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**Message from the President**

We have had an exciting few months in which we had to move our meeting place. While I know this adjustment is difficult for some of you, I hope you will make an effort to attend the meetings.

We have several new members who would love to meet and talk with you about what you have experienced with Post Polio Syndrome. They need your support, too.

That is what our group meetings are for: to support each other. So I pray you will be at all meetings. I need to know you care enough for us to continue with a meeting every month. I look forward to seeing each and everyone of you at our November meeting.

Your President, Janice

**Janice Askwith Receives Prestigious Award**



Congratulations are in order for Janice Askwith, President of our First Coast Post Polio Support Group, who was presented with an award by the American Biographical Institute for being a Woman of Achievement .

Janice was selected to have her biography appear in the 2006 Edition of “Great Women of the 21<sup>st</sup> Century” in the Special Dedication section, to be published in 2007. In the photo above, Janice is holding the plaque awarded to her this past summer during the presentation ceremony. The Award of Dedication plaque is an official document, personalized, signed and sealed. The plaque reads: “Woman of Achievement Janice F. Askwith, Outstanding Contributions to Enhance Lives of Post Polio Survivors as documented in Great Women of the 21<sup>st</sup> Century”.

Janice joins the ranks of other great women who are honored in the book, such as Mother Theresa, Janet Reno, Ella Fitzgerald, Estee Lauder, Queen Noor of Jordan, and Margaret Thatcher. Hooray for Janice!

**Next 2 Meetings**  
**November 15**  
**December 20**

- **NOVEMBER MEETING:**
- ***Come share a Thanksgiving Lunch with us.***
- ***Come early and beat the lunch crowd.***

**Date:** Every third Thursday of the month  
**Time:** 12:00 noon  
**Place:** Piccadilly Cafeteria  
 200 Monument Road  
 Jacksonville, FL

*We will have a raffle of several items at the next meeting. Cost is \$2.00 for each ticket. Help support your group and buy as many tickets as you want. All monies are for our group FCPPSG.*

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- **DECEMBER meeting will be our special holiday lunch at the Jacksonville Golf & Country Club. Reservations and pre-payment are required. See page 2 for more info.....**

**CHRISTMAS LUNCH IS PRE-PAID: \$18.50 EACH PERSON. I NEED CHECKS BY  
DECEMBER 12TH, 2007.**



**\*\*\*\*\* Lunch will be served at 12:10 pm.\*\*\*\*\***

**We will be having entertainment as well as a great meal and gifts.  
Same place: Jacksonville Golf & Country Club, 3985 Hunt Club Road, Jackson-  
ville, FL**

**Off Hodges Blvd between JT Butler and Beach Blvd.  
Looking forward to seeing you there.**

When you send in your check please state number of male or female attending.

**Post-Polio Health International Launches  
WE'RE STILL HERE! Campaign  
To Focus Attention on Polio Survivors Worldwide**

**Post-Polio Health International (PHI), has launched an international campaign to focus attention on the estimated 20 million survivors of polio worldwide including up to 1 million in the United States. Called WE'RE STILL HERE! the campaign's goal is to reach newspapers and other media outlets across the country and throughout the world with letters to the editor and stories about polio survivors.**

"The polio epidemics of the 20<sup>th</sup> century may be history, but the reality is that millions of people are living with the consequences of having had polio," said Joan L. Headley, executive director of PHI and a polio survivor. "Even more critical is that as new cases of polio are discovered around the world, we need to remain vigilant not only to eliminate this disease but also to continually find new treatments to minimize its long-term effects."

**How Polio Survivors Can Help The "We're Still Here" Campaign**

Post-Polio Health International (PHI) says the "We're Still Here" campaign is growing. The goal is a "Letter to the Editor" or an "Op-Ed" by a polio survivor, or a radio, TV or Internet interview or blog in every country, state/province and city/town in the world. The campaign was targeted for October, but survivors can still make an impact by participating now. You can join the campaign by writing letters to the editors of local papers in your area.

**Top Ten Reasons to send a WE'RE STILL HERE Letter to the Editor:**

10. Time to bury those '40's and '50's March of Dimes images of polio survivors as helpless, needy children.
9. To wake 'em up to this thought: disability is NOT dismissability!
8. Hey-guess what, professor-that super teacher in the classroom next to yours could be a polio survivor!
7. Just one more way to beat the drum for better, more affordable health care.
6. 'Cause we all deserve a barrier-free world!
5. To give another push toward worldwide poliovirus eradication.
4. Where doors are closed, let there soon be a way in. A-C-C-E-S-S!
3. Surprise! There are as many as 20 million of us worldwide, from toddlers up!
2. Part of the glue that holds our communities together? US!
1. **The Number One Reason to send a WE'RE STILL HERE Letter-to-the-Editor:  
*If not us, then who?***



**For more information contact PHI at 314-534-0475 or visit their website at [www.post-polio.org](http://www.post-polio.org)**

## **STATINS: BENEFITS AND RISKS FOR POLIO SURVIVORS**

### *Part Two*

Elizabeth Sandel, MD; Chief of Physical & Rehabilitative Medicine,  
Kaiser Permanente Foundation, Vallejo, CA  
Presentation to San Francisco Bay Area Polio Survivors' meeting, April 21, 2007

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*Continued from the September Newsletter...*

Regarding **meats**, **they** contain transfat but also have saturated fat., also not best for you.

**Transfats are worse than saturated fats because they prevent the breakdown of cholesterol by the body.** You have natural mechanisms in the body that break down cholesterol. They lower HDL and raise the LDL. NY Times recently published an article about the mechanism of how transfat does not allow breakdown of cholesterol. I don't recall what Journal article they were quoting. You have to make a campaign out of completely avoiding transfats.

Q= How often have red meat?

A= Again, everything in moderation. If you have it occasionally, that's fine. If you have it every night, not a good thing. First, you are missing the two days of the week you are supposed to have **fish**. The **omega fatty acid**, either pill or the fish, as part of your diet, I think is probably a good thing.

Q= But then you have to watch the other way because you can't just eat fish. There are some fish you can't eat. So you are limited to three types of fish.

A= And then there's mercury. Swordfish, my favorite fish, is completely out now. As to types of fish, salmon leads the list. Regarding tuna, you have to be careful about mercury in tuna. You don't want albacore tuna because of the mercury issue. The tin mackerel is high in mercury, so you need to be careful with that. Sardines are acceptable.

Q= What about **bread**?

A= Bread gets stale but it doesn't necessarily go moldy, even without the transfat.

**Ice cream.** You have probably observed that some ice cream when left out of the freezer does not melt or only melts slightly. That's because of transfat. Some versions of Ben & Jerry are transfat-free. There are only two brands that I have found that do not have transfat. They are Haagen Daaz and Breyers. You may need to read the labels of some of the newer products because ice cream can have additives which might have some transfat, but in general, Haagen Daaz and Breyer's are very safe.

The other way that you get transfats is pretty much unavoidable. It is when you go out to eat or when you buy fresh pastries. If you buy, make and eat your own food, you can really get a handle on it. You can really **make a campaign out of this, but it is important to be vigilant.**

Q = Any data on Meals on Wheels programs as far as transfats?

A= I bet, chances are, that unless somebody is really vigilant about it, it is in the food. The same may apply to hospital food and school lunches.

There are also other treatment means involved with diet.

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## STATINS: BENEFITS AND RISKS FOR POLIO SURVIVORS

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**Fiber.** Some of the ways to treat high cholesterol is finding resins that absorb cholesterol from the gut. Fiber can help reduce cholesterol, not in a huge way, but certainly something to consider. And there are other benefits of fiber in the diet as well.

Q= For a year I ate oatmeal daily for breakfast, and my cholesterol went down. Of course I was on meds too.

A= Definitely.

Q= Does oat bran have the same effect as cooking the oatmeal?

A= I think either way. The issue is more the fiber than the oatmeal itself. Use steel cut oatmeal, not the instant packets. The steel cut oatmeal can be cooked in the microwave or on the stove top.

Q= Granola?

A= There are all different types of granola, so again, you have to read the labels.

**Plant Oils** -- I actually listed everything here on the good side because there is a lot of confusion about this. You want to avoid all the tropical oils -- coconut and palm. The good ones are: flaxseed oil, canola oil, soybean oil, and olive oil. Corn oil and safflower oil are also OK.

Now **nuts**, actually peanuts, are pretty high in saturated fats but there are added benefits to **nuts and legumes**. **Peanuts** are in the legumes category as far as cholesterol lowering. Because of the saturated fats, keep in mind moderation. By the way, peanuts have been shown to actually reduce the incidence of diabetes. So there is a benefit in peanut butter, but again, 30% saturated fat so you have to be careful.

As far as **weight reduction** goes, even just 10% off your weight will advantageously affect your cholesterol, or your lipids, I should say.

**Basal metabolic index (BMI)** is used to assess your risk of heart disease because it correlates to a measure of obesity. You can calculate your BMI by going into Google on the Internet to look at the charts. You want to aim at a number less than 25.

According to Wikipedia, BMI is intended to be used as a means of "classifying sedentary (physically inactive) individuals with an average body composition. For these individuals, the current value settings are as follows: a BMI of 18.5 to 25 may indicate optimal weight; a BMI lower than 18.5 suggests the person is underweight while a number above 25 may indicate the person is overweight."

The next best measurement guide for heart disease is **waist size** - 35 for women, 45 for men. Weight reduction is something you can do to decrease the risk of heart disease or to treat and even manage diabetes and cholesterol. And exercise is an additional benefit.

Q= Are eggs still considered bad for your cholesterol?

A= The weekly recommendation I think is one or two eggs.

Q= Is there good dairy and bad dairy?

A= If you can, go with nonfat milk. All those areas where you can just let the fat go, that's what you want to do. For dairy, there is this issue of a miniscule amount of transfat. I would not worry about transfat in dairy. With meat, there's saturated fat and that's a big issue there.

You can become obsessive about this, but what you really need to be concerned about are the percentage issues. There has to be some sort of a balance in your diet. Some days you can eat cheese but not every day because of the high saturated fat content. You should avoid cheese most of the time because of this.

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As far as weight reduction, what works best? Pushing yourself away from table helps, but what works best, and for those in wheelchairs this may be difficult, is just getting on the scale every day. And you cut back on your food intake, right?! So forget all these diet books. It is a lot cheaper too.

Q= I achieved weight loss by drinking a lot of water and not eating as much and in three years dropped from 140 lbs to 126 lbs.

A= Some of that might be muscle mass. You want to make sure you're not continuing to reduce below your ideal weight, so that would be something to look at, and then the nutritional aspect of a balanced diet.

Another thing I'd like to say, take a regular **multivitamin** every day. I advise that for everybody.

### STATIN RISKS

Birth defects; contraindicated for women of childbearing age

Cancer: not confirmed; liver disease: caution but rarely a problem

Renal disease: lower doses

Muscle disorders: <1% of population; rarely rhabdomyolysis (brown urine); increased risk with chronic kidney disease, advanced age, female gender, low body weight, antibiotics, fibrates and niacin, and grapefruit juice consumption! Genetics? Exercise? Decreased levels of coenzyme Q10?

Cognitive disorders: varies depending on statin? Pravastatin: better choice?

Neuropathy

### Statins:

I don't want anyone in the audience to think I am advising you in particular. I am just giving you generalities. Talk to your own physician as to specifics on your condition or how you are managing your cholesterol issue.

**Statins are now the first line of treatment because they are so effective at lowering cholesterol and LDL.** It appears they are pretty well tolerated. They are extremely effective in lowering cholesterol. There have been a huge number of studies showing efficacy for people with coronary artery disease.

Take statin drugs with caution or in lower doses if you have **renal disease**. **Liver disease** is probably not a major issue, but sometimes you see the liver enzymes going up and that's something that should be monitored with periodic blood tests when you start on a drug. They say three times the normal is OK but I would say, if it happened to me, I would want to come off that drug if my liver enzymes went up much at all.

That being said, I think for those who don't want to go the statin route, you could ask your physician about alternatives, and one alternative would be niacin. It actually raises HDL, the good lipid/cholesterol, better than statin drugs.

**Niacin.** Good drug and awesome vitamin, so what's wrong with that? With high doses you can get symptoms of flushing and so forth. It can raise blood sugar and also cause liver disease. For people who have pre-diabetes it can move them into the diabetic category.

Q= Many years ago when they first found out I had high cholesterol. I became anemic. I could hardly stand up anymore, and my doctor said she had never heard of that before.

A= If you can't tolerate the statins, there's the **fibrates**, a class of drugs like the statins but that do not work through the same enzymatic pathways that the statins do.

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## STATINS: BENEFITS AND RISKS FOR POLIO SURVIVORS

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Just a caution about **combination drugs**, there was a newer statin that came out and was quickly removed from the market. It was actually using combination with **Gemfibrozil (Lopid)**. They pulled that combination drug off the market because of serious side effects..

**Zetia** looks like it has a pretty good track record so far. When combined with **Zocor, it forms a drug called Vy-torin**. This works through a different mechanism, so any side effects will be different. There may be fewer side effects with **Zetia**, but we don't know yet.

Q= Statin reaction: In 2005 my doctor put me on Lipitor. In about a week I noticed a reaction, which within six weeks had become a very bad reaction from Lipitor, and I took myself off the drug. I had muscle problems, and a stiff neck. I couldn't move my head. I had the pounding headache like I had when I first came down with polio. After taking myself off the drug, I wouldn't take anything else my doctor was trying to give me. Now in December when **Zetia** came out, he put me on **Zetia**. So far, so good. My husband said I looked like a zombie when taking Lipitor. The side effects did reverse pretty quickly after going off Lipitor.

A= You did right to take yourself off that drug. Other drugs may work better. **Zetia** often has good results when you have problems taking a certain statin. **Zetia** works through a different mechanism. It blocks absorption in the stomach. That might be another option. The only way to know if it is the drug or not is to take yourself off the drug. You need to do that under *your doctor's supervision*. How do you know if one tiny fraction of the population will have side effects? We know it's genetics but we can't pin it down beyond that.

Let's move on to that whole issue of risk. Again, this is just a review. I want to emphasize that the side effects profile is pretty good for statins. That being said, for every drug, if we had your genetic map available to us and we knew how the medications we give people interact with your **genetic map** and the proteins produced in the genetic processes, we would be able to correctly select the medication that was right for you.

The other thing I like to do is ask people if anybody in their **family** had a bad reaction or good response to a medication. Because again you are trying to get at that **genetic predisposition**.

In the previously raised case scenario, obviously something was probably genetically biased for her to have that reaction to that drug or drugs of that class. And again, she probably had a genetic advantage of one drug over another given the reversal of symptoms and recovery of lost function the original drug caused her to experience.

We are always trying to find precisely the right medication, such as with antidepressants. If one doesn't work we will try something else. Each one does something different and affects the body differently.

It is interesting, because in the case of anti-inflammatory drugs, like Motrin and Naproxen, they actually come from different subclasses. What I find is that when someone is nonresponsive to Motrin (ibuprofen), they will respond to naproxen. ...

A non-physician colleague was telling me that he had a lot of back problems and he had to try some new drug because he did not respond to the non-steroidal anti-inflammatory drugs. I asked which ones he took. He said Advil, Motrin and ibuprophen (these are all the same drug!), and now he is on some drug I've never heard of that is new to the market. I said, "I think actually all you ever tried was one, so maybe you should try Alleve or Naprosyn." I always try to utilize older drugs that have more of a "track record" before trying new drugs.

The **key question regarding statin drugs for polios is about the muscle. Also, very rarely, neuropathy**. In the case of neuropathy you would get sensory symptoms of numbness and *tingling*. I think probably this is an area where you are going to have to put out a little bit of an alert for your physician.

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## STATINS: BENEFITS AND RISKS FOR POLIO SURVIVORS

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According to the Kaiser Permanent guidelines, you should get **baseline CK bloodwork drawn** and if you have symptoms, a follow up is indicated. CK is creatine kinase, that's the muscle enzyme. A lot of you always have muscle symptoms, so you might want to have a CK done after starting, when they test the liver function. If there is a difference in your function, and especially pain, make sure that is looked into.

And by the way, another very tricky aspect of this is the CK level doesn't always go up. There have been cases where people who had muscle biopsies had major damage to muscle without their CK level being elevated. I am not recommending that you have a muscle biopsy. Just be aware that CK level may not reflect accurately muscle damage that is occurring.

That being said, let's look at exercise's effect on CK levels. If I go out and do really vigorous exercise and break down some of my muscle cell membrane, some of this is going to be secreted into my blood stream and my CK level will go up. Now if I am a runner, for example, and they do a CK blood test after a marathon, you can see an elevation. **The systems fail if there is so much of that floating through the blood stream that it damages the kidneys.** The sign is brown urine. But by the time it gets to that point, you are probably close to what we call **rhabdomyolysis** which is really severe damage to the muscle and kidneys.

Q= On the handout on statins it indicates if you have muscle pain then there's damage occurring to the **kidneys**?

A= Kidney damage depends on the **CK level**. It depends on how much damage occurred to the kidneys and how much of that CK is secreted and circulating throughout the body.

Q= So if you have muscle pain and you just started on the statin, then we should definitely get a CK level done, regardless of how much muscle pain it is?

A= I would say, **check the CK level in the initial period**. If there is a change that you note in your symptoms, I would definitely ask for a CK level. What I meant by **renal disease** is if you have any kidney problems then lower the dose. The other place it comes in is if you are breaking down huge amounts of muscle, then through the secretion through the kidneys you can damage them. You don't want to wait for the brown urine. If you are experiencing an increase in muscle pain, you need a CK level.

Q= Isn't **Lipitor** considered the best statin drug on the market?

A= It's all marketing. I have to rely on the chief of cardiology at Kaiser because they're the folks who developed the guidelines. They read the literature and make recommendations based on the research. They do not send me samples of Lipitor over the others. I can't tell you there's anything wrong with being on it. I can just tell you the chief of cardiology in Northern CA and in Southern CA Kaiser are saying **lovastatin and simvastatin are the first line of statin drugs**.

Study participants are often on **combination drugs**. Drug companies would be better off testing individual drugs. Also, there's the problem of their cherry-picking the participants. Often people with multiple conditions are not included. **I don't want to leave the audience with an alarmist message. After folks came off the problem drugs, they recovered gradually the function they had lost when on the drug. This seems to be true of polio survivors as well.**

Q= Is **Grapefruit juice** contraindicated when on statin drugs?

A=,Grapefruit juice will affect that breakdown of the statin drugs by the liver. What it does is raise the level of the drug you are on. The literature indicates that it would take a quart of grapefruit juice a day to have this affect, but I would really try to avoid it altogether.

Q= What about **co-enzyme Q**?

A= There is nothing conclusive whether co-enzyme Q is helpful for polios, so no comment on this issue.

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**Q= Regarding increase in pain, anything specific about statins and post-polio?**

A= If you are working with residual physical capacity, even if your incidence of this in the post-polio group is 1% or less, you don't want it. You're not at increased risk for it. But because of the polio you already have some of the symptoms, and that makes the alert for this issue more problematic and difficult to assess.

Q= I have muscle pain from walking; my legs went numb but not are not weak My doctor had no comment.

A= No comment. (laughter).

There is a lot of ambiguity. There is no algorithm, if this then that. **I'm just saying be alert to these matters. In some cases it may be very dramatic. When the drug is withdrawn it is even clearer that the drug was the cause. It may be more subtle than that, so you just must be aware.**

### **Cognitive Problems**

I wanted to say one more thing about cognitive side effects of the statin drugs. This has come up in my practice. A large part of my practice other than post polio is brain injury or non-traumatic brain disorder rehabilitation. One patient had progressive memory and cognition problems. She was taken off lovastatin and the symptoms went away.

### Blood-Brain Barrier

Now here is one thing about statins, and this is something I learned very recently. There are some drugs that cross the blood-brain barrier. They go from the blood to the brain to a mechanism that relies on whether they are lipophilic, which means they have an affinity to attach to the brain membrane and that permit the transport into the brain. What I've learned in my recent reading is lovastatin and simvastatin (Mevacor, and Zocor) are lipophilic, so they go into the brain at higher concentrations than prevacor, which is hydrophilic, which tends to stay in the blood and not go into the brain. So I am thinking if someone has cognitive side effects, maybe they should be on prevacor (Pravastatin) and not the lipophilic type of statin drugs.

**Final message. Be aware of your symptoms. Monitor yourself. Ask your physician. Look for material on the Internet, but always with a partly jaded view. Even with guidelines there is a lot of material and new literature daily.**

### **BEST ADVICE**

Get a baseline creatine kinase (CK); recheck when liver function studies are checked and if changes in muscle symptoms occur.

Discontinue the statin if CK 10 times normal; but for PP patients, there's a lower threshold than 10.

Avoid combinations or statin plus niacin or statin plus fibrate.

You may have symptoms and sympathy with normal CK levels.

Recommend a trial of withdrawal of the drug and consideration of another treatment if side effects encountered.

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## *A Member's Story*

### **From Super Mom to Struggling Mom**

**by Sheila Kilgore**

In August of 1953, I was born a normal, healthy baby. A precocious child, I started walking at seven months of age. My mother said I looked like a tiny porcelain doll toddling around. By the summer 1954, I had stopped walking, cried constantly, ran a high fever and wouldn't eat. Mother took me to the navy hospital where I was diagnosed with paralytic polio.

I was one of the luckier polio victims. After treatment and physical therapy, I began walking again, but my right leg was weaker than my left and shorter by an inch. Pictures of me as a child clearly show that the right leg was shorter. I would stand on the right leg and throw the left one out or lay it on its side to even out my stance. I've always had a bad case of drop foot. In physical therapy I had learned how to fall, a skill that came in handy since I've taken a lot of falls my life.

My mother raised me to believe there wasn't anything I couldn't do. I developed a type A personality. The word "can't" was not in my vocabulary. When I was 10 years of age, I started wearing shoes with a one-inch lift for my right foot. Falls became more frequent because the weight of the shoe and my drop foot caused me to stumble over the toe of the shoe.

When I was a teenager, body strength on my left side was only 60% and doctors told my mother that I might not be able to have children. That went in one ear and out the other. I married the most wonderful man and had two beautiful children, a son and a daughter. I felt there was nothing I couldn't do. I was Super Mom. I had a husband who loved me and children for whom I did everything.

In the spring of 1988, I woke up one morning and my right leg was considerably weaker. I wasn't concerned until I started to fall. I could be walking along and all of a sudden it was like my right leg was not even there. After a year of tests and constant doctor visits, I still had no solution. When the falls became less frequent and my leg strengthened a little, the cane I was using was put away.

A year later I had to replace my worn out hip. This was when I first heard about Post-Polio Syndrome, or PPS. I learned I should pace myself, so I did: four hours of work, ten minutes of rest. But I continued to fall frequently.

I later took on a full time job to put my son through college. I believed I had the stamina to work full time, take care of the house, the yard, and continue to play the piano at church. I knew that my strength was waning, but somehow I was still doing everything I wanted and needed to do. Though it took longer and caused me some pain, I was still Super Mom.

About the time I quit work, everything started to spiral down. I had to replace my worn out left knee. I recuperated, but then my back began causing me a great deal of pain, and my right knee had to be replaced as well. I now walk with a cane, even in the house, just to keep from falling, and I know that one day I might even have to use crutches or a wheelchair.

The doctors diagnosed me with poly-neuropathy. During the course of all this, the word "can't" has slipped into my vocabulary, and is not such a nasty word anymore. My work/rest ratio is now ten minutes of work, thirty to forty minutes of rest. Asking for help is not a crime. Realizing that the body is failing doesn't mean that the mind is failing also. There are still things that can be accomplished from a sitting position and I am still a type A personality. Anything I attempt, I am determined to see through to the finish, even if it takes me longer and maybe even have to ask for help. I am not bitter about this

I encourage my family and friends to read up on PPS so they can understand a little of what I am going through. Support groups are a wonderful resource to help PPS victims gain knowledge, support and understanding. No matter what the future holds for me, I will try to face it with optimism and gratefulness for what I still have and not for what I have lost, taking life one day at a time with the help of my three 'F's -- faith, family and friends.

*Sheila*





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Board of Directors	Joe Raker
Founder 1990	Sue Bridges



*We would like to thank the  
 March of Dimes for their support  
 with the mailing  
 of our newsletter.*

**Minutes of the Meetings** submitted by Sheila Kilgore, Secretary

The **September 20, 2007** meeting was called to order at 12:00PM. This will be the last meeting at the Courtyard Marriott. Lunch was served. Seven members were present, along with spouses and friends.

The program began with a video about the "Segway", a new mobility device. Our guest speaker was Alan Maccini, who gave a very informative and thorough demonstration and explanation about how the segway works. He handed out a small booklet about the segway. Alan uses it due to an injury he sustained years ago.

Many questions were asked in great interest of this new method of mobility. The segway is not yet FDA approved and is not allowed in many places. The group DRAFT (Disability Rights Advocates for Technology) is working to get it approved. If you would like more information about the "segway", you can visit them on the web at [www.segway.com](http://www.segway.com).

Denis won the door prize. The meeting was adjourned at 1:30pm.

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The **October 18, 2007**, meeting was called to order at 12:00pm at the Piccadilly Cafeteria. Five members were present as well as five guests. We did not have a guest speaker. After lunch we formed a circle and members shared their stories of polio and post polio syndrome. One guest came because her husband would not come. She was looking for information and names of doctors. Everyone shared stories and information.

Sue won the door prize. The meeting was adjourned at 2:00pm.

DISCLAIMER: The articles, opinions, ideas and suggestions presented in this news letter and from our meetings is not to be taken as an endorsement or approval of any medication, product or individual. Always check with your Doctor first about your condition. First Coast Post Polio Support Group of Jacksonville, Florida does not assume any responsibility for individual reader's action. Information in this newsletter was obtained from various national and local sources which are considered reliable and /or reflect the opinion of the authors. Medical advice must be sought from competent licensed physicians.