

Gleanings

April - May 2012

DO WHATEVER YOU CAN TO MOVE AND KEEP ACTIVE

By Brittany Redden

Polio survivors are presented with countless challenges of varying degrees of severity. For those affected by Post-Polio Syndrome (PPS), or the Late Effects of Polio, and who are fortunate enough to be mobile, exercise helps retain that mobility to live an independent lifestyle.

Nebraska Polio Survivors Association (NPSA) members learned exercises and methods to stay mobile during the group's monthly meeting on March 4. Guest speaker Greg Fisher, marketing director for Prime Home Care

Compassiona
te Care
Hospice and
former
personal
trainer/gym
owner, is an
advocate for
polio
survivors to
stay healthy,
active and
independent.
For most

people, exercise is merely one of life's daily chores. It is something they know they should do, but often choose not to and take the ability to do so for granted. But for polio survivors like Darrel Sudduth and Penny Jewell, exercise is what keeps them from going to a place of immobility and confinement, a place neither of them want to be.

Having contracted polio while in primary school, Penny learned to live with the changes in her life it has caused. "It hit my right side the worst," she said. "As a kid I went to short hair because I couldn't hold my arms up long enough to put my hair up. My ankles have always turned in and I've always had to wear special shoes."

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GREG FISHER AND NPSA MEMBERS DO LEG LIFTS WHILE SEATED.

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"I fought to get out a

wheelchair and I'm fighting to

stay out of it."

NPSA member Penny Jewell

Do whatever you can to move and keep **active** (Continued from page 1)

When Darrel contracted polio at age 12, the virus was a substantial change to his life. Today he realizes he could have been much worse off. "Mainly my left side is weaker than my right side," he said. "I was one of the lucky ones."

Still, the effects of polio as a young boy resonate with him 60 years later.

"The iron lung on display at Pioneer Village in Mindon, Nebraska, belonged to a boy named Marlon Jacobsen," he said. "When I was 12 and in the children's hospital, I was in the room next to him and you could hear that iron

lung going all night long."

Fisher recognizes the challenges polio survivors face in being active and works to make exercising

accessible yet effective for survivors of all ages and severities.

During the March NPSA meeting, the group spent 15-20 minutes practicing low-impact moves while seated. These exercises are designed to isolate and strengthen certain muscle groups, specifically the ones most affected by polio and aging.

Fisher explained that recovery time from stress put on the body (such as that from exercise) increases with age. It can take twice as long for aging bodies to recover as do younger bodies. He recommends starting with small increments of non-strenuous exercise to begin a workout regimen. As the body grows stronger, it is safer to exercise for longer periods of time in order to continue to strengthen the body, he said.

Exercise often means the difference between relying on mobility aids (such as scooters, crutches or wheelchairs) and living life independently, even for those not stricken with PPS.

Fisher suggests between five and 10 reps of various exercises, such as leg raises, arm raises and neck rolls for each fitness regimen, depending on your specific abilities. According to Fisher, the key is to not overwork or underutilize your muscles, but to keep

them strong.

"A lot of people with polio don't like to exercise because they don't feel it benefits them, but it does," Fisher said. "It

strengthens muscles that you don't use and helps you stay independent."

Both Darrel and Penny have faced times where the effects of the virus reigned over their mobility. Darrel once lost use of one of his legs, but got it back through regular exercise and now does his best to keep it.

"I fought to get out a wheelchair and I'm fighting to stay out of it," Penny said about her fight to stay independent.

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"The amazing and unexpected part

of this is that quite often the Lifter

gets a lift himself, just from helping

another person. This has completely

turned my thinking around."

LIFT OR LEAN

By Millie Malone Lill, Gleanings columnist

Facebook fascinates me. I like the funny sayings and sometimes there is something that just strikes a chord with me. That's how it was when I came across something saying that there are two kinds of people: those that lift and those that lean. Thought provoking, isn't it?

You know, I don't believe those are two separate people. In my experience, sometimes you lift and at other times you lean. My polio friends lift me on a daily basis. I got a note from a reader, telling

me how much she appreciated my column. Was that ever a lift! I floated around for several days on that one. The best part of the note was that she implied I had also

lifted her. What a rush!

But sometimes we have to lean. As polio survivors, we don't like to do that. We want to be seen as the go-to people, not the ones who need help. We do need help sometimes, though. There are times when I come across something I can't do anymore or a situation that takes more strength to get through than I have available on my own. I know with absolute certainty which people will allow me to lean and who will then lift. They know I'll do the same for them.

The amazing and unexpected part of this is that quite often the Lifter gets a lift himself, just from helping another person.

This has completely turned my thinking around. As were so many other polio survivors, I was taught not to expect other people to help me. I needed to learn to pick myself up if I fell and to never, ever ask anyone to help me do something just because it was difficult for me to do it. I was assured time after time that people would get very annoyed with me if I asked them to open a door for me so I could get through with my crutches or wheelchair or whatever Assistance of the Day I was using. People, I was told, don't want to interrupt their busy lives to do things for me.

Imagine a huge light bulb starting to

glow over my head. Wait a minute...I know I feel really good when I help have to be a huge thing, like rescuing someone from a burning building.

someone. It doesn't

Actually, I'm afraid if I were required to do that, as slow moving as I am, we'd both be Krispy Kritters. No, it can be just a little thing. And other people get that good feeling, too. Maybe holding the door for me makes someone feel good about himself or herself. Maybe. If I'm gracious about accepting help when I need it, perhaps we will both be lifted.

Sometimes people look at me and other disabled people and think, "Boy, am I glad I was spared that indignity."

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Lift Or Lean (Continued from page 3)

While I find it somewhat offensive to be used as a Poster Girl for "Don't Let This Happen To You", I do realize that it is human nature to compare your own circumstances to someone else's. If it makes someone feel better to think their life is a piece of cake compared to mine, how does that hurt me? They don't know that I am sitting in my power chair thinking, "Boy, my power chair sure makes my life a lot easier than it was before I started using it!"

Yes, all of us are Lifters sometimes and Leaners other times. I think we should occasionally, not too often, but occasionally Lean so that others can get that wonderful feeling of being a Lifter.

To reach Millie Malone Lill, you can send a message to her email address: mil.lill@gmail.com

Or send your comments to:

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2012 Monthly Meeting Schedule

May 6: Jeff Reinhardt, ENOA and New Horizons Editor

June 3: Lyn Holley, UNO Gerontology Professor

July 8: Chris Allen, Fulbright Fellow and UNO Communication Professor, and Elaine Allen, NPSA Executive Director, on their year in Muscat, Oman

August 5: Program to be announced

September 9: Program to be announced

October 7: Annual Reunion November 4: Program to be announced

NPSA DONORS

From February 1 through March 31, 2012, the following donor contributed a cash gift:

Annual Gifts:

Doralu Ann Streeter, via Union Pacific Fund for Effective Government

Mark Your Calendars!

NPSA Annual Reunion Sunday, October 7, 2012 Omaha, Nebraska

Details will appear in the June-July and August-September issues of Gleanings.

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Book Corner

Rusty, Handiabled, Handihelped, Handicapable

by Naomi Ruth Ohrtman Northwall

This handmade book, with its line drawings and black and white photos, was written as a tribute the faith and determination of a polio survivor. Naomi Ruth "Omie" Ohrtman Northwall wrote it for her brother, Cecil "Rusty" Ohrtman, as a series of stories about Rusty's persistent work to overcome the effects of polio on his life on a farm in Iowa and where he lives now in Phoenix, Arizona. She sees her brother not as handicapped but as "handi-capable." She shows her love and admiration for her brother in every page of this short book.

If you would be interested in buying your own copy, send \$8 and your order to:

Cecil Ohrtman
Arizona Grand
4602 N. 24th St.
Phoenix, AZ
Or call 602-954-9176, ask for Cecil

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www.facebook.com/NebraskaPolioSurvivorsAssociation

I REMEMBER...

BY BECKY WHITE, MID-OHIO VALLEY POST POLIO GROUP

It isn't polio itself (now) that is our disease because we were supposed to have been vaccinated. Back in the 30's, 40's and early 50's, polio was such a highly contagious disease because no vaccine was available. But through Salk in 1955 (the injection/shot) and Sabin in 1960 (the sugar cube), polio was supposed to no longer be a disease, providing people had been given either vaccine. The shot was stopped, because parents did not want their babies having pain with a needle and mom would see and hear her baby cry. But come to find out, people were still getting Poliomyelitis! So, now, only shots, NO SUGAR CUBES are given in the vaccine. There are foreign countries where people are not being vaccinated and polio is still a killer. The Rotary Clubs International is trying to reach these countries. Some efforts have succeeded. (Editor's note: See column in January-February Gleanings for recent news stories.)

People are somehow misinformed. Polio is not coming back within our bodies. It is Post-Polio Syndrome that Social Security Disability accepts as the condition for disability. If an individual is diagnosed by a medical professional who specializes in Post-Polio Syndrome, and his/her testing proves that your muscles and nerves are deteriorating with tests, then you have a good chance of being accepted through SSD. The fatigue and weakness in your muscles, pain in your joints are the first symptoms. Some people think polio is back in the individual and feel we are contagious ("stay away from me") BUT doctors, support groups (like NPSA), and clinics are involved in providing educational information to educate others.

I am one who can testify, if you definitely have PPS, you must slow down and make modifications within your daily life, still be active, but listen to your body. When you are so fatigued or weak, take a break, because if you DO NOT slow down, you will destroy your muscles, and they will not rebuild.

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NPSA Mission Statement

The mission of Nebraska Polio Survivors Association is to educate the public and the health care community concerning polio and post-polio syndrome and to respond to the needs of individuals who suffer from the syndrome through group meetings, educational programming and newsletters, financial and other support of research concerning the syndrome and the circulation of research results.

NPSA was founded in 1984 by Nancy Baldwin Carter.



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