



Polio News

Post Polio Support Society NZ (Inc)

March 2010

End Polio Now – Rotary International



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What's in this issue

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End Polio Now – Rotary International

A number of iconic landmarks, including the British Parliament, the Colosseum, and the Sydney Opera House, provided a dramatic backdrop for an equally dramatic message: End Polio Now.

Those three words -- Rotary's pledge to rid the world of the crippling childhood disease -- were projected onto each structure's exterior the week of 23 February, the organization's 104th anniversary.

"By illuminating these historic landmarks with our pledge to end polio, Rotary clubs are announcing to the world that we will not stop until the goal is achieved," says Jonathan Majiyagbe, Rotary Foundation trustee chair. "We hope people everywhere will see these words, either in person or through the media, and join with us and our partners in this historic effort to rid the world of polio once and for all."

The illuminated displays are just one highlight of an already historic year in Rotary's 20-year effort to eradicate polio, which has helped reduce cases of the disease by more than 99 percent. In January, Rotary received a US\$255 million grant from the Bill & Melinda Gates Foundation, announced during the 2009 International Assembly, on top of the \$100 million Gates Foundation grant it received in November 2007. In response to the grants, Rotary has committed to raising \$200 million in matching funds over the next three years. All \$555 million will be spent in support of eradication activities.

A number of sites in Scotland also were lit up with the End Polio Now message, including the Culzean Castle, in Ayrshire; the City Chambers and Greenock Town Hall, in Glasgow; and Eilean Donan Castle, in Dornie. End Polio Now was also projected onto the High Falls of Rochester, New York (USA) the evening of 23 February.

In addition to the projected images, Rotary clubs worldwide have planned a variety of polio awareness and fundraising activities around Rotary's anniversary. Here are just a few examples:

- Purple Pinkie Week begins 23 February in England. Rotary club members in District 1240 (England) will solicit donations for the polio eradication effort and mark each donor's pinkie finger with a spot of purple dye. (That's how volunteers and health workers in developing countries record that a child has received the oral polio vaccine.)
- Rotary clubs working with Singapore's postal service have arranged for the release of official postage stamps with messages about polio eradication and other causes championed by Rotary.
- In a hands-on show of Rotary's commitment to end polio, a team of 12 Korean Rotarians, accompanied by Korean journalists, will travel to India the week of 23 February to help immunize thousands of children.

http://www.rotary.org/en/MediaAndNews/News/Pages/090223_news_landmarks.aspx

End Polio Now – Rotary International

23 Feb 2010

RNZWCS Limited
Rotary New Zealand

Polio Eradication

Today, 23 February, Rotarians celebrate the 105th anniversary of the establishment of Rotary International, still the world's largest international service organization with more than 1.2 million members worldwide, including more than 9,200 in New Zealand.

This year, we are again focusing specifically on promoting awareness and support for Rotary's highest priority – the global eradication of polio. Worldwide Rotary has dedicated more than US\$850 million to rid the world of polio.

New Zealand Rotarians have contributed more than 5.8 million dollars.

We are currently engaged in the "End Polio Now" fundraising campaign to provide urgently needed financial resources to ensure every child is protected against polio.

In addition to providing necessary funds, Rotarians from New Zealand participate in immunisation campaigns in the remaining polio affected countries and also work to ensure that those government leaders – at the community and national level, are focused on the achievement of a world free from polio.

Polio struck more than 1000 children each day in 1985 when Rotary launched its PolioPlus Program. Today only four countries, Afghanistan, India, Nigeria, and Pakistan, remain polio endemic and there were fewer than 2,000 cases worldwide in 2009.

We are committed to ensuring that we conquer polio in the few pockets of the world where it remains.

We acknowledge the past contributions the Government of New Zealand has made through NZAID .

It has taken unprecedented global collaboration to bring us to the brink of polio eradication. Continued global support will ensure we fulfil the promise of a polio free world – a promise which will benefit all children, everywhere, in perpetuity.

I again seek the New Zealand Government's support for global polio eradication in this fiscal year.

Yours sincerely,

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An *End Polio Now* banner exists at the picturesque Iguacu Falls, Brazil.

Post Polio Syndrome

Post-polio syndrome (PPS) is a condition that affects polio survivors years after recovery from an initial acute attack of the poliomyelitis virus. PPS is mainly characterized by new weakening in muscles that were previously affected by the polio infection and in muscles that seemingly were unaffected. Symptoms include slowly progressive muscle weakness, unaccustomed fatigue (both generalized and muscular), and, at times, muscle atrophy. Pain from joint degeneration and increasing skeletal deformities such as scoliosis are common. Some patients experience only minor symptoms. While less common, others may develop visible muscle atrophy, or wasting.

PPS is rarely life-threatening. However, untreated respiratory muscle weakness can result in under-ventilation, and weakness in swallowing muscles can result in aspiration pneumonia.

The severity of residual weakness and disability after acute poliomyelitis tends to predict the development of PPS. Patients who had minimal symptoms from the original illness will most likely experience only mild PPS symptoms. People originally hit hard by the poliovirus and who attained a greater recovery may develop a more severe case of PPS with a greater loss of muscle function and more severe fatigue. It should be noted that many polio survivors were too young to remember the severity of their original illness and that accurate memory fades over time.

According to estimates by the National Centre for Health Statistics, more than 440,000 polio survivors in the United States may be at risk for PPS. Researchers are unable to establish a firm prevalence rate, but they estimate that the condition affects 25 percent to 50 percent of these survivors, or possibly as many as

60 percent, depending on how the disorder is defined and which study is quoted.

Patients diagnosed with PPS sometimes are concerned that they are having polio again and are contagious to others. Studies have shown that this does not happen.

More detail is available at:

http://www.ninds.nih.gov/disorders/post_polio/detail_post_polio.htm

A Bit of History



The first female aircraft designer in the world, **Elsie MacGill** caught polio at the age of 24, the same year she graduated with an electrical engineering degree. Although her disability brought an end to her dream of becoming a pilot, she insisted on going on all flight tests in order to best assess her aircraft designs

From Wikipedia

From the President's Chair

2010 ushers in a new decade and new challenges. With the recession hitting all areas of life, we face reduced funds to run our society, reduced health care funds right when we need it the most as we age, and reduced services from DHB's who provide orthotics and other equipment for our daily living activities.

However one thing that is not reduced is the willingness of the Board of Management, the executive and the editor of this newsletter, to be available to you our members in whatever way we can.

- **Orthotics:** Some have concerns about footwear, braces and the service, or lack of it, from the various orthotic providers. One support group has made submissions to their DHB's and a meeting is planned to advocate for better care. We are supportive of their efforts, and we want the best outcomes for the rest of us who may need to do the same thing in other regions.
- **Funding:** We want to encourage you at a local level to investigate sources of funding for the running of your support groups. Money is available, but it does take some effort to meet the criteria and do the applications. Some City Councils and funding agencies hold workshops on how to apply for funding. There may be someone in your support group who can attend one.
- **Media:** There are often opportunities to do short articles for your local newspapers to bring awareness that people with polio are out and about in the community. Clubs are always looking for speakers: Probus, Age Concern, Rotary and even Schools. So why not share your history and story with others, or speak about a

completely different subject like your career or hobby or travel. We can provide brochures and banners to assist you.

- In this edition you'll be interested to read **Clare's personal story** and can identify with it. And that's what our society is about. Sharing our common bond of living with the late effects of polio and facing the challenges of 2010.

WE ARE STILL HERE

From my wheelie friendly chair
Edith

0800 476 546

edith@catchword.co.nz



Clare's Story

I was born in 1935, in Labasa, Fiji, then we moved to Suva before I went to school. My parents were both New Zealanders and worked for the British Government since the 1920's. Fiji was then a British Colony.

I caught polio when I was 8 or 9 years old. I can remember having the illness quite clearly. The pain was enormous. In those days opium was still used a great deal, and my doctor prescribed it for me. There was a large Chinese community in Fiji! The US Army Medical Corps advised my doctor that heat and water were the best thing for my recovery. Fiji certainly had an abundance of both. The Americans recommended swimming every day which strengthened my leg and helped straighten my foot.

When the war finished in 1945 the US Army pulled out shortly after. My doctor said no-one else got polio in Fiji when I did, although you could see signs in the villages and towns of folk who had obviously had polio before.

Other than a twisted foot, there didn't seem to be too many other problems until I was 13 or 14 at high school and tried to run in athletics. My father had been a NZ champion athlete in the 1920's. But I couldn't run, and I collapsed on more than one occasion on the track with cramp. I said to Dad "I can't run, but I can swim" so I won those races instead.

We left Fiji when I was 18, my sister was 22. I trained as a nurse at Christchurch hospital. I used to "special" iron lung patients in the 1950's as they obviously thought I would be immune to polio. Then I married a farmer. One of my doctors said "You did the two worst things it would be possible to do with a scoliosis and a

shorter leg. You trained as a nurse with all that lifting, and you married a farmer." We were married for 48 years and yes, I did every job on the farm.

We had very little money when we bought the farm, so I had the idea I would farm turkeys commercially. My youngest child was 3 when I started. From then on we bred poultry for Tegel Farms, and I did all the Hatchery work for 22 years. Along with housework, I worked 18 hours a day.

Over the years my back gave me a lot of problems and trouble with cramp in the polio leg. I had a very good GP who kept me functioning. In 2000 my husband Pat's dementia worsened. I was allowed to keep him at home with help from the hospital. If I had ever thought an 18 hour day was long, a 20 hour day was even longer! I took care of Pat until he died at home in 2005.

I developed a form of polymyalgia during this time, along with constant back troubles. Up until 3 years ago, I really hadn't had many Post Polio side effects at all. So it interested me to read in one of your Society's brochures that it could be triggered by a death in the family, or emotional upheaval, both of which I certainly had.

Thank goodness I have always been a keen reader and we have an excellent library. Swimming is my other salvation. I believe I will benefit from the new city pool, all 10 million dollars of it, when it opens soon. My doctors call me a "survivor".

edited by Edith Morris

The Right Chair

by Dr Richard L Bruno, Chairperson of the International Post-Polio Task Force, Director of the Post-Polio Institute International Centre for Post-Polio Education and Research at Englewood (NJ) Hospital and Medical Centre USA.

Reproduced from the Otago Post Polio Support Group Newsletter.

We at the Post-Polio Institute have a rule of thumb, or more correctly a rule of arms and legs: If you're wearing a short-leg brace you need to use two forearm crutches; if you have two braces, you need a wheelchair.

Obviously, there are lots of polio survivors with and without braces who need a wheelchair. But, after 25 years of experience, we no longer recommend either manual wheelchairs or scooters for polio survivors. If your arms are too weak and your shoulders hurt too much to use forearm crutches, you shouldn't be using a manual wheelchair or a scooter. Both put tremendous physical stress on polio-damaged, overworked neurons, muscles, and joints. The wheelchair requires that you propel yourself using your arms. You steer the scooter by using your arms and shoulders to move a "T-bar" tiller that turns the front wheel while you use your hands to squeeze levers to make the scooter move. What's more, the tiller forces you to lean forward in the seat, putting you in a forward flexed position that causes neck and back pain.

On the other hand (no pun intended) is the power wheelchair, which is steered by a joystick, like those used for video games, a knob attached next to one of the arm rests. The joystick allows you to steer with only one hand — or even just your fingers — with arms at your sides and shoulders relaxed while sitting with painless posture. Also, the new power chairs have mid-wheel drive, instead of the old rear wheel motors, that allow the chair to turn in its own space, make it smaller and very manoeuvrable.

Power chairs can be fitted with special rigid backs that have adjustable foam inserts to provide the right amount of lumbar curve to ensure proper posture. If you have trunk weakness or scoliosis, you can get a back made from custom-formed foam to cradle and hold you body in place. And if you have upper back or neck pain or muscle weakness, you can order a shoulder-high or head-high back, or an additional head rest, that will allow your muscles to be supported and relaxed while driving.

Power chairs can also accommodate customised seat cushions. If one butt check is smaller than the other, or if you have scoliosis and your upper body tilts, an adjustable cushion, that has separate inflatable air bladders or foam inserts of different heights and firmness, can lift one side of your pelvis and balance your body. Those with leg swelling can get elevating leg rests. You can even get a special power seat riser to allow you to reach high cupboards and chairs whose backs recline and allow you to take your two, daily, 15-minute rest breaks (or even a nap) without leaving the comfort of your custom-designed chair - if you can afford this type of wheelchair of course. They can be rather expensive.

(In New Zealand, if you are referred to a physiotherapist at ISIS or through the Public hospital, your chair and any extra specialised parts you may need to make your life more comfortable, can be funded through Enable, or other funding sources. This takes time to get the correct fittings by trying different cushions etc.)

The Role of Vitamin D in Preserving Muscle Strength in Seniors

From PolioSA, Sth Aust.

Tufts University

July 16, 2002

Reviewed: July 1 .6, 2004

The reduced muscle mass and diminished strength that commonly occur in the elderly can have potentially serious consequences, including limited ability to perform activities of daily living, or, worse, falls and debilitating fractures. Helping patients preserve muscle strength may greatly improve their quality of life.

Because muscle weakness is associated with vitamin D deficiency, researchers from the Netherlands reviewed the literature on the relationship between vitamin D deficiency, muscle function, and falls in seniors, to explore whether vitamin D supplementation can improve muscle strength and functional ability. Their review is published in the American Journal of Clinical Nutrition.

Supplementation may improve muscle function.

Studies have found that seniors with low levels of vitamin D have reduced leg extension power, handgrip strength, ability to climb stairs, and ability to walk distances. Some research shows that supplementation to correct a deficiency leads to improvements in knee extension strength, walking distance, and functional abilities.

Can vitamin D supplementation prevent falls?

On average, one-third of all seniors experience at least one fall per year. Vitamin D deficiency apparently affects the muscles of the lower limbs that are essential for balance and walking. The authors say that there is a correlation between serum vitamin D concentrations

and falls, but whether supplementation can reverse the trend remains unclear.

Preserving muscle strength

While the potential role of vitamin D supplementation in preventing falls in seniors remains to be elucidated, supplementation may help preserve muscle strength and functional ability. Because of its critical role in the absorption of calcium, it is of particular importance for seniors with limited exposure to sunlight and inadequate dietary intake. Since vitamin D is toxic in high doses, patients should be advised to take only the recommended dose.

Source: Vitamin D deficiency, muscle function, and falls in elderly people. H. Janssen, M. Samson, H. Verhaar, et al., Am J Clin Nutr, 2002, vol. 75, pp. 611-615

(Traffic) Light Relief

A bloke is showing two young American girls around London and they come to a Pelican crossing. He presses the button and the pedestrian signal goes 'bleep - bleep-bleep-bleep....'

'What's that for?' asked one of the girls.

'Oh that's just to let the blind know that the lights have changed' said the bloke.

'Good grief' she said, really shocked, 'in the States we don't even let them drive!'

☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺ ☺

Regional Events

Nelson

Hi everybody,

Well, I find we're still here so lets make the most of the gift of a new year. There are quite a few of us struggling out there with the differing aspects of this post-polio syndrome but hopefully we can support and encourage one another.

Our Christmas gathering went well again with visitors Ann and Harry from Scotland coming to mingle with us. Ann succumbed to polio as a newly married young woman who had accompanied her husband to teach in Swaziland in South Africa. She was transported back to Scotland where she had, amongst other treatments, to spend some time in the iron lung. Eventually Ann returned to Swaziland and went on to raise three children, in this time growing to love Africa and it's people. Ann and Harry are two very interesting people.

We had an attendance of 13 which wasn't too bad.

Not much news to hand. We have had some enquiry about a DVD of the conference which we would welcome to view as Rex has mentioned what a good conference it was. Are there any available?

Tentatively, Rex and I are looking at June 26th for our mid-year luncheon. This is early notice just in case the newsletter is delayed as venue is yet to be chosen so any enquiries or suggestions please feel free to ring us.

May we wish you all the very best for 2010 and most of all good health.

Regards
Rex Wastney and Jenny. Kissane

Christchurch

Canterbury weather over the Christmas holidays was not as good as we might have hoped but now, well into February, we are experiencing something more like a summer. Members did get out and about, however and near 30 gathered together for an outing to the live theatre on the first day of February. I believe the show, Anything Goes, was given a high rating by those who attended. Our swimming group, who meet at Burwood pool each Sunday, have already begun their years activity and have also held their annual BBQ.

President Ruth Hall and her committee have set some goals for this year beginning with an educational topic (The first 50 years of Christchurch) at our first monthly meeting later this month. At least one all-day outing by wheelchair bus is scheduled with a mystery destination.

Although I did not attend last year's conference, I have seen the DVD of all the presentations and thought that the coverage of all topics was very good and well worth viewing. This newsletter, also, gave very good coverage to the conference events.
George Ross

Avon – Heathcote Estuary



Northland

Hullo everyone.

2010 is well on the way already so belated New Year greetings to you all. What a hot, dry summer we have been having up here in the North! Wonderful for retirees like us and for holiday makers, but we feel for the farmers and gardeners who are suffering badly from the effects of the drought. I guess we'll soon be complaining about too much rain or too much snow (not up here!) as being experienced in the Northern hemisphere at present!

Our first meeting for the year was held recently at our home in Kamo, with a smaller number than usual but with the usual good food and fellowship!! We watched one of the conference DVDs featuring Maggie the physiotherapist with her helpful and often hilarious hints!!

Plans for the year include visiting our members up in Kerikeri and the far North again and another trip is planned to visit those members, south in Ruakaka and Waipu. We have decided that the best way for us to travel out of Whangarei these days is to hire (or borrow!) a mini van and driver so that 6 or 7 of us can travel together.

Best wishes to you all for a happy year
Ruth Inglis.

Ruth Inglis.



Whangarei from Satellite

Waikato

Hi

We had a summer gathering in Edith and Noel's garden. After our guest speaker finished his address we enjoyed ice cream, fresh fruit, and drinks. It was a good time to catch up with others.

A full report of Clive's address is on the next page.

Rotary Reaches Half Way

As of 31 December, US\$105 million has been raised for Rotary's US\$200 Million Challenge. Achievement of the fundraising milestone was announced at the Concert to End Polio.

"In the face of difficult economic times, Rotarians are heartily commended for their steadfast commitment and resourcefulness in reaching this milestone of support for global polio eradication," says Rotary Foundation Trustee Chair Glenn E. Estess Sr.

"Rotary's challenge ends 30 June 2012. Let's push confidently ahead to reach our goal and help ensure that all the children of the world will be forever safe from this devastating disease."

From "End Polio Now Newsletter" Jan 2010



Waikato's Garden Party



Edith introduces Clive McGee from the Fairfield Rotary club



About half of those who attended Clive's address.

Clive McGee from the Fairfield Rotary Club addressed our meeting. The venue was Edith and Noel's garden - a very pleasant, shady place in view of the hot summer weather.

Clive told us Rotary started Polio eradication in 1985. There were still very high rates of polio at this time. WHO and UN became very interested in Rotary's project because they wanted to eradicate polio too.

If you followed the expected trend of the 1985 data then in the following 20 years

there was a reduction by 99% of polio cases. The agencies achieved this by vaccinating entire populations in whole countries.

Sadly there are still around 16 countries where the virus still exists, and in 4 to 5 it is still serious.

Polio is still present in some regions of Nigeria (which is much bigger than NZ). The President was persuaded to join in the wiping out of polio by vaccinating the entire population. Rotarians played a major part in this campaign. Rotary ran

immunisation days, which involved the local leaders, and mobilised many volunteers. Campaigners broadcast by radio, town criers, and tried everything to get the message to remote areas to tell people where immunisation would happen. Volunteers with the vaccine went visiting house to house also.

Clive said that sadly sometimes there is no political will to vaccinate an entire country.

However in India, a nation of 1.3 billion people, the Government is committed to eradication. Local Rotary Clubs are committed to help the effort, and are running immunisation days.

Linda and Bill Gates were persuaded to give \$350M towards polio eradication. Rotary set out to match dollar for dollar. The fund is now about half a billion US dollars.

President Obama is now behind polio eradication, which can only increase the profile of the End Polio Now project.

Lastly, Clive told us that in the US a lot of research is being done to improve the vaccines; and find a possible way to combine the three vaccines into one, to deal to the three strains of polio in one vaccination.

Seen Around Town



After finding these signs at the Lower Hutt Library, Diane Heald would like to know how many disabled courier drivers do we know? Perhaps it's a specialist career we polios could consider?



End Polio Now projected in Italian onto the Royal Palace, Caserta, Italy.

Questionnaire Bytes

An excellent response to the recently distributed survey means Susan and Anne from the Board are working hard to compile all the very interesting information which will provide the basis of on-going work for the Board.

As we look over the surveys we find more help/information would be useful please.

- we need more information from 15 people who have not specified what their orthotic challenges are
- so far 25 people have indicated that other members of the family also had polio, could we have more details please?
- These surveys are on-going and we need as many details as possible so if you know of anyone who didn't get a survey please let me know.

We hope you are one of the handful of people who consider themselves to be very lucky with the way they have managed their polio and their lives.

Please stay in touch about any issue.

anne@specialneedscoaching.co.nz

Some very good news

Posted by Sarah Boseley
Tuesday 2 March 2010 12.03 GMT
www.guardian.co.uk

I just heard some very cheerful news from India. Last week there were no polio cases recorded at all in the country. Yes, that's only one week, but the news sends a surge of hope and excitement through all those who are involved in the very long and now fairly tedious business of vaccinating and re-vaccinating every child under 5 in the two areas where polio is still considered endemic - the poor and populous Bihar and Uttar Pradesh.

When I went to watch this Herculean effort in November, India had battled its way down to 163 cases a year (as of its last report in August 2009). That's just over three cases a week. But the problem is that the last bit is always going to be the hardest. The places where polio lingers suffer unsanitary and unhygienic conditions. Open sewers run down the sides of roads where children play. So many children are born - half a million in Uttar Pradesh each month - that it is hard to ensure all are getting immunised. And there is a great deal of migration among desperately poor families looking for seasonal work.



*British Rotarians Steve Martin and Pam Joyce helping immunise children on the streets of Lucknow.
Photograph: Jean-Marc Giboux*

Editorial

We're Still Here

Like lots of polios I enjoy being in the water. I learnt to swim in the Wellington Hospital hydrotherapy pool. And ever since have had a love of swimming. It was helped by the fact that in the water I was on an even footing (pun intended); and could hold my own in a swimming race.

During my years in Tonga I learnt to surf. Here I am struggling to stand on a board in the early days. I eventually got the hang of it, provided I could keep my balance on my good leg.



Last Saturday, after the Waikato PPSS meeting my wife and I grabbed our wetsuits and headed to Whangamata. Our usual accommodation was not available so we spent the night in a motor camp and headed for the beach around 9am Sunday. We totally “fell through the communication cracks” and had no idea a tsunami warning had been issued for all east coast beaches.

After a day of tumbling in the surf and soaking up the sun we returned home to learn of the warning. **We're still here** has taken on a whole new dimension!! 😊

Cheers, David

A video of the tsunami advancing up the Avon – Heathcote estuary is at:
http://www.youtube.com/watch?v=1zG_ARyEKM

About Us

The Post Polio Support Society of NZ is an incorporated society dedicated to seeking support for people who have had poliomyelitis.



It does this through information sharing and where possible, assistance to polio society members and their families, whether or not they are experiencing problems at present.

The Society's Board of Management meets regularly either physically or by telephone conference, and the annual general meeting of members is held in September.

The Society's newsletter, **Polio News**, is published four times a year (March, May, August, and November) and is sent to all members.

Contributions are welcome and the deadline for copy is the 15th of the month before publication.

Disclaimer: Opinions expressed in the newsletter are those of the writers and not necessarily those of the Society.

Acknowledgement: This newsletter has been paid for by a grant from the Lottery Grants Board and the JR McKenzie Trust, to whom the Society expresses its thanks.



Two different approaches to Wheelchairs

Don Schoendorfer



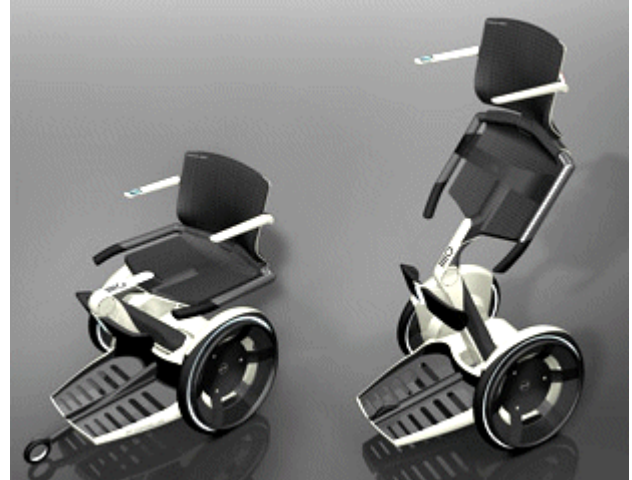
Forget the \$100 laptop computer, the \$44.40 wheelchair is a real breakthrough.

Though over 100 million people need wheelchairs, not all of them are able to afford one. So mechanical engineer Don Schoendorfer decided to help the world with this problem. He set up the Free Wheelchair Mission in California, which makes this extremely affordable, garden-variety wheelchair with plastic chair, for under \$US50. The wheelchairs are made in China and assembled in the US before they are delivered to the needy.

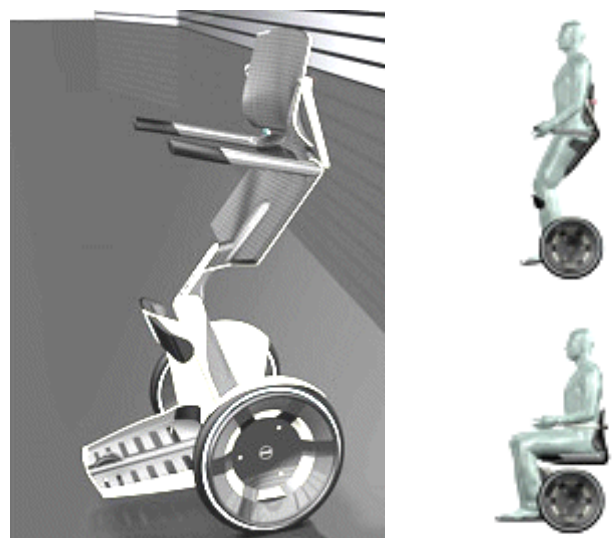
From

<http://gizmodo.com/149478/wheelchair-version-10>

Pegasus



This is a **design concept** from Pegasus. It would help a lot of disabled people to move efficiently. Compared to manually operated wheelchairs, Pegasus is trying to break the image of the old wheelchair by combining electric drive motor with gyroscopic sensors to help the driver to move not just forward and backward but also in an upright position. The problem yet unsolved is the balance issue. Since this is still a concept, there is no detailed description on how this Pegasus wheelchair will solve that challenge.



<http://www.tuvie.com/pegasus-wheelchair-concept-by-porsche-design-studio/>

Polio Cases in 2010

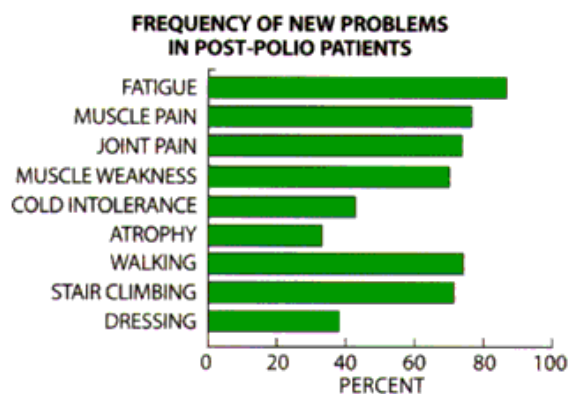
Country	Year-to-date 2010	Total in 2009	Date of onset of most recent case
India	12	733	31 January 2010
Pakistan	5	89	27 January 2010
Afghanistan	4	38	13 January 2010
Senegal	2	0	12 January 2010
Nigeria	1	387	03 January 2010
Chad	1	65	02 January 2010

There are 18 other countries which had cases of polio in 2009, but which have not reported a case of polio in 2010.

From the Global Polio Eradication Initiative website; 16th February 2010.

Post Polio Problems

The most common new health problems reported by post-polio patients in several clinical studies are fatigue, muscle pain, joint pain and weakness. Functional problems include walking and stair climbing.



Directory

Information about membership and local support groups

Free phone 0800 4 POLIO (0800 476 546)

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