The Polio Post

Ohio Polio Network Newsletter

Summer 2026 issue

Prof. Mike's Health Corner

Polio survivors face difficult times



Photo Credit:Content Providers(s): CDC, Public domain, via Wikimedia Commons

A girl with a deformity of her right leg due to polio caused by the poliovirus, an enterovirus member. After initial oropharyngeal inoculation and multiplication, the virus enters the bloodstream, thereby finding its way to the central nervous system, and infecting the motor neurons of the anterior horn of the spinal cord and within the brain itself.

January 9, 2026

By MICHAEL KOSSOVE

An estimated 500,000 to 700,000 polio survivors are alive in the United States today. Most are now experiencing post-polio syndrome (PPS), a late-onset condition that appears between 20 and 60 years after the original polio infection. PPS is not a recurrence of polio, but a progressive neurological syndrome that worsens existing disability or creates new disability where little or none previously existed.

For many survivors, the changes are profound. Individuals who lived for decades with minimal or no visible impairment are now experiencing muscle weakness, fatigue, pain, joint instability and loss of function. Survivors who once walked independently or with canes, crutches, or braces are now relying on wheelchairs. Those who never needed leg braces now find them essential. Survivors who experienced respiratory involvement during the original illness are once again facing breathing difficulties, sleep apnea and reduced lung capacity. These changes are not rare, and they are not imaginary. They are the predictable consequences of damaged motor neurons that were forced to compensate for decades.

Yet despite the size of this population and the seriousness of the condition, polio survivors are facing a healthcare system that is largely unprepared to care for them.

There are very few dedicated polio or post-polio clinics in major medical centers. Most medical schools teach little to nothing about polio or PPS. The physicians who treated polio patients in the 1940s and 1950s have retired or passed away. As a result, an entire generation of clinicians has entered practice with virtually no exposure to this condition.

(Continued on page 2)

Editor: Brenda Ferguson

Inside this Issue

Polio survivors face difficult times	1-3
Post-Polio Health Int. new search features	3
Where and How to dispose unused medicines	4-6
Preventing Falls and Hip Fractures	6-7
Mid-Ohio Valley Post-Polio Support Group	8
OPN Donors	8
Post-Polio Contact Information	9



(Continued from page 1)

When a polio survivor is referred to a specialist and asks what the physician knows about PPS, the answer is often “Nothing.” Those clinicians who do have knowledge typically gained it not through formal education but through a family member who was a survivor, or from learning directly from patients themselves. Two years ago, I was referred to an orthopedic surgeon who stated flatly, “There is no such thing as post-polio syndrome.” That denial, unfortunately, is not uncommon.

Anesthesia presents another serious and often overlooked danger. Polio survivors, whether or not they currently have respiratory symptoms, are at increased risk for complications related to anesthesia, including prolonged sedation, respiratory depression and difficulty being weaned from ventilatory support. Physicians, nurse anesthetists and dentists who use anesthesia must understand these risks before putting a survivor to sleep. Many survivors carry anesthesia warning cards to present before procedures—not out of paranoia, but out of necessity.

There is no single textbook on how to treat post-polio syndrome because such a book would be enormous. PPS affects each survivor differently, depending on which muscles were involved, how recovery occurred, and how the body compensated over time. Treatment is individualized and must balance function with energy conservation. Unless survivors educate their own physicians, the knowledge remains locked within the survivor community itself.

Physical therapy is another area where misunderstanding can cause harm. Traditional rehabilitation often follows the mantra “no pain, no gain.” That approach is dangerous for polio survivors. Overuse of weakened muscles accelerates further loss of function. Physical therapists must understand PPS before they can treat it safely, yet PPS is rarely taught in physical therapy programs. Well-intentioned therapy can quickly become destructive when clinicians do not recognize the unique physiology of post-polio muscles.

Ironically, polio survivors often receive their most accurate education not from healthcare professionals but from one another. Polio support groups, meeting in person or via Zoom across the country, have become essential centers of knowledge. Survivors teach survivors how to recognize symptoms, avoid overuse, advocate for appropriate care, and protect themselves within a healthcare system that does not recognize them.

Post-Polio Health International is the only national organization in the United States dedicated to distributing evidence-based information on PPS and providing speakers who can educate healthcare professionals. Without this organization, even less information would be available.

I have attempted to speak to medical students in their senior years and to physical therapy students, with limited success. Some survivors have been welcomed, but many programs are reluctant to allocate time. In contrast, I teach physician assistant and nursing students, and they are knowledgeable, receptive and able to hold informed conversations about post-polio syndrome. Education clearly makes a difference.

The problem, in part, is perception. The last outbreak was in 1969, and the last individual documented case of polio acquired in the United States since July 2022 was in a young man returning from overseas travel. He was not immunized. Most polio survivors are now seniors, except for individuals who contracted polio in developing countries and later immigrated. Medical, nursing and physical therapy curricula are under constant pressure to prioritize conditions that are seen as “current.” Polio is viewed as a disease of the past—a medical has-been.

That perception is dangerous.

(Continued on page 3)

(Continued from page 2)

With increasing numbers of parents opting to forgo routine childhood immunizations, herd immunity is at risk. If vaccination rates drop below approximately 85 percent, community protection fails. When that happens, vaccinated individuals are no longer able to protect those who are unvaccinated. Polio epidemics can and will return under those conditions. Compounding this risk, two strains of poliovirus have already mutated in parts of the developing world, and existing immunity may not fully protect against them.

Polio is not transmitted only through contaminated food or water. It is also spread through respiratory droplets, a cough or sneeze from a person incubating the virus. The idea that polio is safely confined to history is a dangerous illusion.

I can only hope that medical, nursing and physical therapy programs will consider setting aside even three hours for a seminar on post-polio syndrome. Invite a knowledgeable survivor to speak. Reach out to a local polio support group or contact Post-Polio Health International. Listen to those who have lived with the consequences of this disease for a lifetime.

Polio survivors are not relics of the past. We are living reminders of what happens when medicine forgets.

Find Post-Polio Health International at https://post-polio.org/.

Michael Kossove writes Prof. Mike's Health Corner for the River Reporter. He is professor emeritus and an adjunct professor of microbiology at Touro University's School of Health Sciences. He is a polio researcher, international polio lecturer and polio survivor, and lives in Sullivan County, NY.

The River Reporter 93 Erie Avenue PO Box 150, Narrowsburg, NY 12764 January 9, 2026

POST-POLIO HEALTH INTERNATIONAL

We're excited to introduce two new resources on our website bringing together years of trusted guidance from two of our most popular newsletter columns.

You can now explore all past entries from "Ask the Doctor" and "Promoting Positive Solutions" in one convenient place. Whether you're seeking medical insight or practical strategies for navigating the emotional and social aspects of living with post-polio, these collections make it easier than ever to find answers and support.

These resources reflect the expertise and real-world experience that have supported our community for years—now organized and accessible whenever you need them.

Ask the Doctor



Promoting Positive Solutions



FDA - Where and How to Dispose of Unused Medicines

Is your medicine cabinet full of expired drugs or medications you no longer use? The best way to dispose of most types of expired, unwanted or unused medicines is through a drug take-back program.

To discard of your prescription or over-the-counter medicines, you can:

- Drop off them at a drug take-back location.
- Mail them using a prepaid drug mail-back envelope.

If you cannot use those options, follow these guidelines:

- If your medicine is on the U.S. Food and Drug Administration's flush list, flush these potentially dangerous medicines down the toilet.
- If your medicine is not on the flush list, follow the instructions below to discard it at home

Drug Take-Back Options

The U.S. Drug Enforcement Administration sponsors National Prescription Drug Take Back Day in communities nationwide. Many communities also have their own drug take-back events. Check with your local law enforcement officials to find a location near you or with the DEA to find a DEA-authorized collector in your community.

Some pharmacies offer on-site medicine drop-off boxes or kiosks, mail-back programs and other ways to help you safely dispose of medicines.

Use Prepaid Drug Mail-Back Envelopes

A prepaid drug mail-back envelope is a convenient and secure disposal option. These envelopes are sold at various places, including retail pharmacies and online. Some pharmacies offer them at no cost.

To use prepaid drug mail-back envelopes:

1. Fill the envelope with your unused or expired medicines and seal it.
2. Mail the envelope using the U.S. Postal Service.

How to Dispose of Medicines at Home

When a take-back option is not easily available, there are two ways to dispose of medicines at home, depending on the drug.

Flushing medicines: Because some medicines could be especially harmful to others, they have specific directions to immediately flush them down the sink or toilet when they are no longer needed, and a take-back option is not readily available.

How will you know? Check the label or the patient information leaflet with your medicine. Or consult the list of medicines recommended for disposal by flushing when a take-back option is not readily available. Remember, don't flush your medicine unless it is on the flush list.

(Continued on page 5)

(Continued from page 4)

Disposing medicines in household trash: If a take-back option is not available, almost all medicines, except those on the FDA flush list, can be thrown into your household trash. These include prescription and OTC drugs in pills, liquids, drops, patches and creams.

Follow these steps:

1. Remove the drugs from their original containers and mix them with something undesirable, such as used coffee grounds, dirt or cat litter. This makes the medicine less appealing to children and pets – and unrecognizable to someone who might intentionally go through the trash looking for drugs.
2. Put the mixture in something you can close (a resealable zipper storage bag, empty can or other container) to prevent the drug from leaking or spilling out.
3. Throw the container in the trash at home.
4. Scratch out all your personal information on the empty medicine packaging to protect your identity and privacy. Throw the packaging away.If you have a question about your medicine, ask your health care professional or pharmacist.

Disposing Fentanyl Patches

The fentanyl patch is an example of a product that contains a powerful opioid medicine that can be dangerous to people it's not prescribed for. This adhesive patch delivers a strong pain medicine through the skin.

Even after a patch is used, a lot of the medicine remains. That's why the drug comes with instructions to flush used or leftover patches.

Disposing Inhaler Products

One environmental concern involves inhalers used by people who have asthma or other breathing problems, such as chronic obstructive pulmonary disease. Read handling instructions on the labeling of inhalers and aerosol products.

These products could be dangerous if punctured or thrown into a fire or incinerator. To properly dispose of these products and follow local regulations and laws, contact your trash and recycling facility.

Disposing Other Products

Visit the FDA's Medication Disposal Q&A page for more information on how to dispose of needles, syringes and other products. Some drugs with uncommon dosage forms – for example sprays and lozenges – have specific disposal instructions.

Review the instructions that came with your prescription or contact your health care professional to learn how to properly dispose of those medicines.

Flushing Drugs and the Water Supply

Some people wonder if it's okay to flush certain medicines. There are concerns about the small levels of drugs that might be found in surface water, such as rivers and lakes, and in drinking water supplies.

(Continued on page 6)

(Continued from page 5)

The main way drug residues enter water systems is by people taking medicines and then naturally passing them through their bodies. Many drugs are not completely absorbed or metabolized (broken down) by the body and can enter the environment after passing through wastewater treatment plants.

The FDA and the U.S. Environmental Protection Agency take seriously the concerns of flushing certain medicines in the environment. Still, there has been no sign of environmental effects caused by flushing recommended drugs. In fact, the FDA published a paper to assess this concern, finding negligible risk of environmental effects caused by flushing recommended drugs.

For more information on what to do when you no longer need your medicines, visit this FDA page.

CDC - Preventing Falls and Hip Fractures

Key points

- Simple actions can help you prevent falling.
- Talk to your doctor about the best methods of fall prevention.
- Broken hips are one of the most serious fall injuries.
- It is hard to recover from a hip fracture. Many people are not able to live on their own afterwards.

Preventing a fall or hip fracture

TALK TO YOUR DOCTOR

- Ask your doctor or health care provider to **evaluate your risk** for falling and talk with them about specific things you can do.
- Ask your doctor or pharmacist to **review your medicines** to see if any might make you dizzy or sleepy. Include prescription medicines and over-the counter medicines.
- Ask your doctor or health care provider about taking **vitamin D** supplements.

GET SCREENED FOR OSTEOPOROSIS

- Get screened for osteoporosis and treated if needed.

DO STRENGTH AND BALANCE EXERCISES

- Do exercises that make your legs stronger and improve your balance. Tai Chi is a good example of this kind of exercise.

HAVE YOUR EYES CHECKED

- **Have** your eyes checked by an eye doctor at least once a year and be sure to update your eyeglasses if needed.
- If you have bifocal or progressive lenses, you may want to get a pair of glasses with only your distance prescription for outdoor activities, such as walking. Sometimes bifocal or progressive lenses can make things seem closer or farther away than they really are.

(Continued on page 7)

(Continued from page 6)

MAKE YOUR HOME SAFER

- Get rid of things you could trip over.
- Add grab bars inside and outside your tub or shower and next to the toilet.
- Put railings on both sides of stairs.
- Make sure your home has lots of light by adding more or brighter light bulbs.

Why prevention is important

- Each year there are about 300,000 hip fracture-related hospitalizations due to older adult falls.
- In 2019, 83% percent of hip fracture deaths and 88% of emergency department visits and hospitalizations for hip fractures were caused by falls.
- Women experience about 70% of hip fractures treated in the emergency department or hospital.
- The chances of breaking your hip increase as you get older.

Resources

For more information about how you can prevent falls, check out CDC's STEADI resources for older adults.

These resources include:

- Stay Independent Brochure (English | Spanish) [2 pages]
- What YOU Can Do to Prevent Falls Brochure (English | Spanish) [2 pages]
- Check for Safety Brochure (English | Spanish) [2 pages]
- Postural Hypotension Brochure (English | Spanish) [2 pages]
- Chair Rise Exercise (English | Spanish) [1 page]

Related Pages

- Important Facts about Falls
- Older Adult Falls Data
- CDC Compendium of Effective Fall Interventions: What Works for Community-Dwelling Older Adults, 4th Edition
- Preventing Falls: A Guide to Implementing Effective Community-Based Fall Prevention Programs
- Fall Prevention Resources
- Publications
- Stopping Elderly Accidents, Deaths & Injuries (STEADI)

Mid-Ohio Valley Post-Polio Support Group Meeting



The Mid-Ohio Valley Post-Polio Support Group met at the Wood County Society for lunch and a discussion including the primary election in West Virginia on May 12. Members discussed how to go the the West Virginia secretary of state website to find their voter registration status and how to view their sample ballot. From left, Janice Kelly, President Pat Kelly of Ohio Polio Network, Judy Peascoe, Support Group Chairman Warren Peascoe, Patsy Johnson, Support Group founder Becky Greathouse and Corey Vinton. In the background is a display of art by members of the Artbeat Studio. (Photo provided) Parkersburg News and Sentinel May 5, 2026

2026 OPN Donors

The Ohio Polio Network (OPN) would like to thank all our members. OPN would not exist without the receipt of annual dues from its members. Your contributions help to defray the cost of Post-Polio Conferences, the cost of the quarterly newsletter and the cost for maintaining the website. The following people and organizations have made donations to OPN in 2026 (since November 25, 2025) the date of the Winter 2025 newsletter. We would like to thank you for your generous donations. We would also like to thank the anonymous people who have donated through the PayPal Giving Fund.

Hank Deneski **Patrick Kelly** **Arlene Zachritz**

PayPal Giving Fund Donors

OPN BOARD AND ADVISORY BOARD

President
Patrick Kelly
Marietta, OH
(740) 374-0538

Vice-President
Brenda Ferguson
Tallmadge, OH
(330) 671-7103

Recording Secretary/ DB Administrator
Amy Smith
Cincinnati, OH
(513) 259-3511

Treasurer
Bob Boyce
Akron, OH
(832) 250-0155

Support Grp Liaison
Susan Cull
Columbus, OH
(614) 204-4089

Support Grp Liaison
Aldeen "Monica" Wilford
Gahanna, OH
(614) 581-6979

Zoom Administrator
Bob Boyce
Akron, OH
(832) 250-0155

OPN Board
Chuck Albert
Beaverceek, OH
(615) 939-2174

OPN Board
Judith Peascoe
Vienna, WV
(304) 295-4233

OPN Board
Warren Peascoe
Vienna, WV
(304) 295-4233

OPN Board
Arlene Zachritz
Dayton, OH
(937) 433-1186



OPN Advisory Board
Roswell B. Dorsett, MD
Unity Health Network, LLC
Akron, OH
(330) 572-1011

OPN Advisory Board
Anthony A. Hayek, D.O.
Edwin Shaw Rehab Hospital
4389 Medina Road
Copley, OH
(866) 320-4573

OPN Advisory Board
Roger Marzano, CPO, Cped,
Yanke Bionics
Akron, OH
(330) 668-4070

OPN Advisory Board
Nikki Wingerson MSW, Ph.D.
Stow, OH
(330) 686-1071

POST-POLIO SUPPORT GROUPS

Akron
Brenda Ferguson
(330) 671-7103
Judi Jacobs
(330) 696-8940

Central Ohio Polio Network (Columbus)
Aldeen "Monica" Wilford
(614) 581-6979
Susan Cull
(614) 204-4089

Coal Grove (Ironton)
Aldeen "Monica" Wilford
(614) 581-6979
Susan Cull
(614) 204-4089

Defiance Area (Northwest Ohio)
Aldeen "Monica" Wilford
(614) 581-6979
Susan Cull
(614) 204-4089

Greater Cleveland
Alice Sporar
(404) 434-0131

HELPS (New Philadelphia)
Winnie Walker
(330) 339-6910

Miami Valley (Dayton)
Chuck Albert
(615) 939-2174

Mid-Ohio Valley Parkersburg WV
Warren Peascoe
(304) 295-4233
Becky Greathouse
(304) 615-6811

Stark County (Canton)
Linda Conrad
(330)704-6028

The Polio Connection (Greater Cincinnati)
Amy Smith
(513) 259-3511

Toledo Post Polio Connection
Sandy Foss
(419) 893-8110

Wooster & Wayne County
Vivian Gray
(704) 994-9199

The Polio Post is published quarterly. All articles are due according to the following schedule:

Issue	**Date Due**
Spring	March 1st
Summer	June 1st
Fall	September 1st
Winter	December 1st

Please forward letters and articles to the return address on the newsletter or e-mail: **JDBAFERGIE@aol.com**

Membership Categories:

- Basic - $10.00
- Donations – An annual list of people who have made a donation in any amount will be published in the *The Polio Post* and on the website.
- Special Gifts

OPN is a non-profit & tax exempt organization under: IRS 501(c)3 and Public Charity 509 (a) (2).

Make checks payable to:

Ohio Polio Network
c/o Robert Boyce, Treasurer
1052 Jonathan Ave.
Akron, OH 44333

Brenda Ferguson - Editor

Pat Kelly - Formatting/Publishing

Robert Boyce & Brenda Ferguson - Printing & Mailing

Pat Kelly - Advisor

Disclaimer Notice:

The thoughts, ideas, and suggestions contained in this publication are those of the writers and do not necessarily constitute an endorsement or approval of the Ohio Polio Network. The articles are for information only.

Consult your health care provider before beginning any new medications, nutritional plans or any other health related programs.

Select One: New Membership ___ Renewal ___ Change of Address_____

The OPN Membership Year is (September 1 – August 31)
Annual Membership payment is due in September.

Name: _____

Address:_____

City: _____State:_____ Zip Code_____

Phone Number:_____

E-mail Address:_____

The Polio Post
c/o Brenda Ferguson
71 Donze Ct.
Tallmadge, OH 44278

Ohio Polio Network
OPN
30th Anniversary
1993 2023

www.ohiopolionetwork.org

