Summer here in the Sacramento area has been hot and I live indoors with a well-working air conditioner. I enjoy the coolness of the house very much. As a youth, I lived on a farm here in Northern California and the heat didn’t feel all that hot as I worked outside during the summer on the farm.

I don’t miss the heat or the hard work, but I remember the lessons of life learned doing farm work. My polio limited me from some tasks but didn’t stop me from doing what most any young man would do growing up. My dad allowed me even to do some things my twin brother was not allowed to do, such as drive farm equipment as a boy.

Back to summer, do you realize that on September 22nd Autumn begins? Autumn leads us into the Christmas Luncheon at Cattleman’s Restaurant in Roseville. This annual event has taken place as long as I have been a part of the group. We will have a lovely lunch with a raffle afterwards to raise monies for our treasury. Some wonderful items have changed hands at past Christmas Luncheons. Plan on attending December 2, 2017, at 11 a.m. And bring a raffle prize with you. See flyer on page 7. We’ll have a signup sheet at our September meeting or call Tina Verner, 916-921-0441, for reservations.

At the time I’m writing this column we do not have a speaker for the September 9th meeting. I had lined up a person of interest but they have subsequently backed out. We need you as members not only suggest interesting speakers, but help contact them to speak. Members of the Board (officers) are limited in the outreach of persons to contact. The need and volunteers are needed. We have a few who have answered the call to serve and to help. I know all too well that our own time is limited and to go beyond and volunteer is noble and needed for the support group.

Continued on page 2
LOCAL POST-POLIO PHYSICIANS

Peggy Portwood, M.D.
Ph. 916-640-8161
2288 Auburn Boulevard
Suite 101, at Bell Avenue
Sacramento, Ca. 95821
(Private Practice)

Michael Felix, M.D.
Ph. 916-685-2036
6500 Bruceville Road
Sacramento, Ca. 95853
Kaiser—South Sacramento

Marian Te Selle, M.D.
Ph. 916-973-6729
2005 Morse Avenue
Sacramento, Ca. 95825
Kaiser—Morris Avenue

Carol Vandenakker, M.D.
Ph. 916-734-7463
3301 C Street, Suite 1500
Sacramento, Ca. 95817
U. C. Davis Med Center

Doctor’s listed here are for information only. Please continue to see your own primary care physician (PCP) for polio and all other health issues.

Ideas and suggestions printed within this newsletter are those of the individual writers and should not be considered “Medical Opinions or Advice.” Please consult your primary care physician for your health issues.  

SRPSG Editor

MISSION STATEMENT

To provide emotional support; educate and distribute information to polio survivors, their families and the general public; and help persons afflicted by polio.

To provide information to unknowing survivors and to the medical community regarding post-polio syndrome.

Provide if possible financial support to polio survivors that are within our geographic region and membership, when specifically agreed to by a majority vote of the Board.

We may seek to collaborate with other nonprofit organizations which fall under the 501 (c) (3) section of the Internal Revenue Code and are operated exclusively for education and charitable purposes.

SRPSG is a 501 (c) (3) Not for Profit Organization Federal ID # 68-0418145

From the President...continued from page 1

A resource we have for you which we have not pushed lately are three books which we sell that are very helpful for the polio survivor.

* The Polio Paradox, by Richard L. Bruno, PhD $24
* Managing Post-Polio, by Lauro S. Halstead, MD $12
* Workbook on the Late Effects of Poliomyelitis for Physicians and Survivors. $10

These books are available at our meetings or can be mailed to you for $4 shipping and handling.
Born in Fresno, Calif., just after World War II, I came down with polio at 18 months of age. I remember little of those early days and the medical records from the Fresno County Hospital Polio unit were lost in a fire many decades ago. My mother was unclear several years ago when I asked her about it but the impression was that I was “just short” of being placed in an iron lung. I do remember leg braces as I started kindergarten and several visits a week in those early years to the Polio unit for electro-stimulation and water therapy. There were a couple of leg surgeries in there and when I was 7 or eight, they discovered I also suffered from right-hip dysplasia. I spent several months in casts on both legs with a 30-inch spread bar in between.

Over the years I developed a love of technical theatre and managed to talk my way into a technical theater class at my high school where I became a crew leader for those times community groups like dance studios, theatrical groups and symphony orchestras rented the facility. I also was active in Cub and Boy Scouts.

Who Are You? A Polio Survivor profile

Editor’s note

“Who Are You” is the popular theme song for the television series “CSI.” It’s a question we often find ourselves asking ourselves at SRPPSG meetings.

Getting together monthly in the past and quarterly now, we don’t have a lot of opportunity to find out about that person sitting across from us or next to us at the meeting table. It is my hope we can answer that question to a degree with this column. Each quarter we will feature a short biographical sketch and a photo or two of a SRPPSG member. You don’t have to be a writer to participate. Simply write down a little background on yourself and send it to lbadger@badsound.com along with a couple of photos and we’ll take care of the rest.

This is a sample.

Larry Badger mixes sound for a Yuba-Sutter community production of “Way, Way Off Broadway,” featuring song, dance and drama from the many theatrical organizations in the area.

Larry Badger has sound on his mind

Larry and his son, Bryan, run a train on a friend’s railroad near Placerville in the late 1970s.

Continued on page 5
Shoulder Problems in Polio Survivors

By Dr. William DeMayo, MD

Question: I am now 86 and contracted polio when I was three. The polio left me with paralysis in my left arm, the muscles of my stomach and I have a slight curvature of the spine. Over the years I have been doing fine and even bore 5 children. About two years ago I developed horrible pain in the upper part of my right arm. I am allergic to NSAIDs so I use Tylenol which gives me occasional partial relief. I also use creams such as Blue Emu and have had therapy. Also, occasionally I use Icy hot electrodes. The pain is with me daily however it does not interfere with my sleep. I am able to be fully responsible in my daily requirements but with pain. I am truly blessed that I am not dealing with worse. I was curious if you may have any recommendation so that I can make the pain leave. I have also been told I have arthritis in the area.

Reply: Shoulder problems in the elderly can be very difficult to rehabilitate and this is especially true in the polio population. A comprehensive review of shoulder problems is well beyond the scope of this article, but I will share some perspectives that may be helpful.

First, it is important to remember that the shoulder joint is inherently unstable without muscular support. Polio survivors with weakness of shoulder muscles can learn to substitute but are clearly at much higher risk for subsequent problems such as arthritis, shoulder impingement, bursitis, and tendinitis because the shoulder simply cannot function as it was originally designed.

In order to understand this fully, a basic knowledge of shoulder anatomy is essential (see above). One only has to glance at the shallow “cup” (socket) of the shoulder blade which articulates with the humeral head in order to appreciate the importance that soft tissues play in stabilizing the joint during normal use. Without normal muscle strength, the ball simply does not move normally within the socket. When the ball does not move normally within the socket, other muscles are overused, leading to possible muscle and tendon problems.

Many polio survivors with leg weakness rely on their arms and shoulders to get up from a sitting position, to bear weight on crutches/walkers, or to push a wheelchair. The shoulder is simply not designed for this kind of regular weight bearing function. Given the history and location of your pain, arthritis of the humeral head and “cup” (a.k.a. glenoid fossa) is a likely component of the problem you described. Other possible contributing sources of pain, however, should always be evaluated.

Although not likely in this case, polio survivors should always be aware of other diagnoses to consider when you have a complaint of shoulder pain.

• A pinched nerve of the cervical spine (neck) can radiate pain to the shoulder.
• Myofascial pain (chronic muscular pain) can develop in the periscapular muscles around the shoulder.
• If falls have occurred then traumatic injuries such as a humerus fracture or shoulder separation (torn or partially torn ligaments between bones in the shoulder) should be considered.

Additionally, there are multiple chronic inflammatory problems that occur frequently in the shoulders of polio survivors. These can lead to abnormal shoulder biomechanics (abnormal movement within the shoulder) that over time can contribute to arthritis. It can be important to treat these inflammatory problems early rather than simply endure the pain because problems can snowball as one gets older. Some of these inflammatory problems include:

• Bicipital Tendinitis (inflammation of the biceps tendon (see above) often presents with anterior shoulder pain and tenderness.
• Bursitis (inflammation of the fluid-filled sac depicted above) is often associated with other problems. It is more common in individuals with shoulder weakness or abnormal biomechanics.

Continued on page 5
Shoulder Problems...continued from page 5

- Rotator Cuff Tendinitis (inflammation of the tendon portion of the rotator cuff muscles that stabilize the shoulder joint) - left untreated this can progress to partial or complete rotator cuff tear resulting in inability to raise one’s arm or rotate the arm outward. Impingement (pinching) of the rotator cuff tendon is sometimes due to a bony spur on the under service of acromion. If present, this bony spur can often be removed quite easily with arthroscopic surgery and is a good example of early minor surgical intervention that can prevent significant disability later. Some of these inflammatory problems can be responsive to oral/topical anti-inflammatoryatories, injected anti-inflammatoryatories (avoid multiple) and ultrasound/physical therapy.

Additionally, stretching and strengthening exercises can often help restore more normal biomechanics relieving pain and preventing further problems.

Most rehabilitation physicians and physical therapists are well-versed in shoulder biomechanics and treatment. Once severe arthritis has developed within the shoulder joint, pain can be quite difficult to treat. The choices you have made are reasonable to continue if they provide some relief.

Oral or injected steroids can also be very helpful but should not be overused. The results can be variable with improvement in pain for days, weeks or months.

Although you mentioned that you are “allergic” to non-steroidal anti-inflammatoryatories (NSAIDs), it is important to distinguish this from intolerance. An allergic response typically produces a rash. Intolerance can often be avoided by protecting the stomach or using a different class of NSAID. Topical NSAIDs are also now available.

Surgical replacement of the shoulder has significantly improved in recent years. Polio survivors pose an extra challenge however, due to weakness of the muscles stabilizing the shoulder and osteoporotic bones. In severely arthritic shoulders, replacement surgery can provide a dramatic reduction in pain but risks need to be assessed carefully and I would always recommend more than one orthopedic opinion. Lastly, it is important to be aware of adhesive capsulitis (frozen shoulder). With any of the above shoulder problems, reduction in shoulder range of motion over a significant period of time can lead to restriction in the shoulder capsule. This sets up an inflammatory cycle whereby more pain is produced, leading to less range of motion that leads to even further tightness and more pain. Maintaining shoulder range of motion is essential and can be achieved through relatively simple home exercises taught by most physical therapists.

I hope this information helps. I encourage you to see a shoulder specialist to discuss your particular shoulder issue. Bringing a friend or loved one can help you to be sure questions get answered. Don’t hesitate to say you will think about their suggestions if you need time to consider them (especially if surgery is recommended). Don’t be surprised if you feel you need to see more than one specialist to find one that you feel confident in. It will likely be worth the investment of time and energy.

From DeMayo’s Q&A Clinic and the Pennsylvania Polio Survivors newsletter published by the Pennsylvania Polio Network, www.papolionetwork.org

Who Are You?...continued from page 3

bachelor’s degree in radio, television and film production at Fresno State College with a minor in journalism. Over the years I have worked for several theater companies, including the Music Circus organization, and for the last 20 years have owned my own commercial sound production company in the Yuba-Sutter area working primarily with festivals and theater companies.

Prior to joining the Appeal-Democrat newspaper in Marysville in 1972, I worked as a law enforcement dispatcher, a radio DJ, radio newsmen, and did field engineering for a Spanish language radio station.

Over my 42 years at the A-D, I was a reporter, photographer, City Editor, Managing Editor and Acting Editor. I also served as features and graphics editors and was producer of a daily livestream newscast from the newsroom along with political debate livestreams from various locations in election years.

Like many of us “polios,” I let little hold me back. Able to walk and get around without much undo effort until about 11 years ago, I let my “Type A” personality have its run in community events and hobbies. Enthralled with trains from childhood, I came involved in live steam model railroading. I also am an amateur radio operator, coached youth soccer, co-chaired community festivals and parades, and, with a partner, founded my own sound company.

As Post-Polio Syndrome began rearing its head in my direction, I started using a mobility scooter. A little over two years ago I graduated to my power chair as transfers became increasingly difficult and dangerous.

I am still active in the community, primarily doing sound production. I am technical director for a touring theatrical group from Rideout Regional Medical Center helping to spread the word in the region’s schools about healthy eating and lifestyles. I produce a weekly radio program for the Yuba City First United Methodist Church and head up a team that does Sunday livestream broadcasts of the church services.

My wonderful wife Vivian has supported me throughout this journey. We have two children, a son and a daughter, who live in the Sacramento area.
Welcome to The Exchange, a place where you can look for a mobility device, or list mobility devices that need new homes.

For Sale
Harmar Power Wheelchair Lift with swing-away lift, key operated. This is an exterior lift. It has been used for a Jazzy Elite and was installed on a 2002 Toyota Sienna LE minivan. Purchased new for $3,000.00 in 2012. Excellent condition. Asking $1,000.00 or best offer. Must sell. Contact 530-674-3230 in Yuba City, California.

Free to New Home
Used three-wheeled Pride Revo travel scooter in good used condition. Batteries are charged and unit runs. Includes charger, basket and cupholder. Free to someone who needs it. Contact Ron Hill, (530) 210-

For Sale
Upeasy Power Seat purchased in 2009 and used little. It has a 300-pound weight capacity and is designed to assist you when you stand from or sit onto a chair or other firm seating service. Plug in then activate it with a lever on the side. Asking $50 OBO. Contact Larry at (530) 301-9195.

Do you have something you would like to list? Contact the SRPPSG Newsletter editor at lbadger@badsound.com.

New Medicare cards are on the way
A new fraud prevention move is headed for your mailbox early next year. Starting in April 2018, new Medicare identification cards will be mailed to all Medicare recipients, replacing Social Security Numbers (the Health Insurance Claim Number) with a unique randomly-assigned number called a Medicare Beneficiary Identifier (MBI). The MCI will be used for billing and for checking your eligibility and claim status. And it will all happen automatically – you won’t have to pay anyone or give anyone information, no matter what someone might tell you.

The move is designed to help combat identity theft and safeguard taxpayer dollars, the Centers for Medicare & Medicaid Services said in a press release. “We’re taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits,” said CMS Administrator Seema Verma. “We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they need to make a seamless transition.”

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Distribution of the new cards will begin in April of next year and be complete by April 2019, the CMS said.

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN to further ease the transition.

For more information, visit: https://www.cms.gov/medicare/ssnri/index.html

What would you like to find out about?
One of my goals as editor of the Sacramento Regional Post-Polio Support Group newsletter is to provide information you, the reader, can use. To that end, I’d like to know what you would to know about.. If you have a suggestion for an article, please let me know by sending me an e-mail at lbadger@badsound.com or speak to me at a support group meeting. I’m looking forward to hearing from you.
CHRISTMAS LUNCH
DECEMBER 2, 2017

All selections include a Baked Potato, All-You-Can-Eat Salad, Sourdough Bread, Ranch Style Beans, Soda, Coffee, Soda or Tea.

TIME: 11:30 AM

TOP SIRLOIN STEAK $ 16.99
A FLAVORFUL 8 OZ SIRLOIN STEAK, AGED TO PERFECTION, AND HAND-CUT ON THE PREMISES.

GRILLED ATLANTIC SALMON $16.99
A THICK CUT BONELESS FILET, BOILED TO PERFECTION SERVED WITH DILL SAUCE AND FRESH LEMON

LEMON HERB CHICKEN $16.99
A FULL TENDER CHICKEN BREAST MARINATED IN CATTLEMEN'S OWN LEMON HERB SAUCE

PORCINI MUSHROOM RAVIOLI AND TRUFFLE ROVIOLI $16.99
SERVED WITH TOSSED FRESH VEGETABLES AND CREAMY ALFREDO SAUCE

EACH OF THE ABOVE SELECTIONS ARE $16.99 PLUS TAX AND 18% GRATUITY

SRPSG will conduct a Raffle drawing after the meal. Proceeds go toward our treasury. Please bring a gift card or usable gift for the Raffle. Please wrap all items.

2000 Taylor Road, Roseville, CA

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We wish to thank:
**EASTER SEALS SUPERIOR CALIFORNIA** for contributing postage costs.

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**SACRAMENTO REGION POLIO SURVIVORS GROUP:**

Meets quarterly the **first** Saturday of the month at **1:00 PM, Brookfield’s Restaurant, Restaurant** 4343 Madison Avenue at I 80 Freeway, Sacramento, CA. 95842

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ADDRESS CORRECTION REQUESTED