



# Branson Goers Gazette

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## The "Bush-Pretzel Syndrome":

A new late-onset problem in polio survivors

June 4, 2002. Englewood, NJ. A new late-onset problem in polio survivors -- the "Bush-Pretzel Syndrome" -- is revealed in today's publication by Warner Books of "The Polio Paradox: Uncovering the Hidden History of Polio to Understand and Treat Post-Polio Syndrome and Chronic Fatigue" by Dr. Richard L. Bruno. Dr. Bruno is Chairperson of the International Post-Polio Task Force and Director of The Post-Polio Institute and International Centre for Post-Polio Education and Research at New Jersey's Englewood Hospital and Medical Center.

While watching a football game President George W. Bush swallowed a pretzel, causing his pulse and blood pressure to plummet and causing a faint. An unusual experience? Not for some of the world's 20 million polio survivors with Post-Polio Sequelae. PPS is the unexpected and often disabling symptoms -- overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold and pain, as well as difficulty swallowing and breathing -- that occur about 35 years after the poliovirus attack in 70% of paralytic and 40% of "non-paralytic" polio survivors.

"A new problem in polio survivors called 'vaso-BAGEL-syncope,' a play on the name vaso-vagal syncope, has come to light only in the past few years," says Bruno. "The President's problem likely had to do with a pretzel irritating the esophagus and stimulating the vagus nerve." Vagus nerve stimulation causes heart rate and blood pressure to drop and is the most common cause of fainting, called vaso-vagal syncope. "Anything that irritates the esophagus -- like swallowing a large piece of bagel or even a pretzel -- can stimulate the vagus nerve enough to slow the heart and drop blood pressure, which likely happened to the President," says Bruno.

The vagus nerve normally carries information about how much food is inside your throat, esophagus, stomach and intestines back to the vagus nerve neurons in your brain stem that regulate heart rate and blood pressure. "The more food in your stomach, the lower your heart rate and blood pressure and the more fatigue you feel," explains Bruno. "A too-full stomach causes the well known post - Thanksgiving Dinner nap."

For Mr. Bush, his "vaso-bagel" faint is likely a one-time thing. But for polio survivors' low blood pressure, lightheadedness, and severe fatigue and sometimes a faint can be frequent occurrences. Bruno has been following a growing number of post-polio patients from around the world who come to The Post-Polio Institute for treatment. Although polio survivors don't usually faint they do feel exhausted after eating even a normal-sized meal, says Bruno. He has found that when these polio survivors' stomachs' fill with food, the vagus nerve is apparently over stimulated, triggers a

a drop in blood pressure and causes severe fatigue.

Why do polio survivors have more problems with the vagus nerve, heart rate and blood pressure than do those who didn't have polio? "We know that the poliovirus damaged brain stem neurons that control the vagus nerve, and possibly the nerve itself," says Bruno. What's more the vagus nerve is a two-way street. It also carries commands from brain stem neurons to activate the muscles in the throat, esophagus, stomach and intestines that make swallowing, digestion and elimination possible. "So it's no surprise that polio survivors report a related problem that was the trigger for President Bush's problem: food sticking in the upper esophagus," says Bruno. "We think food sticking a polio survivor's esophagus is due to the vagus nerve not being able to stimulate esophagus muscles to move food downward. Food sticking triggers a painful esophagus muscle spasm that can also stimulate the vagus nerve, causing blood pressure and heart rate to drop. Vagus nerve damage disrupting the normal functioning of the gut may explain Bruno's 1985 National Post-Polio Survey findings that swallowing difficulty, diarrhea, colitis, ulcers and constipation -- even the complete stoppage of the movement of the stomach and intestines -- are as much as fifteen times more common in polio survivors than in those who didn't have polio.

The relationship between fatigue, brain stem neuron damage and low blood pressure links polio survivors to another group: those with chronic fatigue syndrome. About one quarter of patients with CFS have fatigue that is associated with low blood pressure or changes in heart rate. Some CFS patients report fatigue when a hot shower or hot room causes blood vessels to open and blood pressure to drop, as do nearly 40% of polio survivors. "Some CFS patients have blue feet just as polio survivors do," says Bruno, "suggesting that blood pooling in the legs can also contribute to low blood pressure."

"All polio survivors and CFS patients should have their heart rate and blood pressure taken lying, sitting and standing," says Bruno. "If a drop in blood pressure is associated with fatigue elevating the legs and using compression stockings are often helpful to stop blood from pooling in the legs." Medications that increase the amount of fluid in the blood or reduce the size of veins to stop blood from pooling in the legs can also be helpful. "If fatigue is associated with meals eating small bites and washing them down with liquid -- as well as eating frequent, small, higher protein meals -- can stop food from sticking in

the esophagus and stop the stomach from getting too full, prevent over stimulating the vagus nerve and prevent fatigue or even a faint," says Bruno.

<http://www.anapsid.org/cnd/diffdx/polioparadox.html>.

## SELF CPR

The Johnson City Medical Center staff actually discovered this and did an in-depth study on it in our ICU. The two individuals that discovered this then did an article on it, had it published and have even had it incorporated into ACLS and CPR classes. It is very true and has and does work. It is called cough CPR. A cardiologist says it's the truth ... For your info ... If everyone who gets this sends it to 10 people you can bet that we'll save at least one life.

Read This... It could save your life! Let's say it's 6:15 p.m. and you're driving home (alone of course), after a usually hard day on the job. You're really tired, upset and frustrated. Suddenly you start experiencing severe pain in your chest that starts to radiate out into your arm and up into your jaw. You are only about five miles from the hospital nearest your home. Unfortunately you don't know if you'll be able to make it that far.

What can you do? You've been trained in CPR but the guy that taught the course didn't tell you what to do if it happened to yourself.

### HOW TO SURVIVE A HEART ATTACK WHEN YOU ARE ALONE

Since many people are alone when they suffer a heart attack, this article seemed to be in order. Without help, the person whose heart is beating improperly and who begins to feel faint, has only about 10 seconds left before losing consciousness.

However, these victims can help themselves by coughing repeatedly and very vigorously. A deep breath should be taken before each cough, and the cough must be deep and prolonged, as when producing sputum from deep inside the chest. A breath and a cough must be repeated about every two seconds without let up until help arrives, or until the heart is felt to be beating normally again.

Deep breaths get oxygen into the lungs and coughing movements squeeze the heart and keep

the blood circulating. The squeezing pressure on the heart also helps it regain normal rhythm. In this way, heart attack victims can get to a hospital. Tell as many other people as possible about this, it could save their lives!

From Health Cares, Rochester General Hospital via Chapter 240s newsletter, "AND THE BEAT GOES ON..."

Reprinted from: The Mended Hearts, Inc. Publication, Heart Response. Read more about this amazing course. [Click here.](#)

## **SOME RECENT THOUGHTS ABOUT POLIO AND POST POLIO SYNDROME**

*By Tim Zingale*

Some might view what I am about to say as complaining or feeling sorry for myself. And it could be that, but I think it is more of a reflection of how I have seen my life.

As I watched my children grow up, as I am watching my grandson grow up, I am elated at how they can run, jump, ride a bike, do all those things that I have never been able to do.

As I grow older, it is strange that I miss those things more now than ever. I don't know why, but I do. Maybe it is because as I am in my late 50's and I see my life winding down. Maybe it is because I have been more reflective with our household being empty now.

I don't know, but I do wonder now what it feels like to run and feel the wind in your face and your hair being blown back by the wind. I wonder what it is like to jump and have both feet off the ground with nothing holding you down. I wonder what it is like to be free on a bicycle, to pedal fast and feel the wind, and the freedom of moving that fast down the street or sidewalk.

I wonder what it would be like to go down a flight of stairs, not hanging onto the rail, not taking one step at a time, but running down, or jumping down those final few steps.

I wonder what it would be like to walk with both legs being able to bend at the knee, as I wrote a long leg brace that locked at the knee when I was walking.

I remember when I was in 5th grade. The teacher asked us to write about something we would like to do. Some wrote about being a fireman, or policemen, or some other career, but I wrote about running and jumping, and she did not know what to make of my story.

People do not realize what it is like not being able to do those things that they take for granted.

I just wonder about these things now more than I ever have. I wonder, do you?

*Reprinted with permission from Elva Suderman, Editor, The Kansas Connection*

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The very, very best thing to help with fatigue . . . is having somebody do all the hard stuff so I can play on my computer.

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

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## **SAVE OUR SHOULDERS: A GUIDE FOR POLIO SURVIVORS**

*From The Kansas Connection, Elva Suderman, Editor*

Many polio survivors report new symptoms as they age. Some of the more common symptoms include loss of strength, fatigue, muscle twitching, cramping, and muscle or joint pain. These symptoms, combined with the muscle weakness caused by the polio virus, often lead to problems with activities like climbing stairs or getting up from a chair or sofa.

When muscle weakness and/or pain is present in one area of the body, people often compensate by putting more stress on another area of the body. For example, polio survivors who have weak leg muscles often rely on their arms to assist with mobility-related tasks, such as pushing off of the armrests of a chair when getting up or pulling up on the railing when going up a flight of stairs. This behavior can increase the risk for symptoms of shoulder overuse. These symptoms can include pain, swelling, weakness, and loss of motion or function in one or both the shoulders.

The purpose of this manual is to help polio survivors become more aware of the behaviors that can cause shoulder overuse and some of the treatment options that are available. While the information included in this manual is targeted to polio survivors, it will be useful to anyone with shoulder problems. Shoulder dysfunction is an orthopedic problem with similar symptoms in people with and without a history of polio. Treatment approaches are individualized and focus on minimizing or eliminating pain while maximizing function.

### **General Information about the Shoulder**

The shoulder is made up of many muscles, bones, tendons, ligaments, and nerves that work together to help with movement of the arms. The shoulder joint is the only joint in the body that allows movement in a complete circle.

The bones that are part of the shoulder include the scapula, the clavicle, and the humerus.

The scapula is the bone that makes up the back of the shoulder. The clavicle is located in the front of the shoulder, and the humerus is the long bone in the upper arm that inserts into the shoulder socket. These bones all work together to make the shoulder a functional unit.

Many muscles support the shoulder by helping to keep the bones in proper position and aiding in moving the arms. The major muscles that help to keep proper bone position are known as the rotator cuff. These muscles are called a cuff because they give support to the shoulder joint.

A rotator cuff tear is the most common shoulder problem and is found in almost half of the people who seek help for a shoulder injury.

### **Facts about Shoulder Problems**

- Shoulder problems are one of the most frequent complaints in the post-polio population.
- Shoulder issues are also common among older adults without a history of polio, occurring in about 30% of people who are 60 years and older.
- Shoulder problems can increase with age and changing levels of physical activity.
- People who are involved in sports are not the only ones to suffer from shoulder problems.
- Shoulder problems are common in those with long standing medical conditions, such as post-polio syndrome, arthritis, spinal cord injury, stroke (CVA),

or multiple sclerosis.

Our research has shows that polio survivors who have weakness in their legs or who are overweight are at high risk for developing shoulder problems.

### **Risks for Developing Shoulder Problems**

You may be at risk for developing shoulder problems if you:

- Have had polio
- Are over 60 years old
- Use your arms to compensate for weakness in other areas
- Use an assistive device such as a cane or walker
- Are overweight
- Had previous injury or trauma to your shoulder(s)
- Perform tasks that involve repetitive shoulder motion
- Perform activities that require frequent reaching overhead
- Feel pain, discomfort, or muscle fatigue in your arms when doing your normal activities
- Use improper lifting techniques or poor body mechanics when performing tasks at home or at work
- Do not do proper warm-up or stretching before physical activity

### **Common Shoulder Problems and Possible Causes**

1. Pain may result from:
  - Fractures (broken bones) caused by a fall, bone disease such as osteoporosis, or medications.
  - Impingement Syndrome (pain in the shoulder due to incorrect shoulder movement) caused by overuse, trauma, poor posture, weakness in some muscles of the shoulder, or bony changes.
  - Tendonitis (swelling of the structure that joins muscle to bone) caused by overuse, trauma, or a disease process such as a stroke or polio
2. Weakness may result from:
  - Disease processes such as polio, stroke, or nerve damage
  - Inactivity
3. Movement Difficulty may result from:
  - Frozen Shoulder (unable to move arm because of severe pain which leads to stiffness in the joint) caused by an infection, injury, lack of movement in arm, or severe pain in shoulder.
  - Bony changes caused by arthritis, fractures, calcium deposits, or birth defects
  - Swelling caused by surgery, trauma, lack of

motion, or a disease process such as a stroke.

Pain, weakness and movement difficulty frequently develop due to a cycle of symptoms. Individuals limit their use of a painful shoulder, which results in stiffness and loss of strength. This leads to increased pain and continues the cycle of pain, weakness, and loss of motion. An effective treatment program will focus on breaking this cycle.

### ***What to Do if You Have a Shoulder Problem***

It is important that you seek the care and advice of a medical professional qualified to diagnose and treat shoulder problems. Depending on the problem that you are having, you may be referred to a specialist. Regardless of who evaluates your shoulder, information will be collected about your specific shoulder problem. If you are a polio survivor, it is important to seek the help of a healthcare provider who is informed about polio and its effects on your treatment and recovery.

In order to get the most helpful information, you may be asked questions such as:

1. Tell me your medical and polio history, and medicine you are taking.
2. Tell me about your shoulder problem.
3. Have you ever had this problem before? – What did you do for it then . . . Did you have any tests done?
4. Have you had therapy, surgery, or other treatments for the same problem?
5. Does anything make your shoulder feel better? . . . Worse?
6. Does your shoulder bother you more at a particular time of the day? . . . When?
7. Does your shoulder problem wake you from sleep?
8. Does the problem affect different areas of your body? . . . Where?
9. Do you need help with getting washed, dressed, or household chores?
10. Do you use assistive devices such as a reacher or a long handled sponge because of shoulder problems?
11. If you need to take medication for your shoulder problem, how often are you taking it? . . . Does it help?

### ***Shoulder problem treatment options***

Many approaches can be used to treat shoulder problems. Some examples of treatment options are:

- 1 Rest
- 2 Cold Pack or Hot Pack
- 3 Massage
- 4 Ultrasound
- 5 Aquatic Therapy
- 6 Electric Stimulation
- 7 Anti-inflammatory medicines or cortisone injections
- 8 Pain Management at a pain clinic
- 9 Modifications (home/work; adaptive devices or equipment; lifestyle changes)
- 10 Surgery

- The most common treatment for a shoulder problem begins with rest, ice, and heat, and the use of anti-inflammatory medicines. If these conservative treatment options do not help, the doctor usually recommends cortisone injections to the painful area. After injections, the physician will often refer you to physical therapy for evaluation and treatment.
- In physical therapy there are several treatment techniques that can be combined to relieve the pain, and increase the strength and use of the arm. Physical therapists may use exercise, stretching, ice, heat, ultrasound (a deep heat), massage, electric stimulation (electrical current used to decrease pain or increase movement), water therapy, or hands on techniques to help your shoulder problem.
- The final option recommended by the doctor is usually surgery. Most doctors will try non-invasive options before recommending surgery.
- The success of treatment lies with the patient and the health-care provider working together so that the greatest benefit of the treatment goals can be reached.

### ***The Importance of Education and Exercise***

Most treatment plans will include education and exercise.

#### ***Why Education?***

- Learning about the problem you are having with your shoulder and how it is affecting you will make you more aware of things that can aggravate the problem.
- Understanding why a treatment plan has been chosen, and how to follow it will improve your ability to get the most benefit from the plan.
- Involving you in the treatment process is important so that further injury can be minimized and proper treatment of the current problem can be set up based on your needs.

## **Why Exercise?**

- It is inexpensive
- It is easy
- It doesn't take much time
- It helps to maintain or increase your flexibility, balance, coordination, and stability.
- It helps to maintain or increase your strength and endurance.
- It helps keep you independent with daily activities,
- It helps you control weight and body fat.
- It helps to reduce stress.
- It helps increase energy levels.

***It is important to work with a health care provider who is educated in the effects of polio and exercise.***

Before beginning your exercise program it is important to remember:

- Exercise is not always appropriate for every shoulder problem or every individual.
- In some cases, some exercises can actually do more harm than good.
- Some medical problems can influence which exercises are appropriate for you to perform.
- It is important to get clearance from your doctor BEFORE you begin any exercise program.

## **General Information on Exercise Programs**

- The benefits of exercise can be achieved by doing as little as 30 minutes of moderate physical activity three to five times a week.
- An exercise program can help you feel better physically and emotionally
- Exercise can be a source of enjoyment for many individuals. Exercise can be performed in a group or alone

Before you begin an exercise program you should always get approval from your doctor to participate. This is especially important if you have any medical problems.

## **About Exercise Programs in General**

1. An exercise program consists of three key phases.
  - Warm up
  - Exercise
  - Cool Down
2. The warm-up and cool down involve stretching, getting your blood flowing, and your heart pumping.
  - a. The warm-up gets your body ready for

exercise because it increases the blood flow, preparing the heart and body for exercise.

- b. Stretching prepares your muscles for exercise.
  - c. Stretching involves moving your body part to the point of feeling a pull in the muscles. It is important not to stretch your muscle beyond the point of pain. If you feel pain, stop the stretching motion.
  - d. Most stretches are held for 30 seconds for 3 repetitions.
  - e. The cool down slows your body down from the exercise and prepares your body for rest. It slows your heart down gradually, instead of rapidly ending the session after strenuous activity.
3. There are many different ways of exercising. There are aerobic, strengthening, range of motion, and flexibility exercises.
  4. For the best results, follow recommended precautions.

## **Polio Survivors Need to Pace Themselves**

Stop exercising if you are tired or have increased pain and exercise slowly.

- One of the most important tips for polio survivors is to respect their body signals, and adapt their lifestyle to minimize their limitations.
- It is important for polio survivors to respect their fatigue and take frequent rest breaks when performing an exercise program.

## **Exercise Tips:**

- Exercise slowly and take breaks between each exercise.
- Do not hold your breath while exercising (count out loud to encourage breathing.)
- Do not continue to exercise if you get sharp or new pain in the area you are exercising.
- If the exercise increases your pain, stop the exercise, or perform the exercise in a pain free range of motion.
- Do not push to perform the extreme of the motion or exercise.
- Stop exercising if you have muscle twitching, muscle cramping, or muscle fatigue that does not go away after two minutes rest.
- Polio survivors should not exercise to the point of fatigue.
- It is important to recognize that your fatigue may not appear immediately. It may show up at the end of the day or the following day. You should look at your recent activities and modify them if your fatigue increases or occurs at the end of the day or the next day.

It is very important to listen to your body for signs of

tiredness, pain, unusual muscle twitching, inability to perform a task that you can normally do, or the need for help with a task that you can usually do without help. These are signs suggesting muscle fatigue or overuse, and continuing activities that cause these signs could be harmful.

- Most individuals who have a history of polio will have a system that works for them; some prefer to exercise in the morning because they have the most energy, others exercise at the end of their day because they can rest after the program, and still others may 'split' their exercise program into two sessions a day.
- Everyone will have his or her own way to do things, and when it comes to exercising, each person needs to find a system that works best for them.
- However, it is crucial to prevent fatigue because it may do irreversible harm to your muscles.

### ***Tips to Avoid Making Your Shoulder Problem Worse***

There are many changes that you can make in your normal activities that may help decrease problems you may be having with your shoulder(s). Below are examples of simple things that can be done to reduce the stress placed on your shoulders.

**REMEMBER:** you are the one who knows your body best. Respect and learn to listen to your body's signals or limits.

- Rest or take a break from any sporting or leisure activity that aggravates your arm or causes shoulder pain.
- Limit prolonged activities by taking frequent rest breaks.
- Avoid excessive overhead activities with your painful arm.
- Avoid activities or movements that increase your pain.
- Take pain and anti-inflammatory medicine as prescribed by your doctor to control the pain and allow you to function.
- When you enter a room, take a minute to look at the chairs and choose the highest one with armrests so that you do not have to put so much pressure on your shoulders when rising.
- Avoid regular stalls in public bathrooms, as most of the toilets are very low; handicap stalls have higher toilets and grab bars.
- Modify or seek help with work or home

settings to avoid improper positioning and poor body mechanics.

- Keep items used most frequently in cabinets below your shoulder level.
- When possible sit in a chair with armrests to keep your arms supported and to lessen the amount of stress on your shoulders when you 'push up' to stand.
- When doing tasks at a table sit on a cushion to raise your body.
- When doing a sitting job, try to have everything you need at hand to avoid pushing yourself out of the chair more than necessary.
- Do not push a vacuum or lawn mower if you can get someone else to do it.
- Ask for help with heavy lifting tasks to prevent injuries.
- Use adaptive equipment to perform your activities of daily living, such as a reacher for getting items from a high shelf, or a long handled sponge to wash hard to reach body areas.
- Put your shirt, blouse, or jacket on your painful arm first.
- Do not sleep on your painful shoulder.
- Put a pillow between your arm and body while lying on your non-painful side.
- While lying on your back, put a pillow under your painful shoulder to support your arm.

### ***Conclusion***

Most people can easily identify what tasks are difficult for them to do or what activities cause a problem with their shoulders. For instance, many people have trouble climbing stairs or getting up from a chair. However, many do not realize just how much stress and strain is placed on the shoulders when doing these activities.

It is our hope that the information in this manual has helped you learn about your shoulders and has improved your awareness of some of the things that can increase the stress and strain placed on them. We know this information is important because keeping your shoulders as healthy as possible can help you maintain your independence.

The information provided is a basic guide for shoulder problems. If you have a shoulder problem, you should be evaluated by a healthcare professional that can work with you to develop a plan that best meets your needs.

The information contained within this article is for reference only and is not a substitute for professional medical advice. Before beginning any

exercise program consult your physician.

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Kansas Connection*

## **Confessions of a Former Pusher**

*Chapter 1- In the Beginning*

The looks on our children's faces were those of confusion and disbelief. We had just made the announcement that after years of arguing and exhaustive persuasion techniques, their parents needed a change in their lives. Their mother had finally gotten permission from their father to become a "pusher".

Being a "pusher" brought to them recollections of their high school days when a new regional school was opened. Open to new ideas —open campus and open invitation to all the Boston area "pushers" to hang out in the school parking lot to offer their wares. This type of "pusher" was NOT what was in my mind.

Being a "pusher" was the farthest thing from my mind that brutally cold February morning in 1982 as we carefully made our way over the icy/snowy sidewalks to the church where our youngest son would be exchanging vows with the girl who had been his "Rainbow/De Molay Sweetheart" a few years before.

We were about through with all the greetings in the reception line when John brought me up short when answering a query about what our plans were now that the kids were nearly out of the house. John's reply was, "We'll be heading down to Williamsburg this spring." So much for consulting me!

The ride home was a turning point. I exploded! "If you think we're going to experience seeing Williamsburg through a car window, think again!" Most of our traveling experiences could be viewed as "drive by". Distances were too far to manage with braces and crutches. Often he drove and I went alone to photograph what he should have been able to see. No more! It was a wheelchair or a "no show" on my part.

I'd listened for many years to all the cons about chair usage. Biggest argument was that as a manager, he needed to be on eye level with those whom he supervised. Underneath, I'm sure, it was ingrained

that chair usage would be a sign of failure. Stubborn is my middle name and surrender I would not. Soon we were off to a medical supply store on the North Shore. Life was about to change.

John added a few stipulations to this new lifestyle. There had to be a few practice runs with me as a pusher. (Could he be remembering that ill-fated driving lesson on a stick shift early on in our marriage? Just because I left the friend's car with the standard shift in the middle of the road and proceeded to walk home shouldn't be cause for concern nearly 30 years later, now should it? Would I abandon him in some mall?) Our 2 story colonial with narrow doors was no place to practice.

Having no malls in our quaint Massachusetts town, we searched the maps until we discovered the Lilac Mall, nearly an hour away, in New Hampshire. The first lesson was one of discovery -- very few parking spots near the curb cuts and pushing wasn't that easy in crowded aisles of small stores. John made discoveries too. Freedom to explore and hang out in electronics and menswear! Thus began a journey to the unknown (on John's part)! Soon weekends were "Hurry up with the housework. We need to go "mallng". His side of the closet filled up with clothing purchases and racks of ties. Now we were ready for the big time—a mall we discovered only about 30 minutes away.

The Liberty Tree Mall was enticing. With confidence, I pushed into a book store. Narrow aisles didn't phase me anymore but all those stuffed animals that were hanging out on the floor to entice children inside were a little hard to negotiate. I flitted around the entrapments with only a few mishaps with the stuffed beings. As I rounded one occluded corner, I thought nothing of the "stuffed" dog's tail that blocked my entrance. Thought nothing, indeed, until a gosh awful whelp ensued and pandemonium broke forth. NOT a "stuffed" dog at all! I'd managed to mangle the tail of a Seeing Eye dog, patiently resting on the floor, in the Braille department. The owner was in panic mode and the attendants of the bookstore were trying to calm the wounded animal as I hastily, and guiltily, pushed John through the gathering crowd to nearest escape route.

Patriots Day vacation arrived that April and I was ready. The last tuition check for our daughter was in the mail and we were free at last. After getting over the shock of not dealing with 3 kids in the back seat fighting for poll position, we wended our way to VA. More enlightenment; Cobblestone slanted streets are not conducive to pushing. Disappointment

quickly ensued. The houses were reproductions and inaccessible. (After living all my life in historical country where I was hostess at Yankee Homecoming in homes built in the 1600's, this was hard to take.) We went in search of the real thing. Ah, the church where George Washington worshipped; only a small curb there. I didn't know enough to back over the edge and just figured brute force would do. Out into the street I went and gathered my strength for a mighty push. I hit that curb at maximum speed and stopped dead. John catapulted. Only good coordination saved him from flying face down onto the walkway of the church. Sidewalk observers gasped. Through gritted teeth, John patiently instructed me to back the sucker over the curb. I'm a slow learner.

Learning did take place and we lived now for school vacations. John had left his managerial job and went into business for himself. Now he was free to travel during spring breaks and extended periods in the summer. The world was our oyster. He planned and drove and I pushed—through Mt. Vernon, through the homes of several other presidents, Disney World 2 times, and any place we could manage during my school vacations. With the chair, I was able to explore, with John, all the historical places I could - in order to bring back to my classes, personal experiences.

We had adventures along the way. I don't recommend pushing anyone across the railroad trestle over the Grand Canyon of the East. There is absolutely no way to turn a chair around on the trestle hundreds of feet above the ground. With a train whistle blowing in the distance, the only "out" is fast pushing to the other side of the ravine. O'Hare Airport is also no place to push at nearly midnight—alone in the bowels of the concourse. No wheelchairs allowed on the moving belt that other bounced passengers could take when the connecting flight left without us.

The Freedom Mobile has been wonderful. 5 years ago, John, out of necessity, upgraded to power. Heaven! For the first time, our nightly "walk and roll" travels around the neighborhood have been easy and exciting. We visit easily with neighbors who are also out to stroll. He brings in the groceries, takes the trash to the curb, and trims the walks—ad infinitum. The newest upgrade with the lift enabled him to play nurse/caregiver when I had the spiky ball encounter that fractured my pelvis. He cooked and cleaned and helped me trim bushes while we both scooted around in power chairs.

The greatest blessing of the power chair and my retirement from pushing was the ability to stroll the pier at Gulf Shores, holding hands, on our 50th anniversary. As number 54 approaches and John's 2 spinal surgeries are behind him, we look forward to more traveling adventures and visits with friends. It is a wonderful age we live in. All things are possible—with wheels!

## **Puffs from the Frozen North**

A word of introduction here: I am Millie Malone Lill, your editor. I've decided to do a regular column for this publication. I'm an American who has moved to Canada. I will be sharing my thoughts on the differences and similarities of our two countries and the vagaries of life with PPS.

There are vast differences in medical care between our two countries. I remain an American, although I have Canadian Permanent Residency. Since I live in the province of Saskatchewan (just north of North Dakota, if you want to look it up), I am covered by Sask Health. My husband Jaan, works for Winnipeg Motor Express as a long-haul trucker, so we both have his Blue Cross coverage as well as the provincial insurance.

In Canada, there is only one health insurance provider: the government. Canada charges two different taxes on items you buy. Provincial Sales Tax (PST) is 6%. Goods and Services Tax (GST) is also 6%. This, along with any other taxes paid to the government, is what pays for insurance. All doctors are paid a flat fee for service. The government owns all hospitals. Clinics, however, can be owned by the doctors that run them, or by a corporation that hires doctors to operate them. Some provinces charge for insurance, some don't. Saskatchewan does not. Alberta and British Columbia do. When Jaan lived in Alberta, he paid \$50 a month for coverage for the entire family. The rate was \$30 for a single person. Our Blue Cross coverage is \$169 a quarter.

Jaan and I recently had physicals. We each spoke to the doctor, had blood work done, EKGs, Jaan had an X-ray, I had a lung function test. The total cost of all of this, including the office visit? Nothing... completely covered by insurance.

Now, let's compare costs in the US. Before I moved up here, I had gallbladder surgery and repair of a

hiatal hernia. With the preoperative tests, this cost me \$7500. I also had cataracts removed from both eyes at a cost of \$1000 per eye. This does not include the cost of office visits prior to and following these surgeries. These costs were in addition to my Medicare coverage, which is the only insurance I had. If these tests and surgeries had been done in Canada, the cost would have been zero. All we would have paid for is rental of a TV and a phone for the time I was in the hospital, averaging perhaps \$50 total, maybe less because I probably wouldn't have bothered with the TV. Ambulance, if needed, would be covered as well.

I do not at this time take any medications, but if I did, I would pay only 15% of the cost of the pills. Before I moved here, while I was doing a lot of traveling in Canada, I saw a Canadian doctor. At that time, I was taking Prilosec for acid reflux. The doctor charged me \$25 a visit. My pills here in Canada were \$150 for a three-month supply. In the States, I was paying that much each month.

In my personal opinion, it is a shame that in the wealthiest, most powerful nation on earth, most of its citizens cannot afford adequate health care. When I lived in Iowa, there was absolutely no way I could pay for supplemental insurance. Since I owned a farm, I was ineligible for Medicaid. My small disability check added to my farm rent was barely enough to keep me in groceries and keep my bills paid. I was by far not alone in this situation.

## PPBG Contests

Charlie Greulich won the September funny photo contest with this photo.



He will receive a PostPolio Bransongoers cap. Congratulations, Charlie!

The October contest:

Send in a photo of a favorite Halloween costume. Its can be on you, a child or grandchild, or .. even your pet, BUT .. let's limit it to these!! It can be from this year or any year prior. The winner will be selected again ... by YOU!

Be thinking of other neat contest ideas or 'games' and let us know.

Rules for entering:

- 1) You **MUST** be a member of the PPBG Support Group to enter;
  - 2) There can be **ONLY** one winner;
  - 3) Entries must be received no later than midnight, October 31, 2006;
  - 4) There is no limit to the number of submissions you may enter, so long as you enter **ONLY** one per submission;
  - 5) If any submission contains more than one photo, **ALL** of the photos (in that submission) will be disqualified;
  - 6) Submissions will be posted to the contest page of the website as they are received;
  - 7) Winner will be announced on the contest page of the website on November 3, 2006 and in the November issue of the BransonGoers Gazette.
  - 8) All entries **MUST** be submitted through this website link:  
<http://www.postpoliobransongoers.com/contest.html>
- Any not entered at the website above will not be eligible.