling of the activities of daily living that have become challenges.

One of our greatest concerns is maintaining the strength and function of our “good arm.” For many years the “good arm” was our primary arm for performing tasks. It gets no rest.

Barbara and I would agree that we are not giving up. We have reached a time in our lives that others have not made it to. It is our desire to reach out to others and share not only our challenges but also some solutions to every-day tasks.

We do not want any other one-handed polio survivor to feel alone. We understand you.

P.S. Check out the website www.onehandedsolutions.com and Facebook page, One Handed Solutions. Join us in our private Facebook Group. ■



COVID-19 Vaccine Information for Polio Survivors

PHI Medical Advisory Committee

As the COVID-19 vaccines are approved for use and begin to be given to Americans and others, PHI has begun receiving questions from our constituents. Remember our knowledge about the COVID-19 virus is only about one year old and is continually being updated, which means information and recommendations sometime change from month to month. Your primary care physician, especially one that has worked with you for some time, is the best source of information of what will be recommended for YOU and your particular situation.

At this time, here is how our Medical Advisory Committee is responding to these questions:

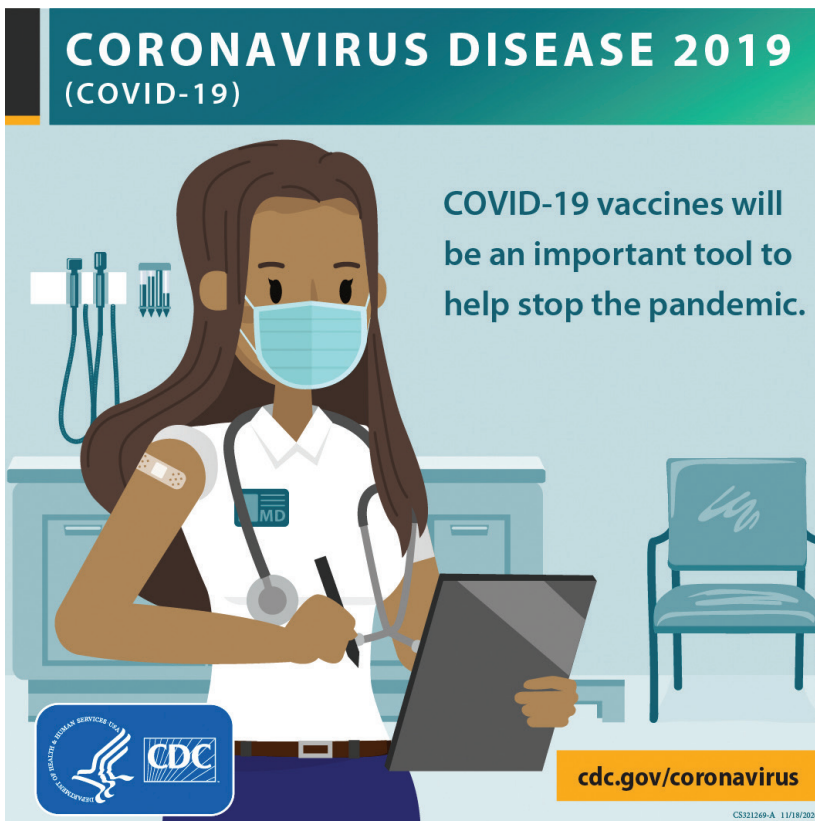
Does having had polio or having received the polio vaccine give immunity to COVID-19?

There has been a “theory” circulating that recent exposure to some viral diseases or vaccines to those viral diseases might “boost” the immune system and provide some protection against COVID-19 but that is not backed by any clinical evidence. (If a history of receiving the polio vaccine did provide protection against COVID-19, then the older people living in the developed world, most of whom have been immunized against polio, would have a very low incidence of novel coronavirus infections, and that is clearly not the case!)

Will I be given priority because I had polio?

No, a history of polio does not in itself make a person more likely to get COVID-19 or get sicker than others of similar age and other medical conditions. So, a history of polio and/or PPS does not move an individual up the priority list. On the other hand, most people who contracted polio in the United States or Canada are over age 65 and several even over 80 years old. Therefore, they are already in the “high risk” group, which generally places them in the second tier of people slated to be offered the vaccine.

Polio survivors with respiratory compromise may rise up one level over others of a similar age group due to their underlying respiratory condition; likewise for the polio survivor living in a nursing home or other senior living situation. In the US, each state, with input from the national health authorities, determined their own priority list, so where you fall in the priority tier system may vary slightly from state to state.



After I get the vaccine, even the first dose, can I stop with all these “precautions”?

We don't know all the particulars, but studies have shown less than 50% immunity two weeks after the first dose which rises to greater than 90% protection two weeks after the second dose. Our colleagues in the British Polio Fellowship summarize the precautions as “Hands, Face, Space,” and the recommendation is to continue these precautions until enough people have received the vaccine to minimize the risk of exposure from the general public.

Why do I need two doses?

Because tests to date with the vaccines that are currently available have shown only partial protection after the first dose and a much better immune response after the second. This is not unusual for vaccines—to get full immunity from polio a minimum of three (3) doses are recommended and four (4) are usually given; the shingles vaccine is a series of two shots as are the measles, mumps, and rubella vaccine and the chickenpox vaccine.

As new COVID-19 vaccines are developed and approved, it is possible that, at some point, we will have a single dose COVID-19 vaccine that is safe and effective, but not yet.

Can I get COVID-19 from the vaccine?

No, the technology used to make the COVID-19 vaccine does NOT use any live virus or even part of the virus particle. All the new vaccines were made by breaking and then artificially duplicating part of the genetic code contained in the spikes on the surface of the COVID-19 virus. They work by blocking the virus from attaching to your cells and then invading your cells and causing infection.

When all the vaccines become available which one(s) should I get?

THE FIRST ONE THAT BECOMES AVAILABLE TO YOU, REGARDLESS OF WHETHER ONE OR TWO DOSES!

Who should not get the vaccine?

For now, it has not been adequately tested in youngsters under the age of 16 years or in pregnant women, so it is recommended that the vaccine not be given to those individuals until studies show the vaccines to be safe and effective in these groups.

There have been a few cases of severe allergic reactions in people with multiple significant allergies to other substances, so, for now, persons with allergies severe enough to carry an Epi-Pen should discuss with their physician before being immunized.

Any changes to this statement as new information becomes available will be posted at www.post-polio.org/covid-19-vaccine. ■

PHI Recently Welcomed Paulette Bergounous to its Board of Directors

Paulette has a master's degree in Communication Disorders from the University of Wisconsin. She worked in the field of Speech-Language Pathology for over 40 years. Upon her retirement she pursued becoming a socially conscious entrepreneur based on her experiences as a polio survivor.

In addition to her business, “One-Handed Solutions,” she has written two books, *Navigating the ABC's of Personal Change* and *One-Handed Cooking Secrets*. Her interest is in collaborating, as a member of the Board of Directors, to raise awareness of post-polio and the importance of PHI in supporting polio survivors, caregivers and the medical community.

PHI: *I'm looking for help for my husband. He's getting weaker and having more difficulty getting around. He often gets fatigued just from doing light household chores. I want him to see a post-polio specialist, but he's being stubborn and refuses to go. I feel like if he doesn't address them, his health problems are only going to get worse. What's the best way to approach this? I can't force him to go see a doctor, so how I do I convince him that it may actually be a good thing for him?*

Response from Stephanie T. Machell, PsyD:

If your husband is “just” being stubborn, the best way to handle it is the same way you win at tug of war: let go of the rope. Once you stop trying to convince him, he might decide the whole thing was his idea and book that appointment. Done.

I'm guessing there's more than stubbornness behind his refusal. If there is no post-polio specialist in your area, he may have legitimate concerns about traveling during a pandemic and might prefer to wait till it's safer. He may have seen a post-polio specialist before and found it unhelpful. Like many polio survivors, he may have had negative experiences with doctors. The idea of going to a post-polio clinic might trigger unpleasant (possibly traumatic) memories of hospitals, rehab units and/or childhood trips to polio doctors. Or he might be afraid of what his symptoms mean and/or reluctant to make the changes he knows will be necessary for them to improve.

If he hasn't already told you why he doesn't want to go, ask him to choose a time to talk. Ideally it will be when both of you are calm and relaxed and can remain that way while talking about what has likely become a “hot button” topic. Be clear that you don't intend to force or convince him of anything and that your goal is to understand and (if he wants) help him deal with his concerns. Try not to interrupt or judge his reasons. Let him know you will support whatever he decides to do, then listen.

When it's your turn to speak, be clear about why you are concerned. Provide specific examples based on what you've observed and what you hope he might gain by seeing a post-polio specialist. Suggest he go to the PHI website (www.post-polio.org) and/or read past newsletters to educate himself about what has helped others and how other polio survivors have dealt with the emotional aspects of going to a post-polio clinic. If you haven't already, you should do the same.

Also, suggest he make an appointment with his primary care physician. It's important to rule out or treat any conditions that may be causing or contributing to your husband's weakness or fatigue. Ask your husband to discuss his reservations about seeing a post-polio doctor and get his PCP's opinion about whether this might be helpful.

If you already know having this talk will end badly, it might be best to forego it and recommend your husband speak with his PCP instead. Ask if you can share your concerns with the doctor before or during the appointment, preferably in your husband's presence. You can also suggest he speak with others whose opinions he respects and find out whether they share your concerns.

What if your husband still refuses? Let go of the rope. For many polio survivors the decision to see a post-polio specialist is a major one. Give him time and space to make it.



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

PHI: *I have been dismayed at seeing reports of people, including healthcare workers, deciding to skip getting vaccinated for COVID-19. I want to use my own history—of having had a now-preventable disease because the vaccine came too late for me—to talk to people about the importance of getting these new vaccines. I don't want to be somebody's "cautionary tale" or for people to pity me, though. What's a better way to talk about this?*

Response from Rhoda Olkin, PhD:

Let me start with a story. When I was about four, my mother took me to the doctor. In the waiting room was another mom with a two-year-old boy. This other mom asked "what was wrong with me," and my mom told her I had polio. Then the other mom said her son was not vaccinated "because he doesn't like needles." My mother, a normally very even-keeled woman, screamed, "You stupid woman!"

I want to scream, "You stupid people!" so many times—when I see people without masks, or hear about "vaccine hesitancy" (the current media euphemism), or a health care worker tells me they are waiting "to see if the vaccine is safe." I want to say, "See what can happen without a vaccine?" But like the writer of this question, I do not want to be a cautionary tale, the object of pity. I do not want people to say that they wouldn't want to be like me.

But here's the thing—I was one of the lucky ones, i.e., I didn't die from polio. And some who get COVID-19 will die. Some will get lingering symptoms such as loss of smell and taste, or heart conditions. Some will take months and months to combat fatigue.

We polio survivors are the ones who didn't die. The polio vaccine makes sure that no current or future generation has members who die from polio. That is what the COVID-19 vaccine does—it prevents deaths. Now doesn't that seem like a worthwhile goal?

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

Like seat belts in cars, or helmets for motorcycle riders, or car seats for infants, sometimes government institutes mandates for the good of all. If someone doesn't want the vaccine, then they should isolate until all danger has passed, not just for their own good, but for the good of all those around them.

... they are waiting "to see if the vaccine is safe." I want to say, "See what can happen without a vaccine?"

I know I am preaching to the choir. And now I have to deliver the bad news. We as individuals will make little headway trying to change other people's behaviors. To affect the populace, we need broad media campaigns, consistent modeling of appropriate behavior by leaders and a system of powerful incentives and disincentives.

Remember that to reach herd immunity we don't need 100% of the population to be vaccinated, but rather about 85%. In the meantime, take care of yourself. ■



Announcing PHI's "Shining Star Hall of Fame Campaign"

Who Is Your Shining Star?

Last month PHI rolled out a new campaign asking support groups to honor the health professionals, past or present, who have made a positive difference in their lives. We're now offering the opportunity for our members to do the same.

PHI believes now is a perfect time to highlight their excellent work. It will be a privilege to express sincere gratitude for their ability to listen, their knowledge and their compassion as we roll out our new campaign to showcase your favorite healthcare workers.

By way of The Shining Star Hall of Fame Campaign, you are invited to publicly convey your gratitude toward and provide well-deserved recognition to that special healthcare worker—a person in the healthcare arena who really made a positive difference in your life. To spotlight your Shining Star:

- ◆ Simply donate to PHI in honor of your special healthcare professional. This could be a doctor, psychologist, any type of therapist, chiropractor, nurse, dentist, home health aide, or someone you know that has provided exceptional care and concern and helped you with your individual needs.
- ◆ Submit a short biography and a photo of the person along with a paragraph or two about why you nominated them. Then send it to director@post-polio.org. We will follow up and contact you.

You will be recognized as a donor in their honor. They will receive a letter of recognition and thank you from PHI, and their story will be showcased on our website.

We have all had medical people in our lives who do ordinary things that have made an extraordinary difference! They shone brightly for us during our darkest times. This is your chance to honor them in a meaningful way and support your post-polio cause. It is a win-win for all.

Read about our first nominee below.

Krysten Salla, Physical Therapist, Ann Arbor, Michigan

As a physical therapist at the University of Michigan, I have been working at Michigan Medicine since I started my professional career in 2006. During the past 15 years, I have been part of many "rehab journeys" experienced by my inpatients and outpatients.

In terms of polio survivors, whether it be recovering from a sudden injury, having had major surgery or gradually weakening from post-polio syndrome, I have learned that each person has been affected by polio a little bit differently, and it is imperative to observe and understand those complicated differences.

My overall goal as a physical therapist is to help folks maintain and improve their quality of life. This may involve, for example, rehabilitating a painful shoulder, renewing the ability to stand and walk with braces, treating contractures, assessing seating and postures, or teaching a patient to transfer differently because the old way has become too difficult or too painful. Patients that had polio 50-60 years ago have adopted unique ways of navigating through life. My job is to "meet them where they are" and help them in any way I can, using my own training, skills and clinical experience.

One thing I find helpful is to monitor my post-polio clients in their own environments.

We will often take time to meet for therapeutic assessment at their home, inside their car or even at their local recreation center. Watching how they maneuver and manage daily life is crucial. It helps us collaborate as partners so we can develop customized goals and a treatment plan that is realistic.

People who had polio have ingeniously adapted to their varying degrees of paralysis over the years by heeding the intricacies of their weaknesses and strengths. When change is called for, I have found that "taking baby steps" to alter lifelong habits seems to work best. I really strive to have an open-minded and honest relationship with these individuals who are well-experienced with long-term disability. Polio survivors have so much to teach us healthcare professionals—when we take the time to listen.

I feel truly honored to be nominated as a "Shining Star." My post-polio patients are certainly shining stars in my life. They hold a sincerely special place in my heart, and it is truly gratifying to be a helping hand in their lives.



Krysten Salla, PT

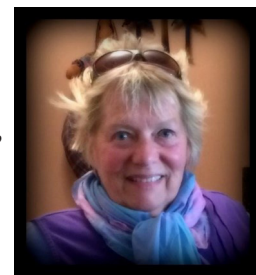
From Sunny Roller, Polio Survivor

Krysten Salla has been my physical therapist for nine years. Being a polio survivor, I periodically need to check in with her to get a “tune-up.” And I thank the good Lord that she is still nearby, where I can go to her for treatment. Having the consistency of a dedicated therapist that knows my situation is a real bonus these days, because it seems that we often must teach a parade of physical therapists new to us all about post-polio issues—repeatedly.

But not Krysten! Over the years, she has been helping me adapt to the changes that my aging 73-year-old body continues to require. It is such a luxury to go to a healthcare professional that I trust. She not only understands the late effects of polio, but in reaching our therapy goals, she also makes room for my personal idiosyncrasies. She understands that I must pace myself, but she also knows when and how to be my personal cheerleader when it comes to moving forward.

Krysten believes in the “Theory of Yet,” which I love. When I say, “I can’t do this,” she says “yet.” One word is easy to hang on to. One word can be very powerful. Her Theory of Yet works for me because I know she is smart; she understands my strengths and limitations even when I do not. She has confidence in me, and she cares. Plus, she’s a lot of fun.

She has been my shining star for quite a while, and I am so filled with gratitude to have had such a wonderful therapist because I certainly have needed her. And I don’t want to give up, YET. ■



In Appreciation

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

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payable to "Post-Polio Health International." (USD only)

Please charge \$_____ to this credit card:

☐ VISA ☐ MasterCard ☐ Discover

Card No. _____ Exp. Date _____

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