Spring 2025

Polio Perspectives

polio network victoria

Chair report
Bev Watson

WELCOME to the Spring edition of *Polio Perspectives*. I do hope those who needed rain received enough to make a positive impact for your dry surroundings and that there is some good follow up.

I am excited to let you know that Polio Day 2025 will be held in Bendigo this year at the Quality Hotel Lakeside, 286 Napier Street, Bendigo on Wednesday, October 22.

The theme for this year's event is "Gadgets & Us" because we all know that it is becoming more difficult to open jars, pull on socks and reach the dropped item.

The day will include a panel of Polio survivors and carers and

Cont P2

Contact PNV: PO Box 205, Woodend, Vic. 3442 Phone: 0407 227 055
E: polionetworkvichelp@gmail.com ***Please advise if changing address or email.***

Polio Day 2025

Admit it, we need a hand from gadgets

Let's face it, we can't open jars, put on socks etcetera the way we used to. Time to turn to products that actually help.

So, join Polio Network Victoria (PNV) as we host Polio Day 2025 on October 22 from 10-3pm. Join a powerful conversation between polio survivors and health professionals as they explore the evolving physical impacts of polio over time.

Featured will be a panel of survivors and health professionals as they unpack *what's happening*, *why it's happening*, and *what can be done,* offering insights into body changes, pain management and practical solutions.

Through personal stories and clinical expertise, speakers will share experiences with new equipment, therapies and approaches that are making a real difference. A must-attend for anyone navigating post-polio changes or supporting those who are.

Polio Day also provides a chance to connect with other peers and polio survivors, share stories and your own experiences with gadgets - what has worked and what hasn't.

At Quality Hotel Lakeside, 286 Napier Street, Bendigo, 3350
Luncheon and refreshments $45
enquiries: georgie@fetchingevents.com.au
Booking https://events.humanitix.com/polio-day-2025-gadgets-and-us

From P1

health professionals as we unpack *what's happening, why it's happening* and *what can be done.*

This is a must attend for anyone navigating post-changes or supporting those who are. The day also provides a chance to connect with other peers and Polio survivors, share stories and your experiences with gadgets – what has worked and what hasn't. There will be a range of Service Providers on site to answer any of your questions about various types of gadgets and equipment.

Luncheon and refreshments $45 - bring cash for raffles
Booking **https://events.humanitix.com/polio-day-2025-gadgets-and-us**
Enquiries: georgie@fetchingevents.com.au

As we start to come out of the colder weather and head towards our lovely spring and summer I do hope everyone remains well.

If you are receiving Polio Perspectives newsletter by mail, please ensure if you change address let us know either by phone: 0407 227 055 or by email polionetworkvichelp@gmail.com . Or if you are able to receive it by email instead of having it posted, please advise your email address. Unfortunately, when newsletters are returned, we have no way of knowing if they can be redirected next edition.

I must extend my thanks to the Polio Network Victoria Committee and Group Convenors who continue to provide amazing support to me as Chair and to the group members in their region. And on the topic of group members, I am delighted to let you know that a new Northern Suburbs group has recently been formed. So, if you are in the Northern suburbs and would like to link in with others, feel free to contact

Phone: 0407 227 055 **EMAIL:** polionorthernsuburb@gmail.com

With my best wishes to everyone and encourage you to make your way to Bendigo if it is at all possible for what promises to be a very enlightening Polio Day. Take care, Bev Watson Chair – Polio Network Victoria

---

2026 Melbourne Post-Polio Conference Expression of Interest

Register your interest here: www.trybooking.com/DFCHZ

While this article by the late Dr Richard Bruno, is long and slightly edited, it contains basic advice and information many of us might find useful as a 'brush up'

Post-Polio Sequelae: Preventing ultimate burnout

By Richard L. Bruno, HD, PhD
Former Director, International Centre for Polio Education

IT"S 8:00 p.m. and only one light is burning at corporate headquarters. Mr. Gray, MBA, the 55-year-old CEO, is awakened by the phone. He lifts his head from the desk to answer and hears his wife asking when he's coming home. Feeling as if he weighs a ton, his muscles burning, Mr. Gray wheels himself to the car and, with barely enough strength to pull his chair in behind him, drives home. He greets his kids, rolls into the bedroom and throws himself on the bed. It's the third night this week he has gone to bed without dinner and slept in his clothes.

The alarm rings at 5 a.m. A clean suit and a three cups of coffee later, Mr. Gray is on the road again. Driving to work he hears the same faint "sizzling" sound he hears every morning, like electricity arcing between two frayed wires. But on this, as on every other morning, he ignores the "sizzling," ignores his increasing fatigue and muscle weakness and pain. He has a corporation to run. There's no time to "give in" to his body. But he does wonder: "What is that "sizzling sound?"

Well, Mr. Gray, that *metaphoric* "sizzling" is the sound of your nerves burning out. Nearly 80% of North America's one million+ polio survivors hear the same sound as they too, experience Post-Polio Sequelae (PPS), the unexpected and often disabling symptoms - overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anaesthesia, cold intolerance and difficulty swallowing and breathing - that occur decades after the acute polio infection when polio survivors' reduced number of remaining, poliovirus damaged neurons "brownout" or fail and die due to overuse. Unfortunately, most polio survivors are just like Mr. Gray: hard working, time-conscious, perfectionistic super achievers who, as a way of life, push themselves beyond their physical limits. Polio survivors ignore the "sizzling" sound, refuse to give up control, refuse to "give in" to new fatigue and weakness and pain even though their bodies are begging them to stop.

POST-POLIO PAST

Why won't polio survivors listen to their bodies and slow down? When you understand what it was like to have had polio, you can appreciate why polio survivors feel that "giving in" to PPS is the same as giving up their lives. "During the epidemics," says PPS researcher Dr. Nancy Frick, a polio survivor herself, "polio was America's summer terror. The adorable March of Dimes poster children, in heavy metal braces and leaning precariously on their crutches, were everywhere saying, 'Give money to find the polio vaccine. Don't let your child become a cripple like *me!* '

When the polio vaccine arrived in 1954, the poster kids were needed no more. Their braces, crutches and wheelchairs were evidence of a horror that Americans wanted to forget. "So polio was eagerly forgotten by everyone," Frick says, "including those disabled by it. To be accepted back into society, polio survivors had to look 'normal' again. And since buildings were totally inaccessible, even paraplegic polio survivors had to be able to walk if they wanted to go to school or get a job."

So polio survivors were ripped away from their families for months or years and admitted to rehabilitation hospitals where they underwent multiple surgeries and draconian physical therapy. Many were verbally abused, slapped or even beaten with rubber truncheons by therapists or family members to "motivate" them to walk. "Is it any wonder that polio survivors discarded their braces and crutches when they came home

Cont P4

from the hospital?" asks Frick. "I have a theory that polio survivors would have done almost anything to look 'normal' and stop the abuse."

In the 1995 International Post-Polio Survey Nancy Frick and I put her theory to the test. She surveyed more than 1,100 polio survivors, asking about the experiences surrounding their polio, including hospitalisation, surgeries and emotional and physical abuse by family members, peers and medical professionals. She also measured their Type A behaviour, sensitivity to criticism and failure and asked whether they had been evaluated or treated for PPS. "As in our two previous post-polio surveys," says Frick, "polio survivors were 21% more Type A and 15% continued more sensitive to criticism and failure as compared to nondisabled controls." A more upsetting finding was that polio survivors reported 34% more emotional abuse and 94% more physical abuse than did nondisabled control subjects.

"All of that 'extra' abuse was related to polio survivors looking disabled," Frick explains. And those who were abused were at least 15% more Type A and sensitive to criticism than polio survivors who were not abused. "It is no mystery that polio survivors today refuse assistive devices that make them look more disabled," says Frick. "Using crutches or a wheelchair feels like painting a bullseye on your chest with the words, 'Abuse me, I'm disabled!'"

Frick's findings may also explain why polio survivors are so reticent about even being evaluated for PPS. "About 78% of polio survivors said they were not treated with concern by medical staff when they had polio," she says. "Those who were not treated well became very Type A and very sensitive to criticism and failure as adults." Our research suggests that Type A behaviour developed as a protection against criticism and failure. We found that polio survivors who were the most Type A today are most likely to refuse treatment or even evaluation for their PPS. Frick concludes, "Type A polio survivors refusal to treat their PPS and use assistive devices as a protection from the kind of abuse they experienced as children, as is polio survivors becoming Type A super-achievers.

As our two previous surveys show, more polio survivors marry and go to college than do nondisabled Americans. Polio survivors work more hours of overtime and take fewer sick days than any other group. They became the leaders of their communities and the chief executives of the world's largest corporations.

They become Mr. Gray. *That's* why their nerves have started to "sizzle."

POST-POLIO PRESENT

Since we know that PPS is not caused by the return of the poliovirus that's been hiding in the body for decades, nor is it the result of some new disease, the simplest explanation is that the reduced number of remaining, poliovirus-damaged neurons are mad as hell and aren't going to take it anymore.

New Muscle Weakness and Pain.

When polio struck, large numbers of neurons in the brain stem were damaged by the poliovirus. For those who had paralysis, the poliovirus damaged 90% of the motor neurons in the spinal cord that run the muscles, and nearly half of those neurons died. The surviving but damaged neurons are less able to manufacture acetylcholine, the chemical that nerves release to make muscles contract. But, in spite of severe damage, motor neurons were still able to send out sprouts -- like extra telephone wires -- to turn on muscle fibers orphaned when their motor neurons were killed by the poliovirus. This sprouting allowed many people who were totally paralysed during the initial polio attack to actually walk out of the hospital months later.

But since polio-damaged, over-sprouted motor neurons have been doing as much as 16 times the amount of work they had done before the poliovirus infection over 50-plus years, even polio survivors with minimal loss of function originally have been

Cont. P5

heading for a fall. Sprouted motor neurons can no longer make muscles contract as forcefully as they once did, or for as long as they once could, because their internal metabolic "factory" is failing after years of overworking. Muscles become weaker and hurt as they try to do more work than they are able to do." And because weakened muscles can no longer support the joints, polio survivors' shoulders and elbows ache and their knees start to bend backward. As metabolically- damaged neurons fail, standing, walking, pushing a wheelchair -- sometimes even swallowing and breathing -- become more difficult or more painful.

This metabolic failure theory of PPS was demonstrated in 1997 by A.J. McComas of Canada's McMaster University. McComas used EMG to count the number of remaining motor neurons in polio survivors not being treated for PPS and then followed them for two years. McComas found that a limb weakened by polio had only 40% of the normal number of motor neurons. Even limbs that were thought not to have been affected by polio have only 60% of the motor neurons they should. Two years later, McComas found that 78% of polio survivors reported a decrease in muscle strength and had lost an average of 14% of their motor neurons, nearly twice the rate of loss expected in healthy subjects ten years older. Most alarming was the finding that the two survivors who reported the greatest decrease in strength had each lost 50% of their motor neurons over the two years. While these findings are frightening, they are also a guide to a rational treatment for PPS: "Our findings make clear that polio survivors should not be treated using electrical stimulation that causes muscle contraction," warns McComas, "nor should they engage in fatiguing exercise or activities that further stress metabolically damaged neurons that are already overworking.

Brain Fatigue. While new muscle weakness and pain are reported by more than 75% of polio survivors, the most common PPS symptom is fatigue. During the past 25 years, my team at The Post-Polio Institute has found that brain fatigue -- when polio survivors can't concentrate and have trouble staying awake as the day goes on -- is associated with an inability to focus attention and process information quickly plus a marked reduction in the brain-activating hormone ACTH. Magnetic resonance imaging revealed damage to the brain-stem neurons responsible for activating the brain, damage also found during autopsies of polio survivors done in the 1940s.

What's more, our study published in 1998 describes the measurement of polio survivors' brain waves and the hormone prolactin. Prolactin increases in the blood when there is too little of the most important brain- activating neurochemical, dopamine. Our finding that polio survivors with the most fatigue had the highest prolactin levels and the slowest brain waves suggests that they do not make enough dopamine to fully activate their brains. A dopamine shortage would explain symptoms of post-polio brain fatigue. This conclusion is supported by our finding that bromocriptine -- a drug that substitutes for dopamine in the brain -- reduces the symptoms of post-polio brain fatigue in survivors who do not respond to the conservative treatments of choice for PPS: reducing physical and emotional stress, using assistive devices, conserving energy, resting and pacing activities.

POST-POLIO FUTURE

But the future is not bleak. Research during the past decade has shown that the conservative treatments of choice for fatigue are very effective in managing PPS. Polio survivors need to follow – "The Golden Rule for PPS:" If something you do causes pain, fatigue or weakness, don't do it (or do less of it)!"

"The Golden Rule" does *not* mean that polio survivors should sit home and become couch potatoes. "The Golden Rule" *does* mean that polio survivors should stop exhausting themselves, especially with exercise.

Cont P6. 5

Many survivors are prescribed -- or actually ask for -- the kind of physical therapy they had right after polio: exercising to the point of exhaustion. But several studies show that pumping iron will not increase the strength of muscles that are becoming weaker, and actually cause an irreversible loss of strength and possibly the *death* of motor neurons. We do not recommend over conditioning with laps in the pool, free weights, exercise bikes, or treadmills for polio survivors. "Feeling the burn" means nerves are burning out.

Stretching, however, helps decrease pain and increase range of motion. And gentle, non-fatiguing exercise can be useful for some polio survivors to help maintain muscle strength and tone.

Several studies show that changing survivors' physically and emotionally stressful Type A lifestyle is the best way to reduce weakness, fatigue and pain. One study shows that polio survivors who pace activity -- that is work and then rest for an equal amount of time -- can do 240% *more* work than if they push straight through the task. Another study shows that survivors use *three times less* energy walking if they use a

short-leg brace on a weakened leg. And the follow-up study of The Post-Polio Institute's program of behaviour modification, physical and occupational therapy shows that polio survivors who comply with treatment -- pace activities, conserve energy, take two 15-minute rest breaks a day and use assistive devices (a brace, cane, crutches or wheelchair) -- have up to *22% less* pain, weakness and fatigue 16 months after therapy ends.

However, polio survivors who refuse or quit therapy have 21% *more* fatigue and 76% *more* weakness 16 months after leaving The Post-Polio Institute. And there's the rub. It's only the refusal to listen to that "sizzling" sound that causes PPS to continue or progress. "The treatments for PPS may sound simple but they are not easy," says Frick. "Polio survivors have to deal not only with their bodies giving out on them again, but also with long-buried emotional pain." And it is those painful experiences of the past and memories of abuse, the fear of giving up "protective" Type A behaviour and terror of looking disabled, that stop polio survivors from treating their PPS. So the most difficult aspect of treating PPS is not deciding whether a short or long-leg brace will be most helpful. The challenge is helping polio survivors face the pain of their abusive pasts and accept *appearing* more disabled -- by slowing down, asking for help and using new adaptive equipment -- so they won't *become* more disabled. That's why behaviour modification and psychotherapy are required to help survivors accept their "second bout" with polio, change their super- achieving lifestyles and deal with the fear of looking disabled.

As Mr. Gray would tell you, this whole PPS business stinks. But isn't it far better to manage PPS now than to be forced to give up everything you do because you are too weak and fatigued to function? I know, you'll slow down and take care of yourself "when you're ready." You'll use a wheelchair "when there's no other choice." Well, you don't drive your car until it's out of gas. Why drive your body until it's out of neurons? Isn't it time to listen to the "sizzling" sound? Isn't it time to take care of yourself? To paraphrase one famous polio survivor who refused to take care of *himself*, "You have nothing to fear but fear itself."

Richard L. Bruno, HD, PHD

(Dr Bruno sadly died last year, October 2024. Dr Frick, his wife, a Polio survivor, died in 2014. Together and separately they did a huge amount of valuable work on understanding of late effects of Polio.)

Margaret's warmth sadly missed

MARGARET Goodman, a woman of extraordinary warmth, resilience, and spirit, passed away on December 24, 2024. The well-known Myrtleford stalwart was born in Yarrawonga on July 10, 1939, the second of five children, to Jack and Neata Matheson.

Margaret Goodman, always brightly dressed with a bouquet of flowers on her scooter.

Throughout her 85 years, she faced challenges with an unwavering determination and left an abiding legacy of compassion and endurance. At age 11, Margaret was diagnosed with Polio, a battle she met with courage and grace. She spent three years in hospital in Melbourne for treatment.

Despite the physical hardships it imposed, she refused to let it define her. With callipers on her legs and a heart full of resolve, she forged a life rich in purpose, laughter and love. At a dance in her late teens, she met Frank Goodman, the love of her life.

Their 66-year marriage was of unwavering devotion. Together, they built a full and happy family, raising five children: John, Georgina, Jude, Caroline and Anita.

Margaret's passion for and faith in her town were boundless. From the moment the young family arrived in Myrtleford in January 1967, she threw herself into countless local committees and organisations. She was involved in the school community for over 50 years and founded the Friends of Myrtleford P-12 Association in 2015.

Throughout the 1980s and 1990s, she was actively involved in the Tobacco, Hops, and Timber Festival, serving as president for many of those years. Whilst working at *The Myrtleford Times* during this era, she used her column, *Around Town With Marg*, to encourage community involvement, keeping locals informed about events in and around their hometown.

Margaret was a devoted member of St Paul's Anglican Church and was elated when women could be ordained. The cross above the entrance to St Paul's was commissioned by Margaret in celebration of her 50th birthday.

Margaret was a passionate campaigner for women's rights, attending the Women in Politics Conference in Canberra in 1975. She was a champion of political rights and remained engaged in the democratic process well into her later years, often seen handing out How to Vote cards on election days. Above all, Margaret fought for disability rights and was a long-time member of the Disability and Advocacy Service in Wodonga, for which she received a Lifetime Membership Award.

Cont P8....7

She was also instrumental in the Noah's Ark Toy Library, ensuring children with disabilities had access to educational play resources.
Margaret was also one of the campaigners who successfully lobbied against aerial spraying and the use of the herbicide 245T, which had been linked to serious health issues.

In 1990, Margaret's Polio symptoms returned, and she was diagnosed with Post-Polio Syndrome, which proved even more devastating than her initial Polio diagnosis. Refusing once again to let this defeat her, she founded the North East Polio Group, providing tireless support for those living with Post-Polio Syndrome and staunchly crusaded for awareness of and immunisation against the condition. Her contributions made a lasting impact and were recognised in 2019, when she was inducted into the Victorian Disability Awards Lifetime Achievement Honour Roll.

Margaret received numerous other accolades throughout her life, including a Shire of Myrtleford Community Service Award in 1993 and the Alpine Shire Citizen of the Year in 2000.
Margaret's presence was impossible to miss: visible from a hundred metres, she was audible from even further. She had a gift for making everyone feel special, whether through her legendary handwritten notes or her endless generosity of time and kindness. She believed in finding joy in the everyday, in treating everyone with warmth and dignity and in embracing life with open arms.

Margaret often said she wished to be 'slim, rich, and beautiful' and indeed, she was always rich in love and beautiful in spirit, leaving an indelible mark on all who knew her. She leaves behind a family who adored her and miss her immensely, a community forever enriched by her service and a legacy of kindness, love, and resilience.
Farewell Marg.

Courtesy Alpine Observer. August 22, 2025

Polio Day, PP, and our support groups exist for us to keep in touch with fellow survivors. We have special relationships going back to childhood. We may not have known each other then, but that friendship today runs deep. Was there a pal from childhood polio days at Fairfield, Lady Dugan, Mt Eliza, Mt Macedon Golf House, Hampton, the various base hospitals, you'd like to talk to again? Let us know and we'll try to help that happen. E: *polionetworkvichelp@gmail.com*

PRIDE GOETH BEFORE (AND AFTER) A FALL

by Millie Malone Lill

THIS has been an ongoing discussion among the polio groups I belong to. Why do people not realise how difficult our lives can be? I think I know why. It's because we hide our pain so well that it is not visible to others.

Our training as polio survivors is to mask our pain. There are several reasons for this. Most of us were trained to be people pleasers. “Don't whine! Other people don't want to hear about your problems.”

“Try not to limp like that. You offend people when you do that.” “No one wants to see that ugly atrophied leg. Wear a pair of slacks or a long skirt to cover it up.” And there is also the fact that we don't like to appear vulnerable. If the boss sees that standing all day makes your back hurt, he might fire you, thinking you are unable to do your job adequately. Going to your car after work while limping makes you look like an easy target for those people who prey on the weak. In a school situation, other kids might pick on you if you appear different.

So, for these reasons and a multitude of others, we “stuff” our pain. We become used to it and learn to ignore it. We learn to 'do it anyway.' We smile and act cheerful, we respond with “I'm fine” when asked the rhetorical question of “How are you?” People who have known you for years cannot see that you are in pain, not by any sign on your face. All they see is that mask that you wear to hide it all.

As a result, when you see a doctor for the first time and tell them that you need painkillers, they sometimes don't believe you because you do not look like someone in pain. You are not wincing, you do not have tears in your eyes, nor are you frowning or looking miserable.

Pain is subjective and there is no way for your doctor to tell if you are actually needing painkillers because you have pain or if you are addicted. Since doctors can get in trouble for prescribing too many of such drugs, they may not prescribe them for you.

I don't know the answer to this problem, other than to suggest that we let our masks slip down, try to be less prideful and actually let others see our pain. It will make you vulnerable, so you will have to pick and choose those you allow to see this, but your friends and especially your doctor will appreciate it so they can better help you. And yes, do accept help. That is a difficult thing for us. We are so independent, we want to do it ourselves.

Sometimes, though, even the strongest people need a bit of help.

Useful info

Contact PNV:

PO Box 205, Woodend, Vic. 3442
Phone: 0407 227 055
polionetworkvichelp@gmail.com
Contact Bev for any questions, venues of meetings, PP content.

Polio Services Victoria (PSV) 9231 3900
St Vincent's Hospital, ground floor, Bolte Wing, Fitzroy, 3065. Team of allied health professionals offers: access to a rehabilitation consultant (referral required); specialist assessment; referral to & collaboration with mainstream health providers to develop client service plans; information & education service to health providers, clients who had polio, & the wider community.
PSV online: www.psv.svhm.org.au

Mobility Aids Australia
offers electric scooters, lift chairs, wheelchairs, walkers, electric beds, bathroom and toilet aids and much more. 1/820 Princes Hwy, Springvale
Ph: 9546 7700

Travellers Aid service
www.travellersaid.org.au/bookings
- Southern Cross station 9670 2072
- Flinders St Station: 9068 8187
- Seymour 5793 6210

Home & Community

My Aged Care
Australian Government website and phone line on aged care services available.
Ph: 1800 200 422

NDIS
If aged under 65 with a disability - requires assessment.
Contact 1800 800 110

Equipment funding
State Wide Equipment Funding – SWEP
Ph: 1300 747 937. Aids and equipment to enhance independence at home. Arrange through SWEP's physio or OT.

Leef Independent Living Centres
Ph: 1300 005 333. Stocks scooters, walkers, assistive technology, shoes and clothing. *https://ilsau.com.au/store-finder/*

Neuromuscular Orthotics
Phone:1300 411 666
25 Glendale Cres, Mulgrave, 3170.
Darren Pereira - Principal Orthotist.
w.neuromuscular-orthotics.com.au

Polio Support and Advocacy Groups

For all contact details:
Bev Watson: 0407 227 055
polionetworkvichelp@gmail.com

Bayside first Tuesday of month

Bendigo third Saturday bi-monthly

Hume second Saturdays

Lilydale/ Yarra Ranges meet second Wednesday, monthly social group.

Mornington Peninsula: second Saturdays, 11am @ Mornington Community House. Also luncheons, third Tuesdays, Sandwich King, High St, Hastings 12.30.
All welcome.

Northern Suburbs - first Wednesday of the month at Glenroy RSL

Shepparton quarterly first Tuesday.

South Eastern Region second Saturday - Springvale

Warrnambool fourth Tuesday.

Regional clinics PSV

venues and dates

October 8/9 Traralgon
November 19/20 Horsham

Readers of Polio Perspectives have indicated willingness to pay $10 annually to receive the quarterly newsletter. Polio Network Victoria relies on funding to print and post this newsletter and undertake other activities. So, Dear Readers, now is the time to send your $10. Address to: The Treasurer, P. O. Box 205, Woodend, Vic. 3442. Make cheques payable to: Polio Network Victoria. Please let us know if you change address. Better still, direct deposit to: BSB 633 000, A/c 169 887 320, A/c Name: Polio Victoria Inc. Be sure to put your name in the reference field. To save PNV postage and paper, provide an email address instead if you have one. Thank you!

Life Skills for Polios – a light-hearted handbook

Everything you wanted to know about post-polio but were too afraid to ask? The ideal book for health professionals, friends, family and polios wanting to know how to manage not only post-polio symptoms, but how gracefully to:

- go shopping avoiding big supermarkets;
- downsize home and life;
- demand the right chair;
- avoid falls and worse;
- manage the big four painful body parts;
- exercise without overdoing it;
- and find much needed sleep.

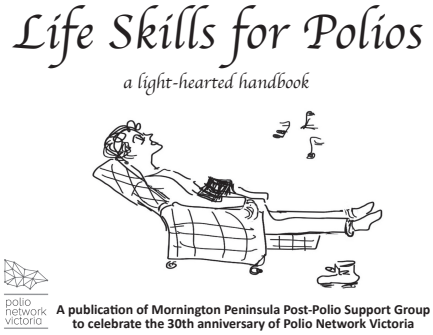
Cost $15 plus $9 postage and packaging.
As an e-book $US5**:** *www.postpolioinfo.com/lifeskills.php*

Iron Wills – Victorian Polio Survivors' Stories
Stories from schooling to later life, *plus* a history of polio and founding of Polio Network Victoria.Cost $20 plus $9 postage and packaging.

Polio Network Satchels - $15
Strong with strap for shoulder or scooter/wheelchair back. Also drawstring bags $5

The Polio Day Cookbook
– fine food for the fatigued $15 plus $9 postage packaging to purchase: olionetworkvichelp@gmail.com

Polio Perspectives Editor: Fran Henke



Opinions expressed in this newsletter may be those of the writers only. Consult your doctor before trying any medication or new form of exercise. Give relevant information to your doctor and help them to help us. We do not endorse any product or services mentioned.

Polio Perspectives,
Newsletter of Polio Network Victoria
Box 205, Woodend, Victoria 3442

PRINT POST
100028553

POSTAGE
PAID
AUSTRALIA