

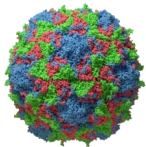


POST POLIO MATTERS

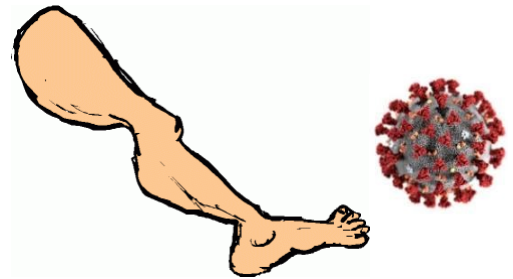
Polio Survivors Network Newsletter
MARCH 2020 Volume 9, Issue 12 of 12 [108]

**POLIO SURVIVORS are KNOWN WORLD WIDE
TO BE STRONG WILLED and VERY DETERMINED.**

COMMENT SEEN ON FACEBOOK



**I SURVIVED the POLIO VIRUS
72 YEARS AGO**

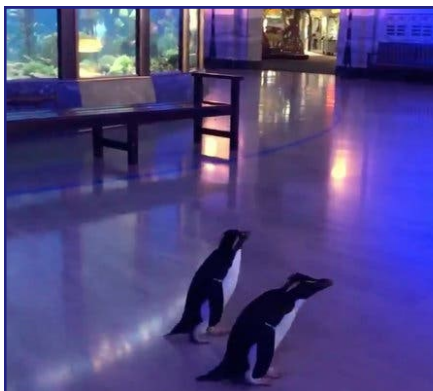


**IF THE CORONAVIRUS COMES
ANYWHERE NEAR ME**

I AM GOING TO KICK IT INTO TOUCH.

WE have to STAY IN so here are some Googled VIRTUAL ONLINE TOURS

- London - The British Museum and Buckingham Palace
- Paris - The Louvre and the Musee D'Orsay
- Amsterdam - Rijksmuseum and the Van Gogh Museum
- Berlin - Pergamon Museum and Berlin Zoo
- Italy - The Uffizi Gallery in Florence and the Doge's Palace
- New York - Central Park, the Bronx River and the Guggenheim
- Washington DC - The White House, The National Gallery of Art + 48 more
- Los Angeles - The J Paul Getty Museum and tour houses for sale.
- Brazil - MASP in Sao Paolo, Museu Nacional before the fire in 2018
- Mexico - National Museum of Anthropology
- Virtual Tours of the Pyramids in Egypt and Macchu Picchu in Peru.



**The Shedd Aquarium in Chicago
let the penguins out for a look round.**

- Atlanta Zoo — Cincinnati Zoo
- Georgia Aquarium - Monterey Bay Aquarium
- Oregon Zoo - San Diego Zoo
- Galapagos Islands and The Great Barrier Reef
- Experience Disney Rides to Football Stadiums
- Theatre and Opera Performances to NASA

Lincolnshire Post-
Polio Library
100+ articles

Polio Survivors Network is the working name of
Registered Charity 1064177, The Lincolnshire Post-Polio Network

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QUICK NOTES

This publication is provided as a service to those seeking such information and is not intended as a substitute for professional medical care. The opinions expressed in this publication are those of the individual authors and do not necessarily constitute endorsement or approval by the Polio Survivors Network. ALWAYS consult your doctor before trying anything recommended in this or any other publication.

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Editorial by Hilary Boone.

We have tried to make this newsletter a mix of information from around the world and plenty of things to make you smile. ☺ All your Trustees and Toni know that this is a worrying time and we suggest that if you don't want to read a page now then don't read it. Save it for later or not at all. Richard and I have given up not watching the news for long each day. Photo all my family together Xmas 2019.



The best advice I have seen to help us get through all this is that we remember that the following are all free: Sunshine, birdsong, new buds opening up, flowers and their scents, the wind in the trees, babbling water, cuddles from animals, and the laughter of children playing.

We kicked the polio virus that invaded our bodies into touch and have lived amazing fulfilled lives. We were not beaten by that virus and we probably have the most experience to deal with this one if we get it and we are not going to be beaten by this one either... ARE WE?

COMPETITION... Next lines for 'I just dropped my IpadPro on my foot in front of my little toe'... and yes it really really hurts. The funnier the responses the better. Laughter is the very best medicine.

Many places have advised that anyone with a long-term medical condition should prepare a bag with basic items, a couple of days medications, and medical notes just in case. We have included a couple of copies of the two major articles best accepted by the NHS and copies of the anaesthetic card to help you.

Anyone getting the emailed copy who cannot get copies printed off in UK please contact us and we will post to you.

PEOPLE WHO ARE AT HIGH RISK. [See Article from NHS Coronavirus on pages 14 and 15] You will be contacted by the NHS by Sunday 29th March 2020. Do not contact your GP or healthcare team at this stage - wait to be contacted.

Dave Lupton aka known Crippen, one of the leading disabled cartoonists in the country, has even more cartoons on his website - www.crippencartoons.com. On page 23 you will find one he did for Polio Survivors Network after Richard made a comment, the other is a newer one that I hoped would add a smile.

SUNNY SKYZ LIVE, LAUGH, LOVE. Chock full of video clips, inspirational stories, photographs and much more all to brighten your day www.sunnyskyz.com/

PINTEREST www.pinterest.co.uk Just in case you don't know about Pinterest, it is a massive bulletin board of cards from people about so many different subjects. You can search on the cards and then click and go to that persons page to read about the subject.



There are recipes from many countries including gluten free, keto, etc. Knitting and crochet patterns, games, ideas for kids Lego, jewellery making, making toys, and how about some ideas for things to do in the garden.

Just look at what you can do with old jeans.

www.pinterest.co.uk/pin/315603886391834438/

This is just one person telling you how to prepare the jeans. You can save all the cards you want to in your own folders.

If you live alone then you can search for recipes, card games and all sorts of things for one person.

MESSAGE FROM SIMON, OUR CHAIR



IT IS NORMAL TO BE ANXIOUS OR SCARED.

It is hard to know what to say to you all at this time. We are all part of the at risk groups and for many we probably fall into more than one at risk group. Personally I can count at least 3. So, it would be odd not to be anxious or even at times scared. However, I think for many of us, particularly those of us with major impairments from polio, we have lived with a kind of anxiety around our health and well-being most of our adult life.

EVEN PSYCHOLOGISTS GET SCARED.

As a Counselling Psychologist I am trained to help with those with extreme anxiety. In the last 10 years it has been, perhaps, the most common reason that people have sought my help. But because I was a psychologist, I was not and am not immune, at times, from anxiety. We are all human, even psychologists! At points when my breathing was bad or I developed other conditions, or my PPS was getting worse, my anxiety could sky rocket. I say this because anxiety and fear around serious events are normal and not always easily managed, even with well-tried strategies. However, maybe we have an advantage over others as we can draw on our resources and the very real past experience of polio and being a disabled person in a non-disabled world.

ISOLATION BUT NO LONGER ALONE

So now this is no longer a minority experience but the life and times of everyone. Do we not know about the restrictions of socialising and needing to rely on others good will for everyday things? As polio survivors we were trained to refuse help, to push on, to be strong and brave and not show our feelings. Whilst that may have had positives, it came at a high cost, a long deep underlying sense of anxiety and stress, always trying to be 'as good' and 'independent' physically yes, but for many also emotionally. Now everyone has to face up to the reality that we all rely on and need one another, no one is an island, that is a dangerous myth, as we now see!

ARE WE THE NEW EXPERTS?

So when we are locked in at home how will we manage to stay well, sane and healthy? I suspect that the reality is that we can show others a trick or two about being on our own or with just our partner, partner/carer or carer. We have had to find ways of being that didn't involve rushing to the pub, the football, working on the allotment or taking weekend breaks in Prague, Magaluf or whatever. Even friends can be thin on the ground as we grew up and aged.

So I think in many ways we have lots of inner skills if we think about it, that others have no concept of. We live with the reality that life is fragile and whilst we want to live long and prosper, we live with the reality that at least once we nearly didn't, that eve since we were always at greater risk than others, even if we have somewhere denied it. Yes, after having had a rather inconvenient brush with the polio pandemic, we do have the ability to manage our scars, physical and emotional. As I like to say, 'no-one gets out alive', but for many of us we have learnt the reality of that the hard way and had to work with what we were left with and enjoy just being here, now, today.

ANOTHER VIRUS THAT CHANGES LIVES

Now the world will be here too with us. We are in a way no longer alone. Help is no longer seen as begging or a hand out, or charity but a basic human value that everyone can now empathise with because they are all potential victims of Covid-19, their jobs, children, education, grandparents, finances and dally life will be affected and restricted and maybe never the same again.

We know what it's like, and how to deal with having a virus that even if it doesn't kill you, it means the rest of your life will never be the same again.

SOME IDEAS AND THOUGHTS ON HARNESSING WHAT WE ALREADY KNOW.

1. At last, the world has to slow down. So, we don't have to keep up or be excluded anymore. We can take our time, there's now plenty of it.
2. Pace your day and pace your activities - does that sound familiar to us? Well now it is almost the best health advice as we need to savour each moment of each activity. There IS no rush and now everyone else has to live at our pace - this is and was always our reality.
3. Yes, we worry, we are anxious, we are scared sometimes, but there are no absolute solutions, no pill, no magic medicine man who we think is there and don't have access to who will get us well and back to the grind stone of modern life. But it is OK to feel.. To say how you are feeling our loud.. Even if you are by yourself.
4. Now is the time to make the day fit you, not the other way round. Some of us are night owls, some morning people, some like to drift off for an afternoon nap. All this is now absolutely fine. The one thing is to remember this isn't about escaping reality but about shaping it for you and your way of being. You are your own boss and time manager, take control.
5. Also there is no benefit, if you are someone who is anxious, worry and ruminate on the dangers of life to expose yourself to checking the news every 5 minutes. Inform yourself yes, then switch off and set a regime of times to read, listen to an audio book, learn about something new - all just for fun, anything you enjoy for itself only.
6. One worry is that for many of us what little activity we did have might now be hard to do, and as we age even PPS people should always exercise within our capacity, no or less than optimal exercise will accelerate our decline. So, find activities to build into your day, even it is walking round the room a few times regularly, or maybe if you are a wheelchair user dancing arms to your favourite music.
7. Finally we will all get overwhelmed with fear and anxiety at times, so relaxation techniques, breathing, meditating if you know how [google if you do not, see Debbie Ison piece on page xx] and of course eating well and resting as much as you need will all help, and maybe this time will have some lasting positives in our lives.

PLEASE READ.

I highly recommend reading (or is it order you to read?) the post from Alain de Botton and his School of Life, much of what I have said he has put so much better, I have just given you the link : <https://www.alaindebotton.com/the-school-of-life/>

You Tube - Alain de Botton - many choices.

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Chair Polio Survivors Network

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DOODLE SPACE

VERITE REILLY COLLINS PSN Trustee and Author of aftercancers.com



As a polio survivor, I expect we are self-isolating due to Covid-19.

As a medical journalist, I edit a website www.aftercancers.com - giving a patients' view of cancer care.

We are told laughter is the best medicine, so can I ask if you know of any funny stories, or cartoons, I can use to cheer up people worried about Covid-19, who read aftercancers.com or the Polio Survivor' Network Newsletter?

More stories on <https://aftercancers.com/category/humour/>

More Jargon February 23rd 2020. - Our funny old 'medical' language.

Next time they've run out of old magazines in Outpatients, pick up a newspaper and see how many of today's medical terms could have another meaning..

For starters... How many more can you think of?

Artery	The study of paintings.
Caesarean Section	A neighbourhood in Rome.
Cat Scan	Searching for Kitty
Cauterise	Made Eye-contact with Her.
Coma	A Punctuation Mark.
D & C	Where Washington Is.
Dilate	To Live Longer.
Enema	Not a Friend
Fester	Quicker
Fibula	A Small Lie
Hangnail	Coat Hook
Labour Pain	Getting Hurt at Work
Medical Staff	Doctor's Cane.
Morbid	A Higher Offer
Nitrates	Cheaper than Day Rates
Outpatient	A Person Who Has Fainted.
Pelvis	Cousin to Elvis
Recovery Room	Place to Do Upholstery
Rectum	B***dy Nearly Killed Them
Secretion	Hiding Something.
Seizure	Roman Emperor
Tablet	A Small Table
Urine	Opposite of You Are Out
Varicose	Nearby
Vein	Conceited.

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PLEASE SHARE EXPERIENCES OF YOUR POLIO LIFE

Tell us about the solutions you have found that work for you

Tell us about the issues you have managing your post-polio life

Help us build a larger database of possible solutions to publish in our newsletter

NEXT ISSUE - Deadline May 15th 2020

Coronavirus (COVID-19) and Polio Survivors

Everyone seems to be talking about, worrying about and asking questions about coronavirus, and that includes polio survivors. As we have seen this is a rapidly evolving situation and what we know today may change next week or next month.

Some facts that are not likely to change are:

- Polio and the late effects of polio **do not**, in themselves, cause immune compromise. Therefore, polio survivors are **no more** likely to contract a coronavirus infection or develop serious illness from it than people who never had polio!
- Most polio survivors in the United States and Canada are over 60 years old, which places us in the “higher risk” category with a greater likelihood of developing severe disease after being infected with the virus than younger people.
- Polio survivors who had breathing muscle involvement with their original illness and/or now have respiratory problems of any kind are at “high risk” when they become ill with **any** respiratory infection, including coronaviruses.
- Just as it is for people who never had polio, if a polio survivor has diabetes, heart disease, severe kidney disease, or are immunocompromised due to a medical condition or certain medications, then they are at high risk of developing complications if they contract COVID-19.

What you can do: follow CDC guidelines about infection control—washing hands frequently, disinfecting frequently touched surfaces, covering coughs and sneezes, avoiding large crowds especially in poorly ventilated areas, staying home if you are sick and avoiding non-essential trips, such as long airplane rides or embarking on a cruise ship.

If you do develop cough or fever (temperature over 100.4F), especially if you have had known contact with someone who has coronavirus or has recently been in some of the “coronavirus hot spots,” call your doctor for advice about what to do next. If you have increased trouble breathing, you probably need to be seen by a doctor at a hospital but have someone call ahead so that the emergency room is prepared for your arrival. Likewise, if an ambulance is called to transport you please let them know in advance that you may have coronavirus so they can take appropriate precautions.

For the latest information about the coronavirus, check the CDC’s website at www.cdc.gov/coronavirus/2019-ncov/. If you have any specific health questions about yourself, contact your physician.

Post-Polio Health International
including **International Ventilator Users Network**
St. Louis, Missouri
www.post-polio.org, info@post-polio.org
314-534-0475

Medical Management of Post-Polio Syndrome.

Carol Vandenakker Albanese, MD, University of California, Davis,
Department of Physical Medicine and Rehabilitation.



As the number of polio survivors gradually decreases in the US, finding medical providers familiar with post-polio syndrome is becoming more difficult. An individual provider is not able to develop expertise when experience is limited to a few patients a year. This necessitates that the polio survivor become an “expert patient”.

The term “expert patient” originated in England and refers to patients who have the confidence, skills, information and knowledge to play a central role in the management of life with chronic diseases. This concept has become part of medical education in the United States. Medical students are trained to provide more patient education and rely on the patient as part of the medical treatment team to contribute to decision making regarding their care.

To be an effective “expert patient” it is important to keep expectations realistic. Do not expect a primary physician to know much about post-polio syndrome. Be able to provide concise, scientifically based information for your physician. The Post-Polio Health International website (www.post-polio.org) has information for medical providers that can provide basic medical information and serve as a resource for specific conditions. Do not bring stacks of unreferenced information from the internet to your provider!

Establishing a good relationship with your primary doctor is key to accessing the medical care you need for the symptoms related to aging with polio sequelae. Medical management of post-polio syndrome includes management of the primary symptoms, treatment of underlying or associated conditions and optimizing health and wellness. Individual treatment plans include a detailed medical history and exam to identify problems or health risks and goals. Identifying associated medical, neurological, musculoskeletal and psychological conditions are part of the process. Evaluation may require consultation with a specialist such as a physiatrist [rehabilitation consultant in the UK] neurologist, orthopedic surgeon, pulmonologist or otolaryngologist. Interventions may include referral to a physical therapist occupational therapist, speech language pathologist, orthotist or psychologist.

It is important for providers to recognize the unique physiologic aspects of residual paralysis due to polio. Polio survivors have a number of muscles that have lost some percentage of the normal innervation. These muscles cannot strengthen like normal muscles and lose proportionally more strength with aging. If polio occurred in childhood, bone and joint development were affected in the involved limbs.

Muscle imbalances and joint deformities alter body mechanics and put increased stress on musculoskeletal system, resulting in early degeneration. Body composition, or the ratio of muscle, fat and bone may be significantly altered and affect metabolism. Many of the symptoms of post-polio syndrome are like those of aging but accelerated and more complicated. Goals of treatment are to minimize symptoms of post-polio syndrome, optimize body mechanics, protect weak muscles and joints, decrease physical demands on the body, treat associated conditions and optimize wellness.

Fatigue is a very non-specific symptom with many potential causes and contributing factors. Fatigue is exacerbated by poor sleep, deconditioning, obesity, poorly controlled chronic illness and depression. In addition to the fatigue associated with overuse of weak muscles and post-polio syndrome. Managing fatigue involves optimizing body mechanics and cardiovascular health in addition to conserving energy.

Pacing activities with intermittent rest periods is key. This may require a change in lifestyle or work schedule. Sleep must be optimized by identifying and treating sleep apnoea or hypoventilation at night, pain that interrupts sleep, or anxiety that may prevent sleep.

Muscle and joint pain associated with post-polio syndrome is often a result of overuse or excess stress on the body. Muscle pain commonly occurs in polio affected muscles that have functional strength, putting them at risk of overuse. The pain may be associated with cramping, twitching or

crawling sensation and is typically worse at the end of the day. Post-polio muscle pain is a warning sign of overuse and muscle tissue damage. Preventing the pain by modifying activity and stress on a muscle is an essential part of treatment. Using pain medication to simply mask symptoms may ultimately lead to further damage and loss of function.

Using pain medication to simply mask symptoms may ultimately lead to further damage and loss of function.

Joint pain may be due to degeneration and inflammation in the joint or stress on the connective tissue surrounding the joint deformity, altered body mechanics, or poor protection due to weak muscles and ligaments or in a “strong limb” which has been subjected to years of overuse.

Treatment of joint and soft-tissue pain must include evaluation and modification of body mechanics. This may require weight loss, physical therapy, bracing, assistive devices or mobility aids. Treatment may also include modalities, medication, injections and, at times surgical intervention.

New weakness in polio survivors may manifest in muscle known to be affected by polio or in muscles thought to be unaffected. Most likely the “unaffected” muscles had sub-clinical motor neuron loss at the time of the acute polio infection. Loss of motor units and degeneration or the axon sprouts developed when muscles were reinnervated results in the weakness associated with post-polio syndrome. Medication has not been shown to be effective in preventing loss of strength unless other factors as low testosterone or neuromuscular transmission defects are also present.

Avoidance of overuse of “at risk” muscles and appropriate exercise to strengthen deconditioned muscles can delay loss of function. Identifying which muscles are weakening due to overuse and which have become deconditioned by changes in mobility requires careful muscle testing and monitoring.

Cold intolerance, like fatigue, is a non-specific symptom common to polio survivors. Limbs with significant muscle atrophy related to polio have reduced blood flow and microcirculation due to minimal oxygen demand. Individual basal metabolic rate, related to amount and percentage of muscle tissue, is reduced in a polio survivor. Cold intolerance can be managed by improving cardiovascular circulation, insulating with layers of appropriate breathable clothing, and ensuring availability of environmental control and external heat sources.

Dysphagia and respiratory problems are related to a history of bulbar polio with residual weakness or upper airway, swallowing and respiratory muscles. A history of choking or coughing when eating or difficulty swallowing certain foods may warrant a swallowing evaluation and training in compensatory swallowing techniques.

Reduced respiratory function may be a result of upper airway obstruction (weakness of muscles in the throat) or poor ventilation due to chest wall or diaphragm muscle weakness. Pulmonary function tests and sleep studies can identify the etiology of symptoms and indicate appropriate interventions. Assisted ventilation, assisted cough, breathing exercises and pulmonary rehabilitation may be utilized to optimise pulmonary function. Significant illness may be prevented through regular vaccinations and exposure precautions.

Avoidance of overuse or “at risk” muscles and appropriate exercise to strengthen deconditioned muscles can delay loss of function.

Optimizing wellness contributes to overall health and sense of well-being. A good relationship with a primary care provider is essential to monitoring health and managing chronic conditions. Good nutrition, restful sleep and regular exercise help maintain vitality. Preventing injury and illness and modifying lifestyle to minimise risks are key to preserving function. Psychosocial support lends security and purpose to life.

Although post-polio syndrome can be a complicated condition to live with, finding the needed medical management and living well is still possible.

Reprinted from Post-Polio Health International Newsletter (Page 1-3 of Fall 2019 Volume 35 Number 4)

NUTRITION AND HEALTH by Trustee Zsuzsanna Snarey.



We all need energy to live and that energy comes from food, but it only takes a small amount of extra food at regular intervals over a number of years to lay down energy stores in the form of fat. This extra weight is harmful to health and is the source of many avoidable diseases.

Protein, carbohydrate and fat are **macronutrients** needed in sufficient amounts. We get **proteins** from eggs, meat, fish, chicken, beans and pulses, **carbohydrates** from bread, pasta, cereal, rice, potatoes and some fruit and vegetables. Alcohol is also a carbohydrate, high in calories but without nutrients.

Fats are a vital part of every cell in the body and provide energy to muscles as well as certain fat-soluble vitamins, but we only need fat in small amounts as it is very calorie-dense, more than twice the calories of protein or carbohydrate weight for weight. Saturated fats such as butter, coconut and palm oil or trans-fats found in processed foods, should be replaced by unsaturated fats. Monounsaturated and polyunsaturated fats, found in olive oil, rapeseed oil, oily fish, nuts and seeds, have a beneficial effect if eaten in moderation. They help to reduce the low density, bad cholesterol in the blood and also provide vitamin E and other essential fatty acids such as omega-6 and omega-3 which the body cannot make and reduce the chance of cardiovascular disease, heart attack and stroke.

Energy requirements vary from person to person according to age, gender, body size and activity levels. To calculate your personal **basal metabolic rate** or **BMR** which shows the number of calories your body needs at rest, you need to know your weight in kg, assuming you are over 60 years old, and multiply by 11.711 for men and add 587.7. For women over 60, the weight in kg is multiplied by 9.082 and 658.5 is added. To adjust for activity levels for sedentary or light activity lifestyle, this resulting BMR is multiplied by a number somewhere between 1.40 - 1.69 or for an active lifestyle by a number between 1.70-1.99. I assume this will not apply to many reading this article, certainly not to me.

In order to maintain body weight, **energy intake** should = **energy expenditure** in calories, obtained from the above calculation. To lose weight you need to reduce the calorie intake below your calorie needs. Of course, it is not easy to keep a check on the calorific value of every bit of food consumed but keeping a food diary over a week should give you a general idea if you are eating roughly the right amounts.

It is generally recommended to cut down on high calorific fatty meats, cheese, dairy and spreads, and base the diet on vegetables and fruit with some wholegrain carbohydrates which are more filling and less calorie rich. Protein in the form of lean meat, beans and pulses are important for people who had polio in order to conserve muscle. Salt, sugar, crisps and biscuits should not be part of any diet. Remember that tea or coffee with milk and sugar all contribute to your calorie intake whereas water, black tea and coffee don't.

To work out if you need to cut down on your energy intake you can calculate your **body mass index, BMI**,

To calculate your BMI you need to know your **weight in kg** and your **height in metres**.

You divide the weight in kg by (the height in metres) squared.

For example, if you weigh 67kg and your height is 172 cm; changing it to metres= 1.72 m, divide 67 by 1.72 x 1.72 which is 67 divided by 2.96 = 22.6

So your BMI would be 22.6 which shows that you are in the healthy range.

A BMI of 18.5-24.9 is healthy . A BMI of 25-29.9 indicates overweight, 30-34.8 is obesity class I with a moderate risk of developing diseases, a person with a BMI of 35-39.9 has a severe risk for diabetes, cardiovascular disease and cancer.

A better indicator of being a desirable, healthy weight is simply finding your waist measurement. This is a good indicator of the dangerous fat around the vital organs. Ideally, it should be below 94cm or 37in for men and below 80cm or 31.5in for women. But as long as your BMI is in the healthy range there is no increased risk of diseases with waist measurements up to 102cm or 40in for men and up to 88cm or 34.5in for women. [Source: Health Survey for England (2010-12)/ NICE <http://www,hscic.gov.uk/catalogue/PUB13219>]

Not all calories from carbohydrates are equal. Avoiding sugar, honey, fruit juice even sweeteners is important. 50% of energy should come from complex carbohydrates containing fibre, such as wholemeal bread, root vegetables, pulses, peas, beans and oats. Fibre is very important for health as it is **prebiotic**. It feeds the beneficial bacteria in the lower intestine which in turn give us many important compounds such as vitamins and short-chain fatty acids which significantly influence our health for the better and even improve brain function. Prebiotics are also found in leeks, onions, garlic and yoghurt. We all have different bacterial populations and by eating a large variety of plants we can increase the diversity and amount of bacteria in the gut which in turn discourages the growth of harmful bacteria. The human body is a host for about 10^{12} to 10^{14} bacteria. That is 10 with 12 to 14 zeros after it. We have more bacteria living in and on our bodies than we have cells in our bodies.

Probiotics in yoghurt, kefir and fermented vegetables contain beneficial, live bacteria, shown to restore the normal healthy balance of bacteria in the gut. People in villages in Malawi have greater bacterial diversity due to their plant based diet than people living in the West with a consequence of having less cancer, heart disease and Type 2 diabetes. Plants contain minerals and vitamins as well as phytochemicals responsible for the colour of plants which can also protect against these diseases. Plant-based foods should fill 2/3 of your plate

GI refers to the **Glycaemic Index** and measures the effect of a food on blood sugar levels with 100 being the highest achieved by consuming pure glucose which is absorbed very quickly. Low GI foods include most vegetables and sweet fruit, beans and grains like wheat oat and rye. They slow down the release of glucose into the blood when food is digested. There is evidence that diets with low GI can have beneficial effects for diabetics and reduce hunger between meals.

Micronutrients such as iron, copper, zinc and iodine are very important for a healthy body. They are found in green vegetables and meat. Others are selenium, cobalt and manganese. They are needed in very tiny amounts, for example, one Brazil nut has all the selenium we need for a day.

One of the reasons for people giving up on a reduced-calorie diet is because they feel hungry. Protein is the most satisfying macronutrient so increasing the protein in the diet is sensible. Current scientific data suggest that a diet which is made up of 30% protein, 40% carbohydrate and 30% fat is an effective way of controlling appetite leading to successful weight loss remembering that the total calorific content must be reduced. This should not be confused with the Atkins diet which is much higher in fat and much lower in carbohydrates. Carbohydrates in the form of fruit, vegetables and pulses should form the basis of any diet with fibre for a healthy gut flora of good bacteria.

With acknowledgements to the University of Aberdeen and the FutureLearn course on Nutrition and Wellbeing.

Zsuzsanna Snarey

zsuzsanna.snarey@poliosurvivorsnetwork.org.uk

Editors Note in case you have not heard of kefir :-

Kefir is a cultured, fermented beverage that tastes a great deal like a yogurt drink. It's made using "starter" grains, just as sourdough bread has a "starter." This starter is a combination of yeasts, milk proteins, and bacteria. It has a tart, creamy flavour, and it's loaded with probiotic health benefits.

Waiting for Normal - written for PSN on 14th March 2020

Marcia Falconer, PhD (molecular and cellular biology)

Member of PSN for many many years.

I am waiting for normal. I think it will be a long wait. All of us are in the high risk category for Covid-19 infection. We probably can't avoid getting it at some point, but the idea is to get it when the health system is able to cope, to get it when you can get proper medical attention. When the pressure on the health system is within proper limits, the fatality rate is quite low - about the same as for regular flu - something like 0.3%. When the hospitals are overloaded and cannot access respirators, etc. the rate can be as high as 62% and certainly well above the 15% reported for seniors.

So what to do. Here is my personal list of priorities:

- 1) Put off catching the virus as long as possible by self-isolation.
- 2) Minimize social contact
- 3) Wash hands frequently
- 4) Disinfect items
- 5) Have a plan for cleaning help and personal service workers.

Now let me elaborate a little bit on each one.

#1 and #2

are pretty much the same thing - Put off catching the virus as long as possible by self-isolation and minimizing contact with everybody else.

My husband and I will not visit anybody, nor will we have any visitors in the house. We will chat with neighbours outside, at a distance of 6' or 2 meters. We may even visit with our grandkids on my birthday - but it will be outside and at a distance.

Do the absolute minimum of shopping. Buy online and have it delivered (or pick-up) when possible. When we have to go to a store, we will keep 6' distance from other people and only go when the store is not crowded. If it's crowded when we get there, we come back another time.

We will not go to restaurants. That is a HARD one for me. But we won't. In the early stages of the pandemic, drive-through ordering is probably OK and I will consider restaurant delivery, but at the height of the pandemic, not even that.

#3 and #4

are pretty much the same idea as well. The first is obvious - we will wash our hands often, even when we're inside in our own homes. And we will try very hard not to touch our faces unless we have just thoroughly washed our hands (or we use a tissue to cover our hands).

Disinfection is potentially a very big thing. The idea is to keep the inside of our home virus free. Period. Not just clean, but virus free. Virus are incredibly easy to transmit and hard to "kill". Covid -19 virus *remains infectious* for over **3 days** on hard surfaces and for a day or more on fabrics and softer surfaces. Do not bring the virus into your house.

Right now - before virus is everywhere is the time to start with house cleaning. Disinfect all door handles inside and outside. All faucets, all toilet handles, all phones, all light switches, iPhones, fridge and freezer handles, railings and banisters, counter tops, cupboard door pulls, computer keyboards, all remotes. Then continue to do this. I will not do all of these things every day - but I will do them several times a week.

Outside we will disinfect the car door handles (reaching underneath for sure). Disinfect all those knobs inside the car, steering wheel, inside door handles, window buttons, etc. These will need to be done frequently - probably every time we use the car.

What to use? Anything is better than nothing. Homemade disinfectant is great. Rubbing ethanol (alcohol) combined with any spray detergent is great just make sure that the amount of alcohol when you've done combining the two is 70%. A higher percentage is not better and a lower percentage won't work. Get your grandchild or neighbour's kid to calculate how much rubbing alcohol and how much spray detergent.

Now on to a difficult part, #5.

What to do about the people you need to help you live a good life? This will be different for each of us.

I have stopped my cleaning woman. She has a big family, cleans for numerous people and would come when she is feeling slightly sick. Bringing her in the house is a big risk.

Personal Service Workers (here in Canada they're called PSW's) are in a category by themselves as far as risk goes. They deal with many clients and do the most personal of things. It should be noted that Covid-19 is not only spread by contact with oral fluids (from coughing, sneezing, etc.) but also is transmitted through the fecal route.

With this in mind I would schedule a talk with all PSWs as soon as possible. They probably have received some instruction about preventing transmission of virus already but don't rely on this. They may not have been listening, or they may think it's unnecessary and not bother. Make sure they know that YOU know what needs to be done. (Institute your plan, politely - but firmly.)

I would suggest that a PSW should be wearing a mask and gloves *when they arrive at your place*. Immediately upon arrival they should remove their mask and gloves (and dispose of these in an appropriate bag that can be sealed and put in the garbage). Then they put on a protective, disposable, outer garment and fresh gloves and mask. When they leave, they remove outer garment, the mask and gloves and dispose of them in a different bag, that can also be sealed and put into the bin.

That all sounds pretty drastic.

It is. And I can even add a few more things. At the height of the pandemic, when I have groceries delivered, I will lay out newspapers at two different (but close) spots on the counter. The bags containing the groceries go on one of the newspapers. I will put on surgical gloves and remove the grocery items from the bags and wipe down each item with a disinfectant wipe and then put it on the other newspaper. When done, I take my gloves off - inside out - place them with the wipes on the first newspaper, bundle it up and put it in a plastic bag that is sealed for disposal.

How long will this go on?

At this point it's difficult to say. Certainly for several months - possibly longer. It will depend upon the course of the epidemic. It could go on for 2 or 3 months or 6 months.

It is up to you to protect yourself:

Isolate yourself

Disinfect surfaces you regularly touch

Equally important - Stay Sane. Do things outside, read good books, treat this as a time to slow down, do the things you've been wanting to do for years.

And be prepared to wait for things to return to normal.

These are *interesting times* we are living in.

Stay Safe - Marcia. marcia.falconer@gmail.com



What I am doing for the upcoming COVID-19 (coronavirus) pandemic by James Robb, MD UC San Diego

Dear Colleagues, As some of you may recall, when I was a professor of pathology at the University of California San Diego, I was one of the first molecular virologists in the world to work on coronaviruses (the 1970s). I was the first to demonstrate the number of genes the virus contained. Since then, I have kept up with the coronavirus field and its multiple clinical transfers into the human population (e.g., SARS, MERS), from different animal sources.

The current projections for its expansion in the US are only probable, due to continued insufficient worldwide data, but it is most likely to be widespread in the US by mid to late March and April.

Here is what I have done and the precautions that I take and will take. These are the same precautions I currently use during our influenza seasons, except for the mask and gloves.:

- 1) NO HANDSHAKING! Use a fist bump, slight bow, elbow bump, etc.
- 2) Use ONLY your knuckle to touch light switches, elevator buttons, etc.. Lift the gasoline dispenser with a paper towel or use a disposable glove.
- 3) Open doors with your closed fist or hip - do not grasp the handle with your hand, unless there is no other way to open the door. Especially important on bathroom and post office/commercial doors.
- 4) Use disinfectant wipes at the stores when they are available, including wiping the handle and child seat in grocery carts.
- 5) Wash your hands with soap for 20 seconds and/or use a greater than 60% alcohol-based hand sanitizer whenever you return home from ANY activity that involves locations where other people have been.
- 6) Keep a bottle of sanitizer available at each of your home's entrances. AND in your car for use after getting gas or touching other contaminated objects when you can't immediately wash your hands.
- 7) If possible, cough or sneeze into a disposable tissue and discard. Use your elbow only if you have to. The clothing on your elbow will contain infectious virus that can be passed on for up to a week or more!

What I have stocked in preparation for the pandemic spread to the US:

- 1) Latex or nitrile latex disposable gloves for use when going shopping, using the gasoline pump, and all other outside activity when you come in contact with contaminated areas.

Note: This virus is spread in large droplets by coughing and sneezing. This means that the air will not infect you! BUT all the surfaces where these droplets land are infectious for about a week on average - everything that is associated with infected people will be contaminated and potentially infectious. The virus is on surfaces and you will not be infected unless your unprotected face is directly coughed or sneezed upon. This virus only has cell receptors for lung cells (it only infects your lungs) The only way for the virus to infect you is through your nose or mouth via your hands or an infected cough or sneeze onto or into your nose or mouth.

- 2) Stock up now with disposable surgical masks and use them to prevent you from touching your nose and/or mouth (We touch our nose/mouth 90X/day without knowing it!). This is the only way this virus can infect you - it is lung-specific. The mask will not prevent the virus in a direct sneeze from getting into your nose or mouth - it is only to keep you from touching your nose or mouth.
- 3) Stock up now with hand sanitizers and latex/nitrile gloves (get the appropriate sizes for your family). The hand sanitizers must be alcohol-based and greater than 60% alcohol to be effective
- 4) Stock up now with zinc lozenges. These lozenges have been proven to be effective in blocking coronavirus (and most other viruses) from multiplying in your throat and nasopharynx. Use as directed

several times each day when you begin to feel ANY "cold-like" symptoms beginning. It is best to lie down and let the lozenge dissolve in the back of your throat and nasopharynx. Cold-Eeze lozenges is one brand available, but there are other brands available.

I, as many others do, hope that this pandemic will be reasonably contained, BUT I personally do not think it will be. Humans have never seen this snake-associated virus before and have no internal defense against it. Tremendous worldwide efforts are being made to understand the molecular and clinical virology of this virus. Unbelievable molecular knowledge about the genomics, structure, and virulence of this virus has already been achieved. BUT, there will be NO drugs or vaccines available this year to protect us or limit the infection within us. Only symptomatic support is available.

I hope these personal thoughts will be helpful during this potentially catastrophic pandemic. You are welcome to share this email. Good luck to all of us!

TRANQUIL AWAKENINGS, Lincoln

www.tranquil-awakenings.co.uk

debbieison34@hotmail.com

Hello everyone, my name is Debbie Ison and I am a therapist and therapy trainer. I was introduced to Richard and Hilary Boone by Dr. Darren Barnes-Heath their Chiropractor and have been in regular contact for a couple of years now.



Hilary asked me to write a short piece for the newsletter.

During this time, we are all facing different challenges and new experiences. Through times of stillness often people find their mind begins drift to memories from their past. This can lead us to think of happy times, but it can also sometimes bring up old wounds to be healed. In order to do this effectively, however, we need strategies for how to do this. Therefore, I would like to take this opportunity to share with you just one of the many strategies that I use, based on the work of Bandler and Grinder. The more you practise this strategy the easier it becomes, and the easier it becomes the quicker it gets.

Step one think of a memory that you would like to feel differently about. Give it a number between 1-10 (10 being the strongest).

Think about how you are remembering that memory. Can you see an image, hear a sound, or feel a feeling?

Think about how that is made up:

If it is an image - Is it in colour or is it in black and white? Is it moving or is it still? Are you looking out of your own eyes or seeing yourself in the image? What size is the image? How close or far away is it from you?

If it is a sound- Is it loud or quiet? What direction is the sound coming from? What pitch is it? Whose voice is it?

If it is a feeling – Where are you feeling that feeling e.g. in your head? If it were to have a colour, what colour would it be? What shape would it be? 2D or 3D? Is it moving or still? Does it have a temperature? Does it have a texture?

You may want to write these down to help you remember.

Now change these different components one at a time and notice how they change the feeling that the memory gives you e.g. If it was an image that was in colour, change it to black and white. If it makes the memory worse put it back to how it was.

Save the positive changes. In order to do this, think about something else for a moment e.g. give yourself a simple sum, or think about what you are having for dinner. Make as many changes as you need until the memory has been neutralised.

NHS CORONAVIRUS

<https://www.nhs.uk/conditions/coronavirus-covid-19/> Updated daily. **Coronavirus (COVID-19)** is a NEW illness that can affect your lungs and airways. It's caused by a virus called coronavirus.

STAY AT HOME IF YOU HAVE CORONAVIRUS SYMPTOMS - either

- A high temperature—this means you feel hot to touch on your chest and back [you do not need to measure your temperature)
- A new, continuous cough—this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)

Do NOT go to a GP surgery, pharmacy or hospital.

Use the 111 online coronavirus service to find out what to do. <https://111.nhs.uk/covid-19/>

Only call 111 if you cannot get help online.

HOW LONG TO STAY AT HOME.

1. If you have symptoms of coronavirus, you'll need to stay at home for 7 days.
2. If you live with someone who has symptoms, you'll need to stay at home for 14 days from the day the first person in the home started having symptoms.
3. If you live with someone who is 70 or over, has a long-term condition, is pregnant or has a weakened immune system, try to find somewhere else for them to stay for 14 days.
4. If you have to stay at home together, try to keep away from each other as much as possible.

Staying at home means you should:

- NOT go to work, school or public areas
 - NOT use public transport or taxis
 - NOT have visitors, such as friends and family, in your home
 - NOT go out to buy food or collect medicine – order them by phone or online, or ask someone else to drop them off at your home
- ✓ You can use your garden, if you have one.
- ✓ You can also leave the house to exercise – but stay at least 2 metres away from other people.

How to avoid catching and spreading coronavirus (social distancing)

Everyone should do what they can to stop coronavirus spreading.

DO

Wash your hands with soap and water often - do this for at least 20 seconds.

Always wash your hands when you get home or into work.

Use hand sanitiser gel if soap and water are not available.

Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze

Put used tissues in the bin immediately and wash your hands afterwards.

Avoid close contact with people who have symptoms of coronavirus

Only travel on public transport if you need to

Work from home if you can

Avoid social activities, such as going to pubs, restaurants, theatres and cinemas

Avoid events with large groups of people

Use phone, online services, or apps to contact your GP surgery or other NHS services.

DO NOT

DO NOT touch your eyes, nose or mouth if your hands are not clean

DO NOT have visitors to your home, including friends and family.

ADVICE FOR PEOPLE AT HIGH RISK

If you're at high risk of getting seriously ill from coronavirus, there are extra things you should do to avoid catching it.

THESE INCLUDE:-

Not leaving your home - you should not go out to do shopping, visit friends or family or attend any gatherings.

Avoiding close contact with other people in your home as much as possible.

PEOPLE WHO ARE AT HIGH RISK

You will be contacted by the NHS by Sunday 29th March 2020.

Do not contact your GP or healthcare team at this stage - wait to be contacted.

<https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

TWO GREAT ITEMS - I apologise I forgot to add the link to the Authors.

If you'll continue to receive a regular wage from an employer throughout this difficult time then please consider continuing to pay the self-employed people whose services you usually rely on - they will receive so little. If you have a cleaner, gardener, regular baby club, child-minder, dog-walker etc. who you'll no longer require services from right now then please consider continuing to pay them if you can, because when all of this gets better you'll need them to still be in business. It costs money to run a business and that never stops even when the clients stop paying.

Another great suggestion I've seen is that buying gift cards for your favourite cafes, restaurants, hairdressers, beauticians etc to use at a later date might be the difference between them going under or being able to get back on their feet after all of this.

Behind every small business is a person and often an entire family. Be kind and considerate of others in a strange time for everyone.

MANKIND MUST WORK TOGETHER FOR ITS GREATER GOOD.

Like all living things, if not looked after, there comes a time when enough is enough and its time to come back fighting.

Over the last life time, the world has been getting sicker, caused mostly by mankind. In its anger and sickness it has shown us droughts, storms, fires, global warming and famine. But like any little irritating insect we just carry on nibbling away not listening or heeding the warnings.

No matter how wealthy, rich or powerful you are, the world has come back fighting. Your billions don't matter anymore. Your rating as the strongest, richest, most productive country isn't important. The only thing is to brace together and even with social distancing think of the greater community. On our own like a stick we can be broken, but put those sticks together and breaking them is not so easy. Mankind must work together for its greater good.

The world is already showing us, give it a time to heal and what beauty and life it can give us. Animals returning to areas we haven't seen, pollution dropping in ways not imagined. Yet still some of us show greed and self protection. The need of the most must override the needs of the one. Just stop, think and see.

This is a time for reflection slow down, spend time with those you love, rebuild relationships, learn, read, plant your gardens. Its an opportunity to actually better mankind. The world has had enough, if we don't listen it will make us. Remember nothing is ours it all belongs to the world we live in, including our bodies. Why don't we wake up and learn from what nature is teaching us. There is enough for all of us in this world. We just need to slow down, learn to share, learn to care.

A new member introduction - Joy



I left school at fifteen years old in 1948 hoping to become a nurse. At sixteen I started my nurse training. A few weeks before my seventeenth I came home from work feeling unwell. A doctor initially thought it was a bad case of the flu. A few days later a second visit from the doctor resulted in me being sent to Basingstoke cottage hospital for tests. During this time, I was unable to feel my legs and collapsed on the floor when being stood up. I was taken to Millbrook Isolation Hospital and was told I had infantile paralysis and had to spend four weeks in hospital, paralysed from the waist down.

I was transferred to Lord Mayor Tralor Hospital and had seven months doing physiotherapy and rehabilitation to get mobile again. I was off work for two years in all and when I was ready to start work, I was not strong enough to continue nursing.

I met Cyril when I was 24 years old and we went out dancing, swimming and travelling for two years before we married. October 1957. We have had five children together. When I was in my fifties, I started to get very fatigued and ached a lot. Doctors diagnosed me with Myalgia Encephalitis (ME) and put me on steroids. My muscles continued to deteriorate. One day my daughter in law made the comment that 'you had polio, didn't you?', she had read an article about polio effects later on in life. I spoke to my GP about this and confirmed that I had polio as a youngster. My mobility has gone from a walking stick to a wheelchair and mobility scooter. With help from our family my husband and I are able to enjoy reasonable health and in 2017 Cyril and I celebrated our 60th wedding anniversary.

When I left hospital in 1951 the doctor said 'go and enjoy what is left of your life' and in my young mind I thought perhaps he was saying it may not be long, so now at 86 years old I must say that I have got a lot to thank God for!

STUFF FOR OLD FOLKS

This is what we, who are aged 70 or 80 years plus, can look forward to.

This is something that happened at an assisted living center. The people who lived there had small apartments but they all ate at a central cafeteria. One morning one of the residents didn't show up for breakfast so my wife went upstairs and knocked on his door to see if everything was OK. She could hear him through the door and he said that he would be running late and would be down shortly, so she went back to the dining area.

An hour later he still had not arrived, so she went back up towards his room but found him on the stairs. He was coming down the stairs but was having a hard time. He had a death grip on the handrail and seemed to have trouble getting his legs to work right. She told him she was going to call an ambulance but he told her no, he wasn't in any pain and just wanted to have his breakfast. So, she helped him the rest of the way down the stairs and he had his breakfast. When he tried to return to his room, he was completely unable to get up even the first stair step, so they called an ambulance to help him.

A couple of hours later she called the hospital to see how he was doing.

The receptionist there said he was fine,
he just had both legs in one side of his boxer shorts.

**Information from Slides taken from a Presentation to Rotary in Lincolnshire.
A Dip into Polio from a Polio Survivor - September 9th 2013.**

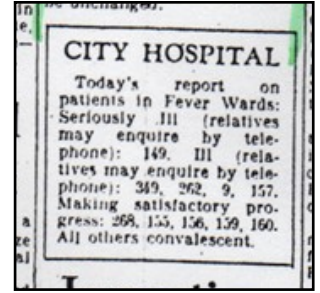


Parents rushing child with suspected Polio to Hospital.
Once admitted how did you find out how they were....
Every polio survivor was given a number.

From the Lincolnshire Gazette July 16th 1952.

CITY HOSPITAL

Today's report on patients in Fever Wards:
Seriously ill [relatives may enquire by telephone]: 149.
Ill [relatives may enquire by telephone] 349, 262, 9, 157.
Making satisfactory progress: 268, 155, 139, 160.
All others convalescent



Sleaford Standard, Thursday July 27th.

Village of Digby—375 Villagers with 97 diagnosed [13 of whom died] but many people probably had a mild dose but never realised it. The village doctor, Dr. Smallthorn contracted the disease. The residential nurse was not allowed to leave. She only tended to the polio victims. Luckily she didn't get it. "It was almost like a plague, said Rev. Cyril Clarke" Milk was delivered in wax packets not bottles and all other provisions left at the end of a the village or at a garden gate.

A 20 miles ring was placed around the village. The swimming baths were closed and every possible hospital operation was postponed for polio often attacks people convalescing

Sleaford Gazette August 18th 1950

For the first time in this County a method known as Todd Insecticidal Fog Applicator was used in the fight against Infantile Paralysis. It is possible to select a different size of fog globule. They treated, Sleaford, the cinema; Cranwell, the village pond; Ruskington, Council refuse tip behind bacon factory; Digby, The ancient Saxon church of Thomas-a-Beckett, the chapel, the school. the village hall, the beck and sewers.

A few snippets from other Polio Survivors. Remember we only had the language of our age to understand what was happening.

I had been isolated from my four older sisters and big brother for 366 days. I arrived home. Home, this cant be home. It's the size of a biscuit tin, contains all manger of things, a table and six chairs, a side board, a piano, a 3 piece suite, a dog, now that's different I haven't seen one of those before. Home! This is the woman who came to see me each night, but where's my mum? I begin to cry for her, the woman tells me it's all right and that she's my mum, I know she's not, she doesn't wear a hat or uniform like my mum. I was 2 and a half.

For 2 months I saw my parents on Saturdays for a few minutes through a window.. I was 4.

I was in hospital for 4 years and my 7 siblings were not allowed to visit. I caught polio at age 5.

Daily Exercises . "No pain, no gain", "Use it or Lose it", "don't be a baby". I was 6.

I cannot smell wet wool without remembering the hot wet wool packs that the nurses used tongs to place on my naked body that could not move. Nine pieces, three times an hour, three times a day, three days a week for seven weeks. I was 7.

When I got home I found all my toys had been burned. I was 8.

Operations were usually done during our school summer holidays. I was 9.

So many of us thought we must have done something wrong.

We have achieved so much by being strong and we need to keep this up now.

HAND WASHING SMILES AND SONGS

Wash your hands like you just ate a whole bag of Cheetos and are about to crochet with pure white yarn.

It's hard to resist this "Twinkle" rewrite submitted by Erika Perzan:

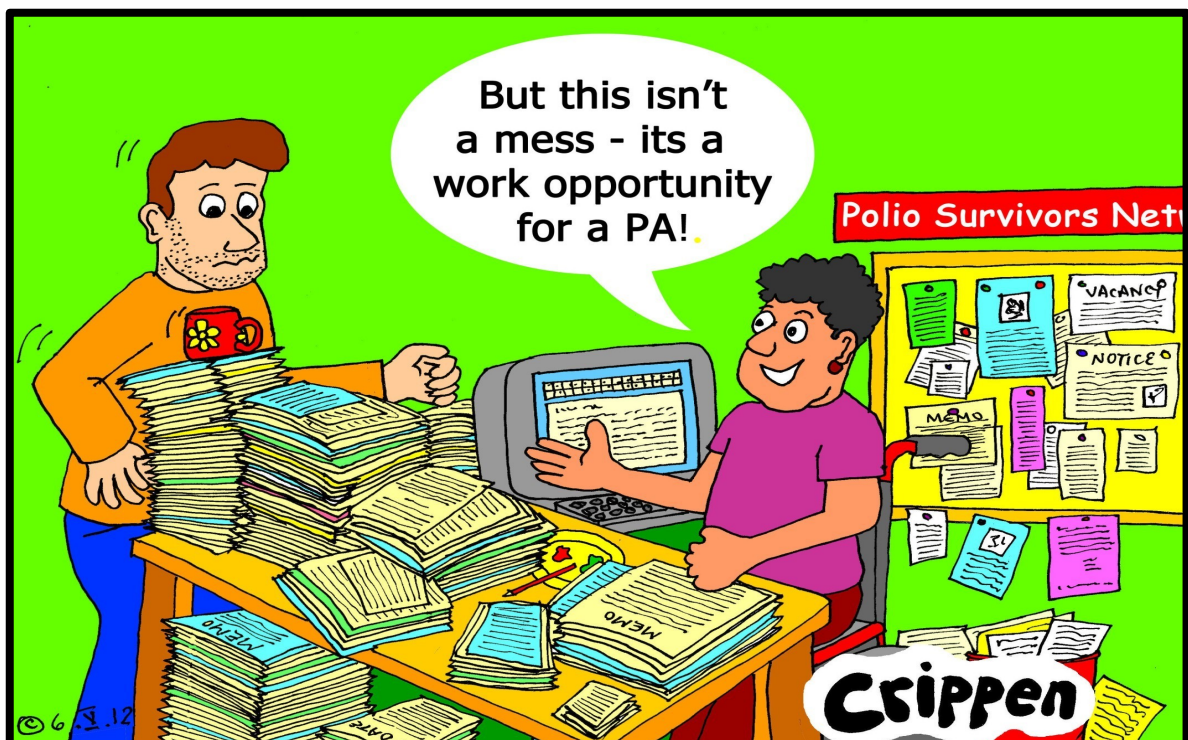
"Twinkle, twinkle little star.
Look how clean my two hands are.
Around my wrists and between my thumbs,
lace my fingers, I'm almost done.
Twinkle, twinkle little star.
Look how clean my two hands are!"

TWENTY SECONDS.

Twenty seconds isn't long,
Barely time to sing this song.
There's no time to get it wrong.
Not in Twenty Seconds.

All that's left is fourteen secs
To try to do what I must next.
I cant talk, please send a text
I've only fourteen seconds

Twenty seconds now is five
So kick it into overdrive!
Ain't it great to say that I've
Washed my hands for twenty seconds.



THINGS TO MAKE YOU SMILE.

Many years back when computers still had floppy discs... Some kind person sent me an email saying I know how much you like cats I thought you would like this for your computer.

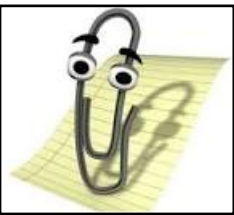
I downloaded it [not much idea about computers and viruses etc then, oh being honest not too much more now, LOL].

Now I had this lovely little cat who would curl up and go to sleep, get up and walk round the screen, sit and wash his face and even elsewhere with one leg cocked up in the air..

Great fun.....

That is until I started the newsletter and now he was climbing up pages and over the top and round the side. Getting in the way so much I got really angry and said aloud...

"Will you please stop following my MOUSE". Then howled with laughter.... Am now....



Do you remember

'I see you are writing a letter, would you like some help?'

The default **assistant** in the English Windows version was named Clippit (commonly nicknamed Clippy), after a **paperclip**. The character was designed by Kevan J. Atteberry on a Macintosh computer



DAVE LUPTON - aka CRIPPEN

The best disabled cartoonist in the WORLD. Crippencartoons.com



All sort of different Bits from my computer.

They are driving us mad with Corona....

We have become crazy.

I went to the bathroom at a restaurant a few days ago. I washed my hands, opened the door with my elbow, I raised the toilet seat with my foot, I switched on the water faucet [tap] with a tissue then opened the bathroom door to leave with my elbow and when I returned to my table I realised... I forgot to pull up my pants!!!!

Posted by a friend.

Tannis Morrison Williamson.

Valerie Strauss (@valeriastrauss) - Twitter.com

Folks, I've got about 20 years in education and I'm a school principal. I cannot emphasize enough how important it is for parents to NOT attempt to replicate the school environment, daily routine, or curriculum instruction at home. Don't make up worksheets or download a curriculum guide to follow at home. Don't set recess breaks and don't reconfigure your house to include a classroom area! You are NOT BEING ASKED to homeschool your kids. We are at day 2 of a system Shutdown - your kids are probably still digesting the fact that they may not get to see their friends and teachers for the foreseeable future, not to mention we are in the middle of a global health crisis. Little Suzie is not in any position to learn a new math concept today.

Modern education isn't what we experienced as kids. The best thing you can do (and the closest to their educational reality) is to do things with them. Play a board game. Do the dishes and sing a song. Have them help you in the laundry, bake cookies, DANCE in the kitchen. Go sliding, have a boil-up in the yard, and have them shovel the driveway. Also, give them alone time, screen time, and ask them to tell you a story. Be with them and show them that everything will be OK. You are their parents and family members. NOT their teachers. [Unless you are homeschooling them already]. Whatever happens, we will make sure your child has the tools needed to succeed in school when the time comes. For now be a family.

30 NATIONAL PARKS YOU CAN VISIT FOR FREE

Kitchenfunwithmy3sons.com

Acadia, Arches, Badlands, Big Bend, Bryce Canyon,
Canyonlands, Channel Islands, Cuyahoga Valley,
Death Valley, Denali, Dry Tortugas, Everglades,
Glacier, Grand Canyon, Grand Teton, Great Smokey Mountain,
Guadalupe, Joshua Tree, Mount Rainier, Olympic, Redwood,
Rocky Mountain, Sequoia, Shenandoah, Virgin Islands,
Wind Cave, Yellowstone and Yosemite.

DAILY QUARANTINE QUESTIONS. By Lucie Petts.

1. What am I GRATEFUL for today?
2. Who am I CHECKING IN ON or CONNECTING WITH today?
3. What expectations of "normal" am I LETTING GO OF today?
4. How am I GETTING OUTSIDE today?
5. How am I MOVING MY BODY today?
6. What BEAUTY I am either creating, cultivating, or inviting in today?

**Filthiest Public Surfaces.
SANITIZE / WASH HANDS AFER EACH USE.**

1. Gas pump handles.
2. Mailbox handles
3. Escalator Rails
4. ATM Buttons
5. Parking Meter Kiosks.
6. Vending Machine Buttons.
7. Public Door Pull and Push Handles.
8. Touch Screen Food and Medical Kiosks.
9. Public Sink and Toilet Handles.

Looking to rehome my humans. It's day 2 of them staying home and they are interrupting my nap time. The small one NEVER stops talking. This is ridiculous!! Why are they home? Don't they know I really don't like them that much? They are very needy. Must go to a good home. Asking 500 snackos or best offer. This is an emergency and I need them gone ASAP so I can nap peacefully.
NORMAN.

Posted by Michelle Williams.

**Chatterpack.net
A list of free, online, boredom-busting resources!
March 17th 2020.**

Hello everyone,

I just wanted to say THANK YOU for all of your messages, emails, and comments. It means the world to me to know how many people from all over the world are benefitting from this resource list.

I work for the NHS and run ChatterPack on a voluntary basis in my *spare* (!) time to help share information and resources to those who need it. I wont be around to update this much over the next few weeks, but I promise to do my best as I can see from your messages how much this means. Have fun, explore the world from the safety of your home and please stay safe.

Huge Love to you all. Claire Ryan.

Virtual tours - Roman fort, virtual farm trips, and much more.

Online learning - Loads of creative and language and all sorts of other courses from Colleges and Universities.

Geography and nature

Music

Arts and Culture

Literature online

Miscellaneous and entertainment.

Anxiety/Mental health/loneliness`

Prayer Resources

[www.facebook.com hauserofficial](https://www.facebook.com/hauserofficial)

Hallelujah from HEAVEN. HAUSER

<https://www.instagram.com/hausercello>

Video: 955 POLIO OUTBREAK AWARENESS FILM "REMEMBER ME" 88444 | Periscope Film.

Made in the 1950s by the March of Dimes, REMEMBER ME is a poignant reminder of the polio crisis that gripped the United States in the 20th Century. Made just after the Salk vaccine had been developed, the film attempts to remind the audience of the suffering of infantile paralysis victims, and continue to fund the fight against the disease. It also encourages the audience to respect the abilities of these children and adults and not their disabilities. At 1:44, a man is seen typing with his toes. At 2:00, empty summer camps and swimming pools are seen in the wake of a 1955 outbreak. At 2:30 a shopping center is seen, its parking lot empty because of the outbreak. At 3:00, a polio victim arrives at a hospital. At 3:25, a hospital in Boston is seen, with young patients in the hospital. At 4:00, a hospital in Wisconsin is seen with many child patients. At 4:30, an extremely weak adult victim is shown, and at 5:20 the crutches and braces used for treating deformed victims are shown. At 5:50, a patient immobilized in a cast is seen. At 6:10 children are shown being treated in iron lungs with round-the-clock nursing care. The film ends with the reminder -- polio is not over.

Two vaccines are used throughout the world to combat polio. The first was developed by Jonas Salk, first tested in 1952, and announced to the world by Salk on April 12, 1955. The Salk vaccine, or inactivated poliovirus vaccine (IPV), consists of an injected dose of killed poliovirus. In 1954, the vaccine was tested for its ability to prevent polio; the field trials involving the Salk vaccine would grow to be the largest medical experiment in history. Immediately following licensing, vaccination campaigns were launched, by 1957, following mass immunizations promoted by the March of Dimes the annual number of polio cases in the United States would be dramatically reduced, from a peak of nearly 58,000 cases, to just 5,600 cases.

Eight years after Salk's success, Albert Sabin developed an oral polio vaccine (OPV) using live but weakened (attenuated) virus.[58] Human trials of Sabin's vaccine began in 1957 and it was licensed in 1962. Following the development of oral polio vaccine, a second wave of mass immunizations would lead to a further decline in the number of cases: by 1961, only 161 cases were recorded in the United States. The last cases of paralytic poliomyelitis caused by endemic transmission of poliovirus in the United States were in 1979, when an outbreak occurred among the Amish in several Midwestern states.

Poliomyelitis was first recognized as a distinct condition by Jakob Heine in 1840. Its causative agent, poliovirus, was identified in 1908 by Karl Landsteiner. Polio had existed for thousands of years in certain areas, with depictions of the disease in ancient art. Major polio epidemics started to appear in the late 19th century in Europe and soon after the United States, and it became one of the most dreaded childhood diseases of the 20th century. The epidemics are attributed to better sanitation which reduced the prevalence of the disease among young children who were more likely to be asymptomatic. Survivors then develop immunity. By 1910, much of the world experienced a dramatic increase in polio cases and epidemics became regular events, primarily in cities during the summer months. These epidemics -- which left thousands of children and adults paralyzed -- provided the impetus for a "Great Race" towards the development of a vaccine. Developed in the 1950s, polio vaccines have reduced the global number of polio cases per year from many hundreds of thousands to under a thousand today. Enhanced vaccination efforts led by Rotary International, the World Health Organization, and UNICEF should result in global eradication of the disease, although in 2013 there were reports by the World Health Organization of new cases in Syria.

We encourage viewers to add comments and, especially, to provide additional information about our videos by adding a comment! See something interesting? Tell people what it is and what they can see by writing something for example like: "01:00:12:00 -- President Roosevelt is seen meeting with Winston Churchill at the Quebec Conference."

This film is part of the Periscope Film LLC archive, one of the largest historic military, transportation, and aviation stock footage <http://www.PeriscopeFilm.com> collections in the USA. Entirely film backed, this material is available for licensing in 24p HD and 2k. For more information visit.

Original Source Article » https://www.youtube.com/watch?v=ap2xx27x_wc&feature=youtu.be

The Doctor Who Had to Innovate or Else | The Atlantic.

[MARCH 18, 2020] Conor Friedersdorf writes:

As the United States braces for the peak of the coronavirus pandemic, not knowing exactly when it will come, how severe it will be, or how short hospitals will be on intensive-care-unit beds and ventilators, the story of the Danish physician Bjørn Ibsen and his many helpers could not be more timely. Patients in dire condition survived because he innovated during an emergency, because agile hospital administrators recognized the value of an insight and scaled up its application in real time, and because hundreds of people volunteered their labor to provide care.

The story begins in 1952, when Copenhagen suffered a polio outbreak. Within a few weeks, Blegdam Hospital admitted more than 300 patients who were suffering from temporary paralysis that prevented them from breathing properly. At first, doctors didn't fully understand their condition.

The fatality rate exceeded 85 percent.

Ibsen was a Danish-born anesthesiologist who had spent time at Massachusetts General Hospital before returning to his home country. He hadn't been involved in treating the initial cases in the outbreak. But he attended an emergency meeting of physicians at the hospital, where, according to historical accounts, Ibsen hypothesized that insufficient oxygen and a build-up of carbon dioxide was killing patients.

Vivi, a 12-year-old girl, was sweating, gasping for air, and on the verge of death when he recommended that she be treated in a different way: As was sometimes done in the operating room, they should perform a tracheotomy and force oxygen into her lungs using "manual intermittent positive pressure ventilation"—in other words, pump oxygen by hand for every breath she needed. While this was a radical new approach, the dearth of other options overcame resistance to the idea. A surgeon performed the tracheotomy. At first, Ibsen was unable to force air into the patient's lungs, but after administering a general anesthetic he did so successfully.

Soon Vivi regained consciousness and her fever fell. It seemed that the radical new approach actually worked. But how to apply it to a sudden influx of patients when each required someone sitting at their bedside 24 hours a day, hand-squeezing oxygen into their lungs as often as they needed to breathe?

Enter the helpers. The hospital soon organized shifts of perhaps 1,500 volunteer medical students, later augmented by dental students. They worked under hundreds of nurses, some semiretired. "The medical students worked 6 or 8 hour shifts so that three or four shifts were needed," the respiratory physiologist John B. West recounted in a 2006 journal article. "It is daunting to think of the responsibility of these students who were essentially ventilating blind with only the patient's appearance to guide them, at least in the initial stages."

This went on for months. So many severe cases arrived that polio patients needing ventilation took up three floors of the hospital. Once the new methods were adopted, the mortality rate fell to 26 percent. Ibsen's innovative treatment would be used in other hospitals, and it soon spurred advances in mechanical ventilators. The approach had broader consequences, too. Ibsen saw the general usefulness of putting dire cases that required care by multidisciplinary medical teams in one place.

"After the polio outbreak had subsided, Ibsen was offered a job at Copenhagen's Kommunehospital, where he was asked to supervise surgical patients in the recovery room and the wards," the science journalist Stephen Pincock recounted in *The Lancet*. "Ibsen turned the surgical recovery ward into a unit where all types of patients could receive critical care ... This was the world's first dedicated intensive care unit."

Practitioners of intensive-care medicine credit him as a founding father. R. V. Trubuhovich of Auckland Hospital in New Zealand credited Ibsen with being "foremost in advocating a separate location to be established in hospitals where intensive care management could be supplied to the critically ill."

The COVID-19 pandemic will generate many more patients over a longer time horizon, and differ from the 1953 polio epidemic in many ways besides. Still, Ibsen's example is inspiring. Few at that Copenhagen hospital could have known at the time that their deeds would echo down through the decades as their collective success inspired imitators and advances that transformed medicine. May any of us put in a position to serve similarly in this pandemic succeed as admirably.

CONOR FRIEDERSDORF is a California-based staff writer at *The Atlantic*, where he focuses on politics and national affairs. He is the founding editor of The Best of Journalism, a newsletter devoted to exceptional nonfiction.

POST POLIO SYNDROME EXISTS

Colleges of Medicine please add more facts to your lectures on the Polio Virus and the effects that it could have had on our bodies. Ensure health professionals understand how varied our nerve damage, our recovery and stable years have been. The majority of us recovered so well that externally we do not look like the photos found in old medical books. There is a massive overlap of symptoms with other neuromuscular conditions. Tell new professionals about **Post Polio Syndrome** and direct them to our website so they can find more information. Thankyou.

The most accepted article we have found by NHS professionals is:

PatientPlus article POST-POLIO SYNDROME

Written by U.K. Doctors for Doctors

<http://patient.info/doctor/post-polio-syndrome>

And in case you need an anaesthetic
an excellent leaflet translated into English
now used by many PPS Groups around the world is:

POLIO PATIENTS AND SURGERY. Information for health staff.

Lise Kay, MD, Surgeon PTU – Danish Society of Polio and Accident Victims

[http://www.europeanpolio.eu/
documents/13642_Polio_operation_eng_TRYK.pdf](http://www.europeanpolio.eu/documents/13642_Polio_operation_eng_TRYK.pdf)

Copies of both have been sent to members and are available on our headed paper with permission

REMINDER FOR MEMBERS

Have you changed your home, email address or phone number recently?
Did you let us know?

Your newsletter needs your stories, hints and tips

A way of doing something, or an aid that helps you might help someone else. Tell us.

How about a recipe that tastes great on the lips but not on the hips.

Articles and items for Post Polio Matters are always welcome,
by post, by email and by phone if writing is not easy for you.

CARERS - We'd love to hear from you too. Help us understand what you go through in helping us to manage our lives.

Deadline date for next issue is JUNE 1st 2020.

Editors Note:-

Articles from Polio Survivors and Health Professionals very
welcome for future issues

Management Committee [Trustees]

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Printing - Imprint Colour Printers, Lincoln

Membership

With grateful thanks to the generous legacy from Ms A Brown,
Membership will now be **FREE** whilst our funds remain above £10,000.00
UK Members can choose to get their newsletter by post or email or both.
Overseas Members will get their newsletter by email

Contact us via our **website** Contact Us page

Write to us at PO Box 954, Lincoln, LN5 5ER

Email psnadmin@poliosurvivorsnetwork.org.uk

Phone us on 01522 888601

(please be prepared to leave a message, your name and phone number
we will ring you back as soon as we access our messages)

Donate by cheque or 

Cheque payable to **Polio Survivors Network**

PayPal send funds to treasurer@poliosurvivorsnetwork.org.uk

All donations, small or large, towards our work are gratefully received

Towards our GENERAL FUNDS (including printing and posting of newsletters)

Or our CONFERENCE AND MEETING FUND (supporting attendance at national meetings/conferences)

We are always grateful for postage stamps, 1st and 2nd class both normal and large size.

The Gift Aid scheme. Charities can reclaim an extra 25% in tax on every eligible donation by a UK taxpayer. This 'transitional relief' does not affect your personal tax position. You must pay tax at least equal to the amount reclaimed on your donations in the current tax year.

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If you have not filled in a current Gift aid form please contact us and we will post you one.

Thankyou.

giftaid it

Toni writes...

.Are you like me and find change difficult? Initially when writing this piece, I was thinking about silly things but a few weeks later with big changes coming every day - adjusting is proving a challenge. Change can be tough can't it, sometimes it can be the smaller things that are hard to adjust to. Some change we choose but much we do not.

I know that I can learn so much from many of you. You will have been through so much change over the course of your post-polio lives. Some changes must have been very difficult to adjust to and maybe you are still not quite accepting of a situation and do all you can to fight against it. Maybe there are other changes you have accepted or perhaps you have found sneaky ways of getting around the issue and new ways of doing things. What have you found has helped with the adjustments you have had to make? It would be lovely to hear some of your experiences. I'm sure these will be skills and ideas than can be used in our current covid-19 environment.

I send you my fondest regards and hope that you can keep well during this stressful time - Toni Dunlop

*Whilst we are speaking of change, have you changed your address or contact information recently?
 Please let us know so we can keep up to date with you.*

We have heard that some are not always getting the newsletter by email, if this is true of you or anyone you know, please contact me and I can look into this. We have changed the way we send out now and hope this will help address any issues.

How to Contact Us	
Email	psnadmin@poliosurvivorsnetwork.org.uk
Mail	PO Box 954, Lincoln, LN5 5ER
Website	www.poliosurvivorsnetwork.org.uk
Phone	01522 888601



I got this this morning from **Phill Munn [Munnart aka Phill Munn - on Facebook** or try trendsmap.com/twitter/tweet/1041206646226268160

Have a look at his fantastically different art from around Lincoln. He is a Postman and has a great sense of humour and I laughed so much at this.

“Good morning everybody, I'll be out on the Ermine today with Jess. It's going to be a lot more quiet on the streets, and probably some police and army presence, we shall see. I shall try and get some photos. Please don't offer to feed Jess, she's eating me out of house and home. Stay safe”.



PSN would like to thank all contributors, Imprint Colour Printers and the Postmen for their help in getting this newsletter + medical enclosures to you.



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