Polio AGM 15 Oct 2017

In the PQA Hall at Shenton Park, Brenda Lake OAM (now 80) receives first Life Membership Award of the Post Polio Network, after 28 years on the Polio Committee.

Sonya and Andrea spoke on upcoming changes to health and disability service provision. (see page 8)
Memorial Service for Dr Niblett
We finally had our Memorial Service for Dr Niblett on 11 Nov. A very moving service at my church, St Andrew’s Anglican in Subiaco - 71 family, friends, SCGH colleagues and ‘old polios’. One of his sons, Peter Niblett, put together a slide show of his life - can be viewed at the office or on a USB or DVD. A copy of the eulogy I gave is available on request - by email or can be posted.
Fr Peter Manuel reminded us that Dr John’s real memorial is the relationship we had with him and he with us, and the effect that can still have on us. Dr Don Coid played “Amazing Grace”, Dr John’s favourite, and we all sang.

AGM held Sunday 15 October at PQA hall
Our new President is Ross O’Neil JP, Vice President is Jeff Hollands, Hon Med Officer is Dr John Watson. Sonya Horsman OT was re-elected to the Committee along with those continuing - Treasurer Jenny Jones, Denny Beigel and June Carr. Brenda Lake stood along with those continuing - Treasurer Jenny Jones, Denny Beigel and June Carr. Brenda Lake stood down but will continue with us, taking up a role on our new Medical Team working party.

FIRST LIFE MEMBER AWARD
At the AGM we presented Brenda with this award and an Angel Pin in recognition of the 28 years she has spent at the helm with Dr John. Dr John would have got one too if he had only still been with us.

RAFFLE - Tickets need to be in NOW please
Will be drawn at the Christmas Party Sunday 3 Dec.

CHRISTMAS PARTY - Sunday 3 Dec 12md
Usual Christmas Party in Polio Office for those who want to meet up with fellow polios for a festive lunch. Please bring a plate of food to share and small gift for Christmas Tree Lucky Dip. Everyone goes home with a present and a Day Raffle prize!

POLIO OFFICE CLOSURE TIMES
The Office will be closed from Tues 28 Nov to Mon 4 Dec as I will be in Canberra for the Polio Australia meeting. (I will be back Sat in time for Xmas Party.)

SUMMER HOLIDAYS CLOSE - The office will close from 15 December until 16 January but I will check for messages every few days. Debbie will be back on Tues and Thurs only from 16 Jan. I will be back officially 19 Feb full time and for appointments.

ALBANY CLINIC VISIT
I will be coming to Albany again in 2018 to run a polio clinic but I am not setting any dates yet till I know what is happening with the Polio Australia Education Sessions for health workers. So you will be notified.

Polio Australia Sessions in WA in 2018
We are still working on the best way to conduct these here in WA, being such a large state. In the meantime I would like you all to consider how this might help you to educate your health workers better. We may look at webinars and DVDs that they can watch in their own time as well. I need lists from all of you as to who to let know and how to contact them ASAP.

Happy Christmas.  Tessa Jupp RN OAM

We do still need your donations!
More people are asking to pay their bills to Poliowa electronically as they no longer have cheque books - so here are the details for you if you wish to pay this way.

So that we can be sure to match up payments against names, please ensure your name and invoice number or reason for payment eg Donation, is recorded on the payment advice we will get on our bank statement so that we can mark you off or issue you with a receipt for tax purposes.

For those wanting to do Internet Banking (we can’t accept Credit cards) or to go into the bank personally to Bankwest

BANK
DETAILS
Post Polio Network of WA Inc
BSB 306 050
a/c 562 111 9

Wheelchair-Accessible Car & House coming up in 2018
If you need a car with hand-controls, in good condition, there will be a 2006 Hyundai Accent for sale in around January

There will also be a wheelchair-accessible house, coming up - 3 bedroom/2 bathroom, w/c bench heights etc. Location is Forrestfield where average price at the moment is around $400,000. Anyone interested should contact the Polio Office.

SUPPLEMENT SUPPLIES
We have a wide range of good quality nutritional supplements that are beneficial for polios available thru our Polio Clinic. See list below for some you may find difficult to source - not all brands work. The carnitine, magnesium and manganese we have, work much more effectively than any you can buy in shops. Pick up or post out.

<table>
<thead>
<tr>
<th>Supplement</th>
<th>Price</th>
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<tbody>
<tr>
<td>Carnitine 200G</td>
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<td>Gelatine 1kg</td>
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<td>Iodine Tincture 50ml (paint on)</td>
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<tr>
<td>Lugols Iodine 100ml (oral drops)</td>
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<td>Vit A (120 tabs x 10,000iu)</td>
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<td>Vit D3 (120 tabs x 1000iu)</td>
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<td>Vit K2 (90 tabs x 180mcg)</td>
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<tr>
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<td>Postage &amp; Handling (up to 400G)</td>
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For other supplements available or postage costs - ring or email the Polio Office.
Polio Australia, after many years of lobbying the Federal Government in Canberra, has finally been given some limited Government funding to educate health professionals about the Late Effects of Polio. We have received $150,000 for this financial year and will get the same for the next 2 years. This money is being used to employ a few more people in the Polio Australia Office in Melbourne. Mary-ann Liethoff (who formally ran the Victorian Polio Network) has been the only employee for the last 8 years since we got some initial 3-year funding from the Balnaves Foundation to open an official Polio Aust headquarters site in Kew.

In 2016, Rotary in NSW donated a small sum of money to run 8 workshops in NSW to educate 140 physios, nurses, occupational therapists and a few others. These are being presented again, a number of half-day sessions in each state. There will be some in March 2018 in WA. I will know more after this Meeting in Canberra. I would like WA members to let me know of any health professionals that would like to be invited to these free sessions in 2018.

**Who should attend Post-Polio Workshops?**
Allied and other health practitioners such as: physiotherapists, occupational therapists, orthotists, exercise physiologists, nurses, podiatrists, speech pathologists, dieticians, social workers, case managers, and anyone else who is interested in knowing more about how best to treat the post-polio ‘body’.

For more info look up here - [www.poliohealth.org.au](http://www.poliohealth.org.au)

Jenny and I are off to Canberra again on Tuesday 28 Nov until late Friday 1 December as your two WA representatives for the annual Polio Australia Board AGM Meeting. So the **Polio Office in Perth will be closed 28 Nov until Mon 4 Dec.** Only day open that week will be Monday 27 Nov.

As well as dealing with the business of what Polio Australia is planning for the next 12 months, we will be visiting Federal Parliament on Thurs 30 Nov and with polios from Canberra, taking part in the Canberra “Walk-with-Me” fundraiser. As pictured above, we will all be wearing our white Walk-with-Me T-shirts as we walk around the outside of the Parliament building. Donation needed.

Please help Jenny Jones and Tessa Jupp OAM, Polio Australia Board members representing Poliowa, to make a difference as they fundraise for Polio Australia through our annual “Walk With Me” Challenge in Canberra!

[Help us to provide services for Australia’s polio survivors - Donate on this website anytime.](http://www.polioaustralia.org.au/wwm2017-canberra-tessa-jenny/)

Matron sailed down the ward.
She reminded 9-year old Dianne of an army Sergeant Major. Perhaps that was why the girls wore uniform tartan shirts and red jumpers. The boys had grey shorts to team with their red jumpers. All sheets were green and the blankets red. And the kids knew better than to misbehave.

Dianne had no visitors this Sunday. Her parents could only come once a month. They lived in Taree (260 miles north of Sydney). No visitors meant no tea. No tea was ever provided on Sunday night - ie Visitors Day. Dianne wasn’t worried though. She knew the other kids would share with her the goodies their visitors had brought. No one ever went without.

Dianne had spent nearly 10 months at the Margaret Reid Orthopaedic Hospital in Sydney now. The doctor from the Crippled Children’s Society in Sydney had sent her there for an operation on her foot.

She had already spent 6 months in hospital since the whole family had been sick with what they had thought was just the flu. When Dianne had had trouble walking she’s been taken to the local hospital in Taree where her parents taught at the local school.

As paralysis set in, she’d been rushed by ambulance to the hospital in Newcastle (120m miles north of Sydney). She had been really thrilled when all the other cars had made way for the ambulance and they’d gone right to the front of the queue to cross the river on the car ferry.

After 3 weeks at Newcastle Hospital she had gone on to the Infectious Diseases Hospital where there was a polio section. Here were all ages of those with polio, from kids to adults. Schooling was provided for the 20 - 30 polio kids as well as physio and pool therapy for arms and legs. They were segregated - no mixing of sexes in the pool, which could hold 4 - 6 kids at a time. For a while she used a wheelchair then a walking frame. Nothing could be done for her foot-drop though and she’d later been sent to Sydney.

The wards at Margaret Reid Hospital were different. They’d been built for TB patients. They were large with open walls. Blinds could be pulled down if it rained. The beds had big pram wheels and the kids were pushed to the school room in their beds. They were pushed into the bathroom right up to the bath too. It always seemed like 1am in the morning when Dianne would awake to find herself being undressed for her bath. (It would take about half an hour per child so it quite likely was!)

On Saturdays sometimes, as a special treat, there would be visits from various bands, school choirs or local Girl Guides. One time they even had Burl Ives come and sing. Dianne managed to get his autograph.

Dianne was amongst a group from the hospital taken over the naval vessel HMAS BATAN. On board were a lot of rare Japanese wind-up toys. Each child was allowed to choose one. Dianne chose a bear with a drum for her youngest brother. This lasted for years. As she was carried off the ship one of the sailors handed her a Brownie camera. She treasured and used this camera for many years to come.

One legacy Dianne was grateful for from her polio was a family reconciliation. She had been chosen to have her photo in the paper because she was such a pretty kid with curly hair. Her estranged grandparents at last made contact after seeing her photo in the paper and this gave her great pleasure in the coming years.

Editor: Dianne completed 2 years studying medicine but in 1963 changed to work at St Vincent's Hosp as a respiratory technician. In 1966 she met her husband Norman, a teacher from WA. They were married in 1969 and moved back to WA. Norm already had 2 children (10) & (8) so Dianne had a ready-made family but they soon added 2 more. Di coped very well with only a minor limp but later developed pain in her knees, finding it necessary to use a plastic shoe splint, walking stick and sometimes crutches. She found carnitine helped her. Later she purchased a shoprider which made it easier to keep up with family on outings. Di also did volunteer work for the Blind Association.
Cheryl Southwood - "Love Ya Kiddo"

To anyone that knew Cheryl Southwood, those words - "Love ya kiddo" says it all. I can still hear her voice saying just that to me over the phone. She would ring me at the Polio Office and as we hung up, she would finish with those words. They were her signature tune.

I knew Cheryl right from when the Post Polio Network was formed in WA, because she and my husband, Colin Jupp, were great friends from way back, having had polio as kids around the same time, and both being left in wheelchairs and with poor breathing as a result. Cheryl must have spent the most time in hospital with polio of anyone in WA (apart from Paul Berry who never left). Cheryl got polio at the age of 6 in 1956 and was there for 12 years! Yes - 12 years! from Paul Berry who never left). Cheryl met her husband, John Southwood, at Shents too.

Cheryl trained in admin work – she learnt shorthand, typing and telephone operations. Following her training she worked at Joyce Brothers, which was a bed manufacturers. When she stopped working at Joyce’s, John and Cheryl purchased their own shop… “Daisy Florist” in Subiaco. They became part of Subiaco’s small business association, later selling the business when they divorced. After the divorce, Cheryl built herself a new home in Forrestfield, specifically designed for life in a wheelchair and continued to live there over the years with her beloved pets.

Cheryl ran a florist shop in Subiaco when our Post Polio Network started and happily donated flower arrangements as prizes for any of the fundraisers we were running. Her cheery voice, brightened everyone - and she never stopped talking. But I will let her best friend Karen Richardson tell the rest of Cheryl’s story.

Cheryl Savage was born in Subiaco, 29th August 1949. She grew up in Ashfield with four brothers and one sister. Her parents separated when she was quite young and they were raised by their mum. After capturing polio she spent many years at Lady Lawley Cottage in Cottesloe. These were not happy years for Cheryl but at the age of 12, she met her best friend, John Pearson there. John’s mum became quite fond of Cheryl, and soon she began taking in home-cooked meals for her to eat, which Cheryl loved. At the age of 15, both Cheryl and John, were moved to Shenton Park Rehabilitation Hospital under the care of the renowned Sir George Bedbrook…or as Cheryl always referred to him - “Uncle George”. The 2 friends were always up to mischief together, and they were well-known for playing tricks on nurses and sneaking out of the hospital Cheryl met her husband, John Southwood, at Shents too.

They married at St Alban’s church Highgate in 1971 and their first home was in Osborne Park. Both of them being “wheelies”, brought attention to their wedding. They appeared on the TV news, and also had a photo and their story in the newspaper.

Having not grown up at home, or attended high school, Cheryl couldn’t cook at all. So she had to learn after she was married. She was well-known for her weird concoctions, where everything in the fridge or cupboard would be added to the pot!

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Cheryl worked at Dental Services for a few years and in the years prior to her retiring (which was only a couple of years ago) she worked as a customer service assistant for the Public Transperth Authority at their office in East Perth. There wasn’t much that stopped Cheryl from doing anything - tell her she couldn’t do it and you could bet she’d try her hardest to prove you wrong and find a way. She was strong-willed, determined, even stubborn at times too, but always courteous and respectful. Over the years Cheryl joined in many picnics at the dams around Perth. It didn’t matter about not having wheelchair access because there was always a ‘walky’ to help push her through the bush. Cheryl joined an archery club in Yokine in the late 1970’s and continued this sport for many years. Occasionally she talked at schools about being in a wheelchair, and polio too. She was an advocate for equality, and would not tolerate anyone who treated her like she was disabled.

In 2005 – Cheryl was so-o-o excited to be planning her first overseas holiday - coming with us - and so proud to own her very first passport. Cheryl had already decided that her favourite destination would be Paris, and her face lit up every time she mentioned the Eiffel Tower. One fun hurdle along the way was arriving in Paris at the Charles de Gaulle Underground to find that the lifts were broken and the only way out was up the steps, so if that was the only way to the Eiffel tower, then up the steps it was. Cheryl hung on for dear life, while in her wheelchair, she was carried up flights of steps by some handsome young men with sexy French accents….. she loved it.

Pneumonia got her in the end, even though she was supposedly “safe” in hospital, 1 Oct 2017 - only 68.

One of Cheryl’s childhood dreams was to be a ballerina; she was not; she held tight to her dream. Above her bed hung a beautiful picture of a pair of pink satin ballet shoes…. Pointé shoes with long pink ribbons….. Cheryl dreamed of the day she would wear a pair just like those and dance. She’d be a ballerina!

I’ll bet now this beautiful lady is dancing her dream … pirouetting all around the golden stage of heaven ….

We are all going to miss you so much Cheryl. Goodnight, God bless. “Love Ya Kiddo.”
It is perhaps timely, with the recent demise of Dr John Niblett with heart failure in PNG, to consider again - how do we know if we are having a heart attack, what do we do and how can we hopefully prevent it.

Dr Niblett thought he had covered all these points. He knew he was overdue for his heart check-ups and his magnesium and carnitine supplement supplies that I had been sending him had become low as he had been expecting to return to Perth very soon.

A lesson for us all.

There are many different ways the heart might run into problems - valves, fast or slow beats, irregular beat, blockages, build up of fluid, electrolyte (mineral) imbalance, weak heart muscle, blood pressure. Your doctor should track down which is the problem.

Common signs your heart is not coping

- Pressure or pain in the back, neck, or jaw
- Discomfort in the upper abdomen
- Heartburn or indigestion
- Headache
- Arm pain, often in the left arm, but could be in either or both arms
- Shortness of breath, usually with exertion or when lying down. If there is congestion in the lungs, lying flat will cause the fluid to spread out across the lungs (think of lying a bottle of water on its side as opposed to standing it upright). When more of the lungs are wet, it becomes harder to breathe.
- Swelling (oedema), especially in the legs and feet. Swelling may also lead to weight gain.
- Persistent cough, sometimes with pink-tinged phlegm
- Fatigue and less energy for exercise
- Racing or abnormal heartbeat
- Nausea, sometimes with vomiting
- Difficulty concentrating and staying alert

How to know the difference?

If it is heart pain it will be there when you are pushing yourself. On exertion the heart requires more blood flow and oxygen and these symptoms will present when you are asking it to work harder.

If it is chest pain from indigestion only, it will be related to eating and be worse when lying down as acid can more easily flow up the throat to the mouth, so causing burning pain in the centre of the chest.

If the pain is on breathing in, it could be a chest infection or pleurisy (inflammation in the lining of the lung), or from excess fluid in lungs when Vit B1 is low.

If it is tight like a cramp, it could be a heart muscle cramping or it could be chest muscle cramp - but the solution is still magnesium to allow it to relax. Try it!

So how about Magnesium?

New York-based top-magnesium expert doctor, - Carolyn Dean MD, says “Magnesium is essential for a normal heartbeat. Magnesium is the main treatment for atrial fibrilation and irregular heartbeat. Magnesium is the body's natural calcium channel blocker. It balances out the excess calcium that is associated with the heart going into muscle spasm, which equals a heart attack. Some researchers say that, as a nation, we could cut our rate of heart disease by one-half if we just took more magnesium.”

As you can see a lot of these are familiar to us with post polio too. How do we know the difference?

As we may have had these symptoms for a long time, we may know they are just due to polio. But if it is new then we should really get the doctor to check that something else is not going wrong as well.

Some of the causes of these new problems may be related to our polio getting worse with age too.

Chest Pain

A common complaint we had from our polio members back in the early 1990s was chest pain. Many reported being rushed to hospital by ambulance, as it was thought they were having a heart attack, only to be told all the tests were negative, their heart was fine - go home and learn to live with the chest pain!

Since many of our WA polios have been taking carnitine, that problem seems to have disappeared.

The chest pain seems to have been muscle pain and cramping in chest muscles. Magnesium has also been part of this solution - allowing the muscles to relax and work more efficiently - so no pain anymore.

Vitamin C for Hearts?

Vitamin C and B1 are needed to stop the blood vessels becoming weak and leaking. Damaged blood vessel walls are why plaque builds up in arteries. Not enough Vit C is why athletes drop dead on the playing field. They can be revived with IV Vit C inject.
How about Carnitine and the Heart?

Here’s what Harvard Medical School says —

*Carnitine* works with several enzymes as a sort of cellular escort service. It *latches onto fats and ferries them into the mitochondria*. These powerhouses of the cell, generate energy by combining fats and sugars with oxygen — essentially performing a controlled burn. On its way out of the mitochondria, carnitine drags along potentially toxic by-products of the energy conversion process.

**Heart muscle prefers to use fat rather than sugar for energy.** That's fine in a healthy heart. But it can be a problem when a narrowed coronary artery limits blood flow to part of the heart because it takes more oxygen to burn fat than it does to burn sugar.

Traditional drug therapy rights the imbalance between oxygen demand and supply, one of two ways. It can lower the amount of oxygen the heart needs by making it work less (beta blockers do this), or it can deliver more oxygen by relaxing arteries and thus increase blood flow (nitroglycerin, calcium-channel blockers, and ACE inhibitors do this).

There may be another way to attack the problem: *help the heart generate energy more efficiently*. Here’s where carnitine comes in. Taking *extra carnitine* could ensure that the mitochondria have ample supplies of fat. Research also indicates that extra carnitine may nudge heart muscle to burn more sugar.

A handful of *clinical trials* point to modest effects for **carnitine as a treatment for angina**, peripheral arterial disease, heart attack, and heart failure. Most studies used 2–4 grams of L-carnitine a day.

1. **Angina.** In several small trials, **carnitine** slightly increased how long volunteers could **exercise** before experiencing chest pain, compared with placebo. It did not, however, routinely reduce the number of angina attacks.

2. **Peripheral arterial disease.** In one study, volunteers who took **carnitine** for six months were able to walk on a treadmill for almost three minutes longer than at the start of the study, while those taking a placebo improved their walking time by a minute or so. Those in the **carnitine group** also reported feeling better and having **less pain overall**.

3. **Heart attack.** Two large Italian trials showed that **high doses of carnitine** given soon after the onset of a heart attack **improved survival** and reduced the chances of later heart failure."

So the carnitine we take to improve polio fatigue can actually be helping to keep our hearts going too! And keep up your red meat intake - we need it every day.

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**Nutrients that help heart function**

- Magnesium
- Potassium
- Carnitine
- Vitamin C
- Co-Q10
- Vitamin B1
- Vitamin K2
- Vitamin D3
- Gelatine

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**Dr Brownstein says more than 70% of his patients are “markedly deficient” in **potassium**, which is needed for regulating heart rhythm and for healthy muscles, immune system and brain function. If you find you are “washed out and weak” in hot weather, you need more **potassium**! Lemon or apple juice will give you a quick pick-up but we all need to use the water we boil our vegies in (preferably with skins-on) to increase potassium in our diet. (or you will need GP script.)**

**NB** Palpitations mean your potassium levels are either too high or too low.

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**The Linus Pauling Therapy consists of:**

1. **Vitamin C** in high doses to increase collagen production and to improve the health and strength of arteries and eliminate chronic vitamin C deficiency.
2. **L-Proline** to release lipoprotein(a) from plaque formation and prevent further deposition of same.
3. **L-Lysine** to release lipoprotein(a) from plaque formation and prevent further deposition of same.
4. **Co-enzyme Q10** to strengthen the heart muscle.
5. **L-Carnitine** to strengthen the heart muscle.
6. **Niacin** to decrease liver making lipoprotein(a).
7. **Vitamin E** to inhibit proliferation of smooth muscle cells in the walls of arteries.

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**What About Cholesterol?**

**New info** - Doctors think that high cholesterol is the reason that people suffer from heart disease but recently, scientists have discovered that **cholesterol levels don’t really have anything to do with heart health.** The cause is free radicals that oxidize LDL’s, creating “bad” cholesterol. These free radicals are caused by our own habits and it is those we must change if we want to prevent oxidation of our LDL - not statins. **Causes of free radicals** are smoking, stress, not enough sleep, air pollution, antibiotics, hormones put into the animals we eat, drinking coffee, and eating processed meats & grains, margarines & vegetable oils. **Foods to help prevent oxidation** - include raisins, mushroom, peanuts, onions, sesame seeds, blueberries, carrot, apple, celery, cucumber, coconut, lemon juice and avocado. Real meat is OK!
### Update on State & Commonwealth Care Services

With thanks to Andrea King PT at FSH and Sonya Horsman OT from Disability Services Commission, for info at AGM

<table>
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<tr>
<th>Fiona Stanley Rehab Hospital at Murdoch</th>
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<td>Phone numbers for our free <strong>Polio Outpatient Clinics.</strong></td>
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<tr>
<td>Late Effects of Disability Clinic - Bev 6152 7420</td>
</tr>
<tr>
<td>State Orthotic Clinic - Amali 6152 7450</td>
</tr>
<tr>
<td>GP Referrals - Fax to 6152 9762 or email to <a href="mailto:FSH.Referrals@health.wa.gov.au">FSH.Referrals@health.wa.gov.au</a></td>
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People have had problems getting thru on the main FSH number - it is such a big hospital, that people on the switchboard don’t know the Rehab Hosp details. So if you do have to use the main number, you need to ask for **State Rehab Service Out-patients.**

#### Where you can get disability and aged-care help

From Sonya - this can be a bit of a maze! Just ask us.

**NDIS** - At present it still has not been announced whether WA is going with its own WA MyWay NDIS or the Commonwealth version. Most of our WA polios will be too old when it does come in but if you are **under 65** when it comes to your sector - do register for it. You probably will need help working out what to put in for - ask. Depending on the effects of your polio and its deterioration, you need to allow for equipment that might be needed in the future as well as service help you might need, now and in the future. You need to sign up with a service provider and they can help you work all this out. Previously this may have been Silver Chain, but now there are lots of them all wanting your business. Be careful. Suss them out.

**CAEP** - **Community Aids and Equipment Program.** This is the State-funded scheme under which at present we get free, all our calipers, in-shoe orthotics, surgical shoes, heel-raises, 2 pairs of shoes to make a pair if your feet are 2 sizes or more difference, surgical corsets, splinting, crutches, walking frames, rollators, manual wheelchairs, electric wheelchairs.

At present **eligibility for CAEP** is: - to have an Aust Commonwealth health card ie Pension card, Health Care card or Commonwealth Seniors card; have a permanent disability; not be in hospital; can be any age; live in the community.

You are **not eligible** if you only have the WA Seniors card or already have a My Aged Care Home Package.

At the moment, anyone getting equipment from Orthotics at FSH or their local hospital eg thru podiatry, OT or Physio Dept is getting these thru CAEP or if you are still working, getting historically as a **polio outpatient**, as it was agreed with RPH - SPC.

Your **local hospital** can also do a GP-requested OT-home assessment for bathroom/toilet/kitchen home-modification needs, handrails, ramps, rise-assisted lounge chairs, kitchen stools, shower chairs. These are subsidised loans and you may have to contribute.

Dr Mei Ang does these clinics on alternating Tuesdays One week it will be LEDC appointments and the next will be Orthotics. **Wait time for Orthotics** is about 2-4 months. (Ring Amali if you have an urgent problem.)

**LEDC Wait list time for Dr Mei** is up to 3 years at present but you will be **seen first by the physio** quickly ie in 1-2 months. A muscle assessment will be done as required and an individualised exercise program worked out and commenced - review by Dr Mei later. There may be pool time if wanted. Lucy, the LEDC physio, works Tues & Wed every week.

If you haven’t been mailed an appt date in 3-4 weeks, ring Bev so she can track it down and it not get lost.

**Up-coming changes** - some groups of older people will slip thru the equipment net but thanks to Sonya, post-polio is now on the list for WA Disability Services to **continue CAEP** funding where you already have it. This will be because you are over 65 but will still need disability equipment as you have had previously. Those with NDIS funding in the future will be ineligible.

**HACC - Home and Community Care.** This is State-funded thru local councils; means tested, for those living at home that need some help with domestic and personal care, social support eg shopping, doctor appts transport, gardening, home maintenance. This is subsidised but you probably will have to pay some extra costs. With HACC you are still CAEP-eligible for your equipment.

**NEW - My Aged Care - Home Care Packages** However, if you apply for the new Commonwealth My Aged Care Packages designed to help keep people living in their own homes with more assistance, you will not be able to access CAEP funding anymore! To get this Package it is a GP or HACC referral for ACAT Assessment, a signed agreement that you use a nominated service provider to manage your care package (money allocation) and service provision, and you are tied into that provider. There are 4 assessible levels. If you are not happy and want to change to some other provider, they can charge you an EXIT fee. They can also charge you more than the monied allocation you get and you will have to pay any extra charges out of your own pocket.

**Lotterywest Grants** - for wheelchair hoists on cars, handcontrols for driving cars, C-PAP sleep apnoea machines, special electric beds, hoists for beds/shower/ wheelchair access, mobility scooters. Apply thru the Independent Living Centre at SCGH.

**Private Health Insurance** - Some funds will subsidise some particular therapies and some equipment eg calipers, C-PAP machines, etc. You need to check with HBF etc to see what you are covered for.
Heart attacks and strokes can be deadly and dramatic events that often motivate people to make drastic lifestyle changes. Exercise helps circulation and heart too. Loss of flexibility is insidious, even sneaky — we take it for granted because loss of flexibility comes on gradually.

Many older adults just let it happen by being sedentary and not being proactive about their bone, muscle, and joint health. But by taking some steps now, such as flexibility exercises and activities, even if your capabilities have already reduced, you can ensure that lack of flexibility doesn’t cause your world to get smaller as you age.

Researchers at the University of Sydney found that strength and flexibility tasks embedded in the daily activities of a group of men and women over the age of 70, reduced the rate of falls by 31%.

The participants in the University of Sydney studies, who were assigned to a program consisting of walking, stepping over objects and moving from a sitting to standing position, reported significantly fewer falls than participants who engaged in a traditional lower-body exercise program and those who were assigned to a sham exercise group. They also displayed better balance, increased ankle strength, and improved function and participation in daily life.

Exercise also appears to help the body’s immune system deal with bacterial and viral infections, according to the National Institutes of Health (NIH). The mechanism isn’t clear, but there are at least four theories:

1. Physical activities may flush bacteria from the lungs and carcinogens from the body by increased output of waste through urine and perspiration.
2. Exercise pushes antibodies and white blood cells through the body at an accelerated rate, which may allow for earlier detection of illnesses.
3. The body’s elevated temperature during exercise may prevent the growth of bacteria.
4. Exercise slows the release of stress-related hormones that normally increase the risk of illness.

Balance and mobility are based on a certain degree of strength in both the upper and lower body. Difficulty in getting up, or pushing upward with your arms, from a chair or sofa might be an indication of upper body weakness. We need to remember to lean forward over our knees so that the centre of gravity helps us to get up when we are getting weaker. Lower body weakness or unsteadiness is a warning sign for potential falls and decreased mobility.

**OVERHEAD REACH**
- Standing, sitting or lying, with your arms down, interlock your fingers in front of your lower abdomen.
- Lift your hands over your head and rotate your wrists so your palms are facing the sky then facing down.
- Extend your arms as far upward as possible and hold for 10 seconds, then return to the starting position.
- Use this for items in over-head cupboards.

**Examples of Daily Exercise We All Do Already**
- Walk—inside, outside - up and down hills
- Climb stairs, steps, curbs—up and down!
- Get out of bed or up from a chair
- Get dressed and undressed
- Clean your teeth
- Get in and out of a bathtub or shower
- Bathe or shower. Towel yourself dry
- Wash and brush your hair
- Hang the washing out and bring it in
- Lift objects eg kettle, saucepan, bucket
- Lift and hold children or pets
- Take out the rubbish, wheel the “wheely” bin
- Get into and out of a car
- Drive a car or a buggy down the street
- Bring the shopping in from the car
- Turn your upper body to reach something
- Work in the yard or garden
- Sweep the floor. Mop it.
- Look over your shoulder
- Make a bed. Strip it.
- Tie your shoe-laces
- Reach for an item in the kitchen or bathroom shelves

**LUMBAR ROTATION**
- Lie on your back in bed.
- Lift your arms and legs upwards and down again.
- Bending you knees up, roll your legs from side to side as far as possible towards the bed without lifting your shoulders.
- Paddle your arms above your head to reach the bed.
- Hold each exercise position for a few seconds.

People who don’t view themselves as particularly athletic still need to engage in exercise to maintain their ongoing independence. When you ask, “What is physical fitness?” the answer is anything that aids strength, flexibility, and mobility. Every day tasks around the house that we do already, also count as exercise. And don’t just do things the easy way. Try to do just a little bit more every couple of days but don’t do too much and wear yourself out. We can exercise lying on the bed or sitting on a chair. Don’t put yourself in danger. Exercise needs to be fun.

prepared by Tessa Jupp RN OAM
And we thought we were just eating avocados to get more carnitine! Look what else I found they are good for published online at - wisemindhealthybody.com

“We already know that the flesh of an avocado is rich in healthy heart-protecting monounsaturated fatty acids. It is also rich in fibre and has been proven to help maintain healthy cholesterol levels and lower triglyceride levels.

But what if you were told that you've been throwing away the bit that packs the biggest health-punch?

8 great reasons to eat avocados and avocado seeds
Avocado seeds usually end up in the bin or compost pile. Or if you have a pre-schooler at home, you've probably tried a few times to sprout one in an effort to create the beginnings of an avocado tree.

Whatever the case may be, chances are that you've probably never considered eating an avocado seed. Yes, avocado seeds are edible too and here's why you should try to incorporate them into your diet along with the flesh too:

1. Antioxidant powerhouse
Avocado seeds contain antioxidants called polyphenols, similar to the ones found in green tea, which help fight inflammation and diseases like diabetes and obesity. 70% of the antioxidants are found in the seed. These antioxidants have the power to neutralize free radicals, which are linked to many diseases and obesity.

2. Soothe digestive issues
Avocado seeds have been used for centuries in South America to treat gastro-intestinal problems. Avocado seeds can reduce inflammation, prevent gastric ulcers, and relieve constipation. They are great for diarrhoea as well and can help prevent bacterial and viral infections. The seed is packed with soluble fibres. Actually it contains more soluble fibres than most other foods on our planet.

3. Cancer-fighting properties
A 2013 study, published in the journal Pharmaceutical Biology, found that an extract from avocado fruit and seeds helped to cause leukaemia cells to self-destruct. In a more recent study, published in the peer-reviewed journal Cancer Research, researchers discovered that a compound found in avocado seed extract called avocatin B was effective against acute myeloid leukaemia cells.

4. Strengthen immune system
The seed can help you through cold and flu season by strengthening your immune system and keeping free radicals at bay.

5. Lower blood glucose and maintain a healthy weight
Avocados help your body to stabilize blood sugar and insulin, helping fight diabetes and metabolic syndrome, as well as contributing to fat loss and muscle building.

HOW to PREPARE the AVOCADO SEED to eat it!
The tricky part is to find ways to incorporate the seed into your diet... because let's face it, they are rather chunky.

First dry the seed by slowly roasting the 'wet' seeds under a medium-high heat in your oven for a few hours. Be careful not to burn them. Then leave them in a dry place until they are dried out completely. Avocado seed can be used in smoothies, sauces, or dressings, but keep in mind that they are slightly bitter to the taste. So add enough sweet-countering ingredients (like sweet fruits or raw honey) to cover up the bitterness.

The best way to use avocado seed: grind into a powder and add to sauces, dressings, curries, stews and smoothies.

NB To avoid ruining your blender or food processor, especially if it’s not a high speed blender or powerful food processor, put the dry seed in a plastic bag and crush with a hammer first. Once dry, grind them into a powder in a blender or food processor.”
FAMILY VISITS
We all went to visit Grandma. She is always so pleased to see us. She’s getting old and can’t see so well now. We want to be a great part of her life, you know - have quality time with her and have lovely visits to remember her by.

THE YELLOW LIGHT
The light turned yellow, just in front of him. He did the right thing, stopping at the crosswalk, even though he could have beaten the red light by accelerating through the intersection.

The tailgating woman behind him was furious and honked her horn, screaming in frustration, as she had missed her chance to get through the intersection.

As she was still in mid-rant, she heard a tap on her window and looked up into the face of a very serious police officer. The officer ordered her to exit her car with her hands up. He took her to the police station where she was searched, fingerprinted, photographed, and placed in a holding cell.

After a couple of hours, a policeman approached the cell and opened the door. She was escorted back to the booking desk where the arresting officer was waiting with her personal effects.

He said, "I’m very sorry for this mistake. You see, I pulled up behind your car while you were blowing your horn, yelling a treat at the guy in front of you, cursing and using a lot of fowl language at him.

I noticed the ‘What Would Jesus Do’ bumper sticker, the ‘Choose Life’ license plate holder, the ‘Follow Me to Sunday-School’ bumper sticker, and the chrome-plated Christian fish emblem on the trunk.

So naturally.... I assumed you had stolen the car!"

It was Christmas Eve and in the hustle and bustle of her Christmas shopping, Moira dropped her handbag. A boy saw it and finding her address in it he returned it to her. Checking it all was there, Moira was a bit puzzled and said, ‘Hmmm.... that's funny. When I lost my bag there was a $20 note in it. Now there are four $5 notes.’

The boy quickly replied with a charming smile, That’s right, madam. The last time I found a lady’s purse, she didn't have any change to give me a reward!"
POST POLIO MEMBERSHIP is by Donation to the Network (due 30 June each year)

All Donations to Post Polio Network are Tax-deductible

We need to set up a fund to use for an assistant for Tessa to help run the Polio Office so she can do more clinical appointments to assist polios and their families and do more clinical research.

I would like to pay a donation membership to the Post Polio Network of WA

suggested PPNWA Membership Donation $20 or more $........
Pensioner Membership Donation $10 or more $........

I would like to also pay a Donation for a PA to assist Tessa $........

Total amount enclosed $...........(receipt in next newsletter)

Name ____________________________________________

Address ___________________________________________ email address __________________

If undelivered return to:
Post Polio Network of WA Inc.
PO Box 257
Subiaco
Western Australia 6904

Print Post Approved
PP100023004

Street Address: 45A Kirwan St FLOREAT WA 6014