



# BransonGoers Gazette

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**If you have articles you'd like to contribute, please contact me at the above email address**



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If you have anything you would like posted concerning your local support group, please contact me.

## **VitalStim Therapy for Dysphagia** *by Don Hansche*

For one who has dysphagia, the act of eating becomes a potentially life -threatening task. Eating, which should be a wonderful social and pleasant experience , becomes an activity that is uncomfortable, causing choking episodes and may ultimately lead to aspiration pneumonia; the result of ingestion of food and/or liquid into the airway and lungs.

VitalStim Therapy, administered by a trained Speech -Language Pathologist, is the most effective treatment program for swallowing problems, backed by compelling clinical data. VitalStim is approved by the Food and Drug Administration, and Medicare considers it an effective dysphagia treatment.

This new approach to treating swallowing difficulties uses a small current, passing through external electrodes on the throat, to stimulate inactive or atrophied swallowing muscles. Concurrently, the trained Speech -Language Pathologist administers additional rehabilitation therapy to help re-educate the muscles and structures used for swallowing.

Speech-Language Pathologists and patients report phenomenal success, even among patients whom all traditional treatment has failed. Many of these patients were beyond the period of expected spontaneous recovery; some could not even swallow their own saliva without choking.

Many medical problems and conditions can cause dysphagia, including CVA's (stroke), head injuries, and some diseases such as Parkinson's and, of course, Polio and Post-Polio Syndrome (PPS). These can damage nerves, reducing needed sensation, or weaken muscles necessary for swallowing.

Treatment approaches for dysphagia may be as simple as altering head or body position during the swallow, or changing and eliminatin g certain food textures. It surprises many people that thinner liquids and some dry foods may pose a bigger risk for those with dysphagia.

Other individuals may require a more intensive rehabilitation program to achieve a

safe swallow function. The Speech-Language Pathologist is trained to evaluate and develop a treatment program based on the individual's needs and to maximize their potential recovery.

It is important to refer any family member or friend who reports difficulty swallowing, frequent choking ("food going down the wrong pipe"), or repeated incidents of pneumonia, for evaluation by a general practitioner or a Speech-Language Pathologist. There are now therapies and techniques available and provided by a licensed Speech-Language Pathologist that can improve the quality of life and safety of many patients.

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I hate leaving my home in the morning confident and looking good, and then not seeing anyone of importance the entire day. What a waste.

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## **Four Painful Parts of the Body for Polio Survivors**

*by Dr. Richard Bruno*

The March 2006 "Franklin Delano derriere" column raised questions about polio survivors' other painful body parts. Here are the big four:

**Polio Shoulder.** Because polio survivors usually have more leg than arm muscle weakness, they use their relatively stronger uppers to compensate for weaker lowers. So, when getting up out of a chair, climbing out of the bath or walking using crutches, the arms take the freight. The joint that complains most is usually the shoulder, the pain typically caused by bursitis or tendonitis. Sometimes, shoulder pain and an inability to lift your arm directly upward in front of you may be signs of a rotator cuff tear that could require physical therapy or, possibly, surgery.

**Polio Neck.** "Polio shoulder" can also be a part of "polio neck," when the muscles that move the head and those that "shrug" the shoulders upward, go into spasm due to overuse weakness and poor posture. Polio neck is also survivors.

**Polio Wrist.** "Polio wrist" is usually caused by carpal tunnel syndrome, the squishing of the nerves that pass across the wrist. Polio survivors have much more carpal tunnel syndrome than the general population because pain in the wrists develops in the same way as polio shoulder -- from overuse of joints -- and in the case of the wrists, with repeated hyperextension (bending backward) as you push yourself upward from sitting to standing, or walk using crutches.

**Polio Hip.** Pain in the hips also is often the result of bursitis or tendonitis caused by weak hip muscles trying to keep you from wobbling back and forth. Polio survivors, and many doctors, immediately assume that all hip pain is due to arthritis. Polio survivors can have arthritis. But, hip pain is almost never caused by arthritis. Again, it is irritated tendons and ligaments that are making you hurt. What's more, what you call hip pain may actually be caused by low back or butt muscles going into spasm as they try to compensate for weak leg muscles.

What do you do about the big four? Since pain is triggered by overuse, you need to take the load off of angry joints, their weakened muscles and nerves, and their abused ligaments and tendons. Raising the height of chairs, using a toilet booster seat with a frame that surrounds the "throne" to help you stand and using a wide tub bench instead of standing in the shower or hauling yourself in and out of the bath will take the load off your upper body.

Once you're up, using lightweight crutches is better than using nothing or even a cane. If you have "polio wrist" crutches that have foam-covered handles or hand grips shaped to evenly distribute weight across your palms could be a big help (see [www.walkeasy.com](http://www.walkeasy.com)). Crutches are also helpful for polio hip, since they balance you from front to back and side to side, taking the load off of strained tendons and ligaments and

weak hip, back and butt muscles. Of course, rolling in a power wheelchair is better than walking to ease all post-polio pains.

If taking the load off isn't helping enough, bursitis, tendonitis and muscle spasm can be treated by a physical or occupational therapist with ultrasound, heat (and sometimes, ice), deep muscle massage, EMG (muscle) biofeedback and training for proper posture. Your doctor may want to try a non-steroidal anti-inflammatory drug, like ibuprofen or Celebrex. However, oral steroids should almost never be used to treat bursitis and tendonitis since their side effects are very unhelpful for most polio survivors. However, a few injections of cortisone and a local anesthetic into a joint or a muscle, followed by the above therapies, can knock down inflammation and prevent spasm. Local injections of cortisone in the wrist can also help reduce inflammation and swelling in those with carpal tunnel syndrome.

Sometimes, surgery may be required to treat CTS -- when the nerves are being pinched and damaged and to repair a torn rotator cuff. For some with a rotator cuff tear, therapy is recommended to increase muscle strength. Strengthening should be done without causing fatigue, muscle weakness or pain, and only after pain is gone. **Asking a polio survivor to strengthen an overworked joint or muscle is like trying to put out a fire with gasoline.**

Source: *New Mobility Magazine*, June 2006, [Dr Bruno's PPS Forum](#). See Dr Bruno's site [Harvest Centre](#).

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I think a freezer deserves a light as well.

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## Swine Flu Prevention

by Kathy R. Sullivan, Medical Secretary, Holzer Clinic, Department of Surgery

(I received the following via email from an uncle in Florida. It all makes perfectly good, common sense.)

First of all, let me say, "It is very important to get a flu shot this year, but do not get the live H1N1 vaccine, a nasal swab. The live virus can stay in your system for two weeks and, although you are protected from the virus, you can still pass it on to others. When you wash your hands, wash them in hot water and really wash them. You should be able to sing "Row, Row, Row Your Boat" three times (or about 20 seconds) while scrubbing them with soap. Okay, so now go wash your hands and keep them out of your face.

Dr. Vinay Goyal is an MBBS,DRM,DNB (Intensivist and Thyroid Specialist) having clinical experience of over 20 years. He has worked in institutions like Hinduja Hospital, Bombay Hospital, Saifee Hospital, Tata Memorial etc. Presently, he is heading our Nuclear Medicine Department and Thyroid clinic at Riddhivinayak Cardiac and Critical Centre, Malad (W). The following message, given by him, I feel makes a lot of sense and is important for all of you to know.

The only portals of entry are the nostrils and mouth/throat. In a global epidemic of this nature, it's almost impossible not coming into contact with H1N1 in spite of all precautions. Contact with H1N1 is not so much of a problem as proliferation is.

While you are still healthy and not showing any symptoms of H1N1 infection, in order to prevent proliferation, aggravation of symptoms and development of secondary infections, some very simple steps, not fully highlighted in most official communications, can be practiced (instead of focusing on how to stock N95 or Tamiflu):

1. Frequent hand-washing (well highlighted in all official communications).

2. "Hands-off-the-face" approach. Resist all temptations to touch any part of face (unless you want to eat, bathe or slap).
3. Gargle twice a day with warm salt water (use Listerine if you don't trust salt). H1N1 takes 2-3 days after initial infection in the throat/nasal cavity to proliferate and show characteristic symptoms. Simple gargling prevents proliferation. In a way, gargling with salt water has the same effect on a healthy individual that Tamiflu has on an infected one. Don't underestimate this simple, inexpensive and powerful preventative method.
4. Similar to 3 above, clean your nostrils at least once every day with warm salt water. Not everybody may be good at Jala Neti or Sutra Neti (very good Yoga asanas to clean nasal cavities), but blowing the nose hard once a day and swabbing both nostrils with cotton buds dipped in warm salt water is very effective in bringing down viral population.
5. Boost your natural immunity with foods that are rich in Vitamin C (Amla and other citrus fruits). If you have to supplement with Vitamin C tablets, make sure that it also has Zinc to boost absorption.
6. Drink as much of warm liquids as you can. Drinking warm liquids has the same effect as gargling, but in the reverse direction. They wash off proliferating viruses from the throat into the stomach where they cannot survive, proliferate or do any harm.

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I disagree with Kay Jewelers. I would bet on any given Friday or Saturday night, more kisses begin with a love or tear jerking movie than Kay.

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## **Change Is Not About External Events**

*(Reprinted from Florida East Coast Post-Polio Support Group Newsletter, Jan -Feb. 2004 issue.)*

### **1. Change creates fear (but the fear can be overcome).**

That's true. It's the nature of the beast – of us, human beings. It's the way the good Lord designed us. Fear is a normal human reaction when our security is threatened. The greater the change, the greater the fear – but the fear doesn't have to be paralyzing.

### **2. Change is hard (but it's doable).**

A lot of change is about giving up or losing something or somebody you like (or love). Accepting loss is difficult. Making a change is difficult. Life is hard, but whatever the challenge, it's not the end of the world. In fact, change leads to a new beginning and something wonderful will come of it.

### **3. Expect change (and enjoy it).**

Life is packed with joy – it's also full of disappointment. We often don't get what we want. Events overtake plans; so plan the action, don't plan the results. Change makes life exciting and fun.

### **4. The only person you can change is you (and nobody else).**

Keep trying if you want to, but people will prove to you over and over again that they will do exactly what they think is best for them. No offense, but change is not about fixing them, it's about changing you.

### **5. Courage is action (in the face of fear).**

No fear, no courage. Action and fear must coexist to qualify. Courage is moving forward despite the fear – and you can do it.

**6. Change is really exchange (so go for it).**

Only with hindsight do we come to realize that what we gain through change is usually much better than what we lost or gave up.

**7. Change is possible (even if it doesn't feel like it).**

Life isn't fair and change often hurts like hell; but people have handled the loss of a loved one, being fired, tragic illness – even quitting cigarettes. Others have survived, even benefited from these changes. You can too.

**8. Don't attempt major change alone – do it with an ally.**

If you're going to change, the first step is to get the support of someone you trust. It's probably going to be three steps forward and two backward; so get the help you need to get through major transitions.

**9. The answer may be acceptance (and not action).**

You may have to bite the bullet and accept some things exactly as they are – unchangeable. If that's the case, take a deep breath, yell, and start changing your attitude.

**10. Change is a process (not an event).**

Change is about the getting, the moving from here to there. Change is even the turmoil, the upsetness, the middle part. The goal is not even the big payoff; it's what you experience and learn getting to it.

“Going to college isn't about history and chemistry facts and figures – it's about learning systems, discipline, responsibility, self-starting, discovering who you are, living with others, building character, and choosing a career.

In a similar way, change isn't about external events; it's about the internal making and maturing of a human being. Change is about self discovery and spiritual growth.”

*Excerpts from Unity Magazine, March/April 2003 - Reprinted from Echo News – April/May/June 2003*

(Editor Barbara Golden's Note: So many of us fight “change” in our lives. Many of us find it hard to finally realize that our lives would be more fulfilling if we started using assistive devices. So, look at what's happening with you and, if you have to, make that change.) Great words of advice Barbara...

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“Do not machine wash or tumble dry,” means I will never wash this – ever!

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**Polio Survivors Ask...**

*by Nancy Baldwin Carter, B.A, M.Ed.Psych*

**Q:** A friend who had polio told me that since he uses a cane, people give him more room so he has less fear of being bumped by others. He wishes he used it a few years earlier. Me, too! How can we help people “get over” the fear of looking disabled?

**A:** Fear can be so self-destructive, can't it? Early support group organizers ran into the problem of people's not wanting to appear disabled again and again. We'd call polio survivors to interest them in attending meetings and would get this frequent response: “You know, I think I'd be so out of place there — I don't look disabled. People can't actually see that I had polio.”

Then, being assured that there would be many others in that same situation, they'd show up at the meeting —

with one leg two inches shorter than the other, or a withered hand, or obvious scoliosis. For whatever reason, they told themselves they didn't look disabled. Was this fear? What did "looking disabled" mean to them?

Recently a woman who, at the least, wore a short brace on one leg from the beginning said, "I didn't think I had a disability. Nobody told me I couldn't do things. The issue was whether or not I could perform, not whether or not I wore a brace."

So disability doesn't have to be a stigma. Not everyone is concerned about what others think of their using a cart or walking with a limp.

Perhaps the fear of looking disabled has less to do with how we believe others perceive us than with how we see ourselves. Will "they" think I'm odd, stupid, helpless or worthless? These are our fears. Do they truly reflect society's conception of who we are? Since the advent of the ADA, many of us realize a newfound kinship with the rest of the world. Often we can get there now. And where physical obstructions still exist today, tomorrow they may not. Clearly others care more than before about making our surroundings serve us better. Some of them look with refreshing understanding upon disability. Can we say as much about the barriers in our own minds?

As for how we might help people "get over" the fear of looking disabled — maybe we should introduce them to this wonderfully auspicious line from polio survivor Dr. Arnold Beisser's "Flying Without Wings: 'Acceptance with dignity is surrender without a sense of capitulation'"

That's what our friend above finally did, isn't it. He accepted his disability — found a way to allow himself to be okay with it. He discovered the good in using a cane, created a positive reason to go for it. That's acceptance with dignity. This is an inside job. Nobody else can do it for us.

It's a choice. Say I roll into the sexy nightie shop and the cashier pretends she doesn't see me — reaches right over my chair to wait on the guy in line behind me. What do I do; take it personally, get angry, bemoan my disabled state, feel ashamed or wish I'd never thought of coming into this store?

Or do I say to myself, "Poor baby — she doesn't have a clue," move in closer, read the name tag she's wearing, smile, and say in a cheery voice, "Hey, Gladys, let me help you reach these pajamas so you can ring them up more easily." I know which response is going to make me feel better. And feeling better is in my best interest.

The truth is we all do what we want to do. Me? I think Beisser is right. I choose acceptance.

*Nancy Baldwin Carter, B.A., M.Ed.Psych, from Omaha, Nebraska, is a polio survivor, a writer, and is founder and former director of Nebraska Polio Survivors Association.*

[Source: Post-Polio Health International](#)

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Nothing sucks more than that moment during an argument when you realize you're wrong.

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### **Social Support: A Buffer against Life's Ills**

*This article first appeared in the Mayo Clinic "Housecall", a free e-mail newsletter for the health consumer found at: <http://www.mayoclinic.com>*

It reports that social activities can offer a psychological buffer against stress, anxiety and depression. Social support, including family, friends and regular social activities can also help protect us against

developing an illness and can help us cope better with medical problems. It may even increase our life span.

Social support in broad terms includes “talking with a friend over a cup of coffee, visiting a relative or going on an outing with a church or club.” These activities are good for our overall health. Social interaction can also increase our sense of belonging, purpose and self-worth, thus promoting positive mental health. It can also help us get through a divorce, a job loss or the death of a loved one. Just knowing someone is available to talk with can reduce negative emotional and behavioral responses to stressful events or other problems.

Social isolation is the opposite and is detrimental to our health. It can contribute to depression and undermine our self-esteem and sense of purpose. Social isolation can also lead to feelings of helplessness and hopelessness. This article warns against abusing these social relationships with excessive complaints about our health and to avoid those relationships that place heavy demands on our time and resources.

The Social Support article gives several ideas for fostering or maintaining relationships. It says that healthy social ties involve give and take. Sometimes we are the one giving support and other times we are on the receiving end. It suggests some areas that might help cultivate healthful relationships:

- Get out with our pets. Seek out a dog park or make conversation with those who stop to talk.
- Do lunch. Or breakfast or dinner, at least once a month and invite an acquaintance to join you.
- Join a hobby group. Find a nearby group with similar interests in such things as music, books, crafts (or post-polio).
- Volunteer. Hospitals, churches, museums, community centers, school mentoring programs and other organizations often need volunteers. We can form strong connections when we work with people toward a mutual goal.

Suggested guidelines while we are nurturing our social support system:

Go easy. Don't overwhelm friends and family with phone calls or e-mails. Communication can be brief – five minutes on the phone or several sentences for e-mail.

Don't compete with others. This might turn potential friends into potential rivals.

Adopt a healthy, realistic self-image. Both vanity and avoid relentless complaining. Nonstop complaining is tiresome and can be draining on support systems.

Adopt a positive outlook. Try to find the humor in things.

Listen. Make a point to remember what's going on in the lives of others. Then relate any interests or experiences you have in common. Sharing details about our life can also help to establish rapport.

Social connections provide a sense of belonging, security and a welcoming forum in which to share our concerns and needs. Plus, we may get as much or even more out of friendships and social networks when we are the source of comfort and companionship.

*Reprinted from the "Rancho Los Amigos Post-Polio Support Group Newsletter, June, 2003.*

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I hate when I just miss a call by the last ring (Hello? Hello? D..... it!), but when I immediately call back, it rings nine times and goes to voicemail. What'd you do after I didn't answer? Drop the phone and run away?

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## White Christmas

Chapter 8 - From: "Christmas in Dairyland", by LeAnn R. Ralph

After wearing a damp coat and stocking cap for the last hour, I felt chilled, and I was hoping the heavy wool blanket would help me warm up. We kept a blanket in the living room for just such a purpose, and this particular blanket had been issued to my brother when he served in the U.S. Army. That's what was stamped on the edge of the blanket: "U.S. Army."

"It's snowing," I announced to my mother as I sat down on the couch and reached for the olive-drab wool blanket to wrap around my shoulders.

The snow had started while we were milking. Every night after supper I went out to the barn with Dad. It was my job to carry milk to the milkhouse, and after the milker came off the last cow, it was my job to feed the calves. Once the calves had finished drinking their buckets of milk and the buckets had been rinsed and stacked, my chores were done. Dad still had to feed hay, but he said he didn't need my help to do that.

Each time I carried a bucket of milk to the milkhouse, when I returned to the barn, my coat and stocking cap were covered with a layer of snowflakes that began to melt as soon as I went back inside. On my way to the house, I had stopped for a minute to admire the fluffy feathery flakes as they fell from the black sky.

Across the room, my mother occupied the big easy chair next to the window where she always sat. The davenport, she said, was too low, which made it difficult for her to stand up.

"It's snowing?" Mom said, turning her attention away from the television to look at me, "Very hard?"

I shook my head. "It started when we were halfway through milking. There's maybe only about an inch on the ground so far."

"Well," she said, "I hope it doesn't snow too much. Dad and I are supposed to go Christmas shopping tomorrow afternoon."

My mother had never learned to drive, and after she had been stricken by polio sixteen years before I was born, the paralysis made it impossible for her to learn how. If she wanted to go somewhere, she always had to rely on Dad or my brother or my sister to take her.

"What time did the television show start?" I asked.

"Just a little while ago," Mom replied.

Every year a few weeks before the holidays when the Christmas specials began appearing on television, my mother liked to watch them after she had finished washing the supper dishes. The shows featured different entertainers who sang Christmas songs and performed elaborate dance routines with groups of pretty ladies wearing Santa hats and short red dresses trimmed with white fur.

To be honest, I preferred Frosty the Snowman, Rudolph the Red-nosed Reindeer, and Mr. Magoo's version of 'A Christmas Carol.'

My mother turned her attention back to the television where a horse stood in front of a sleigh. I wondered how they had gotten the horse inside the building so he could pretend that he was taking people for a sleigh ride.

To me it seemed that bringing a horse into a television studio would be a little like bringing a horse into a house. Dusty, my brown pony with the white mane and tail, liked coming into the barn, but I could very well imagine that bringing her into the house would be a different story all together.

In the first place, Dusty would have to climb the porch steps, and after she made it up the steps, she would have to squeeze through the door into the house. If I asked her to do it, I knew she would probably oblige. I wasn't about to try it, though, because I was pretty sure that if I did, my mother would disown me.

The people on television really must have wanted everyone to think they were outdoors. As if the horse and sleigh weren't enough to make it seem like winter, they all wore coats and scarves and mittens and hats.

As the minutes ticked by, I discovered that many of the songs they performed were familiar to me, and when I knew the words, I sang along. Singing was fun. And Christmas meant that I had many opportunities to sing -- at home with the television but also at school and at church while we spent hours practicing for our Christmas programs.

During the various songs, my mother occasionally glanced in my direction, but since she smiled and didn't seem to mind my off-key contributions, I continued.

Then another man appeared on the television screen. I didn't know the words to the song, although when the refrain came around again, I began to sing.

This time when my mother glanced at me, her eyes were filled with tears.

I abruptly stopped singing. "What's the matter?" I asked.

My mother shook her head. "It's -- no -- it's nothing." She reached for her crutches, pushed herself into a standing position and then slowly made her way toward the kitchen. I knew better than to follow right behind her. Mom became upset if someone followed her too closely because she said it made her feel like she was in the way and that she should hurry -- except that she couldn't hurry.

A little while later, I went out to the kitchen and found my mother sitting by the table. She was crying. "Mom? Are you all right?" She put her hands over her face and leaned on her elbows. I watched helplessly, not knowing what to do. "Was my singing that bad?", I asked finally.

I couldn't think of anything else to say. My mother didn't reply. After awhile she reached for a tissue and wiped her eyes. Then she smiled a little, "No, it wasn't your singing." She took a deep breath and let it out slowly. "It's that song. It always makes me cry."

"The song? What's wrong with it?" I asked.

"Oh," she replied, "there's nothing really wrong with it. In fact, it's a very pretty song. I just -- hate it -- that's all." I stared at her, feeling a certain sense of shock. Hearing my mother say she hated a song was a little like hearing her utter a swear word. Whenever I said I hated something, she would tell me I should say I 'intensely disliked' it, instead. Hate in any form, she insisted, was one of the evils in the world.

"You hate the song?" I asked.

My mother paused to gather her thoughts. "You know how it is when they release a new song and then they play it over and over again on the radio?" Dad turned the radio on in the barn while we were doing the chores because he said it helped the cows to relax so they would let down their milk.

"Yes Mom. I know. Sometimes we hear the same song three times while we're milking."

"Well, that's what happened with this one."

"So?" I said.

"So -- that was the year I was in Madison," she explained. "When they were changing the wool packs, I would hear it. When I was in physical therapy, I would hear it. When they were washing my hair, I would hear it." A few minutes later, with a tissue clutched in her hand, my mother began to tell me more of the story.

You see, the song was 'White Christmas' and it had been released in 1942, the year my mother was stricken with polio. One November day, she felt as if she were coming down with a severe case of influenza, and her legs hurt so much she could barely walk out to the pasture to get the cows for milking. Not long after that, our house had been quarantined, and my mother found herself in the hospital in Madison, Wisconsin, flat on her back. She wasn't even allowed to have a pillow.

And while my mother was confined to that hospital bed two -hundred-and-fifty miles away from her family -- her legs wasting away until they were all but useless -- Christmas was going on without her. As the months came and went, she also missed her wedding anniversary. And the ages of my brother and sister who were three and five when she was taken to the hospital. The next time Mom saw them, they were four and six.

Eventually, my mother learned to walk again by leaning her weight into the crutches and swinging her atrophied legs out from the hips, but it wasn't until May that she was well enough to go home.

As I sat in the kitchen with my mother, I thought about the words to the song and wondered what it would be like to be away from the farm for six months; to not see Mom and Dad, or Loretta and Ingman, or my dog, Needles, or my pony, Dusty; to know that Christmas was coming but that I wouldn't be here and that all I could do was imagine it in my dreams.

Mom reached for another tissue. "I suppose I shouldn't let a song bother me anymore after so many years, should I." A few minutes later, Dad came into the house.

"What's the matter?" he asked as he hung his chore cap over the newel post.

"They played that song on television," my mother said. "You know, White Christmas. And it . . . well . . . it brought back so many memories. I guess I shouldn't let it bother me after all these years."

Dad shrugged as he unzipped his coat. "Nothing wrong with that. If it bothers you, it bothers you." He paused before turning toward the bathroom. Dad always washed his hands and his face after he came in from the barn. "You were gone an awfully long time," he said quietly. "I was afraid you would never be well enough to come home."

While my mother was in the hospital for six months, Dad, my brother and sister, and my maternal grandfather, Nils, had stayed on the farm. By that time, my maternal grandmother, Inga, was dead. In between doing the chores, Dad had cooked and cleaned and washed clothes and had taken care of his children and his father-in-law.

After Dad had left the kitchen to wash up, Mom reached for her crutches. "Let's go back into the living room," she said. "At least they're done with White Christmas so I don't have to worry about hearing it again. Not tonight, anyway."

Maybe the television show was finished with White Christmas, but as I watched my mother make her way toward the living room, I suddenly realized that for her, it would never be over. That she would always move through life with halting, shambling steps, and could still only dream of those long -ago white Christmases -- and of all the other things she used to know...



[Christmas in Dairyland: True Stories From a Wisconsin Farm](#)

by: *LeAnn R. Ralph*

Amazon Price: \$13.95 (as of 11/23/2009) [BUY NOW](#)

A Reader's Testimonial

I can't wait for a nice, snowy day to settle in with your book. It's becoming a holiday tradition. Keep them coming!

*T.H. -- Neenah, Wisconsin*

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Bad decisions make good stories.

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## Answer to November Sudoku

8	7	9	3	5	1	6	4	2
4	5	6	9	2	8	3	1	7
3	2	1	6	7	4	9	8	5
1	6	7	5	9	3	8	2	4
2	4	3	8	1	7	5	6	9
9	8	5	4	6	2	7	3	1
7	3	4	2	8	9	1	5	6
6	1	8	7	4	5	2	9	3
5	9	2	1	3	6	4	7	8

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Was learning cursive really necessary?

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## December Sudoku

		9		7	3		2	
								9
	6		9		2	1	8	
					4			3
8								6
9			5					
	1	7	2		9		3	
2								
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**About This Newsletter:**

The BransonGoers Gazette is published and placed online on or about the first day of each month. Although articles are managed to be found to include in the publications, it does take a lot of time. ***Your help and contributions are much needed and appreciated!*** If you have articles you'd like to contribute, please send them to [bgg.editor@gmail.com](mailto:bgg.editor@gmail.com). All articles or edits must be received by the 20<sup>th</sup> of the month prior to publishing.

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I totally take back all those times I didn't want to take a nap when I was younger.

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***A note about third-party links*** – By selecting links in this newsletter, you may leave the Post-Polio BransonGoers' web site and enter a web site hosted by an organization separate from Post-Polio BransonGoers. We encourage you to read and evaluate the privacy policy and disclaimer of any site you visit when you enter the site. While we strive to only link you to companies and organizations that we feel offer useful information, Post-Polio BransonGoers Association does not directly support nor guarantee claims made by these sites.

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