



Polio NZ Inc

POLIO NEWS

August 2017



Our Retreat is Advancing!

Excitement is mounting as Retreat 2017 approaches and the advance whispers of what is in store begin doing the rounds.

Fired up by the success of last year's event, organisers made an early start on the planning and have come up with an exciting line-up of events and presenters – and they're looking for more.

"The programme is not set in stone at this point," said one of the organisers, Marlayna Zucchiatti, "so if you have any suggestions, let us know and we will see if we can fit it in to what we have."

However, it is important to remember that there are constraints imposed by the venue. For example, accommodation, catering and meeting room space must all be taken into consideration.

"The bottom line is 'Please register as soon as you can.' If you pass the deadline you are on your own for accommodation."

The Retreat and 2017 AGM will be held at the QE Health and Wellness Spa in Rotorua from Friday, October 6 to Sunday, October 8. (See map on Back Page).

"So far as accommodation is concerned, we will have to put a cap of 50 at the very most and ideally less – and that is with some arranging their own accommodation," said Marlayna. [The Spa can take about 45.]



Participants in the 2016 Retreat check out displays of mobility aids.

"There is some wiggle room for sure with catering, but it would be ideal if we are as accurate with our numbers as we can be. The caterers would also like to have the numbers for such things as special meals and dietary requirements."

Those who have been before will know how cramped the meeting room space could be – "especially if there are several wheelchairs in it (and this is the case with our group)," she said. The committee will still have to have a cut-off point and make a decision if there are lots of latecomers."

"We have arranged Thursday night accommodation for the people we know require it, but if you plan on coming Thursday night please let us know soon so we can find the best deal for you.

"We have been approached by a woman who is a PhD candidate. She comes from a physiotherapy background and part of her thesis will be about Polio.

(Continued on page 3)

PolioNZ 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, August and November) and sent to all members.

Contributions are welcomed and the deadline for copy is the 5th of the month before publication. Ideally, it should be received well before that date.

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.

Acknowledgements:



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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

or 0800 4 POLIO (0800 476 546)

Email: secretary@polio.org.nz

Treasurer:

Carl Pascoe

carl@creativefacilitation.nz

Mobile: 027 434 4648

Email: treasurer@polio.org.nz

Project Manager:

Gordon Jackman

Email: gjackman@clear.net.nz

686 Kauaeranga Valley Rd, RD 2

Thames, 3577

Tel: 07 868 5248 or 021 101 8948

Editor:

Mervyn Dykes

Email: mervyndykes@gmail.com

106 Fitzroy Street

Palmerston North 4410

Tel: 06 354 2466

Polio NZ Inc. Bank Account

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From the President's desk:

Business as Usual for Support Groups

July 1 brought an adjustment to the relationship Polio NZ has with its support groups.

For those of you who aren't familiar with this development, I'd like to bring you up to date as to why and what it means for those who may be in a support group or who may be contemplating joining one.

The Charities Commission is updating the legislation for Registered Charities, which has meant the Board of Polio NZ has had to ensure that we are fully compliant with all our legal obligations as a Registered Charity and an Incorporated Society.

What this means for most of our support group members is that **nothing has changed**.

From now on, the groups will be considered "informal" groups, where individuals will still maintain their own membership of Polio NZ Inc. through the payment of the annual membership fee and continue to receive all the benefits of being a member. You can continue to meet as often as you wish to enjoy each other's company and you may continue to refer to yourselves as a polio support group.

The only change is for groups that wish to use the name and legal status of Polio NZ Inc. to represent themselves for any purpose including (but not limited to) operating a bank account, receiving donations/bequests and applying for/receiving grants or sponsorship. These groups will be considered "formal". At the time of writing there were only three.

Let me assure you that all support groups will continue to be most important to Polio NZ, but most importantly they can be of huge benefit to our members. Many love to have the chance to get out and share the experiences of others who are suffering from the late effects of polio and get little tips on how they have worked out

unique ways to cope with their particular situation.

As well, Polio NZ believes that with support groups we have an important conduit where information can flow both ways, with your ideas and the latest developments from the national body.

I realize that mainly through age, the numbers are dwindling, but I say long may support groups continue.

Meanwhile, do try to keep yourselves healthy and warm over these winter months. I'm looking forward to seeing and meeting some of you at our annual retreat in Rotorua in October.

Kind wishes,

Barry Holland, MNZM,

President,

Polio NZ Inc.

(Retreat News, cntd. from Page One)

"She will be one of the speakers and will stay for the Retreat so will be available to talk to throughout the weekend.

"It is satisfying to know that the topic of Polio continues to surface with professional people."

Marlayna reminded people to send in any funny 'Polio' stories they might have.

"We've all had some crazy experiences I'm sure. Let's share some and have a community belly laugh! The authors can remain anonymous if required."

The organisers also want help with a book review segment of the Retreat.

"Please continue to think about books we can review. Also, please volunteer to review a book that you have read. This will be a casual part of the programme, so shouldn't be daunting."

Please communicate with Marlayna through manzoo101@gmail.com

Here's some advice from Dr. Bruno:

"Remember: if something you do hurts, either don't do it or do a lot less of it."

Learning How to Put Your Best Foot Forward

Walking was one of the first things we learned to do in life, but many of us now have to do it all over again.

Either from the onset of Polio or the later impact of Post-Polio Syndrome (PPS), walking can become a new challenge.

That is why the Nelson group (with the assistance of the friendly folk at On the Go Physio in Christchurch) held a special workshop where five of its members were put through their paces.

“It was concluded that there were many unmet needs within the five people assessed and overall the clinic felt very worthwhile,” reports Brian Robinson.

“One repeated comment was that it was rewarding to have someone take the time to hear all of their Polio-related history.

“It is hoped that this clinic will be the first of many to come in the future.”

Participants expressed their thanks to Jessie Snowden from Christchurch and Nelson Nursing Services whose gymnasium was used for the sessions.

Here is a record of assessments, referrals to GPs and the numbers of people involved:

Swallowing assessments – 2; Falls prevention referral – 1; Occupational Therapy (OT) input for fatigue management – 1; Follow up of suspected fracture – 1; OT referral for bed mobility – 1; OT referral for wheelchair assessment – 1; Support works referral for rest home level of care – 1; Orthotics referral for ankle support – 1.

Other actions included:

- Referral for physio to progress mobility;
- X-ray of shoulders and neck to confirm if pain was due to polio, or musculo-skeletal condition;
- Orthotics referral for complex orthotics assessment.

The physiotherapy advice given included: exercise programmes (2 people) and general advice around management (4 people).



Analysing the way a person walks is an important part of assessment and can help therapists decide what strengthening exercises, and/or orthotics may be of benefit.

This photo shows the left leg taking weight as the right foot “pushes off” getting ready to swing through and take a step.

Israeli Scientists Find Way to Detect Polio Earlier

An improved method of detecting polio before it spreads and causes an outbreak has been developed by scientists from Ben-Gurion University of the Negev, *The Times of Israel* has reported.

The new methodology uses levels of polio in urban sewage waste to predict outbreaks instead of waiting for reports of paralysis among people.

Using data from an outbreak of wild polio in Israel in 2013, the team, led by Yakir Berchenko, developed a model that uses environmental surveillance to get a more sensitive result than the alternative of waiting for the disease to strike.

In late August, 2013, a wild polio virus was identified in sewage samples taken in the Southern Galilee.

According to the Health Ministry, the sample was taken before the launch that month of a national vaccination effort against the virus.

Were We the Only Ones?

Each of us has a story about how Polio came into our lives and the alarm it engendered in those around us.

But did it do more than that? Were we the only ones in our households to have a brush with the vicious virus?

Perhaps not, according to Dr. Richard Bruno, author of *The Polio Paradox*, regarded by many of us as the ultimate reference book on the disease.

In his *Bruno Bytes* internet column recently, he featured the following letters:

“My husband has PPS. At the age of 18 months, his older sister had a cold, he got her cold. She had arm pain and tingling that went away. He got Polio and spent over a year in hospital.

“Later they felt that the ‘cold’ was a mild case of polio. She has been extremely active her entire life. She has many aches and pains and for the past year, arm, hip [and], leg weakness.

“The physician(s) are having trouble pinpointing a diagnosis. Is it possible for her to have PPS? [It is] hard to see this very active woman using a walker.”

In an additional post another writer said:

“I had a stiff neck, a doctor’s home visit, and stayed in bed for an unknown amount of time before regaining my mobility by crawling on all fours. My parents never spoke directly about it. I was shocked to hear that Mom had told my wife my legs had been paralysed for a short time. Sadly, parents’ secrets about that period was not that unusual.”

Dr. Bruno’s Response:

“On average, if one child in a household became ill, he ‘shared’ polio with one other sibling of similar age. (I say ‘he’ because more boys contracted polio than did girls.)

“Just over half of those who became ill were paralysed, while the others had ‘flu-like’ symptoms ranging from a fever, sore throat,



and nausea to a stiff neck and muscle pain. Such a ‘minor illness’ was caused by the poliovirus but may never have been diagnosed as polio at all, or may have been called ‘abortive’ or non-paralytic’ polio.

“In three-quarters of households, the first case of polio was paralytic and the second ‘non-paralytic.’

“The bottom line: There’s about a one-in-five chance that if you had paralytic polio, one of your brothers or sisters had ‘non-paralytic’ polio – and may not even have known it.

“Polio was the shameful, frightening ‘AIDS’ of the 1940-50s (except the poliovirus was easy to transmit).”

What are the symptoms of infection?

The US Centers for Disease Control and Prevention report that most people who get infected with poliovirus do not have any symptoms.

About 24 people out of 100 will have ‘flu-like’ symptoms which usually last 2 - 5 days then go away on their own.

About one out of 100 people will have weakness or paralysis in their arms, legs, or both. This paralysis or weakness can last a lifetime.

The risk of lifelong paralysis is very serious. Even children who seem to fully recover can develop new muscle pain, weakness, or paralysis as adults, 30 or 40 years later.

About two to five children out of 100 who have paralysis from polio, die because the virus affects the muscles that help them breathe.



Wheelchairs and vehicles.

By Jeannette Aldridge
Polio NZ Secretary

I use a wheelchair to conserve what I still have left in my legs.

Therefore, I can still stand and walk short distances holding on to things – like walking between the driver's door and the back of the vehicle.

I also have upper body/arm strength so I can put the wheelchair in and out of the vehicle myself, but I don't have enough balance to be able to lift it.

The trick is to have a vehicle that has a low enough wheelbase without making the driver's seat too low, and to choose a car that doesn't have a lip at the back.

When looking for a new car last year, I attempted to put my wheelchair in and out of many models and I found one that works perfectly. I can easily get in and out of the driver's seat and can easily get the wheelchair in and out of the back without help. The chair fits snugly without having to put the back of the seats down so I still have functional back seats.

In one of the videos now up on YouTube, Jega describes using the large wheels of the

wheelchair to get it in and out of a car without lifting.

Even if you are still walking with crutches, you might want to consider carrying a wheelchair in your vehicle so you don't walk further than what is appropriate to ensure you don't unnecessarily burn out anymore motor neurons for example doing supermarket shopping or "going for walks" with friends.

I bought a Toyota Fielder because I found it was the easiest to get my wheelchair in and out of without help, and without a hoist or a ramp.

Others with different levels of disability may also want to share their vehicle experiences because it is a big issue for a lot of people so knowing what works for different people can be helpful.

When this article was published on the Polio NZ Facebook site, it elicited the following responses by press time.

Susan Kerr: Wish my Subaru Legacy had not blown up! Working on Sue Griffin's ramp idea at present. Where there's a will there's a way

Liz Faulkner: I have a 2006 Nissan Fiesta stationwagon hatchback. Brilliant. No lip. High, so easy to get into. Goes like a dream too.

Gina Allan-Evans: Many thanks Jeannette. I have a Toyota fun cargo. The back end drops down in the car, then I lower a very light-weight ramp.

Polio Stalwart Pam Owers Passes Away

With deep sadness Polio News acknowledges the passing of stalwart member. Pam Owers, on July 19.

Pam, aged 90, had been in the Chatswood Rest Home in Christchurch after a series of medical incidents but passed away peacefully in the presence of her family.

She and husband, Ken, 91, had been married for 65 years.

Pam was much loved for her lively sense of humour.

A tribute to her will appear in the next issue of *Polio News* in December.

Write to Us

Greetings from Picton!

I have found the frosty mornings here late autumn and early winter quite daunting and like many of you as Polio survivors feel the cold weather more than most.

Added to that, flooding was a problem for some areas. We have the heat pump going all night in the bedroom at 16°C, and I make sure the bed is warm before I get in it.

We are grateful for those mornings when the sun shines in through the windows. It is a real boost for any winter blues.

Let us know how you are coping with the cold and any tips you might have.

I was very pleased to receive some correspondence after my first request on this page.

The first was from Terry, who had been given misinformation by his GP and inappropriate medication, which of course did not work. I urged him to borrow or buy Dr Richard Bruno's book, *The Polio Paradox*, and not long afterwards received the following reply:

Hello Susan,

I bought the Bruno book and was "blown away". I had only read printed extracts before. I felt properly validated and it made me cry a little bit, even after 67 years!

I'm 79 now and had been told I was lucky to be paralysed only on the right side and to get on with life (which I read as and not be "disabled"). No help with grief of various origins and of course, at loss of function. This led to two mid-life episodes of depression.

Some facts got to me especially:

That all muscles in the body, not only those with paralysis, were affected and weakened;

They compensated furiously for years causing further weakening, which explained the current problem in my "good" leg:

Swimming:(loved by so many therapists) and recommended as gentle resistance to strengthen muscles, only weakens them if prolonged (So that's why an hour, just wading up and down, then swimming a bit in a pool fatigued me for a



Susan Kerr

full day after – as I worked out for myself some weeks later anyway!

Prednisone is not recommended. My GP tried me on this for five days to see if my present problems were inflammation, so that is why I felt an extreme unwellness as never before and no reduction in pain! I refused any more. I'm now on heavy pain relief until I see a specialist (I shall go "armed" with all this information).

I could go on and on. I have recommended the book to both my sisters who had the 'flu and in one case a brief paralytic episode (she is not sure).

It seems to me this book should be required reading in medical schools. The subject covers many disciplines. Could we advocate this if it is not being done already?

On with survival to all us lovely people, be it embattled or bruised but not conquered. – *Terry Stewart*

And a short but very interesting autobiography from Palmerston North:

Hi Susan,

In 1937 at the age of 17-19 months I was struck down with polio. The Health Department shut my mother's business and fumigated the house. I was sent to the Wilson Home until the age of eight. I did not know I had a mother and father let alone brothers and sisters.

While in Auckland I had operations on both legs. After all that time I was sent by train to Wellington, then on to Petone, in the care of a nurse, so you can understand how I must have felt when I was told that the woman who came to greet me was my mother. It was then that I met my three brothers and two sisters.

(Continued Over)

(Ctd. From Page 7)

At that time I had a caliper on my right leg which was shorter by about an inch or so.

I worked for the Post Office and Telecom for 37 years, but with my infirmity I never thought I would marry. However, by the Grace of God I did and my wife and I were blessed with five boys.

I now find getting around tiring. This has got worse over time. – *Raymond Jackson*

These letters are a great start! Whatever is on your mind, please write to us at:

Susan Kerr,
32 Seaview Crescent,
Picton 7220

or e-mail: susanvrm@clear.net.nz

Letters should be no longer than 150 words and may be edited for length, sense and good taste. Please include name, address and phone number.

Busy Times for our Programme Manager

By Susan Kerr

Gordon [Jackman] has been working hard on our behalf, as usual.

He maintains that our primary focus must be awareness – making sure the community knows that Polio Survivors are still here and what issues we are facing.

The following is a summary of some of what has been keeping him busy.

Polio NZ has obtained two quotes for the establishment of its proposed new website. It is important that it be future-proof and easily updated; that it supports e-commerce and subscriptions.

The Home page should be easy to use and easy on the eye. It will include links to information about the Duncan Fund, support services, information for health professionals and FAQs, a newsletter archive, The Team, Contacts and Resources. The site should be mobile-responsive, so it could be used on any device. The site will need to be able to include

and play audio clips and videos to enrich the experience of users, and promote engagement with Polio NZ. Users should be able to find and engage with Polio NZ easily through social media including Facebook and Twitter.

Users will be able to sign up for paid membership with Polio NZ. It will enable Polio NZ to dispense with the current separate and outdated database. There would also be a separate Polio Register to enable Polio NZ to keep track of the number of Polio survivors in New Zealand and lobby for effective resources.

You may want to have the option to contact other polio survivors. The website will also have options for running fundraising events with individual pages, to upload pictures and videos, blog posts and the ability for groups to post local events.

The web build will also include the appropriate security arrangements and search and tracking feature to optimize use of the site.

Gordon has completed a proposal for a 42-minute documentary on the issues facing polio survivors in New Zealand today with Bella Pacific, the film making company that documented the orthotic workshop last year at QE in Rotorua. They are currently producing a 5-minute video to go with the proposal to be presented to both a broadcasting platform and NZ on Air. To be successful NZ on Air requires we first secure backing from a TV channel: TVNZ or Media works to broadcast the Documentary.

Bella Pacific is also adapting his proposal to fit the strict funding criteria for NZ on Air. He will present the proposal and film vignette to the board when Bella Pacific has completed their work.

Jeannette has created a Polio NZ YouTube channel [featured elsewhere in this issue] which will include videos of former conferences and other useful information. Gordon has recorded a series of interviews with Rosemarie Smith for a Polio NZ Vlog (Video Blog) which will feature short videos on different aspects of progress with the Strategic Plan.

An important aspect to Gordon's work is ensuring easily accessible pathways to high-quality services and support for all **(Ctd. over)**

(From previous page)

Polio Survivors. He has been continuing his work with the DHBs.

In May he met Carolyn Gullery and a team from the Christchurch DHB, and Jessie Snowden, the physiotherapist. In addition, Gordon has lately met Helene Carbonatto, general manager of Strategy, Planning and Outcomes of the Hutt Valley District Health Board, who has been delegated by the general managers' group to liaise with him about working with all the DHBs to improve services for polio survivors and about establishing a Polio Clinical pathway there as the lower North Island is isolated from our present Polio clinic initiatives.

He has also been advocating for a polio survivor in Gisborne who has been having a difficult time with the Tairāwhiti DHB. Progress is being made.

The Waikato Hospital is providing a list of those with a history of stroke or polio, based on ID codes to expedite the AUT study on the differences between the needs of polio and stroke survivors.

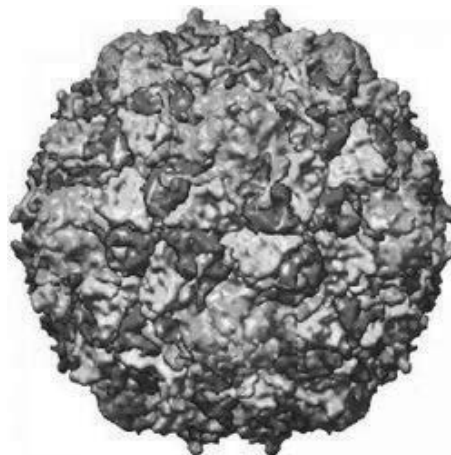
Cherry Holiday, Marmaduke Loke and Gordon have agreed on November 27 as a date for bringing Marmaduke back to NZ to conduct his second workshop on Triplaner Orthotics (organising one in July proved impossible). This will be a three-day course focusing on Triplaner Gait Analysis and Casting, without fabricating any actual braces.

This will improve NZ orthotists' ability to manufacture the braces here.

This is only a fraction of all the work that has been going ahead on our behalf. Please get in touch with Gordon if you have questions to ask him about this report, or any of the other fields he works in – for example, research, education, and the epidemiological study. – *Susan Kerr*.

Dr Bruno says:

I often say "Keep a good thought." Seems "good thoughts" are a way to treat pain:



Polio NZ Starts You Tube Channel

By Jeannette Aldridge

During the years when we held an annual conference, we had many health professionals speak to us about aspects of managing the late effects of polio.

These talks were recorded on DVDs which were available for purchase. Now, to make these presentations available to anyone with access to the internet, we have opened a channel on YouTube and are in the process of uploading them.

At present, there are seven presentations by GM Jegasothy (Jega) available.

She qualified as physiotherapist from WAIT, now Curtin University, Western Australia. She then worked as a physio in Kuala Lumpur, Malaysia and Cambodia before spending 25 years as a senior physiotherapist in the field of Acquired Brain Injury at Royal Perth Hospital Shenton Park Campus.

This was followed by seven years developing the Late Effects of Disability Clinic which includes the Late Effects of Polio.

At the time the first of the recordings listed below was made, the Late Effects of Disability Clinic had seen over 500 people with the Late Effects of Polio.

Polio NZ is now establishing late effects clinics in New Zealand. **(Continued Over)**

(Continued from previous page)

The seven videos available from the new site on You Tube are:

The Aging Process and the Late Effects of Polio (*Part One and Two*)

In these presentations Jega explains exactly what is occurring as the body ages with polio and without polio. She explains how polio changes the normal aging process and why polio-affected muscles are functioning as if they were about 20 years older than they actually are.

This presentation is very helpful in understanding exactly what is going on as we age and why we encounter the challenges we do if we have had polio.

Polio Self-Management: The Why.

Jega describes what is happening in the polio-affected body from the age of 40 onward, and the changes that occur as each decade passes

These are the reasons why a self-management programme is necessary to slow down any decline in strength and endurance.

Polio Self-Management: The How.

Jega explains the concept of “1 MAX” and how to determine your personal 1 MAX . She shows how to use that measure to determine appropriate exercise for different polio-affected muscles to maintain strength and endurance as you age with the late effects of polio.

Jega goes into specific detail about how to establish a routine to maintain the strength you already have and to strengthen areas that you notice are weakening.

The worst thing we can do is “over-exercise” a polio-affected muscle trying to strengthen it, so Jega describes how to determine a personally appropriate exercise programme.

Facing Surgery.

Jega explains that the medical system is a “referral” process, so when you are going for surgery there is no one person with all the information you need, or to collect what they need to know about you.

In this chain of events each person has only the bit of information about you that relates to their part of the process. You are the only link between all the people involved and it is



GM Jegasothy (Jega)

completely up to you to have all the information you need well in advance.

Only then can you ensure that each person involved in your preparation for surgery, the surgery itself, and your rehabilitation after surgery has all the information necessary.

Jega explains all the questions that need to be asked, and what information you need to have available at each stage. In summary, successful surgery is all about planning.

Are You a Falls Risk?

Jega describes what happens in our body that causes us to fall and why falling increases as we age. She explains the consequences of falling and how to reduce the likelihood of falling.

LEoP and Breathing Issues.

Jega explains that anyone who was affected by polio in the upper body is likely to experience breathing issues among the late effects of polio.

She speaks about why this happens and what you need to know. This is an excerpt from a presentation on Aging with the Late Effects of Polio.

We will be publishing further excerpts and presentations on breathing and sleep issues in due course. You can find the presentations outlined above at:

https://www.youtube.com/channel/UCuMpJRHtAXjFN_aEVmSABJw

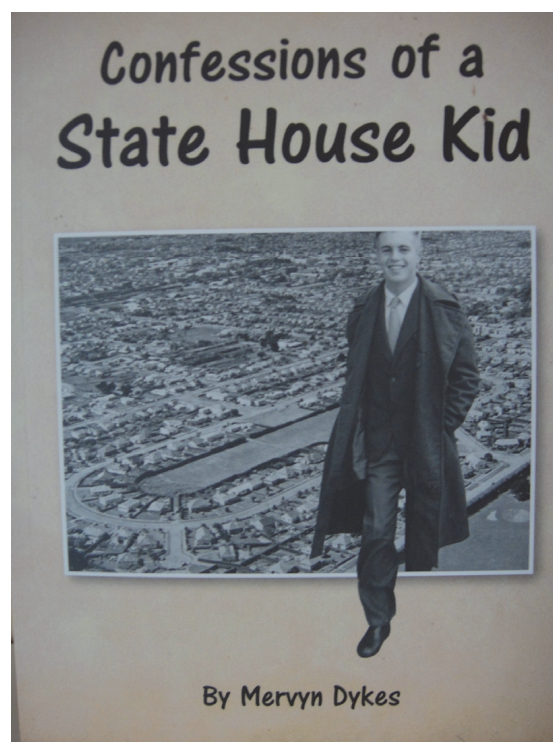
Duncan Fund Guidelines

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 \$15 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**



Don't ever let anyone tell you that we don't need clinics specialising in the Late Effects of Polio, says Polio News editor, Mervyn Dykes.

When he first came to what was then QE Health in Rotorua about five years ago, his concentration was so shattered that he had lost almost all ability to read or write.

"It was a bad time for me," he said, "because as a journalist and writer I had told myself I was fortunate to have an occupation I could pursue long after retirement.

His first visit to QE Health addressed physical problems and the second "unscrambled" his head.

In the years since, he has written three small regional histories and two Young Adult novels.

Shown above is the latest of the histories which tells what it was like to grow up in the New Zealand of the 1950s and '60s. At the time the cover photograph was taken, he had become deeply involved in sport and believed polio was firmly in his past.

Now he says "Thank heavens for special clinics and the advice and encouragement of other post-polios. I'm a big champion of the annual Retreat too because it gives you a chance to listen to the experts and have quiet talks with kindred souls who understand you."

Notice of Annual General Meeting of Polio NZ Inc.

Registered Charity No: CC 25022; Incorporated Society No: 485143

IRD No. 59-621-106; GST No. 62-049-111

Exempt from Income Tax in terms of Section CB 4(1)c (Income Tax Act 1994)

All donations over \$5 are tax-deductible; Bank: SBS Bank 03 1355 0383041 00

Saturday, October 7, 2017, at 2pm
QE Health and Wellness Spa, 1073 Whakaue Street, Rotorua
All Members Welcome

AGENDA

1. Welcome by Chair Barry Holland
2. Apologies
3. In Memory of departed members.
4. Roll Call
5. Proxies
6. Minutes of previous AGM and Matters Arising from Minutes
7. Presentation of the Annual Report, including Financial report
8. Election of Officers, Board Members, and confirmation of Patron and Advisors.
9. Appointment of Reviewer: Ann Hatch of New Plymouth
10. Presentation by National Programme Manager Gordon Jackman
11. Correspondence
12. Remits
13. Motions
14. Any other business

**Afternoon Tea will be
served after the AGM at 3pm**

Current Board

President: Barry W. Holland,
MNZM

Vice President: Sue Griffin
(Waikato)

Treasurer: Carl Pascoe (Canterbury)

Secretary: Jeannette Aldridge
(Taranaki)

Committee:

Brent von Sierakowski
(Auckland)

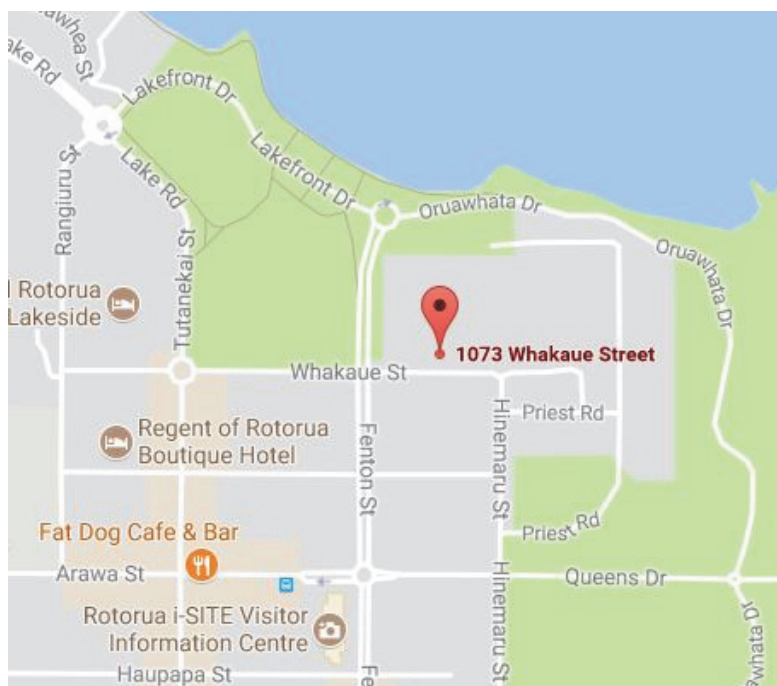
Brian Robinson (Nelson)

Doreen McCoard (Christchurch)

Steve Griffiths (Auckland)

Susan Kerr (Picton)

At time of publication, all current members of the
Board are available to serve for another year.



For nomination, proxy, or postal voting forms please
contact the Secretary Jeannette Aldridge

secretary@polio.org.nz

PO Box 791 New Plymouth 4340

FREephone 0800 476 546 (0800 4 POLIO)