



The Polio Post

Ohio Polio Network Newsletter

Editor: Alice Sporar

Summer 2012 Issue

Why I Threw My Percussion Hammer Away ...

by Ernest W. Johnson M.D.

You all remember the percussion hammer . . . it's a chrome-plated wand with a triangular piece of rubber at one end. Of course, that's the cheap one. For the aspiring specialist who needs a conspicuous badge of quality, the Queen's Square instrument is a necessity. This is a two-foot long wooden rod with a round rubber sledge at the end (the better to hit one with . . .).

It's used principally for bouncing on the various tendons, achilles and patellar most commonly. Perhaps less appropriate but frequent roles for this medical tool include a gift for the newly accepted medical student, a counterweight in the other pocket of the white coat (opposite the stethoscope), a distraction for the 3-year-old patient while listening to the heart; and for the daring doctor—a non-sterile substitute for the tongue blade. It could be a prop for the nervous physician (who forgot his pipe or worry beads). Some use it to park the pin, brush and caliper for the neurologic exam. During my internship, a famous neurosurgeon tried to teach me how to percuss the cranium for cerebral infarcts, tumors, aneurysms and IQ's.

With all of these happy opportunities—why did I throw it away?

- (1) I don't want it—no need.
- (2) I don't use it—hands are better.
- (3) I don't like it—or rather, what it stands for.

To me it's an unessential gimmick. Or more importantly, a symbol representing medicine's trend to remove the patient from the physician.

Sir William Osler reportedly cautioned, "Never put anything between the physician's hand and the patient." To me this translates: most diagnoses are made by an experienced clinician taking a careful history and doing a meticulous exam; NOT by SMA—12's or a computer or a percussion hammer.

All right, why not use your index and middle fingers (I use Digits III & IV) to elicit the muscle stretch reflex? It's easy to do with a little practice.

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Why I Threw My Percussion Hammer Away . . . (Continued from page 1)

I'll guarantee there will be no subungual hemorrhages and, even better—both the stimulus and response will be transmitted without distortion to the physician's sensory cortex for processing.

Speaking of processing, last week I had my first experience with a medical history typed by a computer programmed to assimilate a health inventory list and regurgitate a narrative. It was weird! Not at all an accomplishment! More like an erosion of the physician-patient relationship.

Laying on of the hands" is only shorthand for listening, examining and showing concern for a suffering human being.

If we physicians remove ourselves from this relationship—with computer, percussion hammer or whatever—our essentiality and effectiveness may be lost.

The challenge is to reverse this trend without losing the advantages of new technology.

Begin by tossing your percussion hammer.

I threw mine away.

Illatively yours,

Ernest W. Johnson, MD

Winter 1975

Would you like to receive *The Polio Post* in color by E-mail?

We now offer two methods of delivery to you for the OPN newsletter, *The Polio Post*. You may continue to receive it by mail or select the option to receive the newsletter by e-mail. Please note the new option on the membership form on the back of the newsletter. Select "By Mail" or "By E-mail" when you renew your membership. Please print your e-mail address. Also let us know if your e-mail address or mailing address changes. The e-mailed copy of *The Polio Post* will be sent as a PDF document.

Electing to receiving the newsletter by e-mail not only saves OPN money but it will provide you with the benefit of receiving the newsletter in color. Unfortunately the cost of printing the newsletter in color is very expensive.

**OPN Board Meeting
Saturday, August 25, 2012
Westerville, OH Library
Conference Room
12:00 - 3:00 PM**

If you are interested in being a member of the Board or have agenda items for the Board Meeting, please contact Patrick Kelly, pkelly03@sprynet.com

HAVING TROUBLE AT SELF-SERVE GAS STATIONS?

Many people who use wheelchairs and drive are continually frustrated with the "beep your horn and wait for service" ADA policy. Either there's no one there, the attendant doesn't see/hear you, or pretends not to. If you're frustrated with this policy, contact Life in Action Magazine, advocacy columnist, Josie Byzek, at Jbyzek@unitedspinal.org or 718-803-3782 ext. 7226.

Life in Action is a publication of the United Spinal Association and is filled with tips and articles of interest to all people with disabilities. For more information, go to www.unitedspinal.org or 75-20 Astoria Blvd., Jackson Heights, NY 11370 or call 718-803-3782.

ADA HANDOUT - MEDICAL CARE

In May 2010, the US Department of Justice (DOJ) introduced new technical guidance entitled Access to Medical Care For Individuals with Mobility Disabilities. The Americans With Disabilities Act of 1990 (ADA) applies to medical providers. Title II of the ADA addresses public hospitals, clinics, and medical offices operated by state and local governments, and Title III of the ADA covers the obligations of private hospitals and medical offices. The DOJ has had a longstanding interest in access to medical care and over the years has participated in many settlement agreements and lawsuits relating to ADA compliance and access to medical care. Although the 19-page handout is geared primarily towards medical care providers, it is also a valuable resource to individuals with disabilities and to advocates. The handout is available on DOJ's ADA website at <http://www.ada.gov> or call 800-514-0301 (voice), 800-514-0383 (TTY). New standards are being developed as part of the Patient Protection and Affordable Care Act (also known as Obamacare), because people with disabilities are unable to access certain medical equipment, such as, scales, x-ray machines, and other radiological and mammography equipment.

Reprinted in part from Aware News, a publication of Services for Independent Living, Inc.

Two Hopeful Signs for Americans with Disabilities

by Judy Woodruff

As the mother of a son with disabilities, I try to keep an eye out for news that affects people in the large community of which he is a part. Today, I spotted two that can potentially spell positive news for the 30 million-plus Americans who have one or more forms of disability, and especially for those with the most serious limitations.

First, today is the day the U.S. Department of Justice has said government and private building owners must make sure there are no architectural barriers that would prevent people with disabilities from using -- and enjoying -- what they have to offer. There were revised federal guidelines adopted in 2010 that put a special focus on recreational facilities -- standards that were not included in the original law, the Americans with Disabilities Act, enacted almost 20 years earlier. These include gyms and fitness centers, swimming pools, bowling alleys, boating docks, amusement parks, and golf courses, both regular and miniature.

Mindful of all the hotels and motels affected by the law, today's Salt Lake Tribune quotes an official with the American Hotel & Lodging Association, based in Washington, D.C.: "It's not enough just to say, 'I can't afford it.'"

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Devices, Design and Identity

by Audrey King, Toronto, Canada
(king.aj@rogers.com)

When a caveman stuck a tree branch through the middle of two large flat stones, seated his curious body on that branch and launched himself from a hilltop, the very first wheelchair, possibly the very first Paralympian, was born.

From the 6th century, we find the earliest pictograph of a wheelchair incised in stone on a Chinese sarcophagus. In the 15th century, Leonardo da Vinci designed the earliest known prototype for a self-propelled vehicle. One hundred years later, King Philip II of Spain is reported to have used an elaborate rolling chair to get around, which King Louis XIV of France later re-created and dubbed his very own "roulette."

The devices we, as polio survivors, use and the environments in which we use them define us. Centuries old stigmatized notions of people "confined to" a wheelchair explain why it is often so difficult for people to accept the freedom that comes with using one, especially a model with power.

It can be said "we have come a long way." In today's world we have wheelchairs that tilt, recline, stand up, climb stairs and go at incredible speeds. But, I have found that a state-of-the-art Olympic driven wheelchair – swifter, higher, stronger – can force me into identities I don't want.

While leaning forward to check out a "universally accessible" bathroom sink design at a Toronto design exhibition, my wheelchair tilt control got stuck under the sink and could not be reached. All of a sudden I found myself tilting relentlessly upwards – swifter, higher, stronger - prying the sink off the wall with my knees. To escape, I quickly reversed my chair, at which point the sink came off of the wall, shattering into a vast sea of millions of ceramic shards. My preferred identity is not that of a demolition expert; my mobility device seemed to prove otherwise.

More often than not, good design encompasses simplicity, ease-of-use and uncluttered-ness. It also involves consideration of the environment in which such devices are used.

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FILING AN ADA COMPLAINT WITH THE DEPARTMENT OF JUSTICE

The US Department of Justice has a publication entitled "Frequently Asked Questions about Filing an ADA Complaint with the US Department of Justice." The publication explains the complaint process and outlines the information that should be included in an ADA complaint. The publication is available at the website, http://www.ada.gov/fact_on_complaint.htm or phone 800-514-0301 to order a copy.

Reprinted in part from Aware News, a publication of Services for Independent Living, Inc.

REPORT FROM POST-POLIO CONFERENCE IN COPENHAGEN, DENMARK, AUG. 31- SEPT. 2, 2011 VOIDING PROBLEMS IN DANISH POLIO SURVIVORS

by Lise Kay, MD and Merete Bertelsen, PT

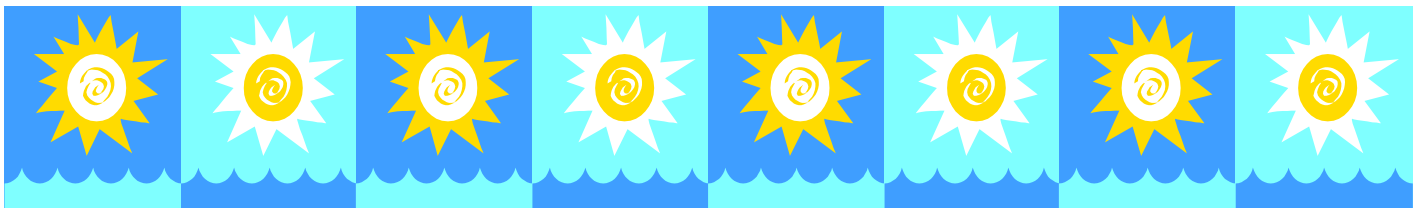
During the acute polio attack, 20% of polio patients experienced voiding symptoms. 453 polio survivors (ages 48-89) were given a questionnaire concerning voiding. Questions included voiding symptoms, hesitancy, weak stream, incomplete emptying, straining, frequency, nocturia, urgency, incontinence, dysuria (painful urination), dribbling, and stress incontinence. Symptoms were compared to results by random samples from the general population. About twice as many polio survivors experienced voiding symptoms as the general population. Among the men, the difference was for all symptoms except for frequency and dysuria. Among the women, the difference was for hesitancy, weak stream, incomplete emptying, frequency, nocturia, urge incontinence, and other symptoms. Men reported more hesitancy, weak stream, straining, dribbling than women. Women had more stress incontinence. Overall, this is in line with the general population. The conclusion of the study, however, was that polio survivors experience voiding problems very frequently and more often than the general population. Key Points: voiding symptoms occur more often among polio survivors. Further studies are needed to describe the etiology of the symptoms.

Reprinted from Polio Heroes of Tennessee Support Group, Hermitage, TN, April 2012.

THE DISABILITY LAW HANDBOOK - NEW EDITION

The National Network of ADA Centers has released a new edition of The Disability Law Handbook, a guide to the Americans With Disabilities (ADA) and other disability related laws. The handbook covers the ADA, the ADA Amendments Act, The Rehabilitation Act, Social Security, the Air Carriers Access Act, the Individuals with Disabilities Education Act, The Civil Rights of Institutionalized Persons Act, and the Fair Housing Amendments. The handbook is available free at <http://www.southwestada.org/html/publications/dlh/index.html> Hard copies can be purchased for \$5 which includes shipping and handling. For more information call 800-949-4232 or email swdbtac@gmail.com

Reprinted in part from Aware News, a publication of Services for Independent Living, Inc.



NEW VACCINE TO ASSIST WORLDWIDE ERADICATION OF POLIO

Scientists at the University of Leeds are joining the global fight to eradicate polio by developing a new type of vaccine that can trick the body to develop immunity against the disease.

The project has been awarded \$500,000 from the Bill and Melinda Gates Foundation, through the World Health Organization, and aims to be effective against all polio subtypes.

Led by Professor Dave Rowlands and Dr. Nicola Stonehouse from the University's Faculty of Biological Sciences, the research team will design a replica virus particle that looks and behaves like a real virus, but is actually an empty protein shell.

The researchers believe the hoax virus will trigger the body's immune system, but because it does not contain the genetic blueprint that replicates the virus inside the body, has no chance of causing or helping spread the disease.

"This is an entirely new strategic approach against polio," says Dr. Stonehouse. "This project is not about improving the efficiency of the current types of vaccine. Our intention is to design and produce a replica virus particle that carries no RNA cargo. This means it will be entirely safe to use as it can't ever cause the disease, and unlike current vaccines, can be produced without needing to grow large amounts of the infectious virus."

The team, led by Leeds, brings together researchers from Harvard University, the University of Oxford and the UK's National Institute for Biological Standards and Control (NIBSC), a center of the Health Protection Agency. The first stage of the research will focus on proving that the new approach is viable against the virus.

Current polio vaccines in use around the world are either delivered orally or injected, but contain either a weakened form of the virus, or an inactivated virus to kick start the immune response. While these have been extremely successful in reducing polio globally, the virus persists in several countries and unexpected outbreaks still occur.

"What excites me about this project is that we're working towards a risk-free vaccine that will be essential for the complete eradication of polio from the globe," adds Dr. Stonehouse. "As well as being safe to produce and use, it will be stable enough not to need refrigeration and could be injected as part of current childhood vaccination programs."

Although a similar approach using replica virus particles has been used successfully to create the human papilloma virus (HPV) vaccine against cervical cancer, the complexity of the polio virus creates significant additional challenges.

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New Vaccine (Continued from page 6)

"With polio, the virus particle's surface matures and changes because of the genetic material inside, and so ensuring that our replica particle mimics this surface exactly is not going to be easy. Since it's essentially an empty protein shell, it also has to be robust enough that it doesn't fall apart," explains Professor Rowlands. "This will be an iterative process, where we keep testing, refining and improving the particles we design until we achieve exactly the right structure and surface."

"We believe that if the project is successful, this new approach could help to completely eradicate this disease for good."

**Source: James Hogle, Harvard University Featured In: Academia News.
Reprinted from Coastal Empire Polio Survivors Association, Inc., GA,
March 2011. Reprinted from Second Time Around, April 2012, a publication of Boca Area Post Polio Group, Boca Raton, FL.**

BRAUN ENTERVANS

by Alice Sporar

I purchased a new Braun Entervan in May 2011. Since December 2011, intermittently, the ramp and kneeling feature fail to work, ten times, so far. I know of a few other people who have had this problem. MC Mobility Systems has tried to correct the problem, by replacing the ramp module, but it still malfunctions. It never malfunctions when it's in the shop. When this happens, I close the door manually, then use the remote. Then it'll work for a couple weeks before it malfunctions again. MC has even called Braun for help, but the techs at Braun don't seem to know what would cause it.

If any of you have had this problem, I'd appreciate an email or a call at amsporar@worldnetoh.com or 440-942-1557.

Coming this Fall

Ohio Polio Network Conference
Saturday, September 29, 2012
Tuscora Park
New Philadelphia, OH
More information to come SOON

Devices, Design, and Identity (Continued from page 4)

A merchandise display rack packed tightly together in high-end clothing stores did not interface happily with my power wheelchair. The result was a totally "seized-up" chair, stalled between the racks. The only clue to the problem was a \$500 price tag dangling from the spokes, still attached to the cuff of a silk Giorgio Armani blouse. Poor design can result in embarrassment all the way up the chain of command from an innocent shopper to a chief manager humiliated and on his knees trying to release both parties snipped by snippet.

In today's world, it is gratifying to see more and more people out and about in our communities using all kinds of mobility devices. I meet elderly people proudly driving shiny red scooters like the latest fashion in golf carts, telling me how far they have gone, or about a particular park with awesome accessible paving and water fountains. People with walkers stop and ask, "Should I get a scooter or power wheelchair? What are the pros and cons of each?" Not so very long ago such strangers would have deliberately been walking on the other side of the street.

Yes, perceptions about people once "confined" to wheelchairs are changing, thanks to our increasing visibility and involvement in the not-always-designed-for-us world. Let's just keep on rolling.

Audrey King, MA (Psychology) is a Toronto artist, author and advocate who worked with children and youth with disabilities for 30 years. She is currently involved in teaching, research and consultation.

Source: Post-Polio Health International (www.post-polio.org)

Two Hopeful Signs for Americans with Disabilities (Continued from page 3)

The Tribune article describes the move by Utah officials to install wheelchair lifts in all the county swimming pools. Even so, USA Today reports that a number of hotels around the country are considering closing their pools and whirlpools, because they don't yet include lifts.

Two Republican Senators, Lindsay Graham and Jim DeMint, both of South Carolina, have introduced a bill to prevent the U.S. Attorney General from enforcing any rule related to public pools. In fact, the hotel association has asked the Justice Department to delay implementation of the new rules, arguing they are vague. But so far, **federal officials have not agreed to any changes**. The Hill newspaper reports this week that the Justice Department has said that hotels must remove barriers to handicapped use in every pool they oversee if doing so is "readily achievable," and take minimum steps if it is not.

The other news item has to do with new technology increasing the quality of life for people with disabilities. **Bloomberg News reports** on a 26-year-old Minnesota woman, Emma Edwards, who suffered a traumatic brain injury a decade ago, leaving her unable to talk, walk, or move her arms freely. But with an iPad, and a few software applications, she is now able to write emails and even do some sketching. The tablet computer replaces what she had been using: a 9-pound "\$15,000 communication device ... that tracks eye movement on a special grid corresponding to the alphabet." Instead of relying on the cumbersome machine, "the iPad, along with several other consumer-driven apps, has reopened the world to her."

This comes just one week after about 5,000 people attended the 27th annual International Technology & Persons with Disabilities Conference in San Diego, where Google, Microsoft and other companies showed off the latest devices they're creating, while conversations sparked around making social media truly accessible. What is clear, both from the story about Ms. Edwards and what it calls "a grassroots movement sweeping the \$1 billion-a-year assistive-technology market," and from other recent reports about technology that is newly available to people with disabilities, is that options are developing at a rate that was unheard of just a few years ago.

Source: <http://www.pbs.org/newshour/> March 15, 2012 Submitted by OPN member Donna Kidner

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The Polio Post
c/o Alice Sporar
7251 Olde Farm Lane
Mentor, OH 44060-3995



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