

POST POLIO NEWSLETTER



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poliowa

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Adelaide Polio Retreat draws 3 WA members

Dusty Peck, Lorraine Parker and Elizabeth Mills (Edmundson) took the opportunity to attend the 3-day Polio Retreat sponsored by Polio Australia in April held in Adelaide. Next year Sydney will be the venue again. Attendance is kept to a limit of 70 to allow for a more intimate atmosphere. "We were very busy - there were so many activities to do that I was so worn out it took me days to recover after getting home to Perth," enthused Lorraine, who really enjoyed the opportunity to meet other polios. "I really enjoyed the chiball session. I bought a ball (\$15) to bring back with me. It is an inflatable partially-soft ball that you hold in your hand or with your legs or feet as you do slow moves passing it from hand to hand or behind and above your head as you sit or stand. Although slow you can feel the muscles working. But Wangara has the only chiball classes in WA"



Lorraine Parker (L) Elizabeth Mills (R)



The Polio Australia website has "**Presenter Handouts**" now available if you want to see a lot more info from this Retreat. If you go to www.polioaustralia.org.au and look under Polio Aust News it will come up as one of a number of flashing headings you can click on. The "**Introduction to Clinical Practice Module**" on post-polio is also there to download free.

Please Return ALL raffle tickets by end June

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Coming Events

POLIO AGM 2 pm on Sunday 23 Sept 2013
Speaker: Jega "Future of LEOP - Self direction"

Porte - Wheelchair Car
2006 Auto only 41,00km

FOR SALE \$20,000



Loads driver in wheelchair
Doors remote operated

0431 386 159

Half way through the year already! Time flies.

RAFFLE DRAW Tues 2 JULY

So please get those raffle tickets back to us pronto.

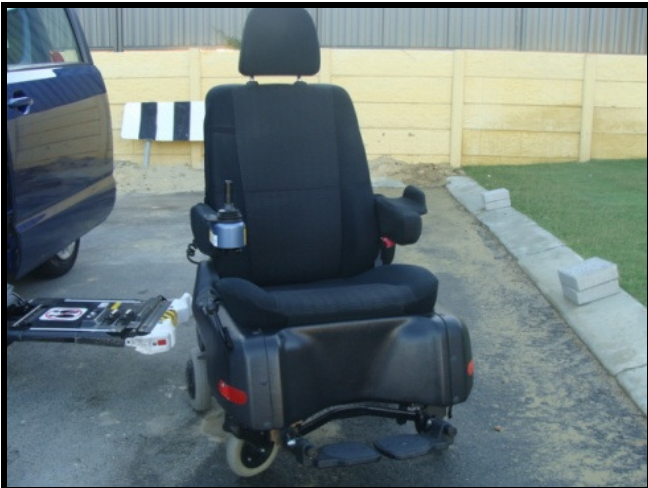
DONATIONS

It is tax-time of the year again and Post Polio is a tax-exempt charity so any donations over \$2 that you make to us can be claimed off your tax returns if paid by June 30. Receipts will be sent out in July if needed for tax purposes. Thank you to those who have already sent us your donations, some quite sizeable for which we are grateful. We are still trying to break even for the year to keep the Network going. We do not get any government monies and rely on donations and our fundraising to exist.

TAX MEDICAL CLAIMS

If your doctor agrees that the supplements eg Stem, magnesium, carnitine etc, are a necessary medical expense for you for the Late Effects of Polio for tax purposes, Debbie can do a print-out of all your purchases from us for the year. If you are not already on this list and need to be, just let us know. Ring before coming in too.

FOR SALE 2006 Toyota Porte 1300cc Automatic With wheelchair seat for Disabled driver



Toyota factory fitted hand controls for disabled driver
(Has normal pedals for able-bodied driver)
Room for 3 backseat passengers & for extra wheelchair
No front passenger seat, only fully upholstered electric
powered wheelchair driver seat. Slide door remote
operated. The electric lift system loads the driver in
driver seat to the passenger side, rotates and securely
lowers the driver to the driving position. Also unloads
turning the driver's seat into a very comfortable electric
powered wheelchair to go shopping etc.

Automatic Transmission, ABS Brakes , Power Steering
Brand new tyres, battery, Electric Windows / Mirrors
Climate Control Air Conditioning, Keyless Entry
Extremely comfortable, excellent visibility and with
reverse TV monitor, Slide Door operated by remote,
door handle and also from within the vehicle,
Fully serviceable by any mechanic / Toyota dealer

Call Marie on 0431 386 159
mariebez55@yahoo.com.au

POLIO QUESTIONNAIRE INSERT RETURNS NEEDED

It is time to update our questionnaire records again. All other states have now done and we need accurate stats for WA so please everyone do it again and send back ASAP.

POLIO BOOK - Getting close now. Only the indexing to finish and line up the printer. We should have dates for the launch by next newsletter. Unfortunately costs have gone up and we are going to have to charge \$35 but it will be worth it, with nearly 480 pages. We are doing a print run of only 500 unless we get a lot more orders in a hurry - so please put your order in ASAP or you may miss out.

SLING HOIST

There were quite a few people wanting the free sling hoist on offer. It went to one of our polios who hadn't been able to get out of bed for 15 months and is very grateful. Thank you to Avis Sanders for the donation. I will see if there is any way we can get some more for those needing one.

AGM 2 pm Sunday 22 Sept 2013

Nominations are called for Vice-President, Treasurer and 2 Committee members for 2-year terms.

Jega has agreed to speak at the AGM on self-management of Late Effects. We may get to hear some of the talks she did for the NZ Polio Conference last year. Please RSVP for numbers and catering. Jega is worth hearing.

Tessa Jupp - CEO Poliowa & RN Polio Clinic WA

MESSAGE from JEGA to Poliowa members

I have taken long service leave till early 2014 and at the end of this period will resign from the position of Senior Physiotherapist, RPH-SPC.

The **Late Effects of Disability Clinic** continues under the guidance of 2 colleagues, experienced physiotherapists with many years of experience in rehabilitation of neurological conditions.

Deb Crawley and Andrea King are senior physiotherapists who have pursued further studies in the area of 'complaints of dizziness' and are also qualified to treat clients with Vestibular complaints.

Late Effects of Disability Clinic

**Open to anyone aging
with a long-term
physical disability**

Referral from GP needed to Dr
Dade Fletcher at LEDC at RPH - Shenton Park Campus.

Send your referral to Tessa at the Polio Office together with an **update of the Polio Questionnaire** so that they are aware of your current polio status and problems.

Tessa will get these straight to Deb or Andrea at the Physio Dept for quick appointment. Follow-up later with Dr Dade Fletcher (currently 2-year wait to see Dade).

This is a **FREE clinic** provided particularly for polio survivors and your GP may not be aware of it.

APPOINTMENTS AVAILABLE QUICKLY NOW



NOTES FROM THE ADELAIDE POLIO RETREAT APRIL 2013

Lorraine Parker, a new addition to the WA Polio Committee of Management brought back some handouts from the Retreat for a report for our newsletter. It was held in the Stamford Grand Hotel in Glenelg overlooking the beach. 71 participants had come from all over Australia. Lorraine was very impressed with all of the sessions. The first plenary was given by **Neuro-physiotherapist Ann Buchan** who included this gem from **Prof Bruno in USA**.

Bruno's 10 Commandments of Post Polio

1. Listen to yourself
2. Activity is not exercise- conserve to preserve
3. Break-don't brake
4. A crutch is not a crutch
5. Just say no to drugs-unless —
6. Sleep right all night
7. Some polio survivors like it hot
8. Breakfast is the most important meal of the day
9. Do unto yourself as you have been doing for others
10. Make doctors cooperate before they operate!!

Natasha Glynn, Speech Pathologist from Queen Elizabeth Hospital Adelaide, did a presentation on swallowing difficulties.

SIGNS of SWALLOWING DIFFICULTY

1. Difficulty chewing
2. Drooling of food, drinks or saliva
3. Difficulty getting the swallow reflex to start
4. Several swallows are needed for each mouthful
5. Throat clearing, coughing, choking or spluttering
6. Gurgly or "wet" sounding voice after swallowing
7. Residue of food in the mouth or throat after swallowing
8. Taking a long time to eat

SWALLOWING WORSENER BY:

1. Drowsiness and fatigue during meal times
2. Poor awareness or reduced attention to swallow
3. A sore or dry mouth or tongue
4. Oral thrush or generally poor oral health
5. A poor state of teeth, dentures or gums
6. Shortness of breath or difficulty coordinating breathing and swallowing
7. A weak cough for clearing airways if food/drink goes down the wrong way

OTHER PROBLEMS from POOR SWALLOWING

1. Aspiration - food, fluid or saliva into the airways
2. Choking - getting pieces of food stuck/blockage
3. Malnutrition, dehydration, weight loss from inability to eat or avoiding foods hard to swallow
4. Health and wellbeing - embarrassment, fear of choking, discomfort.

Another plenary session by **Prof Susan Hillier** was on **neuroplasticity** which is the ability of the brain to change itself or re-learn. I have just attended a lecture on this here in Perth by a physio, Greg Diamond, to do with addressing pain issues so I will follow this up to do more on it in the next newsletter.

Ann Buchan also did a session on Falls and Balance.

RISK FACTORS for FALLS

1. Reduced strength, increased fatigue, pain, activity, joint fusion, recent surgery and illness
2. Poor balance, changes in posture/gait, leg length
3. Sensory changes - eyes, hearing, feeling ie loss of sensation in feet to feel ground or when driving
4. Reduced bone density
5. Dizziness - low blood pressure, medications
6. Feet and footwear - correct fit for each foot
7. Change of routine, unfamiliar surroundings
8. Environmental factors - rough/uneven ground, slopes, wind, crowds, home safety in and out
9. Aging!!

FALL PREVENTION

1. Avoid clutter in home and on floor
2. Wet floors—mop up water spills, wear non-slip footwear, avoid slippery surfaces
3. Uneven ground - steps, cracks, rugs on floor, pets!
4. Medications - can make you drowsy, vague, dizzy, fatigued, affect balance and confidence
5. Chronic illness - severe arthritis, constant pain, back injuries, heart conditions
6. Hearing loss, deafness - can affect balance, dizzy
7. Vision - changes, new glasses, eye diseases
8. Adequate lighting - dark corners hide objects/steps light to see way to toilet at night
9. Balance/gait changes - use of walking sticks/ frames, crutches, specific exercises to improve
10. Keep fit - exercise program to improve muscle strength, endurance, flexibility, balance

RISK REDUCTION

1. Specific exercises to maintain balance
2. Accept use of braces, aids and equipment
3. Home modifications - handrails, shower stools, toilet lifters and bars, ramps, bed rails, higher chairs/stools, trolleys for moving things
4. Alarms - pocket and neck version, carry mobile phone, regular phone checks if live alone
5. Coded key-safe box to allow entry by others if you are unable to get up after a fall
6. Review bladder issues - continence aids, use of wheelchair/crutch/walking stick for night trips to loo, night lights, fluid restriction after 4pm

My daughter and her family and then our son, came to live in Australia in 2008. When my husband Paul and I came to visit a while later, we realised this was where we wanted to live too and immediately applied for Sponsored Parents Visa's, arriving back here in Perth to live permanently in November 2010. This meant that we could not get any government assistance, including Centrelink for the next 10 years.

Paul had polio when he was 3½ years old in 1956. He was hospitalised at Klerksdorp which is near Johannesburg in South Africa. Luckily none of his 6 brothers and 2 sisters caught polio. It effected both of his legs and his back. He had 4 operations for tendon transfers within a few years and when he was 14 had an iron rod put in his back to keep his spine straight. From about age 5, Paul walked with crutches and full-length calipers to both legs till 2010 when he started to use a wheelchair or scooter.

He went to a normal school till Year 6 and then went to board at a special school for disabled persons. He was a sports fanatic, trying to play every sport that he could and was always up for a challenge. Always just doing his best. He was a South African Junior Springbok in table tennis. He also won medals in Archery and Javelin. He was Headboy at Hope Home School when he was in Years 11 and 12.

Paul worked at the Department of Transport for 36 years as payroll administrator and personnel officer. At lunchtimes he used to play tablet tennis against his colleagues. When the Department had their sports competitions, he would participate as a normal person because he just loved sport and for the challenge. We were married on 26 April 1975. We had a boy Pierre and a daughter Sanet. We have two grandchildren Monique (9) and GJ (6). Pierre and Sanet also had the love for sport that Paul did and had played tennis on National level in South Africa.

Being Dutch, it was hard when Apartheid ceased in 1994. There was a lot of violence, break-ins, murder and anger. White people were put out of their jobs and black Africans with no experience became their bosses.

Paul was very stressed in his work because of this so when he had to have an operation on his arm he didn't go back to work, going onto a disability pension.

It was very scary, people with guns and hold-ups at our local supermarkets. When I went off to work, Paul would lock himself in at home with the alarm on and keep himself busy with the computer, filing, sport and news on TV and music.

Our son Pierre, returning to Pretoria after 4 years in London, had 4 murders in 3 weeks near him. He was always looking over his shoulder driving and had his car stolen twice while he was coaching tennis. So he left and came to Australia. Where we lived in South Africa there were no facilities for the disabled. Paul had to drive his Shoprider on the road as the pavements were full of holes, stones and grass. So WA really appealed to us. It cost us US\$85,000 to come (almost all my pension entitlements from 30 years of working). We just had a little left to start here and we bought the Porte wheelchair car for Paul to use for transport. (feature in newsletter last year)



My first jobs here were letterbox newspaper deliveries and taking in ironing. Then I got some full-time house cleaning to enable us to pay for rent, food etc. A big step down. My profession is an accountant. Paul was determined to get work too but to no avail. After finding out about the Polio Network we found other agencies to help disabled get work and Paul still tried, while coming in some days as a volunteer to do some data entry and help get the Polio newsletter mailed out.

Our rental house was a struggle for Paul in his wheel-chair so my daughter and her husband have had a new big open-plan house built, suitable for the wheelchair. But before we could move in, Paul suffered a heart attack. That evening he was complaining of tightness in his chest that he insisted was indigestion and didn't let me call anyone. By the time I did it was too late.

We belong to the Old Apostolic Church of which Paul was an Elder - having a group of members he cared for here, helped, prayed for and visited, sometimes preaching on Sundays. I feel it is unfair but the timing of life is not in our hands. I have to accept that it is God's plan and that Paul's work was finished here on earth.

He had a full and happy life and lived it to the fullest. Paul was a very friendly, full-of-jokes person. He drew people to him and loved to listen and talk to people. He was a wonderful husband, father and grandfather - and he is leaving a big hole that we will fill with very beautiful memories. But I miss him very much.

So how do we know if we are having a heart attack?

The main common symptoms of a heart attack are:

- * Moderate to severe chest pains or discomfort or pressure on chest
- * Pain in left arm (or elbow), upper back or stomach
- * Pain in jaw or teeth
- * Cold sweats
- * Breathlessness
- * Nausea or vomiting
- * Light headed or faint
- * Extreme fatigue

NB Women are more likely to suffer from the nausea and vomiting but less likely to suffer the chest pains.

If any of the above symptoms persist for more than a few minutes traditional advice is to chew and swallow 300 mg of aspirin tablet and **call 0 0 0 immediately**.

Aspirin is to begin to stop the clotting of blood in an artery or dissolve any blood clots that have already formed.

Cardiologist stress the **importance of taking immediate action** if any of the above symptoms should appear and **not to wait** to see if you feel better after half an hour, or to consider it to be just a mild illness that will pass. **Do not attempt to drive to the hospital yourself**. An ambulance can monitor and treat your condition on route and inform the hospital. **The first 60 minutes can be critical**.

EMERGENCY CARE while waiting for ambulance

1. Try Aspirin
2. Try Cayenne pepper tea
3. Try magnesium
4. Try apple or lemon juice (for potassium)
5. Try chromium and biotin with fruit juice if available

Your heart is the hardest working muscle in your body. It beats 100,000 times each day - that is 37 million/year It pumps 1,900 gallons of blood every 24 hours. It never gets even a minute of rest!

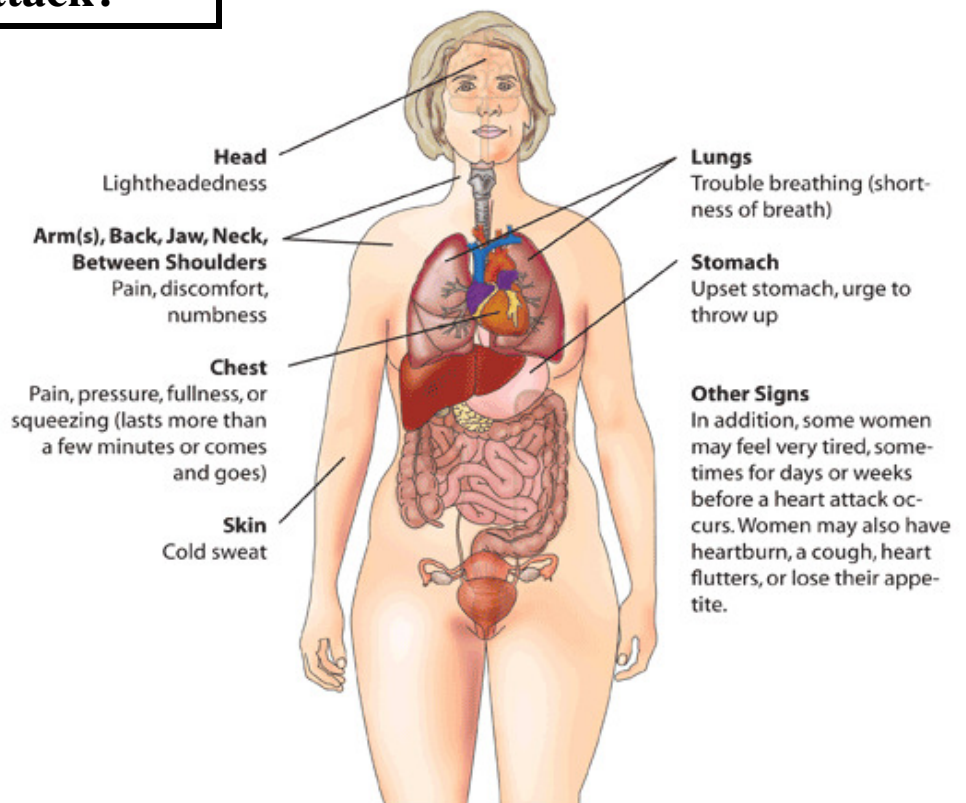
Heart disease is the No 1 cause of death.

Maybe a bit more care **BEFORE** a heart attack would be a very good idea. (see next page)

BEETROOT JUICE

Rich in nitrates that expand blood vessels, prevent clots, lowers blood pressure. Also in juice of carrots, cabbage, celery, radish, kale. **Ref: Heart Health 22 April 2013**

Signs of a Heart Attack



This may be worth remembering -

From the healing text of Dr John Christopher:

"In 35 years of practice, and working with people and teaching, I have **never on house calls lost one heart attack patient** and the reason is, whenever I go in - if they are still breathing - I pour down them a cup of cayenne tea (**a teaspoon of cayenne in a cup of warm water**), and within minutes they are up and around."

http://www.naturalnews.com/026869_cayenne_pepper_health.

University of Cincinnati (UC) scientists, Dr Keith Jones (cell biophysics) and his research team, have found that capsaicin, the main component of cayenne, may literally stop a heart attack in its tracks when applied topically.

"Topical capsaicin has no known serious adverse effects and could be easily applied in an ambulance or emergency room setting well in advance of coronary tissue death. If proven effective, this therapy has the potential to reduce injury and/or death in the event of a coronary blockage, thereby reducing the extent and consequences of heart attack."

Cayenne Pepper properties

1. Removes plaque in arteries, cleaning them
2. Increases body temperature and thins the blood
3. Removes toxins and rebuilds blood cells
4. Normalises blood pressure by reducing atherosclerosis
5. Lowers LDL cholesterol
6. Kills cancer cells by apoptosis (self-destruct)

Can Nutrient Deficiencies be Causes of Heart Failure... Written by Tessa Jupp RN

Most people imagine nutritious foods help people to improve heart conditions, but what if the **lack of specific vitamins and minerals** may be the **PRIMARY causes** of **Heart Failure** and are the only real treatment needed for them in some, if not many cases as well? A search of available data came up with the following:

PALPITATIONS (ie feeling your heart beating in your chest) can be **caused by** caffeine in coffee, sugar, bread, artificial sweeteners, stress, exertion, hot baths, infection - but also by **deficiencies of Vitamins B1, B12, C, carnitine, magnesium, potassium, iodine, omega-3** and too much thyroxine. So how do nutrients pertain to heart function?

Magnesium

Atrial fibrillation is a heart cramp, and we know we need magnesium for cramps and to relax muscle. It reduces calcium excess in arteries, balances the beats keeping the heart rhythm steady, slows the heart to normal rate, maintains healthy circulation, prevents red blood cells from clumping, reduces blood pressure, works with and can correct potassium levels, corrects arrhythmias.

Potassium

Potassium levels may be corrected by giving magnesium as well if low, (take both at same time - plus B1), regulates fluid in all cells and electrical impulses in heart cells, **corrects abnormal fast beats**, chest pain, dizziness, heart muscle weakness, lowers blood pressure. **Ventricular fibrillation needs magnesium, potassium and Vit B1.**

Vitamin B1 (known as wet beri-beri)

One third of heart patients have been found to be low in B1. It is part of the structure of **blood vessels** and without B1 they **dilate and fluid leaks into the tissue**. This causes the pumping action of the heart to weaken, fluid congestion in the lungs and swelling in the abdomen, shortness of breath, **swollen ankles** and legs.

Taurine

Acts as a diuretic by keeping potassium and magnesium inside the heart cells and sodium out, normalises the electro-excitability of cardiac muscle cells enhancing the rhythm and ability to beat, relieves arterial spasm, lowers blood pressure, **delays exercise induced fatigue**.

Carnitine

One particularly large and high quality study on heart failure and carnitine showed that, patients with congestive cardiac failure improved more taking carnitine than those who did not. And this was regardless of the causes of congestive heart failure. Other studies showed that carnitine was a major source of energy to the heart, was able to reduce ventricular enlargement, reduce heart muscle injury, arrhythmias and angina, **increase exercise tolerance, improve fatigue**, reduce high toxic free fatty acid levels by allowing its use as fuel for heart muscle.

NB Carnitine and Q10 taken together for 3 months or more **can often alleviate heart murmurs**.

Coenzyme-Q10

Q10 levels reduce with age. Q10 needed for heart cells, 75% of those with weak hearts have severe Q10 deficiency, strengthens heart muscle to pump more effectively, decreases abnormal thickness of heart muscle making it easier to beat and more flexible, improves blood pressure, decreases death rate from heart failure. **Q10 lowered by Statin drugs.**

Vitamin D

75% of people are D3 deficient. This lowers calcium levels in the blood causing weak heart muscle contraction and strength. Arteries become stiff and blood flow is poor. D3 allows the immune system to address infection that creates build-up of plaque in arteries. **Magnesium is needed for D3 to work.** D3 lowers blood pressure.

Vitamin E

Protects linings of blood vessels from free radical damage, restores elasticity for beat pressure, stops clumping of red blood cells.

Vitamin C

High doses of Vit C are needed for strong collagen. Without Vit C and lysine, heart beating causes minute cracks in collagen of artery walls leading to plaque being deposited. **Vit C reverses calcification of arteries**, lowers cholesterol and blood pressure, inhibits clot formation

Selenium

Usually **better to take Vit C & E with selenium**. It is needed for heart muscle strength and cures viral infections of the heart that cause cardiac myopathy.

Fish Oil (Omega 3)

Harvard Medical School reports eating fish once a week **reduces heart attack risk by 52%**. Fish oil lowers chronic inflammation, slows the build-up of plaque in arteries, relaxes and opens blood vessels, reduces clotting by preventing stickiness in red blood cells, raises HDL and lowers triglycerides.

Iodine

Adequate stores of iodine needed for the heart to beat smoothly. Iodine deficiency can cause palpitations and arrhythmias. Iodine normalises heart beat rhythm.

Vitamin B12

If B12 low, red blood cells do not mature remaining large. This causes irregular heavy beating of the heart. B12 with B6, Folate, B2, magnesium and zinc lowers homocysteine.

Iron

Anaemia can cause palpitations, angina and heart murmur. **Too much iron** can trigger an **irregular rhythm**.



POLIO AUSTRALIA QUESTIONNAIRE

DR/ MR/ MRS/ MISS/ MS _____ DATE ____/____/____
 (given name) (surname)
 MAIDEN NAME _____ PHONE _____
 ADDRESS _____ STATE _____ POSTCODE _____

1. PERSONAL POLIO DATA

/	/	Date of Birth	BLOOD GROUP (if known)	<input type="text"/>
		Age Now		
		Age when you first had polio		
		Year when you first had polio		
		State or Country where you had polio		
		Were you hospitalised when you first had polio?		
		How long were you in hospital with polio the first time ie acute and rehab (approx.)?		
		Were you in an iron lung for breathing difficulties?		
		Were you considered for an iron lung if you got worse?		
		If not hospitalised approx how long were you kept at home?		
		Was it not until months/years later when you were told it may have been polio?		

2. ABOUT YOUR POLIO ILLNESS (tick or number for yes only)

A		Did you have BULBAR POLIO (swallowing difficulties)?
B		Do you remember a really bad HEADACHE when you first had polio?
C		Were you KEPT STILL for MONTHS as treatment for polio?
D		Were you IMMOBILISED for YEARS as treatment for polio?
E		Did you have " KENNY " (hot packs) treatment for polio?
F		Did you have regular PHYSIO as treatment after polio?
G		Did you have (1) HYDROTHERAPY (warm bath/pool) (2) MASSAGE (3) ELECTROTHERAPY ?
H		Did you return for OUTPATIENT treatment for years?
I		Tick if you DIDN'T have any TREATMENT for polio?
J		Did others in your FAMILY also get polio?
K		Did you have SURGERY to stop your leg growing?
L		Did you have RADIATION to stop your leg growing?
M		Have you had POLIO-RELATED SURGERY to : (approx date or age) 1. foot _____ 4. hip _____ 7. other _____ 2. ankle _____ 5. shoulder _____ 3. knee _____ 6. spine _____

3. Parts of your body (please tick where /which)	affected when you had WHEN SICKEST		POLIO and Present AT BEST RECOVERY		PROBLEMS PROBLEMS NOW	
	no movement	weak	no movement	weak	no movement	weak
1. Face						
2. Neck						
3. Right arm						
4. Left arm						
5. Breathing						
RESPIRATORS eg cuirass, rocking bed	Iron Lung Other		Iron Lung Other		Iron Lung Other eg C-PAP	
6. Abdomen						
7. Back						
8. Right Leg						
9. Left leg						

PRESENT HEALTH

Please feel free to add any comments. Add another page if you need more space.

4. BODY CHART

Please fill in the chart below to indicate your present health. (use these symbols to fill in the whole area involved.) please include everything even if not to do with polio



TOTAL PARALYSIS
(no movement)



MUSCLE WEAKNESS



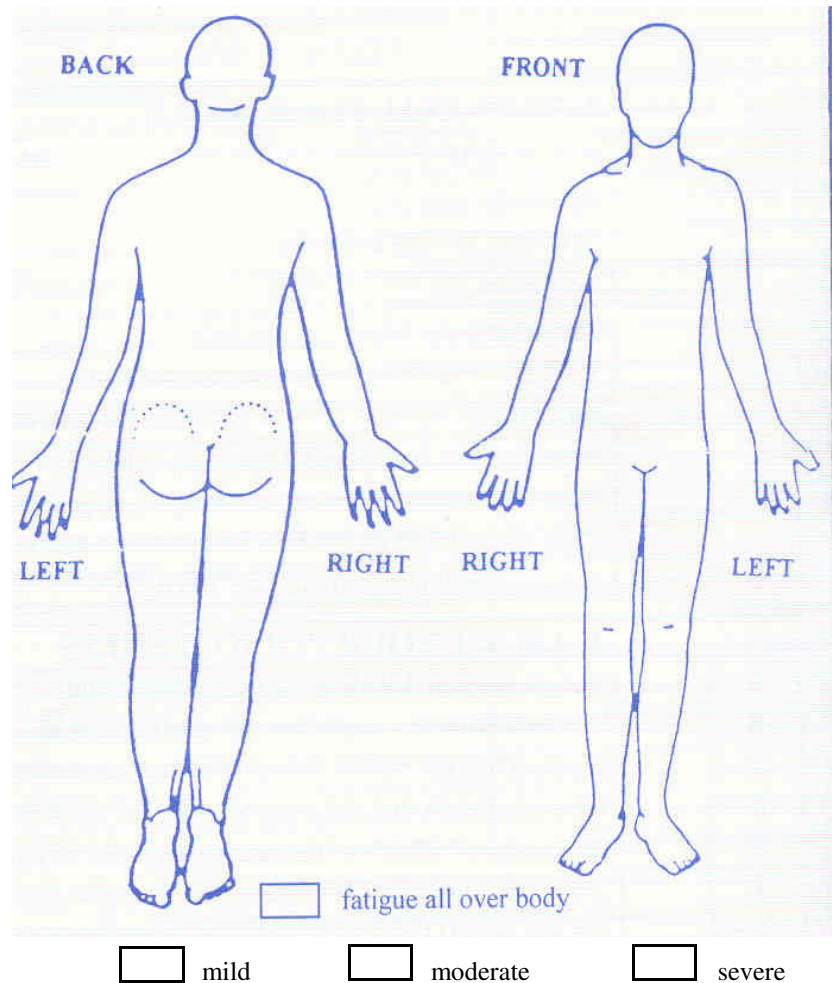
MUSCLE WASTAGE
(thinner)



PAIN



FATIGUE



5. PRESENT MOBILITY AIDS

I now use etc (tick for yes only)

A	<input type="checkbox"/>	I can walk
B	<input type="checkbox"/>	special surgical shoes or 2 pairs to make 1
C	<input type="checkbox"/>	in-shoe orthosis (podiatry)
D	<input type="checkbox"/>	walking stick(s)
E	<input type="checkbox"/>	Walker, rolator or other
F	<input type="checkbox"/>	crutches (1) elbow (2) axillary
G	<input type="checkbox"/>	caliper /s (half leg) metal or plastic
H	<input type="checkbox"/>	caliper /s (full leg) metal or plastic
I	<input type="checkbox"/>	knee brace/ knee or leg support bandage
J	<input type="checkbox"/>	corset (surgical for abdo/back support)
K	<input type="checkbox"/>	manual wheelchair
L	<input type="checkbox"/>	electric wheelchair/scooter
M	<input type="checkbox"/>	daytime respirator
N	<input type="checkbox"/>	C-PAP, Bi-PAP or IPPV night respirator
O	<input type="checkbox"/>	iron lung

6. RESPIRATORY AND SLEEPING

Do you have any of these problems (not necessarily from polio)

		(tick or number as asked, for YES only)
A	<input type="checkbox"/>	shortness of breath (1) when doing normal activities (2) when talking
B	<input type="checkbox"/>	diabetes - (1) since childhood (2) adult onset (3) recent onset
C	<input type="checkbox"/>	asthma - (1) since childhood (2) adult onset (3) recent onset
D	<input type="checkbox"/>	hayfever - (1) since childhood (2) adult onset (3) recent onset
E	<input type="checkbox"/>	allergies - (1) drugs (2) foods
F	<input type="checkbox"/>	skin - (1) dermatitis, eczema (2) psoriasis
G	<input type="checkbox"/>	difficulty breathing through your nose / either nostril
H	<input type="checkbox"/>	difficulty (1) swallowing (2) choking (3) talking
I	<input type="checkbox"/>	wake short of breath
J	<input type="checkbox"/>	wake with a start for no obvious reason
K	<input type="checkbox"/>	snore (1) longterm (2) only last few years or so
L	<input type="checkbox"/>	often have a restless sleep
M	<input type="checkbox"/>	(1) legs restless/jumping at night (2) pain waking you at night
N	<input type="checkbox"/>	wake a lot during the night
O	<input type="checkbox"/>	nightmares - (may be falling / drowning / suffocating)
P	<input type="checkbox"/>	often wake with a headache in the morning (1) frontal (2) back of head
Q	<input type="checkbox"/>	waken even more tired in the morning / unrefreshed
R	<input type="checkbox"/>	wake with (1) sore / stiff neck (2) sore/ tingly arms (3) sore legs

7. PHYSICAL (tick, circle or number as asked, for YES only)		
A		permanent paralysis (none or little movement)
B		permanent weakness (for a long time)
C		increasing muscle weakness noticed over last few months/years
D		increasing muscle weakness noticed over last 5-20 years
E		permanent muscle wastage (thinner - less muscle seen)
F		increasing muscle wastage (more or new last few years or so)
G		increase in size of (1) leg (2) ankle (3) foot (ie swelling)
H		muscle (1) twitching/ jumping/ spasm (2) crawling sensation
I		numbness or tingling (where) _____
J		cramps or tight muscles - feet, legs, anal, abdominal, neck, shoulder, arms
K		excessive sweating / night sweats/ hot flushes
L		increasing difficulty climbing stairs
M		tire more quickly now when walking
N		falling/ stumbling/ tripping over more
O		increasing tendency to drop things / difficulty using hands
P		increasing difficulty rising from chairs - weakness or stiffness after sitting
Q		(1) painful joints (2) arthritis (3) fibromyalgia (4) tendonitis (5) bursitis (6) spurs (7) fractures
R		sharp pain (electric shock or stabbing)
S		nagging aching pain
T		constant pain
U		backache - upper or lower
V		(1) unusual chest pain that have been told is not indigestion or heart problem (2) auto-immune disease
W		fatigue - tired through day/ on exertion/ or "hitting the wall"
X		urinary problems - poor stream/ incontinence/ urinary tract infections/cystitis/kidney failure
Y		bowel or tummy problems - constipation/ irritable bowel/ indigestion/ gastric reflux/ oesophageal varicies/ ulcers
Z		carpel tunnel syndrome / tennis elbow / golfers elbow / frozen shoulder / pulled or torn tendons
ZA		diabetes year diagnoseddiet controlledY/N..... on tabletsY/N.... on insulinY/N..
ZB		diagnosed with (1) osteoporosis (2) osteopaenia (3) reduced bone mineral density

8. DAILY LIVING (tick, circle or number any combination as asked for YES only)		
A		Can you use public transport ?
B		Do you have a car for transport?
C		Do you have to use hand controls to drive a car? (poor foot movement)
D		SOURCE of INCOME Do you have paid employment ?
E		Unemployment/Jobsearch/Work for Dole Allowance/Sickness Benefit
F		Disability Support Pension/ Mobility Allowance
G		Aged Pension/ Repat pension
H		Self-funded Retiree
I		Housewife/ supported by partner
J		Due to health are you struggling to maintain your job ?
K		Due to health are you struggling to do the gardening ?
L		Due to health are you struggling to do your housework ?
M		Due to health have you had to reduce or stop work ?
N		Due to health have you had to adjust your daily activities ? (slow down/ do less)
O		Do you have to or feel you should, take a rest during the day now?
P		Do you have home alterations for disability ie handrails, ramps, shower stool, special chairs etc
Q		Do you need home alterations but can't afford or don't know how to get?
R		Are your (1) shoes (2) calipers (3) seating not as good as could be ?
S		Is lack of finances preventing your use of needed aids and equipment?
T		Is one (1) leg or (2) arm, shorter than the other ?
U		Do you walk with a limp (1) all the time (2) only when tired
V		Have you had a (1) hip replacement (2) knee replacement (3) ankle fusion (4) spinal fusion
W		Is one foot smaller than the other? What is your left shoe size _____ right shoe size _____
X		Does your (1) wheelchair (2) cushioning (3) caliper (4) special shoes need service/attention now?
Y		How long have you used a wheelchair _____ years? used a C-PAP/Bi-PAP/IPPV etc _____ years
Z		Do you use (1) free hospital-provided equipment or (2) have you bought privately ?
HF		Do you have private hospital/ ancillary cover? Medibank Private etc etc
LEDC		Have you attended a post polio clinic or are waiting for an appointment?
CARN		(1) Are you taking carnitine? (2) Are you taking magnesium?
		What is or have been your OCCUPATION/S please _____

See over page for question page with more detail on current difficulties with exercise & mobility to help future service provision.

Please add more pages if necessary to explain more fully - this section may help with future provisions of services for you and others

[illegible]

Carnitine good or bad for heart??

You may have seen or heard in the media just after Easter that carnitine is implicated in heart disease.

“Red meat + wrong bacteria = bad news for hearts”

was one of the media headings about a study slamming carnitine, co-authored by Dr Stanley Hazen, head of Cardiovascular Medicine at the Cleveland Clinic in Ohio.

And - “Dr Daniel Rader, director of preventive cardiovascular medicine at the University of Pennsylvania in Philadelphia, says that the study makes a “fairly compelling” case that intestinal bacteria feeding on L-carnitine increase the risk of heart disease. The finding should give pause not only to meat lovers, but also to people who take L-carnitine supplements, which are marketed with the promise that they promote energy, weight loss and athletic performance.” says Dr Hazen. “None of those claims have been proven,” he says. “I see no reason why anyone needs to take it.”

Obviously none of these doctors have used carnitine so effectively for fatigue and energy production as we have for polios here in WA and other parts of the world.

The difference is that polio survivors are taking relatively small amounts of extra carnitine for medical reasons not sports enhancement.

Close on the heels of this news piece was another from the Mayo Clinic in USA now praising Carnitine!

“L-Carnitine Significantly Improves Patient Outcomes Following Heart Attack, Study Suggests Apr. 12, 2013”

“L-carnitine significantly improves cardiac health in patients after a heart attack, say a multi-centre team of investigators in a study published today in Mayo Clinic Proceedings. Their findings, based on analysis of key controlled trials, associate L-carnitine with significant reduction in death from all causes and a highly significant reduction in ventricular arrhythmias and angina attacks following a heart attack, compared with placebo or control.

These findings may seem to contradict those reported in a study published earlier this month in Nature Medicine.”

SO - Why are Heart Failure and Carnitine linked

“While Carnitine for Fatigue has been particularly well studied, heart failure and carnitine has had some MAJOR research studies done as well. Not only as a helpful addition to standard treatment, but also as a completely stand-alone cardiac treatment in certain cases.

“Along with **Coenzyme Q10** for Heart Failure, Carnitine is responsible for getting fatty acids inside cells to be burned for energy. It can be likened to the guy who shovels coal on a steam engine. You can have plenty of coal and a working engine, but without carnitine to 'shovel' the fats into the cell - you have no way to make energy. And this includes energy to HEART cells as well. Most doctors assume that carnitine deficiency is rare, and this may be true in people who are WELL, but it seems that people who have chronic health problems- particularly if there is fatigue - have a higher need for carnitine www.easy-immune-health.com/heart-failure-and-carnitine

Heart Failure and Carnitine - Why it is Important

“One particularly large and high quality study on heart failure and carnitine showed that, across the board, patients with congestive cardiac failure improved more when taking carnitine than those who did not. And this was regardless of the causes of congestive heart failure.”

Other studies showed that carnitine was able to:

- Reduce the size of the too-large heart chambers
- Increase exercise tolerance
- Improve fatigue
- Reduce incidence of death after going home
- Decrease further episodes of heart failure

SO DON'T GIVE UP ON YOUR CARNITINE!

It is probably doing you even more good than you thought!

COCONUT OIL - good for heart disease or not??

The West Australian Tuesday, May, 28 2013

A **University of Queensland** study has found that far from being beneficial, coconut is full of fat that can clog arteries.

Associate Professor David Colquhoun said. "In fact, coconut oil is full of unhealthy saturated fat which raises bad cholesterol levels, clogs the arteries and increases the risk of heart disease. As it has more than 90% saturated fat, I would definitely be keeping coconut oil off the menu."

Professor Colquhoun presented his findings at the Heart Foundation Conference held in Adelaide from May 16- 18.

.....
But retired **CSIRO scientist** and honorary research fellow, also at the **University of Queensland**, **Mike Foale**, says the **Heart Foundation has got it wrong**. Foale has been studying the coconut palm for more than four decades and believes **coconut is a superfood**.

"There is both scientific and abundant anecdotal evidence of great health benefits, including increased energy, weight loss, natural antibiotic activity, cholesterol reduction and insulin stabilisation," Foale says. "Coconut oil is a staple for millions of tropical coastal people worldwide and those people do not suffer from heart disease while on their traditional diet," he says.

In “**Coconut Cures**” published 2005, **Bruce Fife ND** writes “Atherosclerosis develops as a result of injury to the inner lining of the artery wall caused by high blood pressure, infection, free radicals etc. Injured cells release a growth factor to stimulate muscles cells in the artery wall to repair the damage. If this becomes chronic, scar tissue, platelets, calcium, cholesterol and triglycerides combine to try to heal it. This is called plaque. Research suggests teeth and gum disease, sinusitis, bronchitis, stomach ulcers, herpes and urinary infections play a part in heart disease. The most common germs causing arterial inflammation are Heliobacter, Chlamydia and Herpes virus. “Fragments of bacteria are often found in arterial plaque.” says **Cardiologist Dr Brent Muhlestein, Uni of Utah**. The medium chain fatty acids in coconut oil have powerful anti-microbial properties to kill these organisms thus reducing the risk of heart disease. Polyunsaturated fats are highly vulnerable to oxidation, also damaging artery walls. Coconut oil acts as an antioxidant stopping this damage. It also lowers homocysteine, blood pressure and blood platelet stickiness created by oils like canola and olive oil.”

WA's Polio President, Dr John Niblett, treats cancer in PNG

Well you might ask "What has Dr John been up to this past year?" I am appreciating being back in Perth for a short leave from just before Easter. It has been a very busy year since I returned to Papua New Guinea in March 2012.

A major problem for me has been transport. There are no vehicles that I can drive ie none with hand-controls, and our hospital vehicles are 4-wheel drive which means I have to be lifted in and out, from and to my wheelchair, by 2 strong males.

I am picked up from the International Hotel in Lae, where my wife Andrea and I are accommodated, at 7.45 am, although the driver is usually running late - he says because the bus he has to catch was not on time. He has to collect the car and a porter from the Angau Hospital before coming out to collect me.

4.06 pm is the official finish time for the public service in PNG so I have to finish then. The driver and porter who take me back to the hotel must get their buses home by 5.30 pm as all buses stop at 6 pm in Lae.

There are major security problems in the community with murders and rape being common. In Feb this year, one of the nurses was raped at her home after being dropped off by the hospital vehicle at 10 pm. As a result the hospital staff went on strike, giving the police 48 hours to find the culprit or more services would cease.

Needless to say, police had 2 people in custody within 2 days so then work at the hospital resumed. The cancer department continued treatment with our present patients but we didn't accept any new patients in that time. That was our show of support for the nursing staff.

Other incidents have included a young woman who was accused of sorcery in the highlands. She was tortured, beaten up, killed and put into a fire as part of the witch-hunt. Murders associated with accusations of witchcraft are becoming common again as the perpetrators feel they are justified in killing the accused. I have seen another such incident again reported in the "West Aust" since being back in Perth.

I have been asked "Are there any polio survivors in PNG?" Yes, I do see people in the streets who have obviously had polio, ie withered limbs, limps etc, but there is no polio organisation in PNG to assist them as we have here and I don't really see any coming thru'

my cancer wards that I can evaluate for Late Effects. I found lots of new cancer patients waiting for my assessment and for radiotherapy planning on my return last year, as well as previous patients still needing

continuation of their treatment. I constantly have 40 in-patients and 60 out-patients per week. We treated at least 400 new patients this last year and there are more that should be treated if we had extra facilities.

The cancer wards are still the old-fashioned open type. There are 2 wards, one with 8 beds down each side, the other with 10 each side. Relatives accompany the patients, particularly those

coming from out-of-town and sleep on the floor under the beds so it is busy all the time. As the common age for both cervical and breast cancer patients is 35 - 45 years old, there are usually lots of small children with them, running around the wards and needing feeding.

Cancer patients come in here from all parts of the country and may have to be treated as in-patients because they have nowhere else to stay, having no relatives in Lae, rather than being hospitalised for medical reasons. Together with long-term palliative patients, this restricts the number of beds we have available. Probably at least another ten are treated as out-patients as they can stay with relatives in Lae.

I constantly have 40 inpatients and 60 out-patients per week. I have 2 hospital doctors, ie registrars, working with me, 3 radiation therapists to operate the radiation machines and nurses for the wards and clinics.

My working week starts with occasional patients and admin paperwork on Monday morning. The afternoon I have a general surgical clinic, particularly advanced breast cancer patients. Tuesday, all day is radiotherapy planning clinics, ie measuring patients for positions and dose treatment on the Cobalt machine, using the simulator and clinical examination.

There is a CT planning scanner that has been approved by the PNG Health Dept, probably coming from USA or Japan but the process is slow. We are getting one for Lae and one for Port Moresby. These will enable us to localise tumours better and protect normal tissue, particularly for head and neck cancer which we see a lot of due to the local habit of betel nut chewing.

Wednesday morning is for Gynaecological cancers, mostly cervical, which is commonest in PNG at the moment. The afternoon is for head and neck cancers, a joint clinic with the PNG ENT surgeon Dr Garap.



Thursday morning is a major ward round with some teaching for hospital doctors and student nurses. We review ongoing chemo and radiation, general medical and surgical problems of cancer patients. The afternoon is a radiotherapy planning clinic again.

Friday morning is follow-up outpatient clinics and for results. The afternoon is the ultra-sound diagnostic clinic. So I have a very full week.

Radiotherapy patients are treated 3 times a week after planning, over 4-6 weeks. It is not possible to have daily treatments as is common practice elsewhere as there are only 3 radiation therapists and I need the staff for the planning clinics as well.

Chemo patients, also my area, now have a new outpatient facility that was finalised in 2012. An old ward was resurrected ie saved from white-ants, with funds donated by the Bank of South Pacific, which has been very generous and supportive of cancer patients. The same bank made funds available for the refurbishment of the 2 original cancer wards when I first arrived back in Lae in 2009.

Since 2009 I have not been able to use Selectron brachytherapy, where radioactive seeds are placed in or near the cancer, a treatment available for many years at King Edward Hospital in Perth, but with my wife, Andrea Niblett's high powered newspaper publicity and the support of the PNG Cancer Relief Society we were able to attract the attention of the PM, Peter O'Neil, before the election last year, who authorised the A\$72,000 needed, to be donated to the Health Dept from Gaming Board funds for a Selectron to be ordered via Sydney from Holland in June 2012.

We have had tremendous help from Medical Physics at the Prince of Wales Hospital (POWH) in Sydney, Dr Simon Downes and visiting physicist Dr Tony Knittel, who located a second-hand machine in good condition in Belgium, arranged its refurbishment in Holland, delivery to Sydney within 3 weeks and then on to Port Moresby. But then the fun began. Instead of flying by cargo plane, this 1 x 1½ metre box was "lost" in transit by ship from Port Moresby to Lae.

I was tearing my hair out (luckily I still have some) trying the impossible task of tracking this box. It might still be lost if not for the sharp eyes of a hospital worker who was strolling through the shipyards in Lae in August and happened to spot a box labelled "Dr John Niblett, Cancer Centre, Lae." Now that we had found it we were beset by the agent trying to charge us storage and other extra fees before they would release it to us. Luckily the supplier in Sydney lay down an ultimatum, as it had been sent "door-to-door" originally and I was still waiting for it to get to my door!



But that wasn't the end of the story. We now had the machine but the radioactive caesium needed for it was still at POWH in Sydney being re-calibrated. This was dispatched to us in September and the saga of the "lost parcel" began all over again.

It finally arrived in January 2013.

In the meantime POWH donated us their old Selectron machine in October 2012 plus other spare parts and support equipment and the same "lost" game was re-played yet again. Yet another donation, caesium this time, was made to us from Auckland Hospital in NZ and this too went missing, finally being located in February 2013 and arriving after I had left for Perth in March. So it has taken me 12 months to get the radiation equipment I need that will enable treatment of 2 - 4 patients per week and should serve us well for the next 10 years. So what else could I say but "I'll be back to enable its use." So this time I have signed a 2-year contract with the option of a third year in PNG.

My year away has not all been hard work. In June, Andrea and I headed to Thailand for the wedding of our son Rommel. It was held at Koh Samui, a holiday resort, and every effort was made to make the villa wheelchair-friendly by putting in temporary ramps here and there for me. Family came from London, Canada, Philippines, Malaysia, Sydney and Perth for the occasion. A special plywood path was laid for me down the beach to where Rommel and his wife Rhiannon, were married against a backdrop of setting sun on the beach looking out to sea. A most romantic setting that made my awkward journey very much worthwhile. The reception included traditional Thai dancers, fire dancers and balloon lanterns floating out to sea in the night sky. A superb wedding.

A few busy weeks after returning to Lae we were off again to attend the Annual Radiation Oncology Faculty Meeting of the Royal Australian and NZ College of Radiology in Cairns. Being in PNG, it was closer for me to get there than most others attending. The highlight of this meeting was that I was able to organise a visit by senior Faculty officers to PNG to help develop radiotherapy and clinical training for PNG. The PNG Health Dept has arranged for this to happen in May 2013 and I must be back for it. The Faculty will see if more overseas aid can be arranged. I need at least another specialist, 2 more registrars, 5 more radiation therapists, a medical physicist and 4 more nurses for my cancer department to run more effectively. I return to continue battling the system.

Bits & Pieces

Clinton Bugg (Vic) on Stem Enhancer

Interestingly, I have noticed a degraded **difference since I have not been taking the Stem cell enhancer**. Muscle and joint soreness had returned and I was feeling fatigued again, plus not as steady in going up and down steps and inclines. I had put this down to 'imaginitis', but it was interesting to see the difference when I recommenced taking it again.

We were also out of carnitine for a while, but since I have been back on this plus the glucosamine, the muscle and joint soreness has improved. Again, many thanks for your support and assistance Tessa.

PET OWNERS ARE AHEAD

In addition to reducing heart disease risk factors, research has found that pet ownership significantly increases a person's chances of survival after a heart attack. One study found that about 94% of pet owners who had a life-threatening heart attack were still alive a year later, whereas only 72% of non-pet owners had survived a year post-heart attack.



Other health benefits of Cayenne pepper:

1. Cayenne can be added to water as a **gargle** to cure sore throats.
2. Cayenne pepper stimulates secretions, which helps to clear the mucous from nose and lungs by **clearing the sinuses** and causing sweating. Cayenne pepper added to tea is good for **colds and flu**.
3. In addition to its ability to stop heart attacks, cayenne helps to **reduce cholesterol** levels in the blood. Cayenne also helps to dissolve fibrin which causes formation of blood clots and it reduces triglyceride levels.
4. Smelling cayenne **helps cure headaches and migraines**. Topical application of capsaicin also helps to relieve them.
5. Cayenne pepper, **helps mucous membranes** in the nasal passage, **lungs and urinary tracts**, thereby giving immunity to infections.
6. When added to food, cayenne **helps weight loss** as it aids proper digestion. It also **reduces excess appetite** due to mal-absorption.
7. Cayenne pepper has the ability to prevent **ulcers and reflux**.
8. Cayenne is also very effective in relieving **diabetic complications** like **nerve damage and heart disease**.
9. It gives temporary relief of **pain from psoriasis, shingles, neuralgia, and toothache**.
10. **Frostbite** can be prevented in cold weather by putting cayenne in **shoes and socks**.
11. Putting cayenne pepper directly onto a bleeding wound **stops it bleeding** and heals it with little or no scarring.
12. Cayenne pepper helps in controlling **allergic reactions**, treats **snake bites**, reduces fever.

RAC - Wheels2go - Keeping you mobile 24/7

Wheels2go provides RAC members, who have a manual or electric wheelchair, access to 24/7 roadside assistance. If we're unable to get you mobile, we can assist by arranging a taxi or calling a friend or carer on your behalf.

Peace of mind on the go

For assistance at any time simply call **13 11 11**.

Depending on your breakdown situation we will:

- Send out an RAC Patrol to assist, or;
- Arrange a taxi to help you reach your destination safely.

In most cases, a Patrol is able to replace a flat battery or flat tyre, provided that you have a spare one on hand.

Where possible, we recommend that you carry your own puncture repair kit and spare tyre or tyre tube, as well as arranging for access to a spare usable battery, as Patrols will not have these on hand.

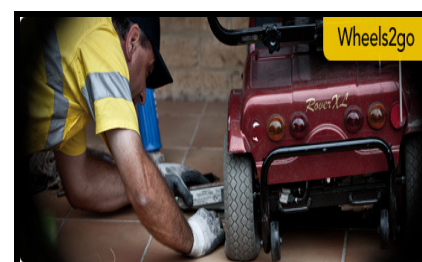
Should the Patrol need to work on your mobility device, it is important that you are able to safely vacate it on your own or have a friend or carer available to help you. If a Patrol is unable to assist in your breakdown situation, we will arrange a taxi for you.

Your Wheels2go membership entitles you to five (5) taxi trips a year valued at up to \$55 per trip, to a total of no more than \$275 for the membership year.

Wheels2go fees

The membership fee for new Wheels2go members is **\$65**.

This includes a **\$45 membership fee** and a one-off **\$20 joining fee**. (Join now as on-road join fee is an extra \$120).



Don't get caught out on the road!

Laughter is still the best medicine!

ANT AND THE GRASSHOPPER

Two Different Versions.... Two Different Morals

OLD VERSION

The ant works hard in the withering heat all summer long, building his house and laying up supplies for the winter. The grasshopper thinks the ant is a fool and laughs and dances and plays the summer away. Come winter, the ant is warm and well fed. The grasshopper has no food or shelter, so he dies out in the cold.

MORAL OF THE STORY: Be responsible for yourself!

MODERN VERSION

The ant works hard in the withering heat all summer building his house and laying up supplies for the winter. The grasshopper thinks the ant is a fool and laughs and dances and plays the summer away. Come winter, the shivering grasshopper calls his local MP and demands to know why the ant should be allowed to be warm and well fed while he is cold and starving.

Channels 7, 9 and 10, the ABC and SBS show up to film the shivering grasshopper outside the comfortable home of the ant who has a table filled with food.

Australia is stunned by the sharp contrast. How can this be, that in a country of such wealth, this poor grasshopper is allowed to suffer so?

In an interview on "Today Tonight" we hear that the ant has gotten rich off the back of the grasshopper. In

response to pressure from the media, the Government drafts the Economic Equity and Grasshopper Anti-

Discrimination Act, retroactive to the beginning of the summer. The ant's taxes are reassessed. He is taken to court and fined for failing to hire grasshoppers as builders, for the work he was doing on his home.

The grasshopper is provided with a State Housing house and financial aid to furnish it. The ant's food is seized and re-distributed to the more needy members of society ie the grasshopper. Without enough money to buy more food or to pay the fines, the ant's home is confiscated by the Government and used as a temporary home for asylum-seeking white ants.

The story ends as we see the grasshopper and his free-loading friends finishing up the last bits of the ant's food while the government house he is in crumbles around them because the grasshopper doesn't maintain it. The poor ant has disappeared, never to be seen again.

The grasshopper is found dead in a drug-related incident, and the house, now abandoned, is taken over by a gang of spiders who terrorise the now ramshackle, once prosperous and once peaceful, neighbourhood.

MORAL OF THE STORY:

Be careful how you vote in September, 2013.



The first senior moment.

Carolyn, a rich blonde, buys a new automatic Jaguar Sports car. She drives the car perfectly well during the day but at night, the car just won't move at all.

After trying to drive the car at night for a week (but without any luck), she furiously calls the Jaguar dealers and they send out a technician to her.

The technician examines the car and finds nothing wrong with it. So he turns to the blonde and asks:

"Ma'am, are you sure you are using the right gears?" Full of anger, the blonde replies:

"You fool, you idiot, how on earth could you ask such a question? I'm not stupid you know! Of course I am using the right gears. I use D during the day and N at night!!!"



A woman phones the Central police station and says,
"My husband went to buy potatoes two days ago and has not yet come back."

There is a long pause before the cop finally says,
"Well Madam! Can't you cook something else?"



POST POLIO MEMBERSHIP is by Donation to the Network (due 30 June each year)

All Donations to Post Polio Network are Tax-deductible

We need to set up a fund to use for an assistant for Tessa to help run the Polio Office so she can do more clinical appointments to assist polios and their families and do more clinical research.

I would like to pay a donation membership to the Post Polio Network of WA

suggested PPNWA Membership Donation \$20 or more \$.....

Pensioner Membership Donation \$10 or more \$.....

I would like to also pay a Donation for a PA to assist Tessa \$.....

Total amount enclosed \$.....(receipt in next newsletter)

**PA
Assist**



Name _____

Address _____

If undelivered return to:

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