MARCH '17 MINUTES

It was a breezy, sunny morning when 26 members came to celebrate our 21st Anniversary.

Missing Newsletters – 13 members present did not receive the March issue!

Caps of Love – Many thanks for your contributions. We will no longer be collecting.

Lunching Around – 8 going – are you?

Member Updates – Ruth Luro is home recovering nicely; Anita Wolfe recovering from pneumonia; Sandy Goodman recovering from car accident; Lee Rogers home & Joe Campbell/Theresa Jarosz recovering.

Cruise 2018 – 18 already booked – make your plans now! Itinerary on page 11.

Ina Pinkney, our guest & 10-minute person, contracted polio 1944, age 18 mo., Bklyn, NY. March of Dimes put her in braces/crutches. Dad found and convinced Sister Kenny to visit and treat Ina, got rid of braces and started hot pack treatments. Had surgery at 6, read Madeline & associated with her ‘never fitting in’ and fearlessness.

In her career, she had 21 jobs & was fired from 19! At 37, she began a surprise birthday cake delivery service.

In 1991, she opened Ina’s Kitchen in Chicago with different breakfast foods, great breads, quiet, no music as she knew what she wanted. In 2013, she closed the restaurant due to worsening physical changes.

Presently, Ina is the subject of a documentary, ‘Breakfast at Ina’s’; has ‘Breakfast with Ina’ column in Chicago Tribune & a memoir book, Ina’s Kitchen, available at Amazon.com & Barnes & Noble. Our members were fascinated! Thank you Reneé Nadel, member, for graciously hosting Ina Pinkney.
As Maureen & Joel were hosting 27 cruisers, Jane ‘pinch hit’ the meeting. She began the 21st Anniversary celebration by reading the History of BAPPG. Our official anniversary is June & we celebrate in March to include our faithful snowbirds!

Jane’s hubby, Bill, soon appeared bringing Anthony’s Coal Fired Pizza (cheese & pepperoni) & salad. We were very blessed and grateful for the many ‘helpers’ who passed out the pizza, salad, soft drinks & ‘seconds’. Not a morsel of pizza was left although many took home the left-over salad.

The ‘yummy’ cake was served, and a few members took home a slice to enjoy that evening.

The 26 members in attendance totally enjoyed a chance to get to know each other as the decibel level in the room was deafening!

We thanked all the ‘helpers’ who served/cleaned up and the membership for their continued loyalty & support – and you know who you are!

In addition, Carolyn DeMasi, CoFounder, who lives in Ocala, was missed at the celebration.

Submitted by Dianne, Jane, & Pat

———

BAPPG appreciates the generosity of the following people who enable the printing of this newsletter.

Michelle Sosnick
Mark & Carol Harris
Robert & Patricia Arnold
David Helfrich
In memory of wife Mary Ann
Danny Kasper

WITH MANY THANKS
We wish to thank the many benefactors* who have given so generously to the Boca Area Post Polio Group.

Lee & Barbara Rogers
Wilbur & Hansa May
Bruce & Dianne Sachs
Daniel & Sonia Yates
Dr. Leo & Maureen Quinn
Albert Carbonari
Joyce C. Sapp
Eddie & Harriet Rice
Robert & Vera McLendon
Gary Elsner
David & Margaret Boland
Peter Bozick
Paul Ritter, Jr.
Post Polio Support Group of PBC
Reneé Nadel
Jeff & Brenda Serotte
Joe & Theresa Jarosz Campbell
Triad Post Polio Support Group
Geraldine Gerber
In memory of husband, Stan
Diana Barrett Jeanne Sussieck

*Names remain for 1 year.

Cruise 2017 pictures will be posted shortly to www.postpolio.wordpress.com & in the May 2017 issue!
HAPPY 21ST ANNIVERSARY!!
THE HISTORY OF
BOCA AREA POST POLIO GROUP

Carolyn and Maureen met at a support group in West Palm Beach in the summer of 1994. After talking to others, they knew that there was a need for such a support group in south Palm Beach County.

The first organizational meeting of our support group was held on June 4, 1996. Eight enthusiastic people attended – Anne Cuskley, Effie Daubenspeck, Carolyn DeMasi, Maureen Henriksen, Jane McMillen, June Priest, Gert Savith, and Milly Sims. Soon, we grew to 23 and needed a permanent place to meet.

In the Fall of 1996, we became a ministry of Spanish River Church where we still continue to hold our monthly meetings. Our first meeting at this new location was held on September 11, 1996. Twenty-seven people attended and the majority voted to name us the BOCA AREA POST POLIO GROUP. Topics and speakers were planned and the group was on its way!

As a result of the dedication and generosity of members, families, sponsors, friends, and other community supporters, the BOCA AREA POST POLIO GROUP grew and is proud of its many accomplishments. More than 525 Polio survivors, family and friends have come and gone through our doors these past 20 years. Our monthly dining/lunching get-togethers have been extremely successful including our anniversary and holiday luncheons. A lending library has also been established.

From its inaugural issue, October, 1998, our monthly newsletter Second Time Around, grew to reach over 550 worldwide.

February 19, 2000 we hosted our first Post Polio Conference, Into the Millennium, with 272 attendees at The Embassy Suites Hotel in Boca Raton, FL.

November 2003 began our yearly — “spirit of adventure”, cruising the high seas aboard Royal Caribbean/Celebrity ships. Our destinations included Eastern & Western Caribbean and Panama Canal attracting cruisers from AZ, CA, CO, CT, FL, GA, HI, KS, MI, MO, NE, NJ, NY, OH, OK, PA, RI, SC, VA, Canada and Italy, too! In 2012, our 9th cruise, we had a record high of 40 cruisers including several newbies. Our upcoming 16th cruise in 2018 is planned to explore new Antigua, Barbados, new St. Lucia & 2 days St. Maarten!!

Beginning December 30, 2008, thanks to the generous, talented and creative efforts of member Jane McGookey, MI, we have a website, www.postpolio.wordpress.com, thus enabling over 316 members to now receive the newsletter electronically & only 230 by mail saving printing costs and trees.

Networking is a very important part of a successful support group. Those of us who are experiencing these late effects of polio realize we're not alone because we are "sharing and caring together".

Today is our 211th meeting here at
Spanish River Church!
THE TRUE MEANING OF EASTER
By Russell Silverglate, Pastor
Hammock Street Church, Boca Raton, FL

Easter is the most important religious feast in the Christian calendar. It will be celebrated this year on April 16. On Easter, Christians celebrate the resurrection of Jesus, the Christ (or Messiah) who lived, died and was resurrected to pay for the sins of God’s people. Many may not understand that Easter is the culmination of thousands of years of Hebrew Bible prophecy.

The Hebrew Bible teaches that God created man and woman to live a life in a perfect world, totally connected to their Creator. But after being tempted, man and woman went contrary to God and fell from His grace. But God, being perfect in His love, promised to one day send a redeemer who would reconcile God to man and woman again. For thousands of years, the Hebrew prophets described who this Redeemer or Messiah would be and how God’s people would recognize Him. The Hebrew prophets told God’s people where and how the Messiah would be born and how He would live a perfect life, without sin.

In amazing detail, the prophet Isaiah explained, 750 years before the birth of Jesus, that the Hebrew Messiah would, after having lived a perfect life, allow Himself to be whipped and crucified (even though crucifixion wasn’t even a known form of punishment when Isaiah wrote the prophecy). Isaiah also prophesized that while the Messiah was being crucified, God would place the transgressions of God’s people on the Messiah and punish the Messiah as a substitute or in place of all of these transgressors who deserved the punishment themselves. Finally, Isaiah prophesized that the Messiah would be entombed in a tomb belonging to a rich man, and rise from the dead, having paid the penalty for the sins of God’s people. An astounding 7 centuries after the prophecy was given, God fulfilled it in Jesus.

Easter is the celebration of that resurrection and every year, at Easter, around the world, followers of Christ celebrate the fact that, by confessing their sins, accepting that which Jesus did for them through His life, death and resurrection, they will live forever connected to the God of the universe.

THE MEANING OF PASSOVER
By Rev. Russell Silverglate, Pastor
Hammock Street Church
Boca Raton, FL

Passover is a Jewish holy day and festival commemorating God sparing the Israelites when he killed the first born of Egypt, and is followed by the seven day Feast of the Unleavened Bread commemorating the Exodus from Egypt and the liberation of the Israelites from slavery.

Passover begins on the 15th day of the month of Nisan (equivalent to March and April in Gregorian calendar), the full moon of that month, the first month of the Hebrew calendar's festival year according to the Hebrew Bible. This year, the first night of Passover will be celebrated on the evening of April 10. Many people will also celebrate a second night meal on the evening of April 11.

The Passover meal is arranged to tell the story of God’s awesome power. The story of how God took His people from slavery to freedom. The Passover story is not only historically accurate, but it gives us a wonderful picture of God’s promise to send the Messiah and redeem His people from their sin. The symbolic elements of the feast cause us not only to look back and remember what the Lord did for His people in the past; Christians around the world believe that they also foreshadow a greater redemption through Jesus, the Passover Lamb.

The Last Supper, the meal that Jesus shared with His disciples on the night before He was crucified, was a Passover meal. Passover presents us with a wonderful opportunity to understand God’s trustworthiness and love for His people.
IMPORTANT NEW PAPER PUBLISHED ON ANESTHESIA AND POLIO
Selma H. Calmes, MD (retired)
Olive View/UCLA Medical Center
Sylmar, California

A scientific paper, “Anesthesia and Poliomyelitis: A Matched Cohort Study” and my accompanying editorial “Why a Paper on Polio and Anesthesia in 2016?” appear in a prominent specialty journal, Anesthesia and Analgesia, in June 2016. This study was done by the departments of anesthesiology, neurology and biostatistics at one of America’s most important medical institutions, the Mayo Clinic in Rochester, Minnesota.

Previous articles on polio and anesthesia in the medical literature (the place modern physicians get up-to-date and accurate information about caring for patients) have been reports of a single case of anesthesia in one post-polio patient, and there were no comparisons to patients of the same age with the same other diseases that might affect anesthesia outcome (such as heart disease) and who were having the same operations (difficult operations have increased risks for all patients). Modern medicine demands such comparisons and also demands a careful statistical analysis of study data, for accuracy and validity. Such studies are difficult to do, and no similar study on polio and anesthesia has been attempted previously.

Information on anesthesia in post-polio patients currently circulating in the post-polio community was not developed from such studies and so is not scientifically valid. So, this paper and its editorial, which advocates for more research in this area, are important steps forward, even though the study is not considered perfect because of a low number of polio survivors.

The study reports on one hundred post-polio patients having major surgery at Mayo Clinic from 2005-2009 who were identified in the Mayo Clinic’s electronic medical record system. Each post-polio patient was matched with two non-polio patients of the same sex and age and with the same severity of preoperative illnesses (such as heart disease), also having the same surgical procedure. All patients’ records were then reviewed by the authors, looking at other possible variables and also examining the operative, anesthetic and postoperative courses for complications.

Operation types were general surgery (39%), urology (25%) and vascular (21%). All but one post-polio patient had general anesthesia. No differences were found between post-polio patients and control patients in the following: intraoperative events (both anesthetic and surgical), pain scores (how much pain patients have after surgery), how long patients spent in a recovery room waking up from anesthesia, whether they needed to be admitted to an intensive care unit (ICU) for more specialized care postoperatively, how long they stayed in an ICU, and when the breathing tube used during anesthesia could be removed. Thirty-day mortality was not significantly different between groups.

This study did have statistical issues, identified during the pre-publication review
process. Of the 100 post-polio patients, only 36% had residual neurologic damage from polio and only one of these had polio-related respiratory failure. That patient used supplemental oxygen during the day and BiPAP with oxygen at night.

Reviewers of the paper felt that the number of severely affected polio patients was too small to statistically document significance, and some criticized the statistical methods used. The low number of post-polio patients was thought to be because polio patients may have moved away from Minnesota to a warmer climate as they aged.

Although this study can be criticized on these items, its structure (2:1 matched controls) and the measures of medical care studied (common things that can go wrong) give hope to post-polio survivors that, even if they are very ill, they can undergo modern anesthesia and have the same outcomes as non-polio patients.

A word of caution, however: there is a great variability of quality of care in America’s hospitals. The Mayo Clinic represents the very best quality, and whether the study can be applied to all hospitals is questionable.

Finally, this study is important as an example of how to get information on how post-polio patients really do during anesthesia, compared to similar patients. More such studies are needed, but this one is hopeful.

Post-polio patients can relax a little about coming for anesthesia and surgery but need to be sure they have surgery and anesthesia at a quality hospital. Check the hospital out on your state government’s hospital certifying organization’s web site and/or the national certifying organization for individual hospitals, the Joint Commission on Certification of Health Care organization, www.jointcommission.org before agreeing to an operation. And, post-polio patients should avoid having anesthesia in free-standing outpatient surgery centers (ones not physically located in a hospital) and doctors’ offices. These are locations with little assurance of the high-quality surgical and anesthesia care post-polio patients deserve and need.

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If you wish to receive Second Time Around in color, kindly provide us your email address and set your email program to always accept messages from bappg@aol.com
How your favorite foods affect your risk of foodborne illness

WHICH CUT OF MEAT IS SAFEST?
Kiera Butler from Mother Jones

LOW RISK: Processed Foods
Sausage, hot dogs, and chicken nuggets are good bets for avoiding bacteria, according to a 2013 report from the Center for Science in the Public Interest that analyzed 12 years of foodborne-illness outbreak data. “The processing—whether it’s cooking or chemicals—kills pathogens,” explains Caroline Smith DeWaal, director of food safety at the CSPI. “We’re not saying they are great for you, but they are low risk when it comes to acute foodborne pathogens.” For example, outbreaks from chicken nuggets were rare—only 200 illnesses were documented over the 12-year period.

MEDIUM RISK: Pork
Despite its reputation as a petri dish, pork is actually relatively safe. One reason: We now cook the heck out of it. Another is that until around World War II, domestic pigs were fed garbage containing animal feces, which are full of the parasite Trichinella, source of the serious disease trichinosis. Laws passed in the 1950s and ’60s ended that, and the incidence of trichinosis dropped dramatically.

MEDIUM RISK: Cold Cuts
Cold cuts are less dangerous than you think. The CSPI report classifies cold cuts as medium risk. Even though deli meats are at high risk for the pathogen Listeria monocytogenes, which causes listeria (a very dangerous foodborne illness), most of us can eat contaminated cold cuts without getting sick. But senior citizens and immunocompromised people who contract listeria face a hospitalization rate of 90 percent. In women who are pregnant, the bacteria can cause miscarriage or stillbirth.

HIGH RISK: Steak
In theory, steak should be safe (the cooking process kills bacteria on the surface, while the inside of the meat is essentially sterile). However, according to the U.S. Food Safety and Inspection Service, about 10.5 percent of steaks undergo a process called mechanical or needle tenderization, in which metal blades or pins puncture the meat before packaging. While this technique improves the meat’s texture, it also moves bacteria from the surface to the center. Steaks that have undergone this process are not labeled, and cooking them only to rare or medium rare may not kill the dangerous pathogens inside.

HIGHEST RISK: Chicken
Contaminated chicken sickens more people than any other affected meat, partially because we eat so much of it but also because of the way it’s prepared, says Smith DeWaal. Commercial chicken plants typically dip meat in several baths before packaging, giving bacteria opportunity to spread. It’s also hard to cook away bacteria in chicken. “Chicken has creases and folds in the skin,” she says. “Pathogens can hide in those folds.”

HIGHEST RISK: Ground Beef
Pathogens on the surface of beef are spread throughout when it is ground. And if that ground meat isn’t properly cooked—say, in the center of a rare burger—germs get a free ride into your digestive tract.

Reprinted from Readers Digest, July 8, 2015.

Contributed by Jane McMillen, member.
Dear Pharmacist
Suzy Cohen

HISTAMINE AND YOUR GENES

A food allergy causes an almost immediate reaction to what you just ate. With food intolerance, a reaction occurs later. Why later? Because the blood levels of histamine need to spike for the reaction to take place. You are reacting to histamine, not the food itself. See the difference?

A true food allergy results in symptoms within a few minutes, including lip swelling, itchiness, sneezing, hives, diarrhea and possibly anaphylaxis.

In contrast, high blood histamine levels can cause chronic health conditions, which could be lifelong.

A problem with histamine breakdown can cause many disorders that you would never connect to histamine (since many associate it with sneezing and a runny nose). You may suffer with migraines, clusters, Hashimoto's, anxiety, asthma, irritable bowel syndrome, dermatographia, vertigo, abnormal menstrual cycles and more.

You could have a problem with your genes, for example, and this would cause histamine levels to rise. Or you may be taking a medication that increases histamine levels.

Histamine isn't a bad guy. It's needed to create stomach acid and to perfect your gut motility so that you can get food through properly. DAO, or diamine oxidase, is an enzyme that is outside the cell (termed extracellular) and it breaks down histamine. Supplements are sold at health food stores nationwide, and you should ask your physician about them. If you have a histamine intolerance, these may improve symptoms dramatically. They are not right for everyone, however. I leave this to be decided by you and your physician.

The following foods are high in histamine or provoke excessive release from your mast cells:

Farmed seafood, including shellfish
Smoked meats and bologna
Eggs and fermented dairy products, including buttermilk, yogurt, cheese and kefir
Citrus fruits and dried fruits, such as apricots, cherries, cranberries, prunes, currants, raisins and dates
Tomatoes and tomato sauce
Spinach (it's high in oxalates anyway, so keep this to a minimum)
Vinegar-containing foods like salad dressing, pickles and relish

Finally, people with hypothyroidism, Hashimoto's thyroiditis or any other autoimmune disorder such as multiple sclerosis may have been misinformed about a "healthy" diet. Fermented foods may not be wise for you after all, as these foods are super-high in histamine and can increase your symptoms. Symptoms should resolve within a month, and if not, you can take DAO supplements.

I have a longer version of this article, which I can send by email if you sign up at my website.

This is not intended to treat, cure or diagnose your condition. Go to SuzyCohen.com.

Reprinted from Sun Sentinel, October 11, 2015.
Contributed by Jane McMillen, member.
WHY IS WATER SO IMPORTANT?

There are lots of reasons. Water helps carry nutrients to all the cells of your body and then helps with waste removal.

Many of the biochemical reactions that occur in your body rely on water, and it can also help to regulate your body temperature. That's one reason you need to drink more water on a hot day.

Increasing your Water Intake

Does it matter what types of fluids you consume? Most of the water you need comes from the liquids you drink. Water is an obvious source for your daily fluid needs. Other good beverages include milk, herbal teas, green tea, low sodium broth, or 100% fruit juices, and vegetable juices. And, while a can of soda has as much water as a similar sized glass of water, the soda has extra calories from sugar, and it may contain various artificial colorings and additives you might want to avoid.

So it's not the water itself that makes a good or bad source, it's the other ingredients that make the difference.

What about foods? About 20% of your water intake comes from the foods you eat; even dry toast has a little bit of water in it. But in general, fresh fruits and vegetables contain a fair amount of water. Plus, they're high in potassium and low in sodium, which can help keep your body fluids balanced.

Drinking water can help you lose weight, especially if you use it to replace higher calorie beverages. A tall glass of water with a slice of lemon or lime makes an excellent 'diet' beverage.

Precautions

It's possible to drink too much water if you drink a very large amount all at once. It causes blood levels of sodium to be too low, which results in a condition called hyponatremia. Don't drink all of the water at once; drink several glasses of water throughout the day. That's especially important if you engage in lots of heavy exercise.

Speak to your doctor about how much water to drink if you have kidney or adrenal problems, or if you're taking diuretic medications.

Infants should be given only formula or breast milk unless your pediatrician tells you otherwise.

Source: The Internet
Reprinted from The Sunshine Special, FL, January/February 2015.

LAUGHTER 😂

A mechanic was removing a cylinder head from the motor of a Harley motorcycle when he spotted a well-known heart surgeon in his shop.

The surgeon was there, waiting for the service manager to come and take a look at his bike.

The mechanic shouted across the garage, "Hey, Doc, can I ask you a question?"

The surgeon a bit surprised, walked over to the mechanic working on the motorcycle. The mechanic straightened up, wiped his hands on a rag and asked, "So Doc, look at this engine. I open its heart, take the valves out, fix 'em, put 'em back in, and when I finish, it works just like new. So how come I get such a small salary and you get the really big bucks, when you and I are doing basically the same work?"

The surgeon paused, smiled and leaned over, and whispered to the mechanic... "Try doing it with the engine running."

Contributed via email by Nancy Saylor, member, 10/31/14.
POLIO SYMPTOMS CAN APPEAR DECADES LATER
By Dr. Keith Roach, GOOD HEALTH

DEAR DR. ROACH: My dad is 89 and had polio when he was 6. He had to learn to walk again. Over the years, I have watched the pain he has endured. His legs hurt so much that my mom and I would take turns punching the back of his legs, as they would cramp up like a rock. Losing muscle is a side effect of polio, and he has lost almost all of his. He has been in a wheelchair for about seven years. He cannot lie in bed because of a rotator cuff tear that hurts when he lies down; he gets a steroid shot every three months, which may give him a few days or weeks to lie down without pain.

He gets spasms at random. His whole body jumps like he is being electrocuted. It can last from two minutes to, lately, as long as eight hours. He takes a muscle relaxer, but it works only sometimes, not when he has bad spasms.

He also takes two kinds of pain pills a day, Percocet and OxyContin. Can you think of any way to stop the spasms? No doctors have been helpful. -- D.K.

ANSWER: Polio is a viral illness. Although the vast majority of cases are asymptomatic, about one person in a thousand infected with polio virus will develop poliomyelitis, caused by damage to nerve cells in the spinal cord and brain.

Some people develop worsening of symptoms years or decades after the initial polio infection, such as your father's progressive muscle weakness and muscle spasms. This is called post-polio syndrome. It is not caused by the virus (which is long gone) but is thought to be due to progressive damage to the nerve cells.

My best advice is to find a support group for people with history of poliomyelitis. Polioplace.org, post-polio.org and ppsr.com all have information to help you find someone with expertise. Opiates like Percocet and OxyContin are a last resort.

Reprinted from Sun Sentinel, 8/16/16.
Contributed by Barbara Rogers, member.

HOW TO RESTORE A BANANA

This is so unbelievable; I had to share it with someone who would appreciate it.

When I saw why he was blow drying this banana, I ran to my kitchen to try it myself! Amazing!

And it’s all about everyone’s favorite crooked fruit: bananas! Everyone knows that they are the most delicious when they are still fresh and unspoiled. But as soon as the first brown spots pop up, they belong in the blender or, even worse, in the trash. But according to this man, that is all over now! Insane!

This trick is a godsend. Now you always have fresh bananas and will save some money! How cool is that…!? Be sure your sound is on!!!!!

Source: http://www.hefty.co/no-more-brown-bananas/
Contributed via email, Nancy Saylor, August 31, 2015.
CAN MY DOCTOR CHARGE EXTRA FOR THAT?
By Orly Avitzur, MD

Should I be billed for calls and e-mails with my doctor?
Not usually. When insurance pays for an appointment, follow-up is considered part of the original visit. But if you were to phone months later about something else, you could be charged. Medicare suggests that doctors advise patients of those charges in advance.

Do I have to pay for copies of my health records?
Yes. The Health Insurance Portability and Accountability Act (HIPAA) lets providers covered by it charge a “reasonable, cost-based fee” for making protected health information available. Charges may include costs for photocopying, supplies, postage, and preparing a summary (rather than a full record). This also applies to forms for camp and school physicals and those for disability, gym releases, and family medical leave. But it’s unethical for a doctor to withhold records because of an unpaid balance.

Am I responsible for payment if I don’t show up?
Yes. No-show rates range from 5 to 55 percent, an inconvenience that has prompted many practices—with the blessing of Medicare and other insurers—to charge patients who fail to cancel appointments within a specified window (usually 24 hours). I know many doctors who request credit card information before the first visit and notify new patients of that policy, telling them to call or e-mail to cancel.

Reprinted from Reader’s Digest, July/August 2015.
Contributed by Jane McMillen, member.

CRUISE 2018!!
Wow! 2 new ports & 2 days in beautiful St. Maarten!!

Join BAPPG on our fifteenth annual trip—a 10-night Ultimate Caribbean cruise. Celebrity’s Reflection, departs on Friday, January 19, 2018, Port Everglades docking at new Antigua; Barbados; new St. Lucia; & new 2 days in St. Maarten!! The ship is accessible (as seen by my eyes). Twenty-five accessible staterooms are reserved for our group. As rooms are limited, you are encouraged to book early! Stateroom rates start at $1308 per person all inclusive.

There are plenty of non-accessible rooms. PPS is not a pre-requisite—so why not invite family & friends!

Don’t miss exploring the 2 new ports & spending 2 days in beautiful St. Maarten!

Contact Maureen at 561-488-4473 or bappg@aol.com for questions; accessibility; roommates; scooter rentals; & onshore tours.

A $450 per person deposit is fully refundable until September 15, 2017 if you just think you’d like to join us.

Contact Judith at 561-447-0750 x102, or judith@travelgroupint.com for booking; perks; transfers; hotels; & air.

Wow! 18 cruisers are already booked!!
DEPRESSION AND PERSONS WITH A DISABILITY: WHAT THE CONSUMER NEEDS TO KNOW

What is Depression
Depression is a psychological condition involving major changes in mood, outlook, ambition, thinking ability, activity level and bodily processes (such as sleep, energy, and appetite). Depression usually develops over a period of weeks or months. The person may not even realize that he or she has become depressed. While about 11% of the U.S. non-disabled population is moderately or severely depressed at any given time, research shows that about 20% - 30% of people with long-term disabilities have a depressive condition. Depression, a serious health problem, is different than grief. Grief is the normal response to loss and involves changes in mood, activity and bodily processes but is not as extensive as depression and is usually time-limited.

What are the Effects of Depression
Depression affects the person's health, interpersonal relations, work, daily functioning, energy, and the ability to enjoy life. People with disability who are depressed do not look after themselves well; they may not drink enough water, look after their skin, manage their diet or see their doctors. They may appear moody or irritable to others, not go out with friends, and lose interest in romance. Work or other activities suffer because the person loses interest, can't problem-solve well or is hard to get along with. Life becomes less enjoyable because the person loses some of the ability to find pleasure, success or meaning in life. Often, substance abuse develops to help cope with painful feelings. If depression is severe, thoughts of suicide often occur.

What Causes Depression
No one is exactly sure, but a combination of life stress, personal losses, and physical changes in the brain seem most likely. Some depression is inherited, but only in a small percentage of cases. People with disability can become depressed as they age if they lose the ability to perform valued activities or if they find it hard to cope with these changes. Depression is not the result of being "weak", "immature" or "inadequate". Surprisingly, depression is not related to the severity of disability.

Is Depression Normal
No, depression is not normal, even in the face of a serious disability. Becoming discouraged, grief-stricken or sad is normal, but depression represents a condition that has gone beyond these normal reactions and indicates that the person has a new health problem.

What Can Be Done About It
Unfortunately, most periods of depression do not go away easily in persons who have a disability. Fortunately, most depression is readily treated. Depending upon its severity, most people, when properly assisted, will experience significant improvement within a few weeks and complete improvement within 6 to 12 months. Treatment usually involves medicines and psychotherapy. Psychotherapy of a practical, problem-solving variety has proven best. Modern medicines are safe and effective for people with disabilities when properly selected and monitored. Improvements in the symptoms of depression...
quickly lead to improvement in other areas, including personal relations, motivation, health and quality of life.

**How Do I Know if I'm Becoming Depressed**

Often, depression is hard to recognize. Depression can express itself in more than a dozen ways and no two people will necessarily have the same kind of experiences of symptoms. Surprisingly, you don't even have to be sad to be depressed! Because depression develops slowly, people just kind of slip into it.

One way to help determine if you need a formal evaluation is to take the Depression Questionnaire shown below. Scores totaling 1 to 5 indicate normal responses to everyday life. Scores from 6 to 10 indicate a moderate degree of depression that can affect health, functioning and outlook. Scores higher than 10 indicate a possible major depressive problem that is severely affecting daily life and health.

**What to do Next.**

If you score above 6, and definitely if you score above 10, you should make an appointment with your primary care provider, a psychologist or psychiatrist and discuss the problem. They can also make arrangements for tests to make sure you're not suffering from something else (like an under-active thyroid or an infection). After that, treatment can be started and you can begin feeling better soon.

**Depression Questionnaire**

1. My daily life is not interesting. . .  
   T or F
2. It is hard for me to get started on my daily chores and activities . . .  
   T or F
3. I have been more unhappy than usual for at least a month. . .  
   T or F
4. I have been sleeping poorly for at least the last month . . .  
   T or F
5. I gain little pleasure from anything . . .  
   T or F
6. I feel listless, tired or fatigued a lot of the time . . .  
   T or F
7. I have felt sad, down in the dumps, or blue much of the time during the last month  
   T or F
8. My memory or thinking is not as good as usual. . .  
   T or F
9. I have been more easily irritated or frustrated lately. . .  
   T or F
10. I feel worse in the morning than in the afternoon . . .  
    T or F
11. I have cried or felt like crying more than twice during the last month . . .  
    T or F
12. I am definitely slowed down compared to my usual way of feeling. . . .  
    T or F
13. The things that used to make me happy don't do so anymore. . . .  
    T or F
14. My appetite or digestion of food is worse than usual. . .  
    T or F
15. I frequently feel like I don't care about anything anymore. . .  
    T or F
16. Life is really not worth living most of the time. . . .  
    T or F
17. My outlook is more gloomy than usual. . .  
    T or F
18. I have stopped several of my usual activities. . .  
    T or F
19. I cry or feel saddened more easily than a few months ago. . .  
    T or F
20. I feel pretty hopeless about improving my life. . .  
    T or F
21. I seem to have lost the ability to have any fun. . .  
    T or F
22. I have regrets about the past that I think about often. . .  
    T or F

Total Number of True Answers: ________

Reprinted from Atlanta Post Polio Association, Inc. Fall 2015.
WELLNESS Q & A
By Drs. Oz and Roizen

Q: I just got out of the hospital, where I had a terrible experience with post-op pain. They didn't keep me pain-free, and I was constantly in agony. I know that's not good medicine, but how could I have made them provide better pain control?

-- Ramos V., Los Angeles

A: Four years ago, the Hospital Consumer Assessment of Healthcare Providers and Systems Survey revealed that somewhere between one in three and one in four hospital patients don't get the pain management they want.

There's no reason to ever be in severe pain when you're in the hospital post-op. Pain management is essential for proper wound healing, and many larger metropolitan medical centers are in the vanguard of improved pain management. Dr. Mike's Cleveland Clinic has its own (very large) department of pain management, and Dr. Oz's New York Presbyterian has two pain management centers. But pain management is tricky business, and there isn't a universal pain management strategy that's part of our health care system.

As a patient, you have what's called the right of autonomy, or self-determination; that means you have the right to request and/or refuse any treatments you believe will help manage your pain. So, for any future operations you or your family may have:

■ Before any surgery, talk to your surgeon and anesthesiologist about your pain management concerns both in and out of the hospital.
■ Arrange for a pain management specialist to see you in your hospital room. He or she can authorize a solution that eases your pain and makes sure the staff follows the instructions.
■ Research the hospital and talk to everyone you know about the hospital's pain management reputation.
■ Have at-home pain medications waiting for you before you leave the hospital so the transition from hospital to home is as pain-free as possible.

Reprinted from Sun Sentinel, October 18, 2015.
Contributed by Jane McMillen, member.

A BOOK REVIEW

Triumph on Baker Road: How the Walsh Family Defeated Polio

The year was 1955, the month was September. Keron and Anne Walsh and their 14 children were on their family farm in northern IL, preparing for the opening of the new school year, when 5-year-old Rose complained about a headache.

Their doctor identified the culprit: polio, one of the most dreaded and crippling diseases of the era. In less than a month after the first diagnosis, 10 more of the Walsh children came down with polio, five with cases so serious they had to be hospitalized. Two never recovered. This is the story of a family’s suffering and perseverance that led finally to a Triumph on Baker Road.
Great Extra Uses for Regular Aluminum Foil

Aluminum foil is one of those things a kitchen just can't do without, but it's mainly used for cooking and wrapping food. Well, I'm here to tell you that this household item has many more uses than just those 2, and can help you in a number of areas, for instance...

1. Separate brown sugar lumps
Brown sugar is a great product, but hard to work with as it tends to harden into lumps. If that happens, wrap a lump of brown sugar in metal foil and put it in the oven on 150 (Celsius) for about 5 minutes. The sugar will soften and separate.

2. Protect the dough of the pie
Sometimes, when we bake a pie in the oven, the stuffing hasn't finished cooking but the dough at the edges is getting burnt. Fold a piece of metal foil over the dough at the edges of the pie to prevent it from burning up.

3. Make cakes in various shapes easily.
To bake cakes in many special shapes, simply make the shape in a regular baking pan and use 2-3 layers of the foil to strengthen and fix the internal pattern. It will hold and bake in that shape.

4. Keep the oven clean
The worst kind of dirt to clean in the oven is the fat that drops from meat and into the floor. Cover your oven's floor with aluminum foil to protect it from hard to remove stains. Make sure to make it thick so it doesn't melt and stick to the oven floor.

5. Protect your solid soap
Cover the bottom of the soap with aluminum foil so it doesn't melt and become a lump.

6. Keep birds away
Many birds get frightened by shiny objects. Hang pieces of aluminum foil off your fruit tree, and most birds will pass it, looking for an easier meal. You can also draw eyes on the foil to make it even more effective.

Note: This won't work with crows, who love shiny things and may actually steal the foil.

7. Get rid of stains on your silverware
Use this scientific method to get rid of stains on your silverware. Lay some foil in a shallow pan and spill some hot water on it. Add a little salt and drinking soda to the water. Now put the silverware in the pan and make sure they are touching each other and are all on the foil. After soaking it for a few hours, wash the silverware in cold water and dry with a cloth.

8. Easily scrub pots
It's fun to use a pot, not such fun cleaning it after. Make a ball (not dense) from aluminum foil, and use it to scrub the pan. You can use this method for all kitchen tools that need a serious scrubbing.

9. Move furniture with ease
Sometimes we need to move heavy furniture pieces and have a hard time sliding them on the rug. Use a piece of foil under the legs of the furniture piece to slide them easily along.

10. Sharpen your scissors
Return the sharpness to your old pair of scissors with this method: Fold a foil to 8...
layers, and then cut it using the old scissors. The more you cut, the sharper they will become, as the foil will remove a layer off the old metal and make it sharp again.

11. Prevent static electricity on your clothes
If you hate the way your clothes come out of the dryer full of static electricity, add a ball of aluminum foil into the dryer next time, and it will prevent it from happening.

12. Quick ironing
Wrap the iron board with aluminum foil to shorten the process of ironing. The foil will return the heat from the iron to the clothes, so you're actually ironing both sides at the same time.

13. Clean the iron
You can use the aluminum foil to clean the bottom of the iron from any dirt that clung to it. Spread out a piece of foil and sprinkle a little salt on it. Heat the iron and use it to 'iron' the foil. The combination of metal and salt will easily clean the bottom of the iron.

14. Protect table legs
Usually our table legs tend to be full of scratches and bruises. You can use foil to cover the lowest points of the table legs to keep them intact.

15. Buff that chrome exterior
Sometimes even chrome gets little stains of rust on it. Use a little foil and very little water to scrub the chrome until the stains are gone.

16. Fix devices that work on batteries
One of the most common problems in battery operated devices is that the little spring in the battery compartment loses its elasticity and becomes flat, which prevents the battery from connecting to it well enough to operate the device. Fold an aluminum foil a few times and stick it between the battery and the spring to conduct the electricity and easily fix the problem.

17. Use your radiator more efficiently
When you have a radiator that is placed against a wall, half of its heat is wasted on the wall. Instead, take a thin plank of wood, wrap it in foil and place it behind the radiator, thus bringing all the heat coming back in your direction.

Contributed via email, Jo Hayden, member, 11/29/15.

AGING

Two guys, one old, one young, are pushing their carts around Wal-Mart when they collide. The old guy says to the young guy, "Sorry about that. I'm looking for my wife, and I guess I wasn't paying attention to where I was going."

The young guy says, "That's OK, it's a coincidence. I'm looking for my wife, too... I can't find her and I'm getting a little desperate."

The old guy says, "Well, maybe I can help you find her... what does she look like?" The young guy says, "Well, she is 27 yrs. old, tall, with red hair, blue eyes, is buxom wearing no bra, long legs, and is wearing short shorts. What does your wife look like?"

To which the old guy says, "Doesn't matter, --- let's look for yours."

Contributed via email by Nancy Saylor, member, 10/31/14.
Doctor’s Orders

WHAT YOUR HANDS REVEAL ABOUT YOUR HEALTH
BY THE PHYSICIANS OF THE DOCTORS

Finger length: ARTHRITIS RISK
Women with ring fingers that are longer than their index fingers, typically a male trait, are twice as likely to have osteoarthritis in the knees, according to an Arthritis & Rheumatism study. Low estrogen levels may be a factor. The same feature has been linked to higher athletic ability and verbal aggression in both genders. In men, a significantly longer ring finger (indicating an in-utero testosterone surge during the second trimester) is associated with having more children and better relationships with women, but a higher risk of prostate cancer.

Shaky hands: PARKINSON’S DISEASE
Trembling hands could be the result of something as simple as too much caffeine or a side effect of certain medications like asthma drugs and antidepressants. But it's a good idea to see your doctor if the issue recurs. A tremor in just one hand can be a first symptom of Parkinson's disease, or it can indicate essential tremor, a disorder that causes uncontrollable shaking (treatable with therapy or medication).

Nail color: KIDNEY DISEASE
When Indian researchers studied 100 patients with chronic kidney disease, they found that 36 percent had half-and-half nails (the bottom of a nail is white and the top is brown). The nail condition may be caused by an increased concentration of certain hormones and chronic anemia, both traits of chronic kidney disease. See your doctor right away if you notice half-and-half nails or a dark, vertical stripe beneath the nail bed. This can be hidden melanoma, a skin cancer.

Grip strength: HEART HEALTH
A weak grip predicts a higher risk of heart attack or stroke and lower chances of survival, according to a new Lancet study of nearly 140,000 adults in 17 countries. Grip strength was a better predictor of death than was blood pressure. Researchers say grip strength is a marker of overall muscle strength and fitness, and they recommend whole-body strength training and aerobic exercise to reduce heart disease risk.

Sweaty palms: HYPERHIDROSIS
Overly clammy hands may be a symptom of menopause or thyroid conditions, as well as hyperhidrosis, in which overactive sweat glands cause far more perspiration than necessary. Most people with the condition sweat from only one or two parts of the body, such as the armpits, palms, or feet. A doctor may prescribe a strong antiperspirant to decrease sweat production.

Fingerprints: HIGH BLOOD PRESSURE
When British researchers studied 139 fingerprints, they found that people with a whorl (spiral) pattern on one or more fingers were more likely to have high blood pressure than people with arches or loops. The more fingers with whorls a participant had, the higher his or her blood pressure was. Fingertip whorls are markers of fetal development problems during certain stages of pregnancy, which may affect blood pressure later in life.

Reprinted from Reader's Digest, November 2015.

Contributed by Jane McMillen, member.
 COMMENTS

Tony Straus, Boca Raton, FL: Have a great cruise. Congratulations on 21 years of support. The newsletters are the best. I appreciate all that you do. Best wishes Always.

Doris Austerberry, Farmington Hills, MI: Just read the March Newsletter, and wanted to tell you how much I appreciate learning about Professor Kossove's fascinating talk on the immune system, which is so critical in keeping me healthy, that I have the over-the-counter "Airborne" handy whenever I feel like I may be catching a cold or the flu. I also enjoyed learning about all those 85 interesting facts about other creatures and insects in our world :) Bon voyage!

Mark & Carol Harris, Knoxville, TN: Thanks for your great newsletter. We look forward to it every month. Continue your great effort on behalf of all of the polio survivors & to your wonderful helpers.

David Helfrich, Sea Isle City, NJ: Just a note my wife passed 1-25-17. Still enjoy your newsletter. Getting used to a different life now.

Danny Kasper, Deerfield Beach, FL: In honor of the occasion of the 21st anniversary of the BAPPG, enclosed is a donation in support of its newsletter. May the Good Lord continue to bless this work of our founders - Maureen & Carolyn.

Joann Neubauer, Solana Beach, CA: I have enjoyed so much reading your newsletters. A few of us in California share them and they are so meaningful, helpful and inspiring.

MARK YOUR CALENDAR

FL Disabled Outdoors Association will host SportsAbility, April 6-8, 2017. For info call 850-201-2944 or info@fdoa.org


Bay Cliff will offer a Post-Polio Wellness Retreat, September 11-15, 2017. (Bay Cliff Health Camp is near Big Bay, MI, in the Upper Peninsula on Lake Superior.) For more info, go to baycliff@baycliff.org.

Polio Network of NJ will host its 28th Conference on Post-Polio Syndrome, Sunday, October 15, 2017, Bridgewater Marriott Hotel, Bridgewater, NJ.

Colorado Post-Polio will host a Wellness Retreat in 2018.
MISSION STATEMENT

- To help polio survivors become aware that they are not alone and forgotten.
- To share our thoughts and feelings with others like ourselves.
- To network with other support groups.
- To share information and encourage each other to carry on.
- To educate the medical profession in diagnosing and treating Post Polio Syndrome.
- To always maintain a positive attitude.

Boca Area Post Polio Group collects no dues and relies on your donations. If you would like to make a contribution please make your check payable to BAPPG.

Thank you for your support!

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Flattery will get you everywhere!
Just give us credit:
Second Time Around, Date
Boca Area Post Polio Group, FL

SPREAD THE WORD. We would love to hear from you. If you know of someone who would like to receive our newsletter, send us the information below and we will gladly add them to our growing mailing list.

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BOCA AREA POST POLIO GROUP
11660 Timbers Way
Boca Raton, FL 33428

RETURN SERVICE REQUESTED

MONTHLY MEETING
11:30 – 1:30 PM
Second Thursday of each month
Except June, July & August

Spanish River Church
2400 NW 51 Street, Boca Raton
(corner of Yamato Rd. & St. Andrews Blvd.)

Sunset Room of Worship Center
Entrance and parking on west side

E-mail: bappg@aol.com
Website: www.postpolio.wordpress.com
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A Ministry of Spanish River Church

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