

CHERISH YOUR ARMS

By Anne Wood

CHERISH YOUR ARMS
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Having been on the slippery slope of PPS for at least 15 years, I have amassed many short cuts, tips, etc. I've been jotting things down as I think of them, but so many ways have become second nature to me by now that it takes a bit of head-scratching to think of them all and wonder if everyone does things my way or if I have developed strategic methods peculiar to me.

One of the biggest shocks to my system came when I realized that I had really overdone it after a particularly frenetic Christmas 5 years ago. My arms and shoulders didn't recover like usual after the last minute shopping and wrapping on Christmas Eve. When The Day dawned I still felt exhausted and my arms were very sore . . . just moving them or having them hanging by my sides hurt. I spent much of the day sitting down with my arms supported on pillows. I was getting really worried that the pain would be permanent, as I remembered years ago talking to another polio survivor whose arms ached most of the time.

In the following weeks my GP tried a variety of painkillers, but nothing was effective. I spent days at a time lying flat in bed with a heated pad under my shoulders, crying with despair, my depression deepening as I envisaged the rest of my life in a chair with my arms almost useless. Weeks turned into months with no improvement and my husband had to shoulder most of the housework, cooking and shopping as well as having to work from home, while I was miserably laid up. I could no longer drive, my social life had gone down the tubes, including my singing, and I had resorted to voice recognition in order to continue using my beloved computer. It was a thoroughly miserable time.

Eventually I saw my neurologist who told me there was a drug he used to treat epilepsy but which was also effective with neuropathic pain – neurontin (gabapentin) – so he started me on a low dose. The pain began to ease as the dose was increased over several weeks, in conjunction with the other painkillers I was on – dihydrocodeine and Dosulepin (dothiepin). I tentatively began using my arms a little more, feeling hopeful, but still I was very careful and in fact it was over a year before I began driving again, after an assessment at a mobility centre to make sure I was safe behind the wheel with my limited strength. They recommended arm rests be fitted to my car,

(continued on page 3)



that gave wonderful support when driving. Looking back, I am sure that the deliberate rest I gave my arms for such a long time enabled me now to lead a more fulfilling life, albeit with restricted arm usage and careful pacing.

This long preamble is to show how seriously I took the deterioration in my arms and shoulders -- losing leg strength is one thing, overcome to a reasonable extent by using a wheelchair and other adaptive equipment, but arms are even more precious. A home can be altered fairly straightforwardly to cope with wheels, but there is no device to take the place of arms and life is incredibly difficult when their use is lost. I am conscious of my arms at all times. They are at the forefront of my mind whatever I am doing. I never over-tax them either with movement or weight. To this end, I have various coping strategies which help my arms and, along with the enforced rest mentioned above, I haven't needed to take the neurontin for over two years now.

One of the worst stresses arms undergo is lifting and carrying, and I look back ruefully at the years I spent pushing myself up from chairs and beds as my legs began to weaken. Currently I have a perching stool, a manual wheelchair, indoor and outdoor powerchairs, all set at just the right height for me to get up without using my arms, and a rare recliner armchair which raises me vertically without tipping me forward. (www.chessco.net) They don't mention this chair on their website but it's worth contacting them if you are interested. I also have a powered cushion-lift (www.mangar.co.uk/products/cushion) which again raises me straight up and I can take this with me when traveling. My bed, likewise, raises me the same way, as well as having a reclining mode (email them at tbs@thebedshop.co.uk) I don't go anywhere if I can't take one of my wheelchairs as I need the armrests and one of my air cushions at my back to accommodate my scoliosis. The air cushions cost a few pounds in a camping shop and I tuck one, half filled, into a cheap cotton tote bag or other lightweight bag with straps to put over the wheelchair arms. The tote bags are invaluable to carry shopping and I can hook any number on my chair. I'm sure I must be known as the local bag lady, but I stopped

worrying about that when it became necessary for me to take full responsibility for myself after my husband left me.

Also hanging off the arm of my chair is a tubular pencil case with a double zip into which I put my half-litre bottle of water, and I keep a mini umbrella on the back handle. In my capacious wheelchair bag I always keep a pocket urinal (www.woodstockit.com/products/Uribag) which is a complete unit, or a Whiz (www.whizaway.com) used in conjunction with my own one pint plastic screw-top milk bottle with handle.

Thanks to the wonderful Internet I can order bulk groceries from my local superstore, and I ask the driver to put the bags straight on to the kitchen table. I generally arrange for a friend to help me put them away, but if I'm on my own I put the goods on my kitchen trolley to move them nearer

the fridge, cupboards, etc, pushing it with my stomach or sideways on with my hips. Still in the kitchen, I slide heavy pots and pans across the work tops which are in a continuous run along the walls in an L-shape. I rest the edge of saucepans of cooked vegetables on the sink and slide the contents into a colander, rather than draining

with the lid. My kettle sits in a tilting stand and I fill it using a plastic jug. I eat in the kitchen and my perching stool is just the right height at the table -- I either drag it or "walk" it to the right spot, and I can perch on it to work at the sink with the cupboard underneath open. If a table isn't convenient for a wheelchair or perching stool, try fitting a tray into an open drawer to make a little table for one.

I have a washing "basket" on wheels to carry washing from the laundry bin to the sink, then to the tumble dryer or washing line, and I have a peg bag on a hanger to hook over the line. If it hurts to bend down I can grasp the washing with a grabber, though this does place more strain on my arm. The grabber is invaluable for picking up dropped items--more and more things seem to end up on the floor these days as my grip isn't so good. The little magnet on the end is useful. It can also reach up to shelves, though things I use on a regular basis I keep lower down. I have a long-handled dustpan and brush and a wide cotton mop for quickly running over my parquet flooring

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that is so easy to keep clean. We ditched some of our carpets that had become stretched and rumpled from the wheelchair, and had the natural wood flooring restored which is much more suitable. I rarely iron, but I bought a little travel iron very cheaply and it is extremely lightweight for the odd item needing a press. It can be painful hanging heavy clothes in the wardrobe, but getting them down is easier if you can slip the item off the hanger first then retrieve the hanger on its own, rather than lifting the laden hanger up over the rail.

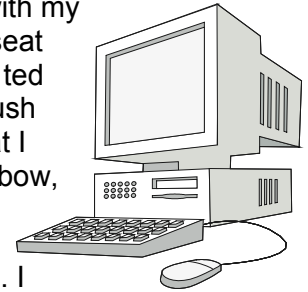
I am right-handed and because my left shoulder is paralyzed I've greatly over-used my right arm, so I try to use my left arm instead when carrying anything small such as a book or hot water bottle. I tuck it right up under my armpit so the dead weight of the arm keeps it there. If it's a little too heavy I grip my waistband or pocket with that hand to take the weight off the straining arm muscles. I try to avoid my arms hanging loosely at my side because of their weight, so if possible I rest them on something or, again, tuck them into my waistband or pocket. A note of caution here – don't walk with hands in pockets if you are prone to falling as your reaction time may not be quick enough for you to break your fall with your hands. It could be worse to injure your head or face than an arm.

Holding a phone to my ear is impossible for more than a few seconds and I wouldn't manage without my earpiece, or headset, which I keep plugged into the cordless phone. I have two so that one is charging while the other is kept in my pocket or clipped on to my waistband. At night I put the phone on my bedside table. Also inseparable from me is my Community Alarm button worn round my neck that I can press for help in the event of a fall. My local council supplies this for a small monthly charge. In the dark evenings I have more than one light on so that when a bulb blows I'm not in total darkness. I have a battery light or torch in most rooms for the odd occasion when there is a power cut.

It took me a long time to work out a comfortable way of using my computer – even the occupational and IT therapists weren't very helpful. I park my indoor wheelchair as near to the desk as the control will allow. Then I rest a beanbag tray on the arms of the chair and the desk, put the cordless keyboard on the tray and I

use the cordless mouse on the tray in front of the keyboard. I have a lightweight flat screen monitor which is very easy to move around. The beanbag tray is useful for many activities when one might sit at a table, and I also take it to choir practice to rest my music on.

I've just splashed out on having my bathroom turned into a wet room with a level-access shower and it's bliss to relax on my adjustable bathroom stool instead of having to clamber into the bath in order to have a not-too-safe shower. My new toilet has a built-up base, and with my smaller four inch booster seat is just the right height. I opted for a lever action for the flush rather than a button so that I could operate it with my elbow, and in fact my builder ordered a wide paddle especially for that purpose. I wouldn't be without my electric toothbrush as it saves all that back and forth movement which is so tiring.



I am very fortunate to have a south facing beautiful terrace outside my kitchen with level access through French doors, and raised flower beds that are just the right height for me to work on them. Gardening is wonderful therapy when it's not too arduous and as my terrace is covered I can work or sit out there even when it's raining. I plant up lots of pots that are moved around according to what's currently in flower, courtesy of visiting friends. A good tip to keep your garden in color or interest throughout the year is to visit a garden center once a month and buy one or two plants which take your fancy at that particular time of year. My terrace is my pride and joy and I revel in the compliments given me. My digital camera beautifully captures the changes in my terrace throughout the year and I can recommend a great place to store your digital images. Go to Google.com, click on More and scroll down to Picasa – a free place to find, edit and store your photos, and it is very easy to use.

All these ideas help make my life a little easier, and I hope some of them will be helpful to you now or in the future. □

Anne Wood January 2006
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PAINFUL BODY PARTS

Dr. Richard Bruno

Dr. Richard 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 Englewood (NJ) Hospital and Medical Center.

Note: This column is for information purposes only and is not intended as a substitute for professional medical advice.

The March 2006 "Franklin Delano derriere" column (See April *Kansas Connection* – Burning Pain) 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 the number one cause of headaches in polio 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 Loftstrand 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). 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

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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. □

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One Psychologists Perspective on the Polio Experience: More Thoughts on Memory

Margy Hull

This month I would like to share some more thoughts about what researchers and clinicians have learned about memory and how that might relate to our experience of polio. This whole line of thought was really inspired by my reading a novel by Umberto Eco called *The Mysterious Flame of Queen Loana*. In the novel, the protagonist experiences a stroke that obliterates his "episodic or autobiographical memory," that is, his memory for the events of his life. On the other hand, he keeps his "procedural memory," that is, the ability to perform the functions of everyday life like grooming, even driving a car. The stroke also leaves intact his "semantic memory," that is, his knowledge of what words mean and how to use them, and a great wealth of information which he had learned over the course of his lifetime. Thus he could not recall who he was, who the members of his family were and how we was related to them, or anything about the experiences of his life. At the same time, quotations from books, their authors, facts about various historical events, and so forth, would come to him effortlessly in response to the things said or done to him. With the encouragement of his psychologist wife, he decided to immerse himself in all the memorabilia -- books, magazines, newspapers, toys, etc. -- that his grandfather and he had collected in the attic of his childhood home. In this way he hoped

to reconstruct a sense of the self that he had lost with his amnesia.

I wondered what it would be like not to be able to remember any of the events of my life, and this led me to value memories more highly as part of the essential material of which the self is created. There has been an incredible amount of research about what variables affect the strength of memory, what parts of our brains contain the mechanisms of memory, and what variables affect the accuracy of memory. One factor which has been found to be particularly important in the strength of memory is how much "emotion" was involved in the initial event. Brain studies show that parts of the brain that are very active in connection with emotion are also key for memory. The most striking example of the way this factor works is in so-called "flashbulb memories." These are often shared memories, like what we were doing when President Kennedy was shot, or when the Challenger exploded. They can also be memories of events like car accidents or winning a trophy in sports. For some of us, that might include the events surrounding our experience of acute polio. These memories are particularly acute, sharp and detailed.

Another factor involved in the strength of memory is how many parts of our "senses" were involved in the experience. When I think of my radio that I sometimes had in the bed with me in the ward during my first year in the hospital after polio, I remember its orange color, the sound of "How Much is that Doggie in the Window?", the cool feel of the metal against my hand, and the tan plastic knob I learned, with some difficulty, to adjust. That is a rich and vivid memory. Part of the strength, however, comes not just from its sensory complexity, but also from its very "personal connection" to me. I come from a very musical family, and had already declared my intention of becoming a songwriter. When, by chance, I heard on that radio the Brahms Symphony that was a favorite of my father's, I was transported back to my family living room at home and could feel again his emotion as he listened to it. Notice that this is a memory of a memory.

This brings us to another finding of studies on the brain that relate to the complexities of episodic memory. It has been learned that many areas of the brain become engaged in the process of

remembering events from our lives. It appears as if the experience is being relived or "reconstructed." Thus the parts of the brain involved with processing information from the senses, processing emotion, processing thought about the event, sometimes even processing muscular control can be seen as "lit up" in the brain images. One of the implications of this is that each re-experiencing of a memory can be slightly different depending upon changes in our thinking in the interval since the remembered event happened. The re-experiencing can be affected by other information we have received in the interval, or even by changes in social, political, cultural attitudes, and personal circumstances. We have learned that this reconstruction process is why eyewitness accounts of crime are not as accurate as we once thought. It also explains the rash of false memories of sexual abuse in childhood that was fostered by a few overeager psychotherapists looking for a "one-size-fits-all" explanation for psychic pain in their clients. Finally, it helps to explain the conspiracy theories that sometimes circulate in our society when we selectively remember the circumstances of Kennedy's assassination and the like. So my memory, as well as my memory of a memory, have doubtless changed, at least to some degree, over the 50 some years since the event occurred.

The "meaning" that is ascribed to events is a key ingredient of episodic memory. Often we see a slight reworking of the meaning of a memory that puts it in a different context. This is described very well in the introduction of Daniel Wilson's book *Living with Polio*. He has looked at hundreds of narratives of peoples' experience with polio and has seen that the stories have changed quite a bit over the decades in their emphasis and in the themes that are drawn-out. The early emphasis on acute illness has naturally given way to that of living with a chronic illness. More of us have read some of these narratives,

and have heard the stories of others in our support groups, and this has jogged our memory for events we had forgotten. These new memories must then be incorporated into the meaning we have constructed about the polio experience. It has become more acceptable to talk about negative emotions like anger, jealousy and frustration in contrast to the positive, "can do" attitudes of the early narratives. This is not to say that one meaning is more "true" than another, since all involve a re-experiencing of what

happened in the past in the new context of the present-day life of the narrator.

We can see from all this that creating a self from our memories is not something that we do once, but rather is a work in progress. Next time, we will look more at how we can rework meanings in the process of remembering so that it is perhaps more accurate, but especially, more constructive for our overall well-being. □

Margy Hull, Ph.D is a Psychologist who formerly worked in a community mental health center in Atlantic County, New Jersey.

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ENERGY PRESENTS

Linda Van Aken

With PPS we all have to manage our energy levels and how we use them. I have shared this idea with others and hope my idea may benefit some of you when you are learning to adjust to new limitations.

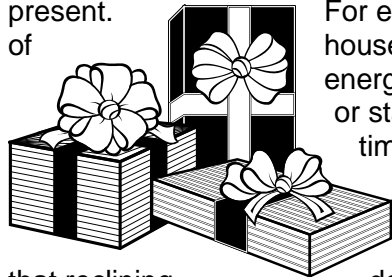
Imagine yourself with a basket of presents every day. In the basket are five to ten presents. Each present is a unit of energy. If you take a shower and get dressed for the day you use a present. If you run errands it may take a present for each stop that you make. As you go through your day you use up most or all of your presents. Once the basket is empty there are no more reserves and you must rest or sleep to refill the basket. So remember you have limited resources and must use them wisely.

It takes sleep and rest to refill our box of presents with new units of energy. If you are well rested and have no other complaints then you will probably have ten (or so) presents to use each day. However, if you have had a particularly busy schedule you may find that you only have five presents each day for several days in a row, so must be extra careful not to overdo on these particular days. Obviously each of us are different so some of you may be lucky and have more units of energy at your disposal on a daily basis. Others unfortunately may have less.

It may be possible to save up a few of your presents for a special event. But remember that these presents are quite perishable so saving one

this week will not last you till next week. It takes a lot of rest (and or sleep) for the basket to refill. For special events you can rest for several days in a row and save those extra presents and use them for the event. However, do remember that busy times will drain you so expect to have fewer resources afterwards.

The big challenge is determining what each physical activity requires in terms of energy presents. We are all different and all have varied limitations. I have discovered that for every 45 minutes I sit at my computer I use an energy present.



of that reclining periods do help me to manage my limitations but I also find by counting my energy usage daily I can cope better. It is rather like being on a constant diet and counting calories or fat grams to reduce weight.

Since we have limited resources I also suggest that you save at least one of your daily energy presents for a fun activity. It is important to have a fun/positive experience in every day. So be sure to reinforce your attitude with a “fun” present daily. We are definitely NOT the energizer bunnies and cannot keep going and going and going. Our PPS bodies will say “no more” if we try this approach. Managing our energy resources is the best approach to having a happier and more productive life. So use those presents wisely and make the most of each day you have. □

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NO MORE EXCUSES

A powerchair (not Manual) or scooter is not an instrument of torture (Although a manual chair can be!) Using a powerchair or scooter **will not** make you look stupid – at least not as much as pretending you don’t need one while taking pain meds and stumbling around, falling down, requiring surgery on hands, elbows, shoulders, knees, etc.

Using a powerchair or scooter **will** give you more

energy because you won’t be using all your energy in trying to accomplish the impossible (i.e. – looking like you don’t need one.) Using a powerchair or scooter **will** actually be more freeing. You will have the freedom to go wherever you want, without having to have someone chained to you to push you here and there – and then go off to look at something else that interests them and leave you stranded. (Been there, done that!)

Using a powerchair or scooter **will** relieve the strain on overtaxed shoulder muscles and joints that were never meant to be walked on in the first place, thereby eliminating much of the unnecessary surgeries which, by the way, **will not** last unless you change the way you do things. You may also find that you don’t need as much or any of the pain meds.

Using a powerchair or scooter **will** show that you are winning the battle! But you need to define your battles. You already had polio. No way to change that. You are having post-polio sequelae. Another done deal. These are battles people frequently think that they need to fight against, but there is no way to win here. It’s happening. Live with it. But the battle you **can** win is the battle for independence! You can be your own person again. It has been said, “Fight only the battles you can win.” Living life on your own terms is possible only if you have the stamina, the balance, and the heart for it. We all have the heart for it . . . we are polio **survivors!** What we don’t have are the balance and the stamina. A powerchair or scooter can help.

Do you always walk to the grocery store five miles away? Do you walk to work? To Church? Of course not! You use the technology available to you – a car or public transportation. Do you mix your cake batter with a spoon? Or do you use an electric mixer? These are devices that help to make our lives easier. So are powerchairs and scooters. You are not giving in . . . you’re stepping up to an easier way of doing things. And Boy! Are they ever fun!

If you are thinking about it, it is probably past time to do it. And the sooner you start using a power mobility aid, the longer you might retain the ability to walk and the easier it will be on your arms and shoulders in the long run. **I wish you well.**

Author Unknown

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A community that excludes even one of its members is no community at all ~ Dan Wilkins

HOW IT FEELS TO BE OLD

The other day a young person asked me how I felt about being old. I was taken aback, for I do not think of myself as old. Upon seeing my reaction, she was immediately embarrassed, but I explained that it was an interesting question, and I would ponder it, and let her know.

Old age, I decided, is a gift. I am now, probably for the first time in my life, the person I have always wanted to be. Oh, not my body! I sometime despair over my body – the wrinkles, the baggy eyes, skin spots and bumps, and the sagging butt. And often I am taken aback by that old person that lives in my mirror, but I don't agonize over those things for long.

I would never trade my amazing friends, my wonderful life, my loving family, for less gray hair or a flatter belly. As I've aged, I've become more kind to myself, and less critical of myself. I've become my own friend. I don't chide myself for eating that extra cookie, or for not making my bed, or for buying that silly cement gecko that I didn't need, but looks so avant garde on my patio. I am entitled to overeat, to be messy, to be extravagant. I have seen too many dear friends leave this world too soon; before they understood the great freedom that comes with aging.

Whose business is it if I choose to read until 4 AM, and sleep until noon? I will dance with myself to those wonderful tunes of the 50's, and if I at the same time wish to weep over a lost love, I will. I will walk the beach in a swim suit that is stretched over a bulging body, and will dive into the waves with abandon if I choose to, despite the pitying glances from the bikini set. They, too, will get old.

I know I am sometimes forgetful. But there again, some of life is just as well forgotten -- and I eventually remember the important things. Sure, over the years my heart has been broken. How can your heart not break when you lose a loved one, or when a child suffers, or when a beloved pet gets hit by a car? But broken hearts are what

give us strength and understanding and compassion. A heart never broken is pristine and sterile and will never know the joy of being imperfect.

I am so blessed to have lived long enough to have my hair turn gray, and to have my youthful laughs be forever etched into deep groove on my face. So many have never laughed, and so many have died before their hair could turn silver. I can say "no," and mean it. I can say "yes," and mean it. As you get older, it is easier to be positive. You care less about what other people think. I don't question myself anymore. I've even earned the right to be wrong.

So, to answer your question, I like being old. It has set me free. I like the person I have become. I am not going to live forever, but while I am still here, I will not waste time lamenting what could have been, or worrying about what will be.

And I shall eat dessert every single day. (And enjoy it!!!) ☐

HAVE Y'ALL SEEN MY MIND?

Just a line to say I'm living, that I'm not among the dead; though I'm getting more forgetful, and mixed up in the head. I got used to my arthritis, to my dentures I'm resigned; I can manage my bifocals, but, God, I miss my mind.

For sometimes I can't remember, when I stand at the foot of the stairs, if I must go up for something, or have I just come down from there? And before the fridge so often, my poor mind is filled with doubt; have I just put food away, or have I come to take some out? And there's times when it is dark, with my nightcap on my head; I don't know if I'm retiring, or just getting out of bed.

So if it's my turn to write you, there's no need for getting sore; I may think that I have written, and don't want to be a bore. So remember that I love you, and wish that you were near; now it's nearly mail time, so I must say good-bye, dear. Here I stand beside the

mailbox, with a face so very red; instead of
mailing you my letter, I have opened it instead!
~ *Author Unknown*

Author Unknown