

# The LincPIN

The **Lincolnshire Post-Polio Information Newsletter**  
Volume 4 - Issue 5 - August 2003

WebSite - <http://www.lincolnshirepostpolio.org.uk>

Here is one wife who can keep up with her husband  
on his scooter. This is their third version



Remember the opinions expressed are those of the individual writer(s) and do not necessarily constitute an endorsement or approval by the Lincolnshire Post-Polio Network. Although it does not provide an endorsement, it is provided as a service to those seeking such information.

**ALWAYS** consult your doctor before trying anything recommended in this or any other publication.

**Lincolnshire Post-Polio Network - UK Registered Charity No. 1064177**

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NB	Apologies to the people who sent information for this newsletter. I copied this to a file on my main computer as my laptop was in for repair and I forgot to copy it to a CD to bring it with me. Those items will be included in the next newsletter.

**Lincolnshire Post-Polio Network - UK Registered Charity 1064177**  
Donations large and small towards our work are always welcome.

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### **Membership Information**

**Renewal dates** are the first of the Months of Feb, Apr, Jun, Aug, Oct, Dec.

**Please make cheques payable to 'Lincolnshire Post-Polio Network'**  
post to Membership Sec, 78 Heron Road, Larkfield, Aylesford, Kent ME20 6JZ, UK  
(US\$ checks post to Lincs PPN. c/o 4212 Blanding Blvd, Jacksonville FL 32210, USA)

**UK Membership** - Life Member (LM) £150 or £5 x 30 months S.O. - Member £10 a year.  
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Other Countries please contact [membership@lincolnshirepostpolio.org.uk](mailto:membership@lincolnshirepostpolio.org.uk) for details.

### **Next LincPIN Newsletter - October 2003**

**Articles for publication mid July 2003 by post or** - [newsletter@lincolnshirepostpolio.org.uk](mailto:newsletter@lincolnshirepostpolio.org.uk)

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### **Lincolnshire Post-Polio Network WebSite Administration**

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Editorial by Hilary Hallam - As I start this newsletter the rain is coming down like a bath being emptied. It's hot and humid and the sky is dark grey and I can hear thunder in the distance. This is Florida's liquid sunshine I am told. It is not usual to have thunderstorms for part of every day, day after day like we have been for the last three weeks since we arrived. I had to smile when my daughter rang to say 'Only 89 in Florida, its 93 in the UK!!!!'. The humidity makes it hard to do much outside as it is very energy sapping for normal folks, and for us, well let's say limp dish rag describes us best.

We will shortly be leaving Florida to travel across the south of the USA by Amtrak as I have been invited to be a speaker at the Kaiser Permanente/San Francisco Bay Area PPS Group conference on 19th September and guest at the SFBAPS meeting the next day. We decided to go by train as it would be a shame not to see some of the country and meet with more members and PPSers en route - which is how most of the information we pass on to you is obtained.

I will be speaking at Big Bear Lake Dawnbusters Rotary meeting and thanking them - and member Susan Conley - in person for their generous donation of \$1000 last year. Susan has also arranged for us to meet with her PPS Group. Linda Dempster has invited us to stay and meet with her PPS Group in Palm Springs - member Joyce Sutton living only 20 minutes away, and offered for us all to travel in her vehicle to San Francisco. Four PPSers, wheels and luggage, should make a good picture. When news of my visit spread we got many invites, some of which we had to turn down, but there was no way we could not accept Mary Schlesinger's offer of a tour of The Salk Institute in San Diego by Kathleen Murray, Dr. Salk's Assistant. We will also be meeting up with other PPS support group leaders in Southern California at the Rancho Los Amigos Medical Centre. The Rancho PPS Group's biggest headache at the moment is the fact their PPS Clinic - one of the top ten in the world - is under threat of closure. This clinic - made famous by Dr. Jaquelin Perry and her staff - has the knowledge and expertise that is needed worldwide. Polio Survivors are travelling huge distances to be assessed and treated by this clinic. With more and more Polio Survivors experiencing new and unexpected functional decline - and the statistics growing - we need more clinics not less. Sadly the problems we experience in the UK are not unique to the UK or its health system, they are being experienced worldwide and even within 25 miles of a good PPS Clinic in the States.

The two most important problems are:-

Firstly, trying to convince many medical professionals that we see that they have NOT been taught some very important facts about the damage the polio virus did to our bodies. For instance many report 'the virus only affected your peripheral nerves and in no way affected any part of the brain.' They only have to read David Bodian and Professor Sharrards medical articles - and can search specific terms in our Online Medical Article Library to get many references that show that this is not correct. How about 'you can have PPS if you had paralytic polio but NOT if you had non paralytic polio' - when the actual line of change from weakness to paralysis in a muscle is 60%. Are they really seriously expecting us to believe that if we had 61% denervation in a muscle and it was paralysed we can get PPS, but if we only had 59% denervation and escaped paralysis being tested as clinically weak that we cannot have PPS?

Secondly, Manual Muscle Testing - despite being a British Invention over 50 years ago - unless done to the level of reported physical ability/decline IS NOT RELIABLE. Muscles may look muscular [not atrophied] but be mainly fat with muscle fibre striated through them and they may test on a single or few repeats as a good grade but if only our endurance was tested then they would get confirmation of the functional decline we are reporting. So many times we hear from patients who have walked five steps across an office and been told there is nothing wrong with their walking. [Len Van Zyl's story starting on page 10 only confirms this once again - and sadly from the Neurologist that did the talk on PPS at the West Berkshire Neurological Conference that I attended earlier this year in Newbury. I met Dr. Collin and gave her some information from the LincsPPN [maybe no-one has read it] but by the time you receive this newsletter I will have written to her and asked for an opportunity to make my presentation to her and her staff after our AGM.

I think what stuns me most of all is the continually reported comments [most often that we only learn from reading our medical file at a later date] that we want to live like we are, that we want to wear the brace, that we want to use the wheelchair, and personally that I want to be disabled so I can live on benefits!! - when in fact if they knew Polio Survivors at all they would know that is the last thing we are likely to do. In fact the biggest problem PPS knowledgeable health professionals have with us, is getting us to change the way we do things and use aids and assistive devices.

When I talk with a non polio enquirer on the phone and I describe their partner, they are stunned at how

accurate a picture I portray. Stubborn, Determined, Do not need any help, Can do it all and more, High Achieving, Doers with the majority of us achieving a far higher level of physical function than was expected at the time of our polio. Plus the majority - could be as many as 80% of us - just do not show any or hardly any visible external signs that we had polio. How many of you have been asked 'Are you sure you had polio?'

PPS is not new, it was first medically noted 128 years ago so why should most polio survivors

- have to find out for themselves that there is a later stage to having had polio in their earlier life?
- have to do the rounds of endless medical professionals looking for a specialist
  - who believes the condition exists,
  - has been taught the full facts of how the polio virus affected our bodies and how we recovered
  - who has knowledge and understanding of the later stage,
  - who is prepared to listen to the reported decline in functional ability,
  - accepts that single test Manual Muscle Testing is not a reliable method of assessment
  - has and takes the time to observe the patient to their reported levels of function,
  - who has a multi disciplinary team for assessment, diagnosis, treatment and case management
  - who has the funds available on an ongoing basis
- have to fight for benefits on an ongoing basis
- have to fight for suitable and appropriate aids and equipment,
- have to fight for aids and changes of work practice to remain working as long as possible,
- have to retire early and live on a much reduced income
- and see our and our families plans for the future change to accommodate our condition.

I am sure there are other bits I have left out, so why not write and let me know.

Does struggling with all this cause you frustration? Do you, like us, get more and more stressed out every time you have an unproductive medical appointment? [Len Van Zyl has just been told by the Specialist at the Pain Clinic that he must try not to get stressed out and get angry over the struggle to get appropriate medical help as that makes his pain worse.] When was the last, or maybe have you ever had a, productive medical appointment that has led to an improvement in how you manage your medical condition? Do you find it hard to discuss this with your family and friends and them discuss this with you? Do you worry about what is going to happen in the future as you get older? Do you worry about how your family feel wondering how they are going to cope as you get older?

How much more money are the NHS going to waste before they realise that their inability to provide accurate and appropriate methods of assessment is just throwing money down the drain. What percentage of money spent on you since you started to have new problems do you think has been a total waste? For me I would say at least 80%. Plus the frustration from getting nowhere again and again only adds to our stress and makes us worse..... We paid our taxes to provide healthcare for us and where PPS is concerned for most of us it makes us worse.

Which leads me nicely onto.... there is much work that needs doing and worldwide PPS groups are saying the same thing - we need more help from our members. Those of us already doing the work give up a huge portion of our lives but we cannot keep this pace up. Without more physical help and financial help to pay for administrative staff, equipment and expenses we will not be able to keep up the momentum we have achieved.

Jenni our Treasurer is not able to stand again as she is going to be spending more time abroad but has kindly offered to continue advising our committee on the rules and regs. Her knowledge and expertise has gained us a large sum of money in claiming back Income Tax and what looks like is going to be a very professional set of accounts. On behalf of us all I say a HEARTFELT AND HUGE THANKYOU. We need a new Treasurer, or someone to do the paying in and out and someone to keep the books. Jenni will advise and prepare the accounts at the end of the year if wanted by the person who takes over. [See Treasurers Thoughts page 6]

Phil Bilton has resigned as he has been unable to get to meetings and has more commitments on his life with his fiancée and family. He will be at the AGM helping us physically and I thank him for all the years of help and support he has given us. His brother who lives in Wales has polio and maybe this will trigger another Bilton to take his place in our membership. [I know he will smile reading that].

Personally I have to admit that I need more time to cope with my own physical problems and daily life needs. Richard brought it home the other day when I mentioned the newsletter... 'Oh, NO!, It's not newsletter time, that's worse than you having Pre Menstrual Tension and it goes on for longer.' I had to chuckle, but he is right, I do get irritable with others when I give up - often more than half my daily energy - to compiling the newsletter. I woke at six this morning and thought 'great I can get on with finishing the newsletter' when really the extra sleep might have done me more good. This issue may be smaller - and I apologise to those members who sent me information by email and letter, I left it in the UK and unless I have received copies by tomorrow I will have to leave this till the next newsletter. I do apologise as I was so thrilled to get three letters in one week.

The rest of your committee and helpers are all prepared to continue in post. But we all have other commitments and Robin is still working. Chris Salter is still working on the WebSite - much work taking place in the background that is not visible - for which we thank him. If it were not for all his hard work over the last seven years we would not have the international recognition that we do.

However, not ONE nomination has arrived for anyone new. Maybe we did not make that clear, and if so do not be shy, come and join us, we really do need a much larger committee/band of helpers. If every task could be shared by more than one person then it would be so much easier for us to take a break when life demands it.

The Phone Team of three - Di in Liverpool, Pat in Huddersfield and Margaret in London - has been a great success - with a weekly rota worked out for the next three months. Di would be happy to hear from anyone who would like to join the team even if you can only offer a week now and then. To those of you who have offered an hour or two using your computers, thankyou and we will be in touch, but we still need more.

The Annual General Meeting is in October and whilst we have heard from a few members that they are coming, or not able to come, we are still waiting to hear from **the majority of you**. If you have not completed the form in the last newsletter then please help us plan the event by posting this one or copying the info in a letter or emailing us. Thankyou. We have arranged for two excellent speakers both of whom have worked with polio survivors for some years. Aaron will be available for consultation - some places already taken - and all we are asking is to put what you can afford in a plain small white envelope and put it in a box that we will provide.

We have also arranged a One Day Seminar - An introduction to Active Isolated Stretching: The Mattes Method - for allied and health professionals. This will be at the Bentley Hotel in Lincoln on Monday 13th October - information enclosed with newsletter. The flyer is being distributed to all GP's in Lincolnshire thanks to Target, to all Physiotherapists who are members of the Chartered Society of Physiotherapists, free of charge this week for which we thank them. We have requested and been told that PGEA Accreditation will be granted so that doctors can claim **six hours towards their yearly quota**. We already have five bookings and places are limited so if you think any of the allied or health professionals that you see might be interested please let them know as soon as possible. Aaron lectures worldwide and usually does four full day Seminars. In fact he is doing three other Seminars in October in Massachusetts, New York and flying back to Florida between each.

So folks, its up to you, once again we ask for your help both physically and financially. Support us by coming to our Annual Meeting; get one of your allied or health professionals to attend the Seminar; write, email or phone us with an offer of help either physical or financial; send us info for the newsletter; suggest funds that we can apply to; etc.

Robin has produced a Xmas Sticker to put on your envelopes to promote our organisation and Jenni has kindly donated the cost of having them printed. They are a £1 a sheet but if you dont order them then we won't make any money.

At the moment, it is with regret that we have to say, if one or more of us fell ill or was unable to continue the work then we would be in difficulty. Ideally we need a part time paid administrator, more computer hardware and a Slide projector that will work with PowerPoint plus a couple of thousand in the Bank.

So come on folks, as the poster says.... **YOUR NETWORK NEEDS YOU**. Please support those of us who work so hard on your behalf.

## Treasurer's Thoughts

### Late Again

I have just received an e-mail from Hilary telling me that I've missed the deadline for the next magazine and unless she receives something by this evening she would have to write an article to fill my "space". I admit I knew I'd missed the deadline, but I was rather hoping it had slipped a bit. Still you can't win them all. It is at this stage that I have to dig out the last magazine to check "the editor's prerogative" because what I write about and what ultimately appears in print are not necessarily the same. [Editors note - any duplication of information in this and the Editorial has been left in this time]

### Are you our next Treasurer?

It is with a certain degree of sadness that I start this, my last Treasurer's Thoughts. Changed personal circumstances mean that I won't be able to stand for treasurer next year. At the moment I don't know who my successor is likely to be, so if anyone thinks they might like the job please volunteer.

The reason I am unable to stand is because I have the opportunity to spend more of the winter, and generally colder months of the year, in the sun. However, unless my services are no longer required, I am more than happy to help my successor and the committee by continuing to undertake the "technical accountancy functions" such as dealing with the Inland Revenue preparing the formal accounts etc. And I promise to leave the records for this year in a neat state with full written instructions (honestly I do).

Even if you're not an accountant but would just like to be involved in the running of the Charity you could happily do the job. It basically involves the banking of the cheques sent in, the payment of the bills and attending infrequent committee meetings. Any other responsibilities you take on are optional, i.e. trying to raise additional funds, writing a piece for the magazine, etc. And the promise, not threat, is that I will be only an e-mail away.

### Christmas Labels

There has been a bit of a hiccup with the Christmas Labels, which probably means that they're not printed elsewhere in the magazine. However we're relatively confident that they will be available at the AGM (now there's a reason to attend if you weren't going to otherwise). It never ceases to amaze me how relatively straightforward jobs become time consuming and complicated; however I'm sure the stickers will be well worth the wait and as well as supporting the charity it is an opportunity to spread the word of our services to those who might be able to benefit.

### Chartered Society of Physiotherapy

The half page advertisement in the Chartered Society of Physiotherapists' Autumn Supplement has been designed and paid for. One of our members sent a donation specifically towards this cost which was really helpful, and shows me that people read what I write - I do wonder sometimes.

### The Accounts and Your Support

I am in the process of preparing the Annual Accounts and until they're completed I can't give you too much information. They will be available at the AGM and printed in the next newsletter.

What I can say is that over the past year you have been incredibly generous. Each month more and more of you send me the Gift Aid Declarations. In the Tax Year ended 5<sup>th</sup> April 2003 it meant that we received a tax rebate for our general funds of £379 which is 85% more than the year before. Next year it is likely to be even more.

Donations have increased markedly. Applications have gone in for grants to other bodies, principally for support of the magazine, but so far we are relying totally on ourselves. But we have done well in that the magazine has continued to come out six times a year (our single largest expense).

Cost savings have been made in the information sent out to new enquirers and this is an area which continues to be under active review.

### Auditor Required

Unfortunately none of our members were able to be Honorary Auditor. However at the same time as I wrote the piece for this magazine I put an advertisement in our estate newsletter here in Lincoln and one of my neighbours has offered to do the job for this year. She is a retired banker so I think you can safely rely on her work. Although she doesn't know it I will buy her a bottle of gin when she is finished.

### The AGM and Aaron Mattes

You will know from the newsletter that Aaron Mattes is giving a demonstration following the AGM. You may be interested to know that there has also been a one day conference set up for medical professionals. [Editors note - See additional letter, poster and application form enclosed. If you have a health professional you think would be interested in attending then please pass this on to them. PGEA Accreditation for Doctors of 6 hours is being granted.]

Both events are being done in the name of Lincolnshire Post Polio Network, but neither would

have been able to take place without the personal financial underwriting by Hilary of the costs involved. Bookings are beginning to roll in. If you haven't yet sent in your money for the seminar following the AGM, but you wish to attend I would encourage you to do so as soon as possible, before the spare tickets are released to other interested agencies.

I would be interested to hear any comments you have to make, please contact me: [jenni.paulger@lincolnshirepostpolio.org.uk](mailto:jenni.paulger@lincolnshirepostpolio.org.uk)

### GROWING OLDER:

First: Eventually you will reach a point when you stop lying about your age and start bragging about it.

Second: The older we get, the fewer things seem worth waiting in line for.

Third: Some people try to turn back their odometers. Not me, I want people to know "why" I look this way. I've travelled a long way and some of the roads weren't paved.

Fourth: When you are dissatisfied and would like to go back to youth, think of Algebra.

Fifth: You know you are getting old when everything either dries up or leaks.

Sixth: I don't know how I got over the hill without getting to the top.

Seventh: One of the many things no one tells you about aging is that it is such a nice change from being young.

Eighth: One must wait until evening to see how splendid the day has been.

Ninth: Being young is beautiful, but being old is comfortable.

Tenth: Long ago when men cursed and beat the ground with sticks, it was called witchcraft. Today it's called golf.

And finally: If you don't learn to laugh at trouble, you won't have anything to laugh at

### CHRISTMAS LABELS



**Seasons Greetings**  
Lincolnshire Post Polio Network  
*Help us to help those with Post Polio Syndrome*  
Tel: +44(0) 1552 888601  
REG. CHARITY NO. 1064177  
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The final version of these stickers will be in colour and 50% larger



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**Age of Accomplishment**  
**The Now Newspaper**  
**Surrey, White Rock, North Delta**  
**Canada - 29.11.2001**

"Even if the doctor doesn't give you a year, if he's hesitant to suggest even a month, make one brave push and see what can be accomplished in a week."

This is the advice of polio survivor Viola Pahl, whose ambitious lifestyle dwarfs that of successful executives and accomplished athletes. This White Rock author whose seventh book, *Granny's Love/Hate Affair with the Ex Generation*, is just hot off the press, finds her days so filled with challenges she can't find time to be idle. Replete with humour, her most recent book is full of success stories of plain, ordinary, elderly people, who, rather than retiring from productivity, have maximized their senior years to pursue goals seldom achieved by their younger peers. Such as 89-year-old Norman Vaughan, who, with a fused ankle, climbed a 3,140-metre Antarctica mountain, named in his honour, and 91-year-old amputee, Order of Canada and honorary doctorate recipient Jean Buchan, who is returning to Bansi, northern India, to oversee the construction of a medical clinic where she has served as a missionary-nurse for nearly 60 years. Among others included in Pahl's latest book is Surrey's 81-year-old Lenore Marvin, back from Brisbane, Australia, after competing against athletes from 79 countries and winning gold medals in the cross-country race, the 5,000-metre walk and the 5,000-, 1,500- and 800-metre runs. This prolific writer has highlighted the achievements of many successful nonagenarians who have displayed tremendous willpower, including Hawaiian steel guitarist, David Ka'ili, who performed for presidents and celebrities until age 100; Grandma Moses, with some 2,000 paintings to her credit prior to her passing at age 101; Bessie Delaney, a best-selling author at age 102 who became New York's second black woman licensed as a dentist and her sister Sarah (who lived to age 109) the state's first black woman to teach domestic science in the area's high schools

"Life is an ascent, not a descent," she chides. "Plan to retire not from something but to something."

Pahl's books include heaps of advice and recipes for happy longevity, including the opinion of 87-year-old U.S. Senator Theodore Francis Green who claims, "Most people say that as you get old, you have to give things up. I say you get old because you give things up." Pahl's own advice is worth heeding: "Although the future may not be yours to enjoy, you have today. Live it to the fullest!"

Her guidelines for enjoying retirement are simple:

"Learn to be satisfied; keep on liking people; meet adversity valiantly; keep active with hobbies; maintain a good sense of humour; don't be on the lookout for ill-health; explore opportunities for volunteer work; be sure your activities are divinely ordered, not self-imposed; make the present hour pleasant and cheerful; the past can't be recalled; share your joy in the Lord with others."

Pahl, grandmother to four grandchildren and popularly known as "Granny", believes negativism can be overcome by a positive attitude. She explains an optimist views a partially filled glass of water as "half full" while a pessimist sees it as "half empty". "It's all a matter of perspective," she insists.

Events in "Granny's" life which would have devastated most women haven't robbed her of her sunny attitude. Instead, this attractive lady with beautifully coiffed, white hair, exudes a radiant smile, contagious humour, warm friendliness and displays a genuine interest in everyone she meets.

Contracting polio in August 1948, while seven months pregnant, Pahl spent several weeks in an iron lung before giving birth to a healthy son, against extraordinary odds. A former athlete, swimmer and cyclist, now relegated to a wheelchair and crutches, this vibrant guitarist and youth leader refused to give up.

"There are destructive memories and constructive ones," she says. "Older people who choose to dwell on the blighting hurtfulness of incidents rather than learning from them, bankrupt their souls."

Finally, removed from the iron lung, Pahl lay motionless, 24 hours a day, in a tiny, make-shift Calgary isolation hospital with flimsy partitions between the wards, before being transferred on a stretcher in an unheated baggage car to Edmonton. When, finally, the conductor, noticing her flimsy cot was being tossed to and fro in the frigid train, ordered her moved, she was dragged on her mattress through the various cars to a heated compartment where she was treated to a welcome hamburger following months of bland food. After the difficult birth of her son, she lay flat on her back for another three months until Christmas when she was granted a five-day reprieve. On Feb. 24, following six months of bedrest, a wheelchair was ordered enabling her to be wheeled out of her ward. Two months later she learned of the doctor's long-awaited decision.

"Mrs. Pahl can now try to stand!" he announced. Provided with crutches, and with a stiff upper lip, this courageous young mother undertook the gruelling regime of accomplishing what the specialists had deemed impossible. With her legs behaving like a combination of rubber and lead weights, she



painstakingly managed a mere eight steps before flopping onto the bed exhausted.

Finally discharged on May 13 and reunited with her six-month-old son, Gerhardt, Pahl and her husband, Fred, travelled four hours by train to Hilda, Alberta, 55 miles from Medicine Hat where Fred Pahl had been appointed pastor of the Baptist church. But how was Pahl, confined to a wheelchair and crutches, going to cope with the role of a minister's wife, plus mothering an infant and trying to handle household duties without running water, electricity, plumbing or telephone while familiarizing herself with an unfriendly, rural Prairie winter? There were often unexpected events such as the day husband Fred forgot to replenish the woodbox before he left for his day's duties and little Gerhardt fell down the basement stairs while descending to gather firewood. Pahl, trapped in her wheelchair, was unable to help him but fortunately he managed to reach the main floor unscathed.

Anxious to live a normal family life, the Pahls adopted a daughter, Susan, when Gerhardt was two years of age and at age 31, Pahl, who had held a clerical position at the Jericho Beach Naval Station during the Second World War, decided to re-enter the work force.

"Have you ever noticed," she asks, "how the sitting and horizontal hours of our activities are the same for either handicapped or able-bodied people? We lie down to sleep approximately eight hours daily. We sit to eat, ride in a car, use machines such as computers, typewriters, telephones, etc. We sit while attending church, concerts and watching television and in today's high-tech world many jobs, such as office roles, are carried out in sitting positions."

Raised in an East Vancouver home where alcohol abuse resulted in chaos and tragedy, Pahl longed for the day she could be out on her own. She and husband Fred's plans to serve as overseas missionaries were curtailed when, in their second year of marriage, Pahl was stricken with poliomyelitis in the seventh month of her pregnancy. But although their dream of foreign missionary service was thwarted, they have experienced a similar career in Canada where Fred has pastored a number of churches, served as school principal, steam engineer and chaplain of White Rock's Evergreen Home.

A gifted speaker, Pahl kept 240 diners spellbound recently as she recounted highlights of the war years, including some of her own experiences deciphering codes for the Canadian Navy as well as including the moving story of John Plummer, who in 1972 set off the napalm bomb striking the Vietnamese village of Trang Bang where so many, including nine-year-old

Kim Phuc, were severely burned. Plummer, devastated by the Pulitzer prize-winning photo featured in the world's press of Kim tearing off her scorched clothes and running down the road, never got over it. He reported, "Her photograph was indelibly burned into my heart and soul and was to haunt me for many, many years. I was wracked with guilt knowing I was responsible for her injuries because I had sent the bombs into her village," he said. He wanted to tell Kim how sorry he was but found he couldn't return to Trang Bang to do so.

In June 1996, Plummer, learning Kim, now living in Toronto, would be honoured at Washington's Vietnamese Veterans' Memorial service, was determined to see her. He stood motionless, listening in disbelief as Kim, addressing the hushed crowd, said, "Sometimes I thought I could not live, but God saved my life and gave me faith and hope. If I could talk face to face with the pilot who dropped the bomb, I would tell him I've forgiven him."

Little did she know that Plummer, his eyes filled with tears, stood among the listening crowd.

"How could she possibly forgive him for the suffering he had caused her?" he questioned. Kim, learning he was there, re-arranged her schedule to enjoy a two-hour visit with him and to his complete surprise, as he approached, she held out her arms to him in a warm embrace. Completely shaken by her loving gesture, all he could say was, "I'm so sorry. I'm so sorry," over and over again. "She is the closest thing to a saint I have ever known," said Plummer.

"She got down on her knees and prayed for me in the hotel lobby that day."

To meet Viola Pahl is to get to know a very special lady with keen insight - never at a loss for a smile or a chuckle - one who inspires seniors to rid themselves of grudges and misunderstandings which negate their joy, and free themselves to put their very best effort into making every day special!

Pahl's books can be ordered by telephoning her at 604-538-8191 or by e-mail at [viola@pahl.ca](mailto:viola@pahl.ca)

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<http://www.thenownspaper.com/115101/community/115101col.html>

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## **Much of the Frustration and Stress that is making me worse is being caused by the NHS**

**by UK Member Len Van Zyl.**

It has now been over four years since I have first called Hilary after stumbling upon the Lincolnshire Group on the net. (So what is new?)

My GP referred me to a neurologist who ended up taking many blood tests and that is where it more or less got stuck. At the same time my GP referred me to the Lane Fox Clinic because after all, they are the centre of excellence. BUT, those of you that know me well will also know that Lane Fox Clinic is not something I discuss without seeing a red mist. For that reason I will not dwell on that period.

I moved home and had a new GP that was wonderful. She had much interest to help me find solutions to my problems. At this time I had incredible exhaustion levels to the point I could not think straight any longer. Added to that was very regular muscle spasms and naturopathic pain. This was mostly in my upper torso.

She referred me to an excellent Neurologist, Dr Johnson, who worked mostly at The Charing Cross Neurological Centre. I saw him once and he decided to take me into the Neurological Unit for as many days as it will take to get all the tests done.

It is now near two years ago that I was admitted to Charing Cross. They started out with sending in Dracula who took yet more blood samples. Following the results of those tests, Dracula visited again and took more blood samples. Clearly nothing showed up in the tests because nothing was discussed with me.

After that I had a full spinal MRI, as they needed to get to understand why my upper spine was causing so much pain. After a few days the MRI came up with nothing that pointed in any direction. I had a nerve conduction study done and an EMG. The person that performed the tests was very up to date on PPS issues and that was quite impressive.

I was in Charing Cross for 10 days. The result was: All other neurological conditions were

excluded. And yes I was formally diagnosed as having PPS. I was put on a high dosage of amitryptaline (150mg per day) and Diclofenac (NSAID). I was also put onto a high dosage of Zanaflex (Tizanidine), which is meant to deal with muscle spasms.

This helped some for a while but soon I was back to having 14hr bouts of spasms and pain. It left me totally drained and affected my sleep badly.

Dr Johnson stopped seeing me at my local hospital because he was overworked and referred me to my 3<sup>rd</sup> neurologist, Dr Thomas. He was openly critical of the "over-medication" that I was on. He promptly referred me to my 4<sup>th</sup> Neurologist, Dr Christine Collin at Battle Hospital in Reading. I yet again had to go through a learning curve with her and for months she was dredging around to get all my notes that were all over the show. She specialises in neurological rehabilitation medicine.

Dr Collin was not happy with my medication levels so she instructed me to slowly come off Amitryptaline. Within two weeks my bouts of naturopathic pain escalated and after a phone call to my GP, he told me to go back up to my previous dosage. I however, then had to reduce my Zanaflex dosage as per her plan. Two weeks later I had daily problem with my upper torso going into spasms. I called my GP and he told me to go back to previous levels of Zanaflex.

When I went for a follow up visit to her clinic, I found that I could not see her, she was too busy so I had to see Dr Tun, in effect my 5<sup>th</sup> Neurologist and I had to go through a learning curve with him again. He is fantastic. Not only does he seem to care, he illustrates it too. At my second visit to him, he put me onto a drug called Neurontin (Gabapentin). This drug was originally only licensed for use with Epilepsy. Somehow it was found to be excellent for control of neuropathic pain. This drug started making a real difference. Dr Tun also referred me to a pain clinic at the Royal Berkshire Hospital in Reading.

I finally saw a wonderful Dr at the pain clinic, Dr Allen. He spent all the time it required to get up to speed on my case. He pushed the Neurontin dosage up to 2,700mg per day, which was past the normal licence levels. He was not concerned at the high dosage levels as he has many years of experience in the use

of Neurontin.

At this level, Neurontin seemed to control say about 80% of my neuropathic pain, which was sheer bliss. I had many days at a time where the pain was under control. On the bad days I had to take additional muscle relaxants, which totally bombed me out. Talk about being on a trip!! On a follow up visit to the pain clinic Dr Allen asked me to not use the additional muscle relaxant but push up the Neurontin dosage up to 3,600mg per day for the bad days. When the bad days blow over, I go back to 2,700mg per day. IT WORKS!!!!

This whole experience of trying out different drugs was really like peeling an onion. I now have an understanding of the different types and layers of pain I had for so long. I am left with one problem only. BEAR with me...

Last year in April when I last saw Dr Thomas, the neurologist that had a fit because of my over-medication, he also wrote a letter to my GP and me. The content was clearly there to make sure that if I seriously hurt myself due to my regular falling, that I had no case against the NHS. He instructed me to not walk but use my electric wheelchair instead. He also specifically instructed me not to do any "nocturnal" walking, as WE are more prone to falling during the night?

In the same letter he told me that he is referring me to a specialist Neuro-physiotherapist. She evaluated me and then told me that she was going to arrange for an orthotist to see me with her in attendance. This appointment was on 1 May 2002. This was a long session and it was decided that I need custom made boots and bilateral long leg braces (KAFOs). The short of it was the braces actually took 34 weeks of nightmarish times to build and finish. I will not bore you with the details but suffice to say that the orthotist at first had the attitude that he knew it all and blow what I think. The braces he brought to the first fitting was beyond shocking. He told me that I had no reason to be unhappy with the quality of the braces.

Bottom line was that I wrote a letter to the CEO of the local Health Authority and I was referred to the so-called Rehab. Manager of the Trust. She would look after my interests.....Uhum.

The real issue was that because of some of my upper torso muscles were now weaker than before, I slump badly to the left and forward. The Orthotist, Neuro-Physiotherapist and the

OT at the wheelchair service noticed this posture and they all agreed that I need bracing to ensure that I get into a "neutral position".

The Orthotist that was responsible for my leg braces brought in a colleague with "much knowledge of Polios". This colleague concluded that they, the supplying company do not have the facilities to sort out my upper torso bracing. What I needed, he said was a specialist spinal unit that have orthotists in-house to deal with me. In his opinion, I needed to live in at such a clinic while they manufacture and fit appropriate bracing.

Needless to say that he reported this to the Rehab Manager that was going to sort out all my problems. I called a number of times to hear how far she is with finding the solution. All I ever got was waffle and this continued for MONTHS until I finally called and she tells me that she is retiring that very week but she WILL finalise my case. Two weeks after she retired I received a letter from her.

She tells me in this letter that she has spent all those months and suggests that the Enablement Centre at Oxford is the place for me. BUT... she passed the buck to Dr Collin. If she agrees, she now has to refer me to the Oxford facility. I see Dr Collin especially for this on 31<sup>st</sup> July.

In the mean time I looked at the website for the Oxford Enablement Centre. It is not very clear, but I deduct this centre is very busy because it is such a centre of excellence. For this reason I guess I will not be surprised if I have to wait for months in order to get that very important first appointment. No more surprises here.

This is where the pain clinic and bracing comes together. Because I slump forward and to the left, I have undue pressure on my neck and upper spine. This causes structural problems and the result is a burning pain that starts up and then the muscles in that area go into spasm and none of the medication I take will help for it.

I see Dr Allen at the pain clinic in first part of August. Logic tells me that it is senseless to try and take more and more drugs for the final element of pain that is of structural nature.

P.S. on following page.....

PS.....Because this article has not yet gone to press, I have updated Hilary on the following:

I had an appointment with Dr Collin, Consultant in Neurological Rehabilitation Medicine at Battle Hospital in Reading, Berkshire on the 31<sup>st</sup> of July.

She claims to be totally understanding of the PPS issues, yet what does she do first. She asks me to remove my braces. She comes to the conclusion that my right leg is near useless. So far so good. She then does a manual strength test of my left leg. This was a pretty strong leg in the past. With one or two strength tests she declares this leg perfectly OK and I should stop wearing a leg brace. This was damn near depressing. So we now start all over again? I asked her to please put that instruction in writing for me because the very reason I have a left leg brace is due to left leg collapsing more than a year ago. She would not confirm that instruction in writing. Instead she now referred me to Mr Theologis at Nuffield Orthopaedic Centre in Oxford. In the referral letter to Mr. Tim Theologis she uses very odd terms and in others clearly irate terms.

Dr Collin's diagnosis is: Post Polio *functional deterioration* – NOT PPS. Fatigue and daytime sleepiness and finally, Chronic Pain Syndrome. This was not discussed with me.

In the letter to my GP and the world and its mate, she uses language like:

- Ü I examined him without his KAFO's and he remains able to walk independently with poor knee control on the right side. He has quite marked weakness and wasting and shortening of the right leg. His left leg remains quite muscular with considerable widening of the forefoot and he has mild pes cavus. He has good knee control of the left leg in walking without his KAFO's. She did the normal muscle strength test and asked me to walk. Her room allowed possibly 4-5 steps. The fact that depending on my day, that very 4-5 steps may be the cause of me falling. I have been here more than a year ago with a different set of Doctors.
- Ü She says that I insist in wearing braces. She does not write that when she told me of her opinion that I should go without left KAFO, I asked her what her solution to my falling is instead. I am still waiting for her answer.
- Ü When I saw the previous Doctors, Physio, Orthotist and OT, it was agreed that I ought to have some sort of hip support, particularly the right as when I stand or walk the hip joint

comes under strain and sometimes the hip actually partly pops out. During the same session it was decided that because of my flopping forward and to the left, they ought to find a solution in correcting my posture. It was decided that I ought to have a spinal jacket but needs to be integrated with KAFOs. These were NOT my decisions. In this letter she writes in an irate tone that "Mr van Zyl insists" on this that and the other. What I did, was to discuss the postural issues with her. She tells me I do have "mild scoliosis concave to the left of the thoracic region". Uhum duh.... This is the very area all my final pain and spasms occur. This cannot be rocket science if she took real interest. Her further observation is that yes I do slump "slightly" to the left. If she bothered to discuss her observation with me I would have told her to take note of the fairly heavy lateral supports fixed to my wheelchair, which is keeping me "slightly" slumped only. So no problem then!

If I sound angry, it is because I am angry. I have in the mean time received a letter from Mr Theologis and have been given an appointment with him on the 22<sup>nd</sup> December this year.

It seems that the merri-go-round has started up again. We are playing Revolving Ruben all over again. Did it strike you that the NHS is cash strapped, yet can waste so much energy and time just to start all over again for the umpteenth time!

#### IMPORTANT EDITORS NOTE

Manual Muscle Testing even on repeated actions, is NOT RELIABLE. I have been researching this and putting information in the newsletter ever since a Neurologist reported that the power of my left leg hip, knee and ankle were normal when in fact they are my worst polio limb - March 98. This annoying incidence at the time I am now 100% grateful for, as this is what instigated my research now confirmed by PPS Specialists as per previous newsletters. It is our ENDURANCE that has to be tested and observed. Please ensure that you politely explain this at your appointments. If you can do an action x times before your muscles fail you/pain starts then ensure that the person knows that and observes you to that level. This is part of my presentation now in PowerPoint that I am giving at the San Francisco Conference. Why not ask me to give this talk locally to you?

## Polio Particles 12 from member Dr. Mary Westbrook, Australia.

### Nana needs a nap

One afternoon Canadian polio survivor, Beryl Baker, was out with our seven year old granddaughter. When she asked me why both of her parents and her grandfather worked out at the local gym and I didn't. I explained as best I could about me having Polio as a child and now I had Post-Polio Syndrome. It was at that moment I decided that I needed a book to explain the symptoms of Post-Polio Syndrome. The book is written from the perspective of a grandchild and has amusing colorful illustrations. Five pages tell how Nana contracted polio. She was cared for at home, gradually recovered, was teased when she returned to school, got married and had a career and two sons. When the grandchildren arrived Nana loved playing with them but things started to go wrong. *Nana's muscles had stopped working properly. She would get very tired. Nana had a problem called fatigue. That's even worse than being tired.* Nana has a wide range of possible symptoms of PPS such as aching muscles, muscle twitching, falls, cramps, cold intolerance, breathing and swallowing difficulties and problems finding words when she is tired. Nana has had to find ways of dealing with these problems. *When I go to visit Nana and she's in bed, I just get a video and crawl in beside her, because she'll watch whatever video I put in the machine... she'll let me use some of her blankets to make a fort.* Her granddaughter has learnt when to say 'Nana, you need a nap.' The book costs \$US9.95 (plus postage). You can order it by mail from Computer Elite, 3105 Hwy 11 East, RR2, Oro Station, Ontario, Canada, L0L 2E0 charging it to VISA or MasterCard (give name on card, card number and expiry date). It can also be ordered by phone (1 705 487 6595). Computer Elite is open Monday to Friday from 1am to 2pm (Australian eastern summer time).

### Synthetic polio virus manufactured

Dr Eckard Wimmer, head of a biomedical research team at the State University of New York made a polio virus in a project funded by the Pentagon to combat biological warfare. Reporting on US Tech Live TV, Jessica Rappaport said that what is disturbing is that the team re-created the virus by using the Internet to obtain the virus's genome sequence. It took three years to create the virus. Wimmer says he choose polio because *it's a relatively simple virus. Re-creating a virus like smallpox would be much more complicated.* Wimmer says the ability to manufacture polio means that even if polio becomes extinct people will still need to be vaccinated and vaccines will need to be stockpiled because of the threat of terrorism.

### West Nile virus mimics the effects of polio

There were numerous recent news releases about the US outbreak of the mosquito-borne West Nile virus and the surprising symptoms it is causing in some of those infected. The Boston Globe (24/9/02) described *stunned neurologists* in Mississippi and Georgia reporting patients *suffering from the hobbled limbs, impaired breathing, and fevers that are the hallmark of polio.* Patients are also enduring *prolonged muscle weakness and respiratory ailments that will require months of treatment and probably will disable some of the patients permanently.* As with polio the symptoms tend to be asymmetrical e.g. one leg affected. The West Nile virus which is common in Africa and the Middle East was first detected in the US in 1999. Mosquitoes acquire the virus from birds and pass it on to other species. The description of the infection will sound familiar to polio survivors. Most people who are infected develop no symptoms, or flu-like symptoms. About one percent becomes severely ill with encephalitis or meningitis and about 10% of these people die. The West Nile virus comes from a different group of viruses than poliovirus. In the polio-like cases of West Nile the virus attacks the grey matter of the spinal cord which contains the neurones

that cause muscle movement. Only a small number of polio-like cases have been reported but is now believed that many patients with West Nile virus may have been misdiagnosed e.g. as having Guillain-Barre Syndrome, and prescribed potentially life-threatening treatments. In the past severe West Nile was characterized by meningitis and encephalitis but the muscle weakness and other symptoms similar to polio were not evident. *Nature* (23/10/02) says that *the West Nile virus and its infection pattern may be changing over time—attacking other parts of the nervous system beside the brain...The US population might be particularly susceptible to attack by the virus. Unlike populations in regions where West Nile is endemic, they may lack natural immunity. Alternatively, the virus itself could be different. 'There does seem to be an evolutionary change in the virus,' says neurologist, Richard Johnson of Johns Hopkins University. The US strain, seems to attack the nervous system more.* There is no vaccine or any specific treatment for West Nile virus apart from supportive care. There is no effective treatment for West Nile's polio-like symptoms and doctors are unsure will happen to these patients in the long term.

### **Polio in Madagascar**

In March-April, 2002, four cases of paralytic polio were reported in Madagascar. None of the children affected had been fully vaccinated. The strain of the virus was a type-2 vaccine derived virus which had mutated and recombined with non-polio enteroviruses. The danger of Sabin vaccine virus mutating and affecting non-vaccinated people was discussed in this column in Newsletter 48.

### **Did older people have polio more severely?**

For many years it has been accepted wisdom that the severity of polio increased with age at infection; older patients being more likely to develop paralysis or die from the disease. To find out whether this is so, a group of Danish researchers, headed by Nete Nielson, examined the patient records of 5590 people who contracted polio between 1940 and 1953 and were admitted to the main infectious disease hospital in Copenhagen. They found that severity of polio (measured by rates of paralysis and death) did not show a steady increase with age, but rather a U-shaped graph with severity being greatest for youngest and oldest patients. Fifty-three percent of children under 2 had a discharge diagnosis of paralytic polio. The rate decreased to 20% among those aged 8-9 years and increased to 43% among those over 35 years. The steep increase in severity of polio among young adults was associated with a change in type of paralysis, with respiratory paralysis being much more frequent. The researchers speculate that this was caused by differences in the commonest mode of transmission of the polio virus for children and adults. *The faecal-oral route of transmission is usually considered the main mode of virus spread, but as the virus is present in the pharynx, droplet spread from person to person is possible. As adults have better sanitary practices than children they may more often be infected via droplet spread. Furthermore it has been suggested that bulbar symptoms might result from infection with the virus through the tonsillo-pharyngeal route, whereas gastro-intestinal infection might initially result in paralysis of the legs.* (International Journal of Epidemiology, 2002, p.181)

### **Survivors of vaccine associated polio**

VAPS (The Vaccine Associated Polio Society) is an American organization dedicated to solving the problems faced by people with VAPP (vaccine associated paralytic polio). Its website, which is still partly under construction, can be found at [www.vaps.us](http://www.vaps.us). VAPS estimates that there are at least 8 -10 cases of VAPP in the US each year. It believes that some cases are misdiagnosed and that in reality the figures are higher than this. As its mission statement proclaims while VAPS is *pro immunization* it is *pro safe polio vaccine*. The society has influenced current US polio vaccination policies which now favor the Salk

over the Sabin, or live, vaccine.

### **Mice may provide answers about cause of PPS**

Neurologist, Dr Burk Jubelt and his colleagues are using mice in research to test the truth of the three principal theories that attempt to explain post-polio syndrome. Jubelt and his colleagues infected a group of mice with polio and are comparing their muscle function and nerve damage with a group of non-infected mice. Later the mice were sacrificed and their tissue analysed. Findings of the research will be published soon. A group of mature mice, analogous to older polio survivors, is currently being studied. The theories being evaluated are: 1) The most popular, degenerative theory, which *postulates that the new sprouts which grew to substitute for the sprouts killed by the original infection are dying back due to exhaustion from increased metabolic demand over years of use.* 2) The viral theory that argues that the polio virus has either *lain dormant in the central nervous system or mutated into a form that is slowly destroying nerve tissue.* 3) The immune mediated theory that argues that *inflammation or an autoimmune mechanism has led to the symptoms.* Jubelt believes that once the cause of PPS is established mice can be used to test the efficacy of different treatments for symptoms. (This story is from *Polio Network News*, Fall, 2002).

### **PPS costs minister his job**

Tom Zingale, an American polio survivor, is a Lutheran minister. Last year PPS resulted in him being prescribed a wheelchair. His congregation and bishop found it more difficult to adjust than Tom did and against his wishes Zingale was forced to retire. *New Mobility* (December, 2002) reports that in his farewell sermon Zingale said: *I am tired of those who play games with my faith by accusing me that because God's glory has not been manifested in some visible way, in total healing, that I am any less a Christian, or have a weak faith, or have a hidden sin, which an anonymous tape accused me since I remain in the brokenness of chronic illness.* Zingale says much of the suffering of people with disabilities is caused by Christians who subscribe to the view that *if you're right with God, everything's right in your life, that you have health, wealth and prosperity. I believe in the theology of the cross, because Jesus died on a cross and through the brokenness of the world we have strength from God to go on.* In his 'retirement' Zingale has become a locum pastor for ministers on vacation and has established a website

([www.dodgenet.com/~tzingale/Sermon111st.html](http://www.dodgenet.com/~tzingale/Sermon111st.html)) which averages 350 hits a week. He says: *When I was in the parish, the most people who would come to church on Sunday was about 150, so more people are reading my stuff now.* To audit the barriers (attitudinal, architectural and communication) to people with disabilities being part of the congregation in your church go to the questionnaire on the website of the American National Organization on Disability at

[www.nod.org/cont/dsp\\_cont\\_item\\_view.cfm?viewType=itemView&contentId=547](http://www.nod.org/cont/dsp_cont_item_view.cfm?viewType=itemView&contentId=547)

Some items query whether the church has: *Seating space with extra leg room for people using crutches, walkers braces or casts; scattered spaces or 'pew cuts' for users of wheelchairs; large print hymnals, and marked accessible parking spaces close to accessible entrances.*

LINCOLNSHIRE POST POLIO NETWORK  
ANNUAL GENERAL MEETING  
SATURDAY 11TH OCTOBER 2003  
ANCASTER DAY CENTRE, BOUNDARY STREET, LINCOLN  
[Boundary Street is on the A1434 - South Lincoln]

**Room opens at 10.00 a.m. - AGM will commence promptly at 10.30**  
followed by

Coffee for Polio Survivors in the main room  
Coffee for family members and friends in another room.  
Discussions will be led on 'How PPS has affected our lives'.

**Buffet Lunch 12.30 p.m.**

**Afternoon Session 1.30 - 5.00 with break for tea and raffle.**

**Speakers**

**Aaron Mattes, MS RKT LMT**

**The Benefits of Active and Assisted Isolated Stretching  
Demonstration including 'Join in, if you want to, from your chair session'  
and**

**Dr. Ali Arshad, Consultant in Rehabilitation,  
Multi-Disciplinary Clinic,  
Haywood Hospital, Burslem, Stoke on Trent, Staffordshire.  
The benefits of a multi disciplinary care plan**

**Tickets AGM only FREE**

**Full Day with lunch £10.00 - £7.00 with no lunch.**

HOTEL - IBIS just off A46 bypass next to the Pride of Lincoln.  
Tel:- 01522 698333 - Ask for Lincs PPN pencilled in rooms when booking.

All rooms are £39.95 - continental breakfast extra  
Lounge/Bar has a few snacks or get a Take Away sent in.  
Full meal service at the Pride of Lincoln next door,  
and Frankie & Bennies Italian eatery next to that.

**Get together in the Bar both Friday and Saturday evenings.  
Aaron Mattes will be with us all weekend.**

NAME .....

Email address - None / .....

Am unable to attend.

Would like to attend if possible and require more information. YES/NO

Will be attending accompanied by ..... Family/Friends

Will be staying at the IBIS Hotel YES/NO

Would like information on local B&B's. YES/NO

I enclose the sum of ..... for the following.....





# LINCOLNSHIRE Post-Polio Network

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WEB SITE - <http://www.lincolnshirepostpolio.org.uk>

July 27th 2003

Dear

**'The first in an occasional series of seminars  
for medical and allied professionals involved in the  
diagnosis and treatment of post-polio related medical conditions'.**

**ONE DAY SEMINAR for Medical and Allied Professionals  
Monday October 13th 2003—At the Bentley Hotel, Lincoln.**

## **INTRODUCTION TO ACTIVE ISOLATED STRETCHING: THE MATTES METHOD**

**By Aaron Mattes, MS, RKT, LMT, Florida, U.S.A.**

I enclose two posters, and application form that can be photocopied, for the above mentioned one day seminar and would ask that you notify any of your staff that might be interested. Early application is essential as places are limited. Accreditation is being sought.

'The Clinical Director of Sports Med and Rehabilitation in Florida is Aaron Mattes, MS, RKT, LMT. For 37 years, Aaron L. Mattes' training and education of functional anatomy and kinesiology provided a basis for his innovate therapeutic technique, Active Isolated Stretching (AIS). This has been incorporated into a therapeutic myofascial technique termed 'The Mattes Method'. This promotes functional and physiological restoration of muscles, tendons, vertebrae, ligaments and joints facilitating healthier superfascial and deep fascial planes. The primary obstacle to flexibility is the tightness of the surrounding muscles and fascia of a joint. Underlying medical or physical problems. Inflammation, neurological injuries and conditions can promote fascia, muscle, tendon, ligament and joint tightness resulting in contractures. Chronic abnormal posturing. Muscle imbalance, Effects of aging. Aging promotes atrophy with lost elasticity of muscles and connective tissue. Inactivity leads to further muscle weaknesses. Weaknesses lead to strength and flexibility imbalances between antagonistic muscle groups, which create adverse strains on the skeletal system and result in postural abnormalities.

The Mattes method incorporates a key concept, which states that only relaxed myofascial structures will allow themselves to be optimally stretched. Adhering to Wolf's and Sherrington's Laws, the Mattes Method facilitates optimal myofascial stretching of isolated muscles without activating a protective myostatic reflex contraction. The Mattes Method utilizes a gradual stretch of NO GREATER than 2 seconds promoting full range of motion and flexibility without activating antagonistic muscle group contractions.' Check out Aaron Mattes website for his full conference schedule. [www.stretchingusa.com](http://www.stretchingusa.com)

Yours sincerely,

Hilary Hallam, Founder and Chair,  
Lincolnshire Post-Polio Network.  
Enc. Poster and application form

**A Post-Polio Information Service for Polio Survivors and Medical Professionals  
69 Woodvale Avenue, Lincoln, Lincolnshire, England, LN6 3RD.**

**ONE DAY SEMINAR for Medical and Allied Professionals.  
Monday October 13th 2003 - At the Bentley Hotel, Lincoln.**

Please book any hotel rooms required direct with the hotel.

**THE BENTLEY HOTEL** - Rooms are priced at £ 64.00 inc full breakfast - 01522 878000  
**Ibis Hotel**—1½ miles north - room only price is £ 39.95, continental breakfast extra—01522 698333 -  
**The Pride of Lincoln**—1½ miles north - room only price is £ 42.95—full meals avail.—01522 686878

**N.B.** It would be advisable to wear comfortable clothing, shorts or trousers, for the afternoon 'hands on' session, working in small groups.  
**INFORMATION ON POST POLIO SYNDROME WILL BE DISPLAYED.**

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**INTRODUCTION TO ACTIVE ISOLATED STRETCHING: THE MATTES METHOD**  
By Aaron Mattes, MS, RKT, LMT, Florida, U.S.A.  
A One Day Seminar offered by the Lincolnshire Post-Polio Network Reg. Charity 1064177  
69 Woodvale Avenue, Lincoln, LN6 3 RD – Tel. 01522 888601  
email – seminar@lincolnshirepostpolio.org.uk

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Please state any joint of the body/medical condition that you would like included if possible.

Area/condition .....

I have a portable massage table that I could bring with me if needed. YES / NO

At least one UK 4 day seminar will be organised within the next year. Interested YES / NO

Cost of seminar inc. buffet lunch £50.00 without manual

Cost of seminar inc. buffet lunch £ 70.00 with 174 page manual.

I enclose a cheque in the sum of .....

For Office Use Only Ticket No .....issued Posted on .....

## **ONE DAY SEMINAR - Monday 13th October**

**Introduction to Active Isolated Stretching:  
The Mattes Method.**

**Speaker: Aaron Mattes, MS, RKT, LMT.**

**At The Bentley Hotel, Lincoln.**

**'The first in an occasional series of seminars for medical and allied professionals involved in the diagnosis and treatment of post-polio related medical conditions'.**

'Active Isolated Stretching: The Mattes Method centers on physiological principles of specific muscle lengthening, increased circulation and oxygen to the tissues, lengthening of the superficial and deep fascia. The seminar involves exact details of how to safely lengthen muscles and fascia simultaneously maintaining a physiologically based agonist-antagonist relationship.

Seminars are usually 4 full days with 30% lecture and 70% 'hands on'. Detailed approaches to each muscle surrounding a joint, various indications and contraindications related to diseases, injuries, joint replacements, osteoporosis and aging factors. Carpal tunnel, thoracic outlet, tendonitis, arthritis, fibromyalgia, back problems, neuropathy, and various sports medicine considerations are discussed and demonstrated during the seminar.'

This One Day Seminar— 8.30 registration, 9.00 to 5.00 p.m. - will consist of morning lectures and observation of active isolated stretching and assisted active isolated stretching for patients unable to complete the actions themselves. The afternoon session will be 'hands-on', working together to learn and experience this method of stretching. Requests for covering specific areas of the body/injuries/medical conditions will be included in the application form. Accreditation being sought.

**Cost £50.00—without manual.**

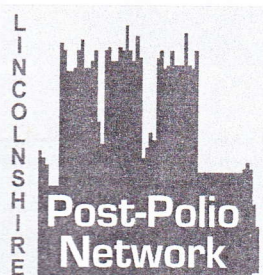
**or**

**£70.00 –including very comprehensive 174 page  
700 illustration - ring bound manual.**

**Application forms from LincsPPN, 69 Woodvale Ave., Lincoln, LN6 3RD**

**Or email:- seminar@lincolnshirepostpolio.org.uk.**

**Or from**



.....  
**Lincolnshire Post-Polio Network—**  
[www.lincolnshirepostpolio.org.uk/](http://www.lincolnshirepostpolio.org.uk/)

**Stretching USA—**[www.stretchingusa.com/](http://www.stretchingusa.com/)

ONE DAY SEMINAR - Monday 13th October  
The seminar is being held at the  
Lincolnshire Post-Polio Centre  
at the Lincoln Hotel, Lincoln.

The seminar is a one day event for people who are interested in the  
management of the Lincolnshire Post-Polio Centre. It will cover the  
history of the Centre, the current situation and the future plans.  
The seminar will be held at the Lincoln Hotel, Lincoln, on Monday  
13th October. It will start at 9.30am and finish at 4.30pm.  
The seminar is free of charge. There is no need to book in advance.  
If you are interested in attending, please contact the Centre on  
01522 535111. The seminar will be held in the afternoon.  
The seminar will be held in the afternoon. The seminar will be held  
in the afternoon. The seminar will be held in the afternoon.

55/1.50

17th October 2003 - 10.30am - 12.30pm  
18th October 2003 - 10.30am - 12.30pm  
19th October 2003 - 10.30am - 12.30pm  
20th October 2003 - 10.30am - 12.30pm  
21st October 2003 - 10.30am - 12.30pm  
22nd October 2003 - 10.30am - 12.30pm  
23rd October 2003 - 10.30am - 12.30pm  
24th October 2003 - 10.30am - 12.30pm  
25th October 2003 - 10.30am - 12.30pm  
26th October 2003 - 10.30am - 12.30pm  
27th October 2003 - 10.30am - 12.30pm  
28th October 2003 - 10.30am - 12.30pm  
29th October 2003 - 10.30am - 12.30pm  
30th October 2003 - 10.30am - 12.30pm