



Polio NZ Inc

POLIO NEWS

April 2016



PPS Cause May Rise as Polio Wanes

Plans are afoot that could one day see New Zealand with a virtual Centre of Excellence assisting polio survivors in four to six assessment clinics spread throughout the country.

This is seen as part of a world-wide change in emphasis from polio prevention to helping polio survivors as the disease goes into decline.

Polio NZ has as part of its constitution the aims of :

- Informing health and disability professionals (including general practitioners) of the reality of the Post Polio Syndrome and helping to update them on the advances in research and treatment of the disability; and
- Recognising the establishment of a Centre for Excellence which delivers assessment and a treatment plan to Polio survivors.

These two aims are in reality one, as without health and disability professionals having a good knowledge of assessing polio survivors and how to put together a treatment plan, no clinic could exist.

Although it is early days yet, Polio NZ is making progress on establishing the capacity in New Zealand to assess polio survivors thoroughly and to establish treatment regimes that can be maintained in their homes and communities.

The ideal would be to have three or four clinics in the North Island – in Auckland, Rotorua, Wellington and perhaps Napier – and a couple in the South Island, in Christchurch and Dunedin.

Project Manager Gordon Jackman takes a peek at the future.

They would be linked as a Virtual Centre of Excellence, sharing common methodologies of assessment and would have associated specialists with expertise in understanding polio, provide training to clinicians and health professional and who were able to refer people to the best providers of specialised equipment.

Also, in an ideal world, the clinics would work with District Health Boards (DHBs) to provide a service not yet available and refer clients for specialist assessment for other medical conditions they might have, so the late effects of polio would be understood clearly.

So where are we up to? Firstly, it is probably no coincidence that the European Polio Union has initiated a similar concept to ours, but on a world-wide scale.

(Continued on Page 4)

Polio NZ Inc.

Polio NZ is an incorporated society dedicated to seeking support for people who have had poliomyelitis. It does this through information sharing and where possible, assistance to Polio Society members and their families, whether or not they are experiencing problems at present.

The Society's Board of Management meets regularly, either in person or by teleconference, and the annual general meeting of members is usually held in September or October.

Polio News is published three times a year (usually April, July and November) and sent to all members.

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

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

This newsletter is not intended to provide medical advice. For decisions about health matters, first consult your health professional.

Similarly, no brand name product mentioned in this newsletter has any formal endorsement by Polio NZ.

Acknowledgement:



Directory:

Free phone: 0800 4 POLIO
(0800 476 546)
Website: www.polio.org.nz
Email: secretary@polio.org.nz

President:

Barry Holland
Email: president@polio.org.nz

Secretary:

Jeannette Aldridge
PO Box 791, New Plymouth 4340
Tel: 06 758 0507
Email: secretary@polio.org.nz

Treasurer:

Diane Mathews
PO Box 6077, Marion Square,
Wellington 6141
Tel: 04 385 7302
Email: treasurer@polio.org.nz

Project Manager:

Gordon Jackman
Email: gjackman@clear.net.nz
Tel: 07 868 5248 or 021 101 8948

Editor:

Mervyn Dykes
Email: mervyndykes@gmail.com
Tel: 06 354 2466

The Society expresses thanks to the Lottery Grants Board for its assistance towards the costs of this newsletter.

Our President says:

Handrails Should Embrace the Two-step

No, I'm not trying to arrange the local dance club's programme. The headline was simply to attract your attention to a subject that many of those enduring the late effects of polio have to deal with everyday – HANDRAILS.

In fact, they not only affect Polios, but a growing number of people in the wider community.

With the Baby Boomers moving into their sixties, our aging population is increasing substantially. There are now more people with mobility problems. Think of the growing number of aging sportspeople with various knee problems and with people living longer, there are increasing problems with muscle weakness and balance.

One of my concerns is the inconsistency in the placing of handrails. Looking at the building code, yes there are some regulations dealing with handrails and how and where they should be built, but in reality it seems some developers, builders and homeowners don't see the need. Quite right, they don't need handrails, now anyway, but their friends or clients might!

The building regulations talk about how far above and below the stairs the rail should go, but this varies so much. At the top end of the stairs, sometimes you have to bend down to grab the rail – Dangerous!

At the stair base the rail can end with a step to go. That can cause you to turn around and go down the last step backwards. Sometimes there are gaps in the rail or you have to swap to the other side of the stairs. Uh oh, a change of balance? Dangerous again!



I'll admit it's often difficult putting handrails in theatres. Stadia in New Zealand are particularly bad though, thereby excluding anyone with a leg disability from experiencing the special atmosphere that only watching sport live can bring.

But, coming back to my headline, what really concern me are the places that have two steps or even three with apparently NO handrail needed. Of course it's needed! There are steps! A handrail is needed for you to grab hold of, to pull yourself up. What's often forgotten though is that for a lot of older people a handrail is needed to help adjust their balance before taking a step. If you are a business person with a two or three step entry to your building, please consider a handrail.

Now, I realise that in a Polio newsletter I'm largely preaching to the converted. So what can we Polios do about it? "Use a walking stick," I hear you say. Sure, that will help. But sometimes, for balance, you still need a handrail.

Our best approach is to create awareness where and when we can. Explain the situation and persuade property owners to make the necessary changes.

Meanwhile for two or three step situations, let's have the use of handrails, please – *Barry Holland.*

Post Polio Centres – From Page One.

Because the final elimination of wild polio from the world is becoming a genuine possibility in the near future (there have been only 10 cases of wild polio recorded anywhere in the world so far this year) attention is now turning to the 15-20 million polio survivors worldwide.

While the focus has been on eradicating polio, the people who have actually suffered from polio have been largely ignored. New Zealand, along with Australia, Canada and the EU have become the founding members of this world-wide virtual centre of excellence which has been given the acronym of the PoPSyCLE project – the Post-Polio Syndrome Centre for Life-long Excellence – an initiative to change the lives of polio Survivors and the perception of medical professionals.

PoPSyCLE is envisioned as a facility to retain the existing PPS body of knowledge that is in danger of being lost in the “developed” world. It will serve as an internationally accredited training facility for medical personnel in the care, management and treatment of PPS in association with an online support and exchange facility for polio survivor support groups.

In Auckland, the Duncan Trust is supporting Julie Rope of Rope Neuro Rehabilitation Ltd in Newmarket to go to Australia and work with Polio Australia to bring their “Clinicians Post Polio Training Workshop” to New Zealand and also work with Catriona Morehouse of the Mt. Wilga (Sydney) Private hospital, which opened the first a post-polio clinic in Australia in August last year.

Julie is planning on opening a post-polio clinic in Auckland in the next few months that will see one or two clients a week in the early stages. While this will depend of various funding applications that Rope Neurological and Polio NZ are making, Julie is taking registrations from polio survivors who wish to have a full assessment now at Rope Neuro Rehabilitation Ltd., PO Box 9741, Newmarket 1149, Auckland. Mob. 021 753 279 Office 09 623 8433.

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QE Health in Rotorua is now accepting polio survivors in its RECHARGE programme (Rehabilitation for Change, Acceptance, Resilience, Growth and Energy). The programme is designed for a range of muscular skeletal and neurological and pain conditions, but is not designed specifically to assess the late effects of polio.

Andrina Romano, the General Manager of QE Health, invited Gordon Jackman, Polio NZ’s programme manager, to do the three-week RECHARGE programme, audit it from a polio perspective and develop proposals for a specific polio programme.

QE Health has now applied for funding to develop this and hopes to become a Southern Hemisphere leader in assessing and treating Post polio/LEOP.

In addition, QE will host the next Polio NZ retreat in August (see notice on back page) and also a five-day orthotics workshop in September, featuring the American pioneer on orthotic bracing, Marmaduke Loke.

Polio NZ is in the early stages setting up clinics in Wellington and Christchurch, but at this stage it is probably better to wait for concrete results before announcing any details.

In the meantime, Polio NZ encourages any polio survivor who wants a proper assessment of any Late Effects of Polio they are experiencing, and needs help with the symptoms, to apply to their local DHB, either through their GP or by self-referral to the Community Health Service.

In theory you are entitled to this and you might get it. However, you might also find that either the waiting time is very long, or that impossible roadblocks are put in your way. Whatever happens, if enough people do this, a signal will be sent to the DHBs that a real need exists.

If you do try to get an assessment, please let Gordon Jackman, programme manager for Polio NZ know what you are doing so that he can both assist the process and use the feedback you give him to demonstrate the need to the health authorities.

What to expect from a Late Effects of Polio Assessment

One of the key goals of Polio NZ is establish a clinic/s in New Zealand that are expert in assessing polio survivors the Late Effects of Polio and then developing a treatment plan. As we are well on the way to this goal we thought that it might be helpful for people to know what to expect from such an assessment.

Any assessment is driven by what the person being assessed wants and expects. Major concerns are often pain issues, fatigue and energy concerns, new weakness and/or strength change and change in functional ability.

The essential components of a post polio evaluation involves understanding the person's history, and examination and a diagnosis and plan that is both prevention-oriented, i.e. supports a person to maintain or improve their current health and function, and identifies what specific assistance or procedures might also be needed.

The following description of an assessment is a summary of a talk given by Fredrick M. Maynard, an American physician, based on his 30 years of assessing polio survivors for post polio syndrome and is designed not only to assess the late effects of polio but detect any other conditions a person may have. For a full transcription see the Polio NZ website (www.polionz.org.nz)

History

When did you catch polio? Was there a definite diagnosis of paralytic polio? How severe was it and which parts of your body were affected? What treatment did you get and what type of devices did you have to use at the time?

What was your best functional capacity either two years after you had polio as an adult, or at the end of your teenage years if you had polio before the age of 15? What orthotics shoes and /or braces or crutches, canes and wheelchairs have you used normally in the past? Have you had reconstructive surgical procedures?

What changes have you experienced in recent years? Is there more new weakening, more difficulty walking, more tripping, more difficulty lifting your arm? What about sleep, swallowing, energy levels? How far can you walk today? How fatigued do you get? Do you experience pain and if so, where is it felt and what triggers it?

Do you need assistance for any daily activities? How are you sleeping? Has your weight changed? What about swallowing or breathing problems?

Past General Medical History and Medication Use

Do you have any chronic conditions, diabetes, heart disease, high cholesterol or blood pressure? Have you had any injuries and/or difficulties recovering from injuries that have affected your functional capacities? Have you had any surgeries, such as an appendectomy or gall bladder removal, broken bone or cancer and did they occur prior to any PPS symptoms?

What medications are you taking and for what medical conditions are they prescribed? Have you experienced any side effects?

Family and Social History

Are there any diseases common in your family? What is your normal diet and how much exercise do you regularly get or do? What work do you do, either paid or voluntary and how physically demanding is it? What leisure and recreational things do you do? Do you experience psychological and social stresses?

Examination

Any examination will involve observation of how you move, how you sit and how you rise from sitting, your seated and standing postures, your gait and step patterns, and how stable you are. If you use a wheelchair, crutches, a where? Are there joint deformities? Is there instability in the knee joints, ankle joints, the hips, or in the shoulder joints?

How is the spinal alignment in the neck, trunk, and back in both the standing position (if you can stand) and in your seated position? Is there leg length inequality and pelvic symmetry or asymmetry when lying on your back on the examination table?

Neurologic Examination

The functionality of your muscles can be assessed using specific "Manual Muscle Testing Grades" where the assessor, normally a physiotherapist, grades the strength of a muscle using a prescribed movement, graded from one (no movement) to five (unaffected by polio). Co-ordination is usually looked at as a part of these movements and one would expect them to be normal, or normal as part of the weakness patterns that the people are otherwise showing (Ctd. Page 8)

Post Polio Syndrome/Late Effects of Polio Assessment Questionnaire

Name:.....

Date of Birth:/...../..... Age:

Gender: Male Female

Questions about your employment, accommodation and care needs.

Occupation: Full time Part time
 Casual Retired Pensioner

Avocational/leisure interests (Give details):

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.....

In what type of accommodation do you
reside?

House / Unit Retirement Village
 Hostel Nursing Home
 Other (Specify)

.....
.....

Do you require support for personal care?

No Yes (Provide details)

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Who supplies the support?

Partner Family Community Services
 Residence Services

Questions about your general health and activity

Do you have any of the following conditions?
Please tick appropriate boxes.

- Heart Condition High Blood Pressure
- Low Blood Pressure Venous Condition
- Diabetes Neurological Condition
- Infectious Disease Kidney Problems
- Osteoporosis Cancer Pain acute/chronic
- Sleep disturbance Asthma
- Chronic lung disease Depression
- Anxiety Pacemaker Metal Implants.
- Visual Impairment Hearing Impairment
- Currently Smoking Fall in last 12 months
- Hospitalised in last 12 months.

Do you have any other health concerns or
comments?

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How would you describe your usual mobility
levels?

- Able to walk without aids, at all times, on all
surfaces, both inside and outside the home.
- Able to walk up/down stairs:
- Walk without aids or a rail
- Need rail or walking aids for support
- Walk without aids in the home, or on level
surfaces, but require stick or frame outside the
home
- Walking with stick or frame at all times, inside
or outside the home
- Use brace/caliper.
- Use manual wheelchair at all times
- Manual wheelchair outside the home only.
- Use an electric wheelchair at all times.
- Electric wheelchair outside the home only.

Has your mobility changed in the last six
months? No Yes (Give details in next
column).

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What do you feel your weight (size) is now?

- Underweight Healthy weight
- Overweight Very overweight

Questions about your polio

Year of initial Polio illness

Your age at that time

How would you describe your current polio related problems? (Use another page if you need to).

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Where is your muscle weakness?

Tick box for the area of muscle weakness:

- Face Left hand Right hand Tongue
- Left arm Right arm Swallowing
- Left shoulder Right shoulder Neck
- Left buttock Right buttock
- Back/spine Left leg Right leg
- Abdomen Left foot Right foot
- Chest wall,

Which of the statements below best describes your present situation?

- I am stable at present, but worry that issues might arise.
- I have declining function but it is worsening slowly.
- I have experienced a sudden or severe decline in function.

Do you have any particular functional problems or goals that you would like addressed? (See next column)

- Getting in/out of chair/bed better
- Walking on uneven ground

- Review of mobility aids/wheelchairs
- Getting in/out of cars
- Better balance
- Getting off the floor
- Getting in/out of shower
- Getting on/off toilet
- Eating/drinking without coughing or choking
- To be able to sleep better
- Managing my personal care better
- doing my tasks around the house better
- To be able to write better
- To educate my family in best ways to help
- To stop myself from falling
- To do my own gardening
- To find out more about healthy eating
- To feel better about myself
- To cope with or express my feelings better
- To be able to relax or manage my stress To manage my pain better.
- Other (Specify)

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Overall, how would you rate your present quality of life?

(Please circle number – 0 is Poor; 10 is Excellent)

0 1 2 3 4 5 6 7 8 9 10

Are there any other comments or observations you would like to make?

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(Ctd. From P5)

Muscle bulk in the calf, thigh and forearm is measured from standard points and if oedema is an issue may need to be done at a fixed time in the morning for a consistent measurement. walker or walking sticks, orthotic shoes and /or braces, how does your body normally function? Are there associated issues from their use?

Orthopedic Examination

Are the hamstrings tight? What is the range of motion through the neck, through the trunk, over full flexion extension, rotation and side bending through the lumbar spine? Is pain produced and

Sensation is very important because polio does not affect sensory nerves. Sensation is expected to be normal in an aging polio survivor if there are no secondary conditions; however, there are a lot of secondary conditions or co-morbidities of older polio survivors that can cause sensory loss. It is important to establish a cognitive status where there is not a superimposed dementia, stroke or something that might indicate other cerebral diseases.

Where is the pain and does it occur with active movement? Does it also (or only) occur with passive movements?

Is it at the extremes of the movement, or through the range of the functional movement? Does it occur with local pressure during the examination – ie pressure and pushing on the part – and is this the only thing that produces pain?

If pain is in the lower limbs or the spine, does pain occur during weight bearing? What parts of the gait, or what areas in the range of motion or movement cause pain and how does that correlate with the static or functional examination?

Is more Information needed?

Often more information is needed and may include:

Lab studies e.g. blood count, blood sugar, and thyroid studies to check co-morbidities to make sure they can't explain the symptoms that you have.

Joint or spine x-rays and/or MRIs to understand the pain problem or to better define the deformities that are present.

Electrodiagnostic studies to confirm likely old polio or to exclude other diagnoses where the history is unclear or symptoms are not typical.

An EMG can confirm loss of anterior horn cells that is likely to be polio.

Pulmonary function studies such as straight forward vital capacity can be done in the office. Arterial blood gasses and full pulmonary function tests need a specialist.

Sleep studies may be needed to diagnose sleep apnea or nocturnal hyperventilation. Sometime specialists may be needed where an assessor feels issues or conditions are outside their competence to evaluate.

Diagnosis and Treatment Plan

After getting an assessment and diagnosis, and talking it over with family and friends, you can establish your priorities for treatment, agree on short-term and long-term goals for treatments with the clinic and begin a treatment plan.

Treatment Plans could include an individualised exercise programme for improved flexibility and endurance, a pain management plan, massage or hot water therapy, a weight loss plan, occupational therapy for energy conservation, pacing strategies for coping, peer group interaction or counselling and anti-depressant medication.

You could modify or cease specific activities, or begin using assistance devices, orthosis or wheelchairs and identify when they should be used and for how much of the time. Assisted breathing devices may be prescribed for sleep problems.

Begin management by focusing treatment on specific problems which are feasible now and what other goals are needed in the long term to obtain your optimal health and functioning capacity.

Don't lose sight of or forget the big picture of overall wellness, health and function in your environment and quality of life. Get support from people or organisations that can help with this over the long term.



A shipment of oral polio vaccine arrives in Palmerston North on August 27, 1962.

Manawatu Standard photo.)

Polio Passenger Embarrassed at Airport

Remember the newspaper reports earlier this year about the “disabled” passenger allegedly made to crawl on tarmac by airline staff?

Buried in the centre of the story it was stated that the passenger was a polio.

Anita Ghai, 53, a leading disability rights activist and academic, claimed she was left stranded after arriving in Delhi from the northern Indian city of Dehradun on an Air India flight.

After being helped down steps from the plane by airline staff and a friend, Ms Ghai said no wheelchair was available for her to reach the terminal-bound bus several metres away even though she had earlier requested one.

“We were kept waiting on the tarmac for half an hour before a passenger coach came to pick me up,” she said. “I had to crawl on the tarmac to board the coach.

“I kept on reminding the staff to arrange a wheelchair throughout the journey but, to my shock, when we landed there was none and all they said was there were ‘security reasons’”.

Ms Ghai, who is confined to a wheelchair after suffering polio as a child, described the incident as shocking and embarrassing, the report said.

Air India denied the incident, saying there was a delay in bringing the wheelchair because the plane was parked in an outlying bay.

“We strongly deny the statement . . . We at Air India give utmost importance to passenger’s safety and comfort”, it said in a statement of its own.



Editor Engages in ‘Curious Custom’

Manawatu Post Polio Group member, Mervyn Dykes, and wife Tina recently celebrated their 50th wedding anniversary.

The couple had succeeded in keeping the occasion fairly low key until a daughter engineered the publication of an early photograph of them in the *Manawatu Standard*.

“We got cards from the Governor General and Prime Minister, and letters from both local Members of Parliament,” said Merv.

“I thought we’d have to hold out until we turned 100 for official recognition, so we really appreciated the gesture.”

In a book which he published in 2014, Merv featured an article from the *Manawatu Times* of April 28, 1877, in which the celebration of 50th anniversaries was described as a “curious custom”.

The pioneer reporter said:

“For the benefit of those who may be unacquainted with the term ‘golden wedding’ as so few couples, alas, live to celebrate it, we may state that it is the celebration by a couple of the 50th anniversary of their wedding. The observance of the 25th anniversary is termed a ‘silver wedding’.

“The custom is a German one and is not quite as familiar to us, but, like Christmas trees and other fine German domestic customs, it is gradually becoming better known and consequently more appreciated, and in many cases adopted.”

“I think I have been fortunate to find someone prepared to put up with me for 50 years,” said Merv. Others agreed.

The Duncan Fund Guidelines

The Duncan Fund programme of Polio NZ Inc. is made possible because of generous donations from the Sir Thomas and Lady Duncan Trust. Its purpose is to assist in addressing the needs of those living with the long-term effects of polio, for which no other funding is available.

The qualifying criteria for this assistance are as follows:

- The applicant is living with the long-term effects of having had polio.
- The applicant is in good standing as a member of Polio NZ Inc. (having paid their \$10 per year sub).
- The applicant shall produce evidence or otherwise convince the Duncan Committee

that the purpose of their application is necessary in the management of their post-polio condition.

- Other avenues for funding need to be investigated before applying to the Duncan Fund. The Fund is for where there is no other funding available, or possibly where alternative funding would take too long as to make it impractical.
- The purpose of the grant must be for the personal benefit of the applicant in managing the effects of polio.
- The terms of the grant shall be determined by the Duncan Fund Committee of Polio NZ Inc. The Committee may decide to approve partial or full funding of the application. The approval or denial of any application is at the sole discretion of the Board of Polio NZ Inc. An application form for the Duncan Fund can be requested from:

**The Secretary, Polio NZ Inc.,
PO Box 791 New Plymouth 4340
or e-mail secretary@polio.org.nz**

What is polio?

Here is a handy snapshot of the world's polio situation early this year, according to the World Health Organisation. It shows the huge gains that have been made in recent years and is a handy guide as to what to say when people ask about the disease.

- Polio, or poliomyelitis, mainly affects children aged under five.
- It is a highly infectious disease caused by a virus. It invades the nervous system and can cause total paralysis in a matter of hours.
- Initial symptoms include fever, fatigue, headache, vomiting, stiffness of the neck and pains in the limbs
- One in 200 infections leads to irreversible paralysis. Among those paralysed, 5% to 10% die when their breathing muscles become immobilised
- Today, only two countries – Afghanistan and Pakistan – remain polio-endemic, down from more than 125 in 1988.

Polio NZ Orthotic Survey

Many thanks to all of you who responded to the Polio NZ orthotics survey, all 253 of you so far – a fantastic response.

The survey had 88 different questions and capacity for comments, and as such will take a while to fully digest and produce a report that is meaningful and useful. To my knowledge this is the only survey of its type that has been carried out in NZ and I have had considerable interest in the results from MoH officials, the Orthotics and Prosthetics Association and DHB's.

The MoH is conducting a review of orthotics services, so this survey will be a very useful source of information from an orthotics user's perspective that would otherwise be absent.

At this stage I can only give you an indication of what the survey has revealed. Firstly only about half of the survey respondents use orthotics services of some kind at present. However the distribution of overall functional capacity in the two groups was remarkably similar, except for those non-orthotics users for whom lack of mobility meant orthotics were no longer useful, and at the other extreme another group who had no significant impairment that might cause them to need orthotics. This could indicate that in the middle were a large group for whom mobility was an issue and who could possibly benefit from some orthotic assistance if they could get it.

The initial reason for the survey was the number of anecdotal accounts of dissatisfaction with orthotics provided by DHBs. Some of the statistics that stood out were that 30% of people experienced pain when wearing their orthotic shoes and felt that

their orthotics shoes did not fit well. Over 40% of people didn't like the way their shoes looked. While at the same time 70% or so weren't concerned about either pain or looks, this doesn't help the people that do feel this way.

For people who were treated by orthotists, the main concerns were associated with a lack of information about options, a lack of discussion about the problems that might be experienced and a lack of co-ordination between doctors, orthotists and other health professionals.

Another main concern was the problem of the manufacture of orthotics being done by technicians who had no contact with the wearer and the subsequent difficulties and delays in getting problems sorted.

Budgetary constraints were a major issue, with some people having only one pair of workable shoes. Older people complained of having to put up with old calipers and braces when they needed new ones.

It must be stressed that the majority of people were satisfied with their orthotics and were most appreciative of the service provided, though there seems to be some patterns emerging from the different DHBs in the level of that satisfaction.

I am hoping to produce a complete report of the survey within the next month. Polio NZ will make this available to our members either through the website or in hard copy form for those who prefer that.

The next stage is to use the report to improve orthotics service to our members through engaging the orthotics association and their members, DHBs and the Ministry of Health.

At the same time I am happy to advocate for, or help any member if they are having issues with orthotics they can't resolve – *Gordon Jackman, Programme Manager.*



Dates to Remember

The Polio NZ Annual Retreat: August 12 -14, 2016. This year we have had a team of four planning the retreat, and they have made quite a coup! The retreat in 2016 will be held at QEHealth in Rotorua. We will take over the hospital for the three days, not only for the conference facilities, but for accommodation, pool therapy and other activities. Rotorua has direct flights from Christchurch so we are hoping our South Island members will attend. We are furiously creating what we hope will be an interesting and fun programme. The cost will be \$150 including accommodation (except Regent of Rotorua) and all meals. Assistance with travel costs can be applied for if necessary. There is a variety of accommodation at Queen Elizabeth, and we also have reservations at two motels opposite the hospital, and also at Regent of Rotorua, a few blocks away. Please use the enclosed registration form, and remember, rooms will be assigned on a first-come basis. The final date for registration is July 25th

‘Polio: Life Stage Matters’: This conference is being hosted by Polio Australia in Sydney, September 20-22, 2016. The Steering Committee has engaged an exciting line-up of presenters who will be bringing the latest late effects of polio management information from around the world.

A Day for the Oldies: The World Health Organisation’s International Day of Older Persons will be observed on October 1, 2016. By 2050, the number of people older than 60 is set to double, WHO says. In a recent report WHO was critical of the tendencies of many organizations to take a “One size fits all” approach in their treatment of older people.

POLIO NZ ANNUAL GENERAL MEETING

Please mark your diaries now

Date – Saturday, October 22, late morning

Location - Auckland airport area

Optional activities/visits will be organised for later in the day

**More information later on our website and
Facebook.**