



Volume 5, Issue 1

Polio Oz News

March 2015—Autumn Edition

Save The Date!

There is clearly a growing need for health professionals with the knowledge to adequately treat the estimated 20 million people who are survivors of polio. Polio survivors can be found in every country around the world, although those in the Western World tend to be an ageing demographic, whereas those in developing countries are across the age spectrum.

The health issues for ageing polio survivors and young polio survivors differ. In young polio survivors the challenge is to prevent and treat severe deformities, to reduce disability, and to improve social participation. In ageing polio survivors, treatment focuses on Post-Polio Syndrome (predominantly neurological) and biomechanical decline due to consistent overuse (the Late Effects of Polio or Post-Polio Sequelae), with the aim of preserving independence and quality of life.

The aim of the Conference is to exchange knowledge about the diagnosis and treatment of the post-polio condition in different age groups to best preserve functioning throughout life.

Although it's still very early days, Polio Australia is delighted to report that a number of eminent international and Australian Keynote Speakers and/or workshop facilitators will be presenting at this Conference. A 'Call for Abstracts' will also be issued soon.

The current Speaker list includes:
(further responses still pending)

International:

- [Dr Kristian Borg](#)
—Rehab Physician (Sweden)
- [Dr William DeMayo](#)
—Rehab Physician (USA)
- [Dr Marny Eulberg](#)
—Medical Doctor (USA)

- [Dr John Fan](#)
—Rehab Physician (USA)
- [Joan Headley](#)
—[Post-Polio Health International](#) (USA)
- [Dr Lise Kay](#)
—Medical Doctor (Denmark)
- [Marmaduke Loke](#)
—Orthotist (USA)
- [John MacFarlane](#)
—[European Polio Union](#) (Ireland)
- [Dr Frans Nollet](#)
—Rehab Physician (The Netherlands)
- [Dr Stephanie Machell](#)
—Psychologist (USA)
- [Dr Antonio Toniolo](#)
—Microbiologist (Italy)

Australia: (all members of Polio Australia's Clinical Advisory Group)

- Bernard Badorrek
—Orthotist (NSW)
- Professor Robert Booy—Infectious Disease Specialist (NSW)
- Ann Buchan
—Neurophysiotherapist (SA)
- Dr Steve de Graaff
—Rehab Physician (Vic)
- Jegasothy (Jega)
—Retired Physiotherapist (WA)
- Melissa McConaghy
—Neurophysiotherapist (NSW)
- Dr Peter Nolan
—General Physician (Qld)
- Dr Nigel Quadros
—Rehab Physician (SA)

Updates will be made available in the coming months. You can also check on our new health website [here](#).



2016 Australasia-Pacific
Post-Polio Conference
Polio - Life Stage Matters

20-22
SEPT
2016

FOUR
SEASONS
HOTEL
SYDNEY

SAVE
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DATE

National Patron: Dr John Tierney, Ph.D, DAm

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throughout Australia

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From the President



Dr John Tierney
President

Planning for Polio Australia's Australasia-Pacific Post-Polio Conference in Sydney (20 – 22 September 2016) is now well advanced with Mary-ann working miracles with international and Australian speakers. This is largely the fruit of the strong representation and presence by Aussie polio survivors at both European and US Post-Polio Conferences. Strong international alliances have been forged over the last five years. There is now a high level of interest in attending and speaking at our Conference next year. *Interpoint Events* is our professional Conference organiser and in areas like advanced publicity their professional touch is already lifting this event to a new level. At this Conference we would like to see as many Australian polio survivors as possible attend. From my experience, it is what you learn at these events that will greatly assist you to manage your LEOp condition. Please be sure to pencil 20-22 September 2016 into your diaries.

Our Polio New Zealand friends are very aware of this international Conference and we are expecting strong support from that part of the Pacific region. Polio Australia is continuing to forge strong bonds across the ditch since I spoke about our Australian programs to assist polio survivors at their 25th Anniversary Conference in Christchurch last October. The New Zealanders are now rapidly catching up to us and I will be attending their first

Health and Wellness Retreat this July. They also plan to stage a fundraising event, similar to our *Walk with Me* event, in their country and build closer ties with their parliament as they seek greater program and funding support.

Ahead of their Retreat, we will again have New Zealand representation at our *Health and Wellness Retreat* in Torquay, Victoria (30th April – 3rd May). Places are filling fast and I would urge Victorians, in particular, to take advantage of this Retreat being in your state. You will find that what you will learn about the self management of your LEOp condition will be life changing. This will be the last Retreat for two years as next year's big event will be the international Conference. So if you miss Torquay this year please join us in Sydney next September.

Also at the international Conference we are hoping to involve Rotary further in assisting those with the LEOp condition. In the last eighteen months we have continued to build strong links with Rotary. Over this time I have spoken to about twenty Rotary Clubs and a growing band of our members in NSW and other states are doing the same. Donations from Rotary Clubs now make up 10% of Polio Australia's budget. I am currently changing my focus here to now work more at the District level of Rotary. I will soon be conducting a Polio Australia stall over two days at the Rotary District 9685 (the northern half of Sydney plus the central Coast) annual Conference in the Hunter Valley to promote, in particular, Rotary's involvement in our 2016 international Conference. 🌟

John

From the Editor



Mary-ann Liethof
Editor

As the days are getting shorter in our southern hemisphere, I find myself looking forward to little 'escapes' like our Polio Health and Wellness Retreat in Torquay next month (p4). The scenery is spectacular, and the sea air will be a welcome change from the suburban fumes. Mind you, there's not much 'time out' for me, but it

is somewhere other than the office, and I always learn so much from everyone when I'm there. We have had a great take up this year, but there are still a couple of places for the speedy!

I'm also enjoying progressing with arrangements for the 2016 Australasia-Pacific Post-Polio Conference (p1). We already have a great line up of Keynote Speakers and I'm looking forward to seeing what comes back in abstract proposals. This is a very exciting time for Australia and the interest from both international and home grown post-polio specialists is further proof that this is a Conference whose time has come!

Polio Australia is also pleased that we are now able to promote our post-polio resources for

online purchase (see below). There are also a number of really interesting health-related videos from Australia and beyond, that can be viewed for free on our new health website (p5). Of course, some of these videos have already been available for a while, just not all in one handy location.

This edition of Polio Oz News contains a number of relevant articles and studies selected from Medscape, a free subscription-based website. I can recommend Medscape as a great source for a wide range of health-related information.

The vaccination debate continues to baffle me, especially due to my work with polio survivors. But an outbreak of measles in the USA has generated a new raft of articles that raise the issues once again. Are vaccines a victim of their own success? (p14)

Polio This Week (p18) shows how we are tracking in our goal to eradicate polio worldwide, although Pakistan remains a hot spot . . .

I hope you enjoy the read. 🌟

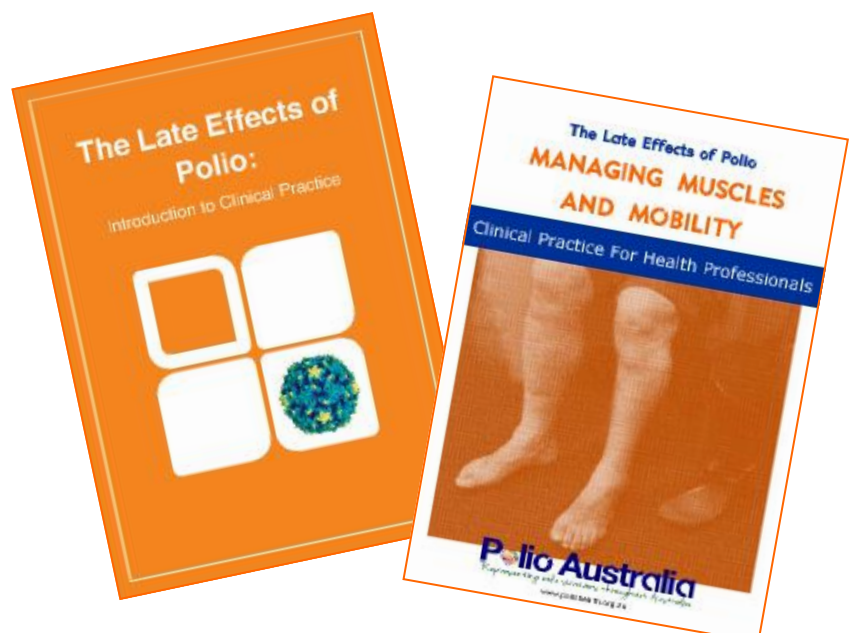
Mary-ann Liethof

Resources Online

Polio Australia's two clinical resources "*The Late Effects of Polio: Introduction to Clinical Practice*" and "*The Late Effects of Polio: Managing Muscles and Mobility*" can now be purchased online in both hard copy and electronic versions. There is also a handy currency converter to assist with international orders. Click [here](#) for further information. 🌟

A Note About Polio Australia's PDF Publications

Polio Australia's publications which are distributed as PDF files are copyright and the intellectual property of Polio Australia. Polio Australia encourages wide distribution of our books. However, as a self-funded community service, Polio Australia is dependent on the revenue raised by sales of our publications. As such, we request that purchasers of electronic versions of our publications direct others to this site to purchase their own copy. Your understanding and support are appreciated.



Victorian Polio Health and Wellness Retreat – 30 April to 3 May 2015

2015 Polio Health and Wellness Retreat Body / Mind / Spirit Wyndham Resort Torquay

ONLY A FEW PLACES LEFT – BOOK NOW!
Great value at \$450 pp twin/double or \$500 pp single—all inclusive!!

Polio Australia will once again be facilitating its 4 day / 3 night Polio Health and Wellness Retreat for polio survivors and their partners, this time from **Thursday 30 April to Sunday 3 May 2015** at the delightful **Wyndham Resort Torquay**, 100 The Esplanade, Torquay, Victoria, 3228. 🌊

The Program At a Glance

Thursday 30th April

- ◆ Registration
- ◆ Program Overview
- ◆ Introductions & orientation
- ◆ Guest Speaker

Friday 1st May (Body)

- ◆ Plenary – The Polio Body
- ◆ Pain and Fatigue Management
- ◆ Take A Deep Breath: Respiratory Issues
- ◆ Holistic Health Parts 1 and 2
- ◆ Exercise Options
- ◆ To Brace or Not To Brace
- ◆ Hearing, Listening and Communication
- ◆ Let's Talk About Self Care
- ◆ Healthy Eating
- ◆ Managing Mobility
- ◆ Being Medicine Wise
- ◆ Partnering Polio

Saturday 2nd May (Mind)

- ◆ Plenary – Healthy Mind / Healthy Body?
- ◆ Mindful Self Compassion
- ◆ Mindful Movement
- ◆ Early Polio Memories
- ◆ Mind Your Mind
- ◆ Cryptic Crosswords
- ◆ What's Your 'Type'?
- ◆ Creative Writing
- ◆ Exploring the Share Market
- ◆ Ikebana
- ◆ Neuroflow: Creative Drawing
- ◆ Find Your Voice
- ◆ Why Family History?
- ◆ Partnering Polio

Sunday 3rd May (Spirit)

- ◆ The Healthy Spirit
- ◆ Worship Through Music
- ◆ Philosophy
- ◆ Connecting with Spirit Through Meditation

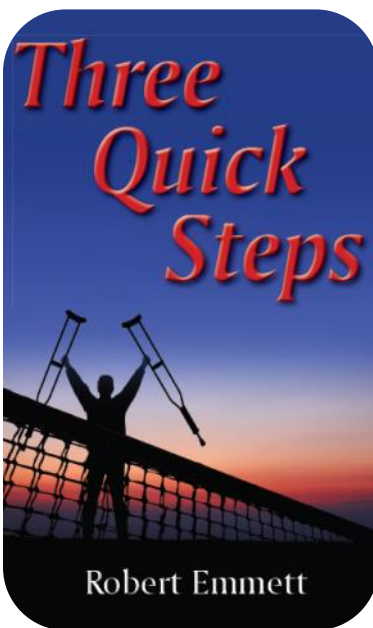
CLICK [HERE](#) TO DOWNLOAD THE PROGRAM, PRESENTERS LIST, AND REGISTRATION FORMS.



Post-Polio Videos Online

Polio Australia's new website www.poliohealth.org.au now has a range of health-related videos available for viewing including Post-Polio Health International's video series entitled *"Post-Polio Experts Present"* (2014), as well as presentations from the 2011 and 2014 European Post-Polio Conferences, plus others. Browse the selection [here](#).

Three Quick Steps



In 1952, America was only three years away from the Salk vaccine, which would eliminate the threat of polio. That same year, nine-year-old Robert Emmett contracted the paralytic disease. It ravaged his body and unmoored his spirit; doctors told him he'd never walk again.

Faced with a lifetime of health complications and discrimination, Robert gave himself a challenge: to find the courage to live a normal life. Nourished by a devoted family, Robert set out on his long road to recovery. Three Quick Steps is Robert's story of overcoming the odds, staying inspired, and triumphing over adversity. Decades after contracting polio, when he's exceeded every expectation as a scientist, husband, and father, Robert thinks he finally has the key to success and an answer to the question he's wondered about for years: Can a disease make you a better person?

But just when he thinks he's achieved normalcy, Robert faces a new question: What if the disease isn't quite done with him?

When post-polio syndrome strikes, years after the infection has been eradicated, the hard-won peace that Robert has found is threatened. Where will an older Robert find the resolve he needs now?

Told with warmth, grace, and unflinching resolve, Emmett's remarkable memoir captures how three quick steps can lead to huge strides.

Available through Amazon.com

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Supporting Polio Australia

Polio Australia would like to thank the following individuals and organisations for their generous support from 1 December 2014 to 28 February 2015:

Hall of Fame

Name	Donation
Anonymous	\$15,000
Margaret Hodge	\$1,000
	\$16,000

General Donations

Names
Jill Burn
Rodney Burton
Rita Lear
Christine McWhirter
D R Watson
Total - \$685

Walk With Me Fundraising Event

Name	Donations - Walk With Me
Polio Power NSW Walk	\$100

Rotary Donations

Name	Donations - Walk With Me
Rotary Club of Wynnum	\$500

Become a Friend – Invest in Polio Australia and Make a Difference

Please invest in Polio Australia's work to help ensure that all polio survivors in Australia have access to appropriate health care and the support required to maintain independence and make informed lifestyle choices.

Polio Australia is endorsed by the Australian Taxation Office as a Health Promotion Charity and a Deductible Gift Recipient making all Australian donations over \$2 tax deductible. Polio Australia will issue an official receipt for all donations received.

Your Donation can be made via a number of methods. Click on the button to see all the options.



Bequests

Include a specific bequest to benefit Polio Australia in your Will. Consider making a bequest to Polio Australia and determine the type of bequest which best suits your circumstances and wishes. Check [here](#) for details. ●

Vale Nancy Frick



Nancy Frick, early expert on post-polio syndrome

By Jay Levin

Staff Writer | The Record

Source: NorthJersey.com – 18 November 2014

Nancy M. Frick of Hackensack, who conducted pioneering research into the disabling physical and psychological symptoms many survivors of childhood polio experience decades after the initial infection, died last Tuesday [November 2014]. She was 71.

The cause was complications after abdominal surgery, said her husband, Dr Richard Bruno.

Herself a polio survivor — she was stricken at age 6 — Ms Frick was one of the first to study post-polio syndrome in the 1980s. Her inquiry was informed by her own struggles with the symptoms, which include muscle weakness and pain and extreme fatigue. She used a wheelchair because of her debility.

"I felt like I was alone on a raft in the middle of the ocean", she told The Record in 1986, several years after learning she had the condition. "None of us were ever told by our physicians that symptoms might reappear 30 years later". Read more [here](#). 🌟

Are Doctors Neglecting Their Older Patients?

By Leigh Page

Source: [Medscape Business of Medicine](#)
- 19 February 2015

Physicians are often accused of providing too much care to elderly patients at the end of life, but there's evidence that these patients also get far too little care before reaching that point. Years of skimpy treatment for elderly patients in their 70s and beyond impedes their health and may well hasten their death.

Providing care to older patients seems to be a hot-button issue for the medical profession. Medscape's recent [2014 Ethics Survey](#) showed that physicians were divided on whether older patients deserve as much care as younger ones. Whereas about one quarter approved of diverting scarce or costly resources away from older people, many more disagreed.

Meanwhile, Ezekiel Emanuel, MD, chair of the Department of Medical Ethics and Health Policy at the University of Pennsylvania, set off a firestorm of debate on this topic in an essay he wrote in the October issue of *The Atlantic*, in which he stated that he would decline medical treatment after age 75.

It's well established that elderly patients already get less medical treatment. A 2004 study found that they were less likely than younger patients

to get life-extending care, such as surgery and dialysis, even after patients who refused that care were excluded. In a 2001 study, use of chemotherapy for older patients with breast cancer plummeted from almost one half of eligible patients aged 65 to 69 years to 1 in 10 among those aged 80 years or older.

This low use of invasive treatments is not based on poor survival rates. Recent studies show promising survival for elderly patients after chemotherapy and hip replacement. In addition to these expensive treatments, withheld care involves even simple prevention, such as exercise, smoking cessation, home safety, and proper use of medications and alcohol, according to Ronald D. Adelman, MD, co-chief of the Division of Geriatrics and Palliative Medicine at Cornell University's Weill Medical College and New York-Presbyterian Hospital.

"Many physicians don't recommend preventive measures for their older patients", Dr Adelman said. Dan Perry, executive director of the Alliance for Aging Research in Washington, DC, put it more bluntly. *"The healthcare system fails older people",* he said. *"Many doctors base their treatment decisions on uninformed stereotypes of older people".* Read full article [here](#).

Note: Medscape is a free subscription-based website. Register here: www.medscape.com 🌟

Scoliosis and Yoga

Scoliosis: A Single, Daily Yoga Pose May Reduce Spinal Curve

By Bridget M. Kuehn

Source: Medscape
– 9 October 2014

Patients with scoliosis who held a single yoga pose for 1 to 2 minutes a day several days a week substantially reduced the curvature of their spine, according to a case series [published](#) in the September issue of *Global Advances in Health and Medicine*.

Scoliosis affects about 2% to 3% of the US population, according to the National Scoliosis Foundation. Current treatments include wearing a back brace for 23 hours a day, surgery, or for less severe cases, lengthy exercise regimens each day. Some studies have suggested yoga may help patients with scoliosis, and the National Scoliosis Foundation recommends 25 yoga poses to patients with the condition.

In the current case series, Loren M. Fishman, MD, from the College of Physicians and Surgeons at Columbia University in New York City, and colleagues evaluated the effects of a yoga pose called the side plank in 25 patients with idiopathic or degenerative scoliosis. The patients had a primary curve ranging from 6 to 120 degrees. The researchers taught patients the pose and instructed them to hold the pose for 10 to 20 seconds daily for the first week. After that, patients were instructed to hold the pose for as long as possible once a day, but only on the convex, weaker side of their spine.

Radiologists or orthopedic surgeons, who were not told about the exercise, compared



spinal radiographs taken at baseline and radiographs taken from 3 to 22 months after patients started the exercise regimen.

"Since scoliosis is an asymmetrical condition, I have treated it asymmetrically, asking patients to do the pose on the weaker side only. That strengthens the specific spinal muscles on the convex side that are needed to help with curve reduction," Dr Fishman said in the news release. 🌟

Strength Training Boosts Memory in a Single Session

By Pam Harrison

Source: Medscape
– 10 October 2014

A single, brief session of resistance exercise done immediately after a visual

learning task enhances episodic memory by about 10%, new research shows.

Lisa Weinberg, a psychology graduate student at the Georgia Institute of Technology, in Atlanta, and colleagues found that a resistance workout lasting as little as 20 minutes improved recall of a series of photos shown to participants 48 hours earlier.

"Our study indicates that people don't have to

dedicate large amounts of time to give their brain a boost," Weinberg said in a statement.

"We're not trying to replace long-term [aerobic] interventions — they are great and do all sorts of amazing things for you", coinvestigator Audrey Duarte, PhD, Georgia Institute of Technology, told *Medscape Medical News*.

"But what hasn't been shown before is that the benefit we are seeing occurs after doing a really easy task that anyone could do at home when injured or even after a hip replacement. Since we are studying aging in my lab, I find this particularly compelling because of its application to aging."

The study [was published](#) in the October issue of *Acta Psychologica*. 🌟



Forever Young(er) . . .

Potential age-defying effects of long-term meditation on gray matter atrophy.

[Eileen Luders](#)^{1*}, [Nicolas Cherbuin](#)² and [Florian Kurth](#)¹

- ¹Department of Neurology, School of Medicine, University of California, Los Angeles, Los Angeles, CA, USA
- ²Centre for Research on Ageing Health and Wellbeing, Australian National University, Canberra, ACT, Australia

Source: Frontiers in Psychology
- 21 January 2015

While overall life expectancy has been increasing, the human brain still begins deteriorating after the first two decades of life and continues degrading further with increasing age. Thus, techniques that diminish the negative impact of aging on the brain are desirable. Existing research, although scarce, suggests meditation to be an attractive candidate in the quest for an accessible and inexpensive, efficacious remedy. Here, we examined the link between age and cerebral gray matter re-analyzing a large sample ($n = 100$) of long-term meditators and control subjects aged between 24 and 77 years. When correlating global and

local gray matter with age, we detected negative correlations within both controls and meditators, suggesting a decline over time. However, the slopes of the regression lines were steeper and the correlation coefficients were stronger in controls than in meditators. Moreover, the age-affected brain regions were much more extended in controls than in meditators, with significant group-by-age interactions in numerous clusters throughout the brain. Altogether, these findings seem to suggest less age-related gray matter atrophy in long-term meditation practitioners.

Read abstract [here](#).🌐

Meditation Helps Sleep Disturbance

Meditation Helps Sleep Disturbance, Cuts Fatigue, Depression

By Pauline Anderson

Source: [Medscape Medical News](#) / [Psychiatry](#)
- February 19, 2015

Older adults who follow a mindful meditation program have improved sleep quality as well as less daytime fatigue and depression compared with their counterparts who take part in a sleep hygiene education (SHE) program, new research shows.

Investigators at Keck School of Medicine, University of Southern California, Los Angeles, found that the mindfulness program, which is available to the general community, resulted in improved sleep *"relative to a highly active and standardized sleep hygiene education program."*

"This is the first clinical trial to date to examine the effect of mindfulness meditation on moderate sleep disturbances in older adults," lead author David S. Black, PhD, assistant professor of preventive medicine and director of the American Mindfulness Research Association, told *Medscape Medical News*.

The study was [published online](#) February 16 in *JAMA Internal Medicine*. 🌐



Sleep Linked to Disability and Depression



University of Alabama, told Medscape Medical News. "When somebody complains of sleep problems, we need to take it seriously".

Strengths of the study, says Dr Allen, include the broad sample and the fact that 4 variables (sleep, pain, depression, and disability) were analyzed together. The longitudinal analysis is valuable to hint at causal relationships, although the mechanism is still unclear.

"For my money, the take-home message is we need to take osteoarthritis pain seriously, we need to take sleep disturbances seriously, and we need to take mood disturbances seriously", Dr Parmelee said. "Sleep and pain and mood and the ability to get about and do what you need and want to do are closely intertwined".

The next steps in research, she says, should focus on untangling those factors enough to know where to intervene. "Going to bed, is it better to take an antidepressant, a sleep-inducing medicine, or an [nonsteroidal anti-inflammatory drug]? Which would be the best approach to break up this cycle? We don't know that yet".

Sleep Linked to Disability and Depression in Osteoarthritis

By Beth Skwarecki

Source: Arthritis Care and Research—10 October 2014

Sleep disturbance is associated with pain and depression in osteoarthritis of the knee, a new study reports, and baseline sleep disturbances predict increased disability and depression over time, even

without increases in pain. The study was [published online](#) October 6 in *Arthritis Care & Research*.

"We know that pain causes sleep disturbance and ought to be on physicians' radar screens, but we're among the first to suggest having problems sleeping can cause you to experience functional decline", author Patricia Parmelee, PhD, from the Center for Mental Health and Aging at the

Travel Insurance for Baby Boomers

If you've ever had trouble getting travel insurance due to your age or an existing medical condition, Boomers Travel Insurance might be worth looking into.

One of the FAQ's on their website asks: *Can I buy a policy if I'm 80+?* Answer: Yes, cover is available to travellers aged over 80 at the time of departure for comprehensive and domestic plans. All travellers aged 75 years and over at the time of application will be required to undergo a pre-existing medical condition assessment before being provided with cover.

They state that even if you have a pre-existing medical condition, by completing a quick and easy online assessment or by calling them, they will do their best to get you covered.

Worth giving it a try! Check the website here: www.boomerstravelinsurance.com.au or ring 1800 780 577.

Arthritis: Self-Directed Exercise

By Laird Harrison

Source: Medscape Medical News – 31 December 2014

A self-directed exercise program can improve the symptoms of arthritis, a new study shows.

After 12 weeks, participants in the First Step to Active Health program showed significant improvements in lower body strength, functional exercise capacity, lower body flexibility, pain, fatigue, stiffness, and arthritis management self-efficacy.

"This program adds a more flexible format to the existing list of evidence-based programs, and it may appeal to subgroups of the arthritis population with less access to

community programs", writes Sara Wilcox, PhD, from the Department of Exercise Science, University of South Carolina, Columbia, and colleagues in a report [published](#) in the January 2015 issue of the *American Journal of Preventive Medicine*.

Previous research has shown that exercise benefits people with arthritis, but most people do not exercise as much as they should, the researchers write.


The Centers for Disease Control and Prevention recommends exercise classes for people with arthritis, but attending them may not be convenient, affordable, or feasible for all these patients.

The researchers wanted to test a program that patients could

complete on their own at home.

The First Step to Active Health uses guidelines from the American College of Sports Medicine to promote endurance, strength, balance, flexibility, and behavioral self-management strategies, including planning, goal setting, and self-monitoring.

The study was supported by the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion. The authors have disclosed no relevant financial relationships.

Am J Prev Med. 2015;48:1-12. [Full text](#) 

Carpal Tunnel Syndrome Treatment

Comparative Effectiveness of Ultrasound and Paraffin Therapy in Patients With Carpal Tunnel Syndrome: A Randomized Trial

Yi-Wei Chang, Shih-Fu Hsieh, Yu-Shiow Horng, Hui-Ling Chen, Kun-Chang Lee, Yi-Shiung Horng

Source: Medscape – 30 December 2014

Background

Conclusive evidence indicating an effective treatment for carpal tunnel syndrome (CTS), a common entrapment neuropathy, is lacking. Ultrasound therapy (US therapy) has long been used as one of the combination treatments for CTS. In addition, paraffin bath therapy has been applied widely as a physical modality in treating patients with hand conditions. The purpose of this randomized trial was to compare the efficacy of combining a wrist orthosis with either US therapy or paraffin bath therapy in treating CTS patients.

Methods

Patients with CTS were randomized into two groups. All patients received a wrist orthosis.

Twice per week, one group underwent paraffin therapy, and the other group underwent ultrasound therapy. Each patient received a questionnaire, physical examination and nerve conduction study of the upper extremities before and after treatment for eight weeks.

Results

Sixty patients were recruited, and 47 completed the study. Statistical analysis revealed significant improvements in symptom severity scores in both groups. After adjusting for age, gender and baseline data, the analysis of covariance revealed a significant difference in the functional status score between the two groups.

Conclusions

To improve the functional status of CTS patients, a combination of ultrasound therapy and a wrist orthosis may be more effective than a combination of paraffin therapy and a wrist orthosis. Since this is an exploratory trial, further confirmatory testing is suggested to justify the efficacy of these two treatments.

Read on [PubMed](#). 

New(ish) Minister for Health

Sussan Ley was appointed Minister for Health and Minister for Sport on 23 December 2014.

Sussan Ley was first elected as the Federal Member for Farrer in NSW in 2001. Before entering Parliament, Minister Ley worked a variety of jobs including roles as an air traffic controller and commercial pilot – she has also been a shearer's cook, wool and beef farmer.

Since 2004 Ms Ley has been allocated responsibility in a number of portfolio areas. Living in and representing regional Australia, the Minister is a strong advocate for regional and rural issues, especially those which assist in bridging the city-country divide.

She is supported in her role by the Assistant Minister for Health, Senator Fiona Nash. 🇦🇺



Minister Ley (second from right) meeting with Polio Australia's "We're Still Here!" campaigners in October 2013

Remodelling the Disability Sector

by [Kymerly Martin](#)

Source: [Freedom2live](#)
– 4 March 2015

It's been a challenging time for the disability services sector as recommended changes land from all directions. One of the more contentious is a proposal by the National Disability Insurance Agency (NDIA) that would see a complete restructuring of the assistive technology space. It would subject to tender the product and supplier selection process with only the successful achieving a 'preferred' status with the NDIA.

Interestingly, in the discussion paper the NDIA wants to ensure that participants are actively engaged in decision-making, exercising choice and control in gaining access to assistive technology solutions to meet their reasonable and necessary support

requirements, while ensuring the NDIS remains financially sustainable. Herein lies the dilemma.

Assistive Technologies Suppliers Australia (ATSA) executive officer, Chris Sparks, makes the point that everything about the NDIS hinges on just this, *"control and choice that leaves the user in charge of their destiny. The individual gets the funding to choose what services they get and from whom and the experience from most countries is that this self-management system works best and is the most affordable."*

Sparks said the changes proposed by the NDIA for a new assistive technologies procurement scheme challenge this because if they are implemented it will achieve the opposite: limiting people's choice. *"Participants will be*

obliged to use the suppliers and products preferred by the NDIA. The NDIA not the individual will select a limited number of products and suppliers", he told F2L.

ATSA has submitted a response to the NDIA on the discussion paper that presented the views of ATSA members and others which showed overwhelmingly that such a scheme as recommended would be unworkable.

He gives an example: *"Client wants a wheelchair, a back rest and pressure care cushion that need to be delivered as promptly as possible and adjusted as necessary. Under the proposed scheme each item may well be supplied by three different people. Who assembles it? What happens if there is a problem?"*

"You end up with three companies, three

Remodelling the Disability Sector (*cont'd from p12*)

administrative processes and three delivery costs. So the cost of the transaction goes through the roof." He offers another example: *"I know that company B has the wheelchair I need. It is light enough for my partner to lift and put in the car. It has the accessories I want. What I don't want is to shop around to three or four different suppliers when I can get it from one supplier that I know and trust."*

"The NDIA seems to be overlooking the fact that assistive technology is a service-based industry, so who carries out the 'human services' side of the business now? We are talking about client assessment, set up, delivery, training and potential maintenance. That is how it works. We are not buying a box of paper clips here".

He maintains that for someone in a wheelchair unable to get what they want the proposed

scheme cannot work. And Sparks is blunt when he said that people with disability and the disability services sector need to take a stand and speak up on this issue, *"because the evidence is piling up on the likely failure of such a scheme"*.

He also disputes the NDIA argument that the changes are based on confirmed likely cost savings. *"There has been no transparent independent audit of the claims, often costs are just transferred and I don't believe the NDIA will achieve the savings they are pursuing without serious reductions in service levels, quality and outcomes"*.

As for the NDIA idea that decreasing choice and supplier numbers will result in increased competition he responds thus: *"The reality is that fewer competitors means less competition and prices*

inevitably go up".

At this stage the NDIA is primarily focused on assistive technology solutions derived from aids and equipment. Home and vehicle modifications and prosthetics have not been explored in the same level of detail and will be the subject of further work. 🌐

Note: *Polio Australia submitted a 'Feedback' paper to NDIA which raised issues specific to polio survivors and our needs. This paper was put together by Polio NSW Committee Member, Merle Thompson, and we thank Merle for her efforts.*



Endgame for Polio Eradication

By Ricki Lewis, PhD

Source: Medscape Medical News – 29 December 2014

The World Health Organization's strategy for eradicating polio will remove serotype 2 poliovirus from the oral polio vaccine (OPV) because this component causes many of the few new cases, according to a new clinical report.

Walter A. Orenstein, MD, professor and associate director of the Emory Vaccine Center, Atlanta, Georgia, and a former member of the American Academy of Pediatrics Committee on Infectious Diseases, and colleagues describe the strategy in an

article [published online](#) December 29 in *Pediatrics*.

OPV consists of three serotypes of attenuated virus. Wild serotype 2 was last detected more than a decade ago, and wild serotype 3 has not been seen since 2012. Circulating vaccine-derived polioviruses that arise from mutation of the attenuated viruses account for more cases than does natural infection. Therefore, eradication requires that this route of transmission stop.

The World Health Organization's Endgame and Strategic Plan will, in a stepwise fashion, remove serotype 2 poliovirus from the OPV. The serotype is responsible for 40% of cases of

vaccine-associated paralytic polio and for 98% of circulating vaccine-derived polioviruses detected since 2012. In addition, serotype 2 inhibits immunity to serotypes 1 and 3.

Before conversion to bivalent OPV, at least one dose of trivalent inactivated polio vaccine (IPV) will be used, by 2015, in the more than 120 countries currently using OPV as "insurance" to protect against serotype 2 when it is eliminated from OPV. Eliminating serotype 2 in OPV will begin in 2016.

The goal is for the switch of OPV to a bivalent formula to halt all polio by 2018, after which use of the OPV will be stopped altogether. 🌐

The Dangers of Not Vaccinating Your Child

Source: KwikMed.org (USA)

Any parent wants to do the best for their children, but when it comes to whether you should vaccinate your infant against childhood diseases, opinion is divided. While the majority of parents choose to protect their youngsters by taking advantage of the full range of vaccines available, a recent report by the CDC on immunization rates among toddlers shows that a significant number are choosing to avoid certain vaccines. This choice is linked to a resurgence of childhood illnesses, such as measles and whooping cough, but placing your child at risk of a serious health problem is not the only danger associated with poor vaccination coverage; you

also place other vulnerable people in the community at risk as well.

Missing Vaccination Targets

The latest instalment of the CDC's vaccination coverage survey for children aged 19-35 months shows that while immunization rates for 2013 changed little from the previous year, some of the key findings from the report were:

- Less than 1% of infants received no vaccinations at all.
- The target of 90% vaccination cover was achieved for the MMR that protects against measles, mumps and rubella, as well as the hepatitis B, polio and chickenpox vaccines. However, this was

not met for the combined diphtheria, tetanus and pertussis vaccine, the pneumococcal and Hib vaccines that protect against pneumonia, septicemia and meningitis, or the vaccines against hepatitis A and rota virus.

- In 17 states less than 90% of children received the MMR vaccine.
- Nationwide 1 in 12 infants received the first MMR dose late.

Lower vaccination rates were found among people living below the poverty level.

Read full article here: www.kwikmed.org/dangers-vaccinating-child/

Distant Threats

By [Ariel Edwards-Levy](#)

Source: [Huffington Post](#) – 25 February 2015

In the wake of recent measles outbreaks, pollsters have noticed a trend: Younger Americans are considerably less convinced of vaccines' safety, less likely to see the vaccination issue as a matter of public health and less inclined to support mandatory vaccinations for childhood diseases.

One theory for this divide holds that vaccines are, in a way, a victim of their own success. Since the measles vaccine became widespread more than 50 years ago, younger Americans are far less likely to have had any personal experience with the disease.

"We do have ... really a generation that has not seen these diseases", Dr Anne Schuchat, the director of the National Center for Immunization and Respiratory Diseases, said in a January press briefing.

A new HuffPost/YouGov poll shows exactly how stark that generational difference is. Three-quarters of Americans aged 65 or older have had measles, compared to just 4 percent of adults

under 30. The same is true of polio, for which a vaccine first became widely available in the 1950s.

While few people in any age group represented in the poll had suffered from polio themselves, 56 percent of those in the oldest age group knew someone who had. In contrast, just 9 percent of respondents under 30 knew a polio survivor.

"As a victim of polio myself, I'm a big fan of vaccinations", Senate Majority Leader Mitch McConnell told reporters earlier this month, after several fellow Republicans suggested childhood vaccinations shouldn't be mandatory.

It's not clear from the poll's results that personal experiences translate directly into opinions on vaccinations. People who have had measles are 13 points more likely to support mandatory childhood vaccinations than those who don't know anyone who has had the disease. Along age lines alone, the divide is much greater. The results do, however, underscore just how much the experience of younger Americans differs from that of previous generations.

Read the full article [here](#).

The Vaccine Everyone Wanted



Jonas Salk on the March 29, 1954 cover of TIME

By [Jennifer Latson](#)

Source: [Time.com](#)

- 24 February 2015

Feb. 23, 1954: The first mass inoculation of children against polio with the Salk vaccine takes place, in Pittsburgh.

In the midst of the contentious debate between anti-vaxxers and those who side with mainstream science, it can be hard to imagine a time when Americans almost universally embraced vaccination.

That time was the 1950s, when the very real, utterly devastating effects of polio overshadowed any hypothetical questions of vaccine safety. In 1952, the [worst polio outbreak](#) in American history infected 58,000 people, killing more than 3,000 and paralyzing 21,000 — the majority of them children. As [TIME reported](#), "Parents were haunted by the stories of children stricken suddenly by the telltale cramps and fever. Public swimming pools were deserted for fear of contagion. And year after year polio delivered thousands of people into hospitals and wheelchairs, or into the nightmarish canisters called iron lungs."

When Dr Jonas Salk's vaccine debuted its first mass inoculation against polio on this day, Feb. 23, in 1954, the only fear most parents felt was

that it wouldn't become widely available fast enough to save their kids.

Children from the Arsenal Elementary School in Pittsburgh, where Salk ran his research lab, took part in the first "field test" of the new vaccine, although Salk had already tried it on volunteers — [starting with himself, his wife, and their children](#) — who'd successfully produced polio antibodies without getting sick. By June, [nearly two million schoolchildren in 44 states](#) had been inoculated, and a year later the vaccine was officially licensed.

During its initial testing, the most salient safety question about Salk's vaccine centered on the potential danger of injecting humans with monkey tissue. To make his vaccine, Salk's team [harvested kidneys from live monkeys](#) and injected them with live polio virus, which quickly multiplied in the kidney cells. Then the team used formaldehyde to kill the virus before injecting it into humans.

But the traces of monkey kidney present in each dose of the vaccine were so minute that they posed no health risks, as [Salk told the New York Times](#).

Instead, the greatest safety threat came not from monkeys but from human error: One of the labs licensed to produce the vaccine accidentally contaminated a batch with live polio virus in 1955. That batch [killed five people and paralyzed 51](#).

With stricter oversight, however, the vaccine continued to be the lifesaver it was initially hailed as. Within the first few years, it cut polio cases in the U.S. by half. By 1962, the number of new cases had dropped to fewer than 1,000. And by the time of Salk's death at age 80, 20 years ago, polio was already virtually extinct in the U.S. and dwindling worldwide.

Read the 1954 cover story about the polio vaccine, here in the TIME archives: [Closing in on Polio](#) (Time subscription required.)

Other articles which may be of interest:

[Nearly One in Ten Americans Think Vaccines Are Unsafe](#)

[This Isn't the First Time Measles Vaccines Caused a Controversy](#) 🌐

Burka Avenger



Pakistan's 'Burka Avenger' Helps in the Fight Against Polio

Source: NBC News
— 27 October 2014

Click on the picture (left) to watch clips of the cartoon in which Pakistan's female superhero took on the bad guys to help the campaign to eradicate polio. 🌐

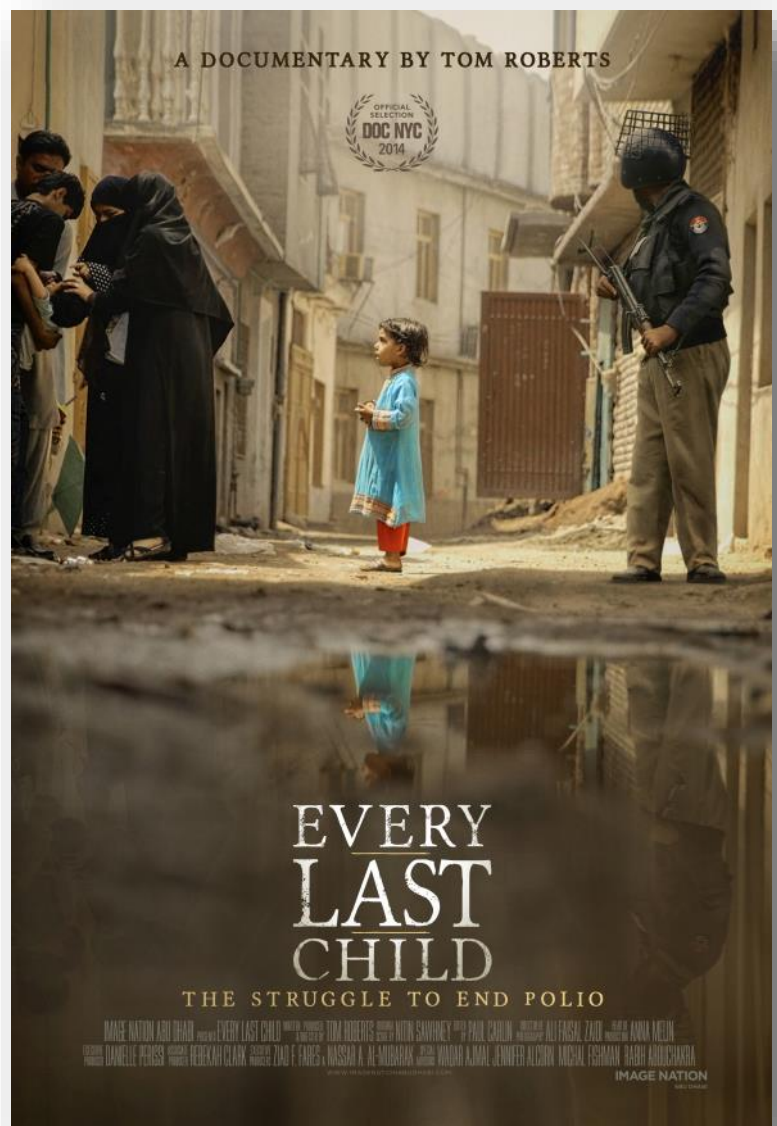
Every Last Child

Every Last Child is an 83 minute documentary directed by Tim Roberts and released in November 2014. It is currently screening in Pakistan, one of the few polio endemic countries left in the world.

Storyline: Parents and health care workers are caught in the cross-hairs of violence and politics as they attempt to protect their children from polio in Pakistan. Once on the brink of eradication, the disease has again become a global threat - with Pakistan at its epicenter. Will these everyday heroes succeed and end polio in our lifetime, or will another young generation be at risk?

Watch the trailer here:
www.everylastchildfilm.com

Follow updates on when and where the movie will be available for viewing / purchase on Facebook here:
www.facebook.com/EveryLastChild 🌐



Pakistan Arrests Parents for Refusing Vaccine

Source: BBC.com
- 2 March 2015

Pakistani authorities have conducted their first-ever mass arrest of parents for refusing to allow their children to be vaccinated against polio.

Authorities in Peshawar, in the north-west of the country, detained 471 people and charged them with "endangering public security".

The local government says they will only be freed once they have pledged in writing to vaccinate their children.

The Taliban prohibit vaccinations and have attacked health workers.

The Pakistani government has declared "war" on the disease. *"We have decided to deal with the refusal cases with iron hands. Anyone who refuses will be sent to jail"*, said Riaz Khan Mehsud, deputy commissioner of Peshawar.

Pakistan accounts for the vast majority of polio cases globally and is one of only three countries where it remains endemic.

In 2014, polio cases in the country reached a 14 year high

of 306. Nine new cases have been detected so far this year.

In June 2014, the World Health Organization (WHO) recommended that all international travellers from Pakistan be administered polio drops at airports to prevent its spread.

The Taliban have claimed that the polio vaccination drive is a front for espionage or a conspiracy to sterilise Muslims.

In November four polio vaccination workers were shot dead in the south-west city of Quetta. 🌐

China Approves New Polio Vaccine

By Reuters Staff

Source: Reuters Health Information - 16 January 2015

SHANGHAI (Reuters) - China has approved a new polio vaccine, the first of its kind to be produced in the country, a month after local authorities gave the green light for a home-grown Ebola vaccine amid Beijing's push to become a world leader in producing innovative drugs.

The development drew praise from the World Health Organization (WHO) on Thursday who said the vaccine, which will be given to Chinese children as part of routine disease prevention, would help the global fight against the polio virus.

China's private and state-run medical laboratories have been growing in sophistication, helping reduce reliance on imported medicines and competing with global rivals.

"This new vaccine is a critically important weapon in the fight against polio as the world nears the eradication of this dreaded disease", Bernhard Schwartländer, WHO representative in China, said in a statement.

China technically eradicated polio in 2000, but there have been outbreaks of the disease in the country since.

China's drug regulator approved the new vaccine, called Ai Bi Wei, on Wednesday, according to a statement from the China Food and Drug Administration (CFDA). The vaccine was developed by the Chinese Academy of Medical Sciences.

China approved a domestically developed experimental Ebola vaccine for clinical trials in December.

China currently produces an oral vaccine to protect against polio, but it can in some cases cause people to develop the



disease. The CFDA said it expected demand for the new vaccine to be in the tens of millions of doses each year.

"As an important innovative product which our country has the full intellectual property rights to, the approval of this vaccine is a successful leap forward to take China's vaccines from "made in China" to "created in China", it said.

Driven by a boom in pharmaceutical-related patents, China is now the world leader in terms of patent applications, according to a Reuters report last month. 🌐

Polio This Week

Source: [Polio Global Eradication Initiative](#) - as of Wednesday 11 March 2015

Wild Poliovirus Type 1 and Circulating Vaccine-Derived Poliovirus Cases

Total cases	Year-to-date 2015		Year-to-date 2014		Total in 2014	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	17	0	33	4	359	54
- in endemic countries	17	0	31	4	340	51
- in non-endemic	0	0	2	0	19	3

Case Breakdown by Country

Countries	Year-to-date 2015		Year-to-date 2014		Total in 2014		Onset of paralysis of most recent case	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Pakistan	16	0	27	4	306	21	10-Feb-15	13-Dec-14
Afghanistan	1	0	3	0	28	0	21-Jan-15	N/A
Nigeria	0	0	1	0	6	30	24-Jul-14	16-Nov-14
Somalia	0	0	0	0	5	0	11-Aug-14	N/A
Equatorial Guinea	0	0	0	0	5	0	03-May-14	N/A
Iraq	0	0	0	0	2	0	07-Apr-14	N/A
Cameroon	0	0	0	0	5	0	09-Jul-14	N/A
Syrian Arab Republic	0	0	0	0	1	0	21-Jan-14	N/A
Ethiopia	0	0	0	0	1	0	05-Jan-14	N/A
South Sudan	0	0	0	0	0	2	N/A	12-Sep-14
Madagascar	0	0	0	0	0	1	N/A	29-Sep-14

This year will mark the largest vaccine introduction in history as 120 countries add the inactivated polio vaccine to their routine immunization programmes. It is part of ongoing preparatory activities for the phased removal of oral polio vaccines in early 2016, a critical element of the plan to achieve a polio-free world. 🌐

