

Issue 136
Summer 2019

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Polio SA

*The post-polio support group
for South Australians*

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Letters of general interest will be published in future issues as space permits. We reserve the right to edit all letters for reasons of space and clarity. We will withhold your name upon request, but no unsigned letters will be accepted for publication. Opinions expressed in letters do not necessarily reflect the views of Polio SA Inc.

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From the President

Merry Christmas to All the Members of Polio SA. On behalf of the Committee I extend the Compliments of the Season to you and your Families.

I must apologise for the lateness of this newsletter. This is not a reflection on the magnificent Editorial Staff, but rather a roadblock from the President. As you may be aware, I am undergoing a course of Chemotherapy and this has really affected my ability to concentrate or put thoughts together to produce a "front page".

Peter, Helen and I went to Sydney on October 16th and 17th for the AGM of the Board of Polio Australia.

There were a lot of busy hours put in by the Board to get through the business at hand. Gillian Thomas has been re-elected as President. Gary Newton from Victoria is the Secretary, Alan Cameron from NSW is the Treasurer and I have been re-installed as Vice President. One of the highlights was the awarding of "Life Fellow of Polio Australia" in recognition of outstanding service for the life of Polio Australia. The recipients were then awarded Fellow pins to wear as a badge of honour.

The awards went to Gillian Thomas, Maryann Liethof, Jill Pickering and The Hon. John Tierney AM. At the end of this year Maryann will resign from her position as National Program Manager, all polio survivors in Australia owe Maryann a huge thanks for all of her work.

Polio SA has been really helped with the appointment of Helen Leach as our Community and Membership Officer. Helen has followed up on some lapsed Members, sadly some have passed or are in care, but many "old" Members have re-joined. Helen has also reached out to Culturally Diverse members of the Community, and some positive results from that work. Thank you, Helen.

To finish this letter, I must implore Members to consider volunteering some time to Polio SA. The reason for this is as I have indicated I am having Chemo and cannot commit to being President into the New Year, so a replacement will be needed as I am NOT going to continue, I would however like to be a Committee Member. Also our long serving, long suffering Secretary Trevor Jessop is also resigning and he is NOT continuing, so there are two very important vacancies in the Executive of Polio SA and if these are not filled Polio SA will NOT be able to continue.

Please consider the future of Polio SA.

Thank you.

Brett Howard, President Polio SA

bihoward@bigpond.com | 0403 339 814

Polio, pelvic muscles — and those bladder problems

Dr. DeMayo, I have PPS. In the last few years I have experienced bladder issues. I have urine retention. On a recent CT Scan, it showed pelvic muscle atrophy. Is there a connection with Bladder problems and Polio? Were Pelvic muscles effected by the virus?

Great Question! Unfortunately, there is not a great, short answer. Nevertheless, like most good questions, there is an opportunity to use this as a learning opportunity.

First a few basics...

1) The first Basic Bladder issue is that bladder issues in men are far different than in women. I will discuss both men and women.

By far, the most common source of urine retention (inability to empty the bladder) is obstruction of outflow caused by the prostate in men.

PPS itself does not cause urine retention in the bladder. Having said that, one needs to be sure that retention is in fact the problem. This is usually done with an

ultrasound of the bladder after a void to see if too much urine still remains. Of note, frequent urine incontinence (inability to control urine / wetting one's self) can be either due to urine retention with "overflow" leakage OR due to a lack of resistance to flow. The latter is far more common in PPS due to weakening of the pelvic floor as discussed below. Also, incontinence is far more common in women compared to men due to multiple factors including a shorter urethra (the tube connecting the bladder to the outside), the urethra having less of a bend (especially when the pelvic floor drops), and lack of resistance of the prostate. Additionally, the bladder storage capacity in women tends to be smaller (partly

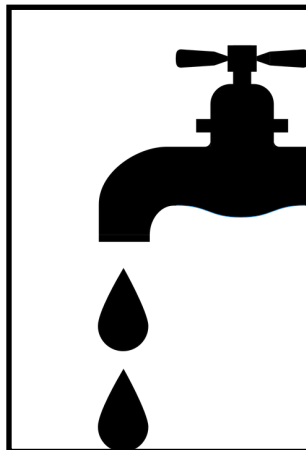
due to presence of the uterus).

2) The second Basic Bladder issue is that neurological issues can have a major impact on urologic function.

The bladder can become either over active or one can lose the awareness of bladder filling. Coordinated control of the bladder storage and emptying requires the interaction of muscles in the bladder wall, nerves from the bladder to the spinal cord, reflexes coordinated within the spinal cord and control from the brain (both with conscious awareness and without). Stroke,

Brain Injury, Spinal Cord Injury, Multiple Sclerosis and many other neurological conditions can result in

incontinence due to what is termed an "upper motor neuron bladder" William DeMayo, MD. www.papolionetwork.org March, 2019 1. Since Polio is a lower motor neuron problem, we won't discuss these more other than to say that Polio patients are not immune from any of the above conditions so they should always be considered. Also, the normal aging process can create a "hyper reflexive bladder" that can mimic an upper motor neuron problem.



3) The Bladder Basic that is most pertinent to Polio survivors is that the pelvic floor muscles play a profound role in bladder function. Any older individual is subject to this issue but those who have restricted mobility or a prior reason to have pelvic floor weakness are certainly more at risk. "Stress Incontinence" results when a cough, a laugh or a sneeze increases the pressure in the abdomen and thereby increases pressure on the bladder. It occurs when the resistance to outflow is low and this is especially the case in women. Polio can certainly cause weakness in the pelvic floor muscles and this weakness can progress in cases of PPS.

Continued next page...

.....Polio and those bladder problems

3 cont.) ...Additionally, a history of child birth, recent sedentary lifestyle and weight gain can all add to relative weakness of the pelvic floor. Weak pelvic floor muscles are directly associated with less resistance to outflow. They play an important role in supporting the bladder, directly tightening the area around the urethra as well as creating a “kinking” effect with cough, sneeze or other activity which further increases resistance.

4) The last Bladder Basic is that many times bladder management is NOT Basic. Urine infection, bladder / kidney stones, stress, physical activities, behavioral concerns and many other issues can significantly impact bladder function. As such, all significant symptoms that do not resolve, should be evaluated. Referral to a urologist should always be considered if symptoms fail to resolve with treatment by a PCP.

Additionally, some Physical Therapists specialize in Pelvic Floor therapy. They can often be found through your urologist, PM&R physician or GYN. Like any muscle, the pelvic floor can be over fatigued and so treatment of a patient with PPS should be individualized and not focused on just intensive pelvic floor strengthening. A good PT specializing in this area can often

provide lots of tips to improve symptoms. An example would be an older person who repeatedly has incontinence on the way to the bathroom. By the time they realize the bladder is full they risk an accident because the act of moving from sit to stand causes a reflex spasm of the bladder and the pelvic floor is not strong enough to resist this. Thankfully, there is an opposing reflex that inhibits the bladder (briefly) after 3 strong but quick contractions of the pelvic floor (Kegel type contraction). Thus, if this person takes 10 seconds to do these 3 contractions prior to standing, they can sometimes counteract the reflex bladder activity just long enough to get to the toilet.

A full explanation of bladder management is obviously well beyond the scope of this brief article. At the same time, I hope I have provided some insight into the way some bladder issues arise and provided hope that there are solutions.

William DeMayo, MD
DeMayo’s Q&A Clinic

Journey of an Australian Polio Survivor: A presentation to Rotary yours for the asking

Dr Nigel Quadros is senior consultant Rehabilitation Medicine at the Queen Elizabeth Hospital; Senior clinical lecturer Division of Medicine, University of Adelaide.

He recently did a presentation at Rotary Club of Strathalbyn and it was very well received. Dr Quadros is happy to present to (hopefully) other Rotary and charitable organizations, so please feel free to have any that you are involved in contact the doctor.

Some of the presentation touches on the same topics in the Dr



DeGraff video mentioned above, but it is nevertheless highly informative:

- *History of Poliomyelitis*

- *Pathogenesis of Polio virus*
- *Polio survivor’s early years*
- *The aging polio survivor*
- *The South Australian health initiative*
- *Sarcopenia in aging polio survivor’s research project*

Go to link below on Polio SA website to see presentation

<https://www.poliosa.org.au/news/2019/journey-of-the-australian-polio-survivor-presentation-by-dr-nigel-quadros>

A story of guts and determination

I hurt myself, learn, recover... but never will I give up

Although I am 73 years of age I still remember like it was yesterday — the day my Mum and Dad took me to the Adelaide Children's Hospital.

Looking up at the counter, holding on with my left arm, standing on my right leg, telling them I was ok.

Only to be diagnosed later with Polio in my spine, right arm and left leg. I was 4 and a half years old: Yes, I was vaccinated and soon to go to school. The next few months were spent in the hospital and I will always be grateful and thankful for the love and care of my parents and everything the nurses and staff of the Children's Hospital did for me.

A solid hardboard bed was waiting for me at home. Twice a week trip back and forth to the Children's Hospital in the kangaroo ambulance for physio for the next year. Mum and Dad used to wheel me up and down Norwood Parade on a loaned hospital wheeled bed for outings with my younger brother Des hitching a ride down the bottom by my feet.

I started school a year later only to be at school for a few months and caught diphtheria from an inter-state girl, who took the chair next to me that I was saving for my cousin Valda, due to start school soon too.

I then spent months in Northfield infection hospital. It was a horrible place for me as a child. My wife and myself wheeled my brother-in-law around there in recent years. He was in Hampstead Rehab for cancer, may he rest in peace.

I looked through the old derelict building's dirty windows only to see exactly what I remembered so many years ago. White plastic covered mattresses and black and white striped covered pillows, bad memories and nightmares. I celebrated the day that building was demolished and lay in rubble on the ground.

I was fortunate to be able to recover enough and enjoy a relatively normal average and simple life in

sport and work. I completed a fitting and turning apprenticeship, worked with the last company for 40 years and retired at 68 because of physical health.

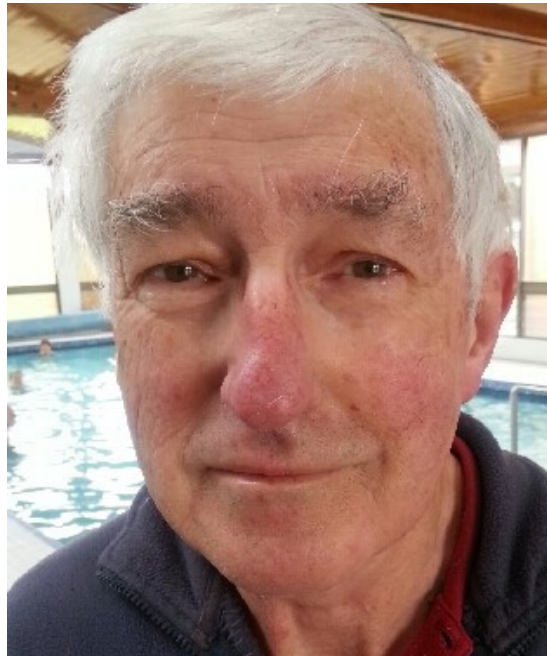
I built a tee-bucket hot-rod from the ground up that was used for hot-rod tours for four years. In 1982 I was very fit, running 5.6 kilometres one lunch hour and 2.8 kilometres the next with two other guys. One was a world marathon runner – of course I could never keep up anyway. Halfway out on our long run one day

I felt I had run out of energy, like my whole body was sprained. I walked back to work. I hid my problems from all but my immediate boss at work. I was grateful for his help and understanding and I didn't lose any time from work, except for treatment. I went to one of the top physios who said my leg was wasting away. He put weights on it for exercise to build it up, but that made it worse. It was not making sense to me and felt more like fatigue.

It shouldn't be happening: rest, conserve energy and warm pool water helped. Looking for answers I came across a lady

called Jan Holden (whom I would like to contact again). A physio who had polio which caused her retirement. She was a very special lady and already in the process of looking into a possible later effect of polio. She took her cause and appeared with Ray Martin's national TV current affair's program to highlight it.

In 1985 I attended the first convened meeting for polio sufferers and survivors that Jan organised (or helped organise) at the Queen Elizabeth Hospital and I saw Dr Lee when he was on Blacks Road, Gilles Plains. He was very helpful and caring. I was still in denial at that stage and individually went about trying to recover myself best I could. Years later I joined Post-Polio SA. Can I thank Brett Howard especially for his decade of caring help, committee people and anyone else associated with Polio SA for their help and kind assistance and massage vouchers. Lee and Margot in



Maurice will never give up

(Continued from previous page)

...hydrotherapy also for their patience, help and understanding. I know my posture is of concern to me too. I do try, and for the odd Impromptu swimming stroke help to help me. It might not look it, but I am trying my best.

I haven't had a reply from my latest survey or understood why

most of my body is affected in some way, but it's because it's in my spine. It's odd but my right leg is worse now and I have severe restricted movement in back, shoulders, neck and arms and muscle fatigue.

I have x-rays showing excess muscle effort pulling ligament off the bone. Warm water hydrotherapy, massage and carers care help a

lot. I have to be careful as I can enthusiastically try to do in the water what I have never been able to do!

I hurt myself, learn, recover but never give up. I am so grateful to my parents, the Children's Hospital, guys and gals like Brett, Lee & Margot and others and still feel I am one of the lucky ones.

Thank you so much.

Have you ever wondered about these things?

- What is the natural history of polio infection? (00:24)
- What is post-polio syndrome? (02:40)
- What are some less typical symptoms of post-polio? (03:55)
- How common are later problems from polio? (05:25)

If you **HAVE** wondered about these things, and perhaps been embarrassed to ask, the internet link below is to an interview with **Dr Stephen de Graaff**, a respected Rehabilitation Physician, where he gives simple explanations.

(The numbers in brackets above indicate where the segments begin.)

<https://www.healthed.com.au/video/polio-infection-2/>



Did you miss World Polio Day. Here's a chance to catch up...

World Polio Day was held on 24 October 2019. Here are some resources that you may have missed and would find extremely helpful:

- A Webinar organised by Spinal Life Australia to discuss topics such as **rehabilitation, wellbeing, dieting, vaccination** and more.
- **Dr William DeMayo**, a rehabilitation specialist with a special interest in post-polio, presented and answered questions via video link from Abu Dhabi. (*his presentation is on the link below. It is 2 hours and 55 minutes so you might want to have a cuppa break, or two!!!*)

Questions were based on

- The Role of Exercise
- Pain in PPS

- Psychology and PPS
- Managing the Healthcare system
- Bracing

Additional speakers included **Dietitian Amy Nevin** from the Spinal Injuries Unit at Princess Alexandra Hospital; Social Worker **Lili van Zyl** from Mater Misericordiae; and Polio Eradication Advocate **Susanne Rea OAM**.

(If you just wanted to hear the Dr DeMayo's broadcast, fast forward to timeline 08:34 and his broadcast ends at 1:00.59).

Click to link below on Polio SA website to access presentation.

<https://www.poliosa.org.au/news/2019/spinal-life-world-polio-day-webinar-24th-oct-2019>

The relationship between fatigue, brain stem damage and low blood pressure links polio survivors to another bunch of fatigued folk: those with Chronic Fatigue Syndrome.

Watch your blood pressure

Q. I had polio with weakness in my left leg. I recovered and carried on a normal life until the early 1990's when I started to have fatigue, heart palpitations, skipped beats, low blood pressure (especially after I eat) plus constipation. Should my doctor be considering a tie-in with polio?

A. Oh, yes! Fifty years ago polio pioneer Dr. David Bodian discovered that every polio survivor had some poliovirus-damage to neurons in the brain stem, the so-called "bulb"; of the brain.

When brainstem damage was severe "bulbar" polio was diagnosed whose icon, the iron lung, was needed when brain stem breathing-control neurons stopped working. But the most common symptom of "bulbar" polio was trouble swallowing, not trouble breathing. And some had severe difficulty controlling their blood pressure and heart rate, which was the leading cause of death in "bulbar" polio patients.

The brain stem neurons damaged by the poliovirus that are responsible for the above symptoms control the vagus nerve, which carries commands from the brain stem to activate muscles in your throat, esophagus, stomach and intestines and also controls your heart rate and blood pressure. But the vagus nerve is a two-way street, since it also "listens" to activity in the gut, heart rate and also your blood pressure (through stretch receptors called "baroreceptors" in your aorta and carotid arteries) and sends that information back up to the brain.

Vagus damage disrupting the normal functioning of the gut may explain our 1985 Post-Polio Survey findings that swallowing difficulty, diarrhea, colitis, ulcers and constipation are as much as six times more common in polio survivors than in non-polio survivors. And the other symptoms you describe may result from poliovirus-damage to the activity of brain stem vagus neurons controlling blood pressure and heart rate. For example post-polio patients can feel exhausted after a meal. When their stomachs fill with food, the vagus is apparently over-stimulated and triggers a drop in blood pressure and heart rate, causing feelings of fatigue and sometimes palpitations. Polio survivors also have been

reporting another problem: food sticking in the upper esophagus behind the breastbone. We think this is due to the vagus not stimulating esophagus muscles to move the food downward. When food gets stuck, irritation triggers a painful esophagus muscle spasm that also stimulates the vagus nerve, causing blood pressure to drop and the heart to rate to slow.

Although blood pressure drops most polio survivors don't faint, which is consistent with our 1995 Post-Polio Survey finding that polio survivors do not faint any more frequently than those who didn't have polio. But the 1995 Survey did find that anyone who had fainted even once in their lifetime reported significantly more daily fatigue than those who never had fainted. This suggests that damage to brain stem blood pressure control and vagus nerve neurons may be coupled to poliovirus damage to bulbar "brain activating system" neurons, which our laboratory research suggests are responsible for post-polio brain fatigue.

The relationship between fatigue, brain stem damage and low blood pressure links polio survivors to another bunch of very tired folk: those with Chronic Fatigue Syndrome. About one quarter of CFS patients have fatigue that is associated with low blood pressure or increased heart rate. Some CFS patients report fatigue when a hot shower or hot room causes blood pressure to drop, as do about one third of polio survivors. Other CFS patients have blue feet, just like our polio survivors "polio

Feet" suggesting that blood pooling in the leg veins contributes to low blood pressure.

Polio survivors should have a doctor take their blood pressure and heart rate lying, sitting and -- if possible -- standing. Polio survivors who have fatigue associated with a drop in blood pressure or a slowed or racing heart need to see a cardiologist who treats low blood pressure. Compression stockings, which push blood back toward the heart, and medications that increase your blood volume or stop blood from pooling in the legs, can be helpful. If fatigue follows eating, frequent, small, higher protein meals can prevent the stomach from getting too full, stimulating the vagus nerve and dropping your blood pressure...and you.

The Encyclopedia of Polio and Post-Polio Sequelae contains all of Dr. Richard Bruno's articles, monographs, commentaries, videos and "Bruno Bytes"

**'have a doctor
take their blood
pressure and
heart rate lying,
sitting and -- if
possible --
standing'**

Polio Australia launches clinical advisory group for polio survivors

POLIO is largely thought to be a problem of the past in Australia, but there are thousands of survivors living with the disease's late effects who are slipping through the cracks of the health care system.

Polio Australia has launched a new clinical advisory group which will aim to increase the amount of support services for people living with polio's late effects and to increase the knowledge of health professionals.

Health promotions officer Rachel Ingram (pictured right) said 400,000 Australians were diagnosed with polio before it was eradicated from Australia and thousands were living with late stage effects which include muscle weakness in new areas, pain and fatigue.

She said polio killed motor neurons, so as survivors aged, remaining motor neurons were killed off at a faster rate.

"It almost feels to many polio survivors as if their polio has come back again," she said.

"Most health professionals don't know about the late effects of polio. Most view it as a problem of the past."



The advisory group will be made up of 16 leading specialists (below) who will help *Polio Australia* deliver the best clinical practice research.

"We can use the expertise of these people to inform the workshops we do and improve support services and advocacy efforts."

The organisation is also preparing to launch a new blog for polio survivors which will provide up to date news and information for polio survivors.

Rachel: "The blog will keep people informed about new initiatives and activities that will be out there and will highlight various resources that will be available."

"It will also provide an opportunity for survivors to write in and share their stories."

For more information, or if you are a survivor and would like to share your story, email:

office@polioaustralia.org
or
poliosa.office@gmail.com

Professor Robert Booy
Infectious Diseases Specialist
NSW, Australia

Yvonne Cohen
Speech Pathologist
VIC, Australia

Denise Currie
Coordinator, Polio Services
Victoria
VIC, Australia

Ann Buchan
Neurological Physiotherapist
(retired)
SA, Australia

Dr Stephen de Graaff
Rehabilitation Physician
VIC, Australia

William Levack
Associate Professor of Rehabilitation and Academic Head of the Rehabilitation Teaching and Research Unit
New Zealand

Lillian Drummond
Physiotherapist
New Zealand

Anne Duncan
Clinical Nurse Consultant

VIC, Australia
Gordon Jackman
CEO – Duncan Foundation
New Zealand

Dr Natasha Layton
Occupational Therapist
VIC, Australia

Melissa McConaghy
Neurological Physiotherapist
NSW, Australia

Dr Graham McGeoch
General Practitioner
New Zealand

Melinda Overall
Nutritionist
NSW, Australia

Dr Peter Nolan
General Physician
QLD, Australia

Dr Gareth Parry
Neurologist
New Zealand

Dr Nigel Quadros
Rehabilitation Physician
SA, Australia

Maryann, we will miss you

In December 2019, Maryann Liethof will be celebrating a big birthday milestone and entering into her retirement.

Maryann was appointed as Polio Australia's National Program Manager in early January 2010 and she has worked tirelessly to ensure Polio Australia's functionality and success ever since. Maryann has been a major asset to Polio Australia and will be dearly missed!

Maryann as been paramount in her help, advice, professionalism and such huge knowledge and support to us here at Polio SA.

We all want to wish her all the very best in her upcoming retirement and thank you for such dedication to us. Enjoy retirement much love to you Maryann.



Maryann has been a major asset for Polio SA and we wish her all the best in her retirement.

A beautiful *Walk With Me* to raise awareness and funds



Polio survivors and supporters gathered and took a lovely morning walk/wheel around the beautiful gardens at St Joseph's Centre for Reflective Living in Baukham Hills, Sydney on Friday October 18.

There are thousands of polio survivors in Australia and many are now experiencing the Late Effects of Polio and struggling to access appropriate health care and support. Our Walk with Me event aims to raise awareness about the late effects of polio, and

fundraising efforts will allow us to continue to support polio survivors and provide education to health professionals.

DONATIONS: please donate below (NOTE: donations for this event will be accepted until 31 December 2019). If you would like to donate to TEAM SA. Please go to link .

<https://www.polioaustralia.org.au/wwm2019-sa/>



Australian Polio Register

Have you added your polio details?

We encourage every polio survivor living in Australia (whether you contracted polio in Australia or overseas) to join the Australian Polio Register. Our strength lies in our numbers – please help us to get you the services you need. You can add your name to the Polio Australia Register by visiting: www.australianpolioregister.org.au/register-today/

To find out more information visit: www.australianpolioregister.org.au

Notice Board

Including Polio Australia News

Health Professional Education

Paul Cavendish has resigned from his position, and we have welcomed our new Clinical Health Educator, Michael Jackson.

Throughout September, Paul completed eight Clinical Practice Workshops in Modbury, Port Lincoln, Whyalla and Adelaide, training over 50 health professionals.

Paul also did 5 workshops in Darwin and Alice Springs, with around 150 health professionals in attendance.

There are no upcoming Clinical Practice Workshops confirmed, but more will be arranged in 2020.



Grants Application

Polio Australia and Polio SA are eagerly awaiting the outcome of an application to Grants SA to host a conference in Adelaide in 2020. We expect to find out mid-December.

Polio Survivor Facts

There are no upcoming Community Information Sessions in South Australia, however, we will endeavor to do more in 2020!

We have finalised our fact sheets for polio survivors. For information on a range of topics, go to:

www.polioaustralia.org.au/living-with-polio

We need your help

Our President is currently undergoing chemotherapy and will not continue in his position in 2020. And our Secretary has also indicated that he will step down next year.

So PLEASE. Consider volunteering for these critical positions within PolioSA. If you want more information about what is involved, please see the nomination slip directly below:

PRESIDENT /SECRETARY NOMINATION FORM POLIO SA Inc.

This form is to be sent to: THE SECRETARY, Polio SA, 302 South Road Hilton SA 5033

I (member's name)

Hereby nominate: If you nominate another person then that person must also sign to acknowledge and agree to the nomination.

(Please circle chosen position) President | Secretary |

Signed..... Date...../...../.....

Humour

Room For Thought

- Evening news is where they begin with 'Good evening', and then proceed to tell you why it isn't.
- I asked God for a bike, but I know God doesn't work that way. So I stole a bike and asked for forgiveness.
- Relationships are a lot like algebra. Have you ever looked at your X and wondered Y?
- What do you call a bee that can't make up its mind? A Maybe
- My uncle named his dogs Rolex and Timex. They're his watch dogs!



- The difference between a numerator and a denominator is a short line. Only a fraction of people will understand this.
- I went to the zoo and saw a baguette in a cage. The zookeeper said it was bread in captivity.
- Son: Dad, have you seen my sunglasses? Dad: No, have you seen my dad glasses?
- Last night I had a dream I was a muffler. I woke up exhausted.
- My wife said, "You weren't even listening, were you?" And I thought, "that's a pretty weird way to start a conversation."
- Who delivers presents to baby sharks at Christmas? Santa Jaws

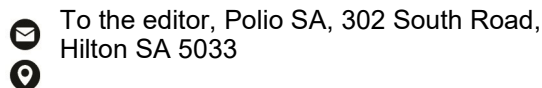
Newsletter contributions

Do you have a story to share?

Write a letter to the editor.

Articles can be sent to us via email or post.

poliosa.office@gmail.com



To the editor, Polio SA, 302 South Road,
Hilton SA 5033

Articles for the next issue are due to the editor by the end of February 2020.

Polio SA Inc office

We love hearing from our members. Whether you have post-polio symptoms or if you require information, call us on:

 **0466 893 402**

Please keep in mind that our office hours are currently unpredictable. If you wish to visit our office, please telephone ahead. Our office phone is redirected to a committee member.



Dr Nigel Quadros

Queen Elizabeth Hospital
Level 8b, Woodville Road
Woodville SA 5011
Phone: 8222 7322

nigel.quadros@health.sa.gov.au

Dr Nigel is Director of Rehabilitation Services at the Queen Elizabeth Hospital and St Margaret's Rehabilitation Hospital and also a Senior Clinical Lecturer at the University of Adelaide Healthcare. He is a Fellow of the AFRM (RACP). His areas of interest include stroke and general neurological rehabilitation, amputee rehabilitation, pain management, management of post-polio syndrome, and Continuing Professional Development.

A referral from your local GP is required for appointments. Dr Quadros can arrange assessment by their physiotherapist and orthotic department and any tests as required. If you have any specific questions you can email him directly.

When visiting Dr Nigel, take the lift to the 8th floor in the main building and follow the signage for 8b.

Member Services

City	ROYSTON PARK	Southern suburbs	Western suburbs
PhysioXtra 115-117 Pirie Street, Adelaide SA 5000 Phone: (08) 7221 9110	Magic Hands Massage Centre – Carrol Morgan Sports & Remedial Massage, Reiki, Aromatherapy, Foot Reflexology, Neuralign 254 Payneham Road, Royston Park SA 5070 Mobile: 0409 097 080 Phone: (08) 8390 1206	HALLET COVE PhysioXtra 1/1 Zwerner Drive, Hallett Cove SA 5158 Phone: (08) 8387 2155	HENLEY BEACH Massage Therapist, Pilates & Physiotherapy 506 Henley Beach Road Fulham SA 5024 Phone: (08) 8356 1000
Eastern suburbs and Hills	GOLDEN GROVE Golden Grove Family Health – Diane Preston Massage Therapist 205 The Golden Way, Golden Grove SA 5125 Phone: (08) 8289 1222 Fax: (08) 8289 1255	MARION PhysioXtra 724 Marion Road, Marion SA 5043 Phone: (08) 8357 4988	WOODVILLE SOUTH The Physio Clinic 2/95 Findon Road Woodville South SA 5011 Phone: (08) 8342 1233
TOORAK GARDENS The Physio Clinic Godfree House, 2 Moore St, Toorak Gardens SA 5065 Phone: (08) 8342 1233	NORTH EASTERN SUBURBS Mobile Massage This can only be done on certain days and takes around 3-4 clients a day. Preference given to house bound and the more handi-capped person. Arrangements to be made with Reeva Brice Phone: (08) 7423 7162 Mobile: 0412 866 096	MORPHETTVALE Hands on Health Massage – Jimmy Kucera Shop 7, 20 Taylors Ave, Morphett Vale SA 5162 Phone: (08) 8325 3377 Plenty of car parking. Flexible times.	Outer metro
NORWOOD PhysioXtra Suite 1/39 Clarke Street, Norwood SA 5067 Phone: (08) 7221 9289	PARALOWIE Wax on wax off by Gen 10 Airdrie Ave Parafield Gardens SA 5107 Phone: 0430 867 248	REYNELLA South Side Health Care Noarlunga Aquatic Centre Complex, Reynella SA 5161 Phone: (08) 8382 2255	GAWLER Physio-Wise Phone: (08) 8522 6611 Australian Physiotherapy Association Member
PhysioXtra 110 Magill Road, Norwood SA 5067 Phone: (08) 8331 7586		UNLEY Unley Medical Centre Unley Physiotherapy 160 Unley Road, Unley SA 5061 Phone: (08) 8373 2132 Car parking off Mary Street is accessible. Facilities include a disabled toilet and wheelchair access.	LYNDOCH Physio-Wise Phone: (08) 8524 5094 Australian Physiotherapy Association Member
NAIRNE John Kirkwood Polio Practitioner 19 Federation Way, Nairne SA 5252 Phone: 0410 779 159		WOODCROFT Bruce Harrison 14 New England Drive Woodcroft SA 5162 Mobile: 0402 337 382 bruce_harrison@aapt.net.au	Regional
Northern suburbs			PORT ELLIOT PhysioXtra 39 North Terrace, Port Elliot SA 5212 Phone: (08) 8554 2530
PROSPECT The Physio Clinic 177 Prospect Road Prospect SA 5082 Phone: (08) 8342 1233			STREAKY BAY Tahlia Gosling Remedial Massage 19 Alfred Terrace, Streaky Bay SA 5680

Change of address

If you have changed your address recently, please fill out the following and mail to the office at:

**Secretary
Polio SA
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Please supply your email address if you would like to join our database and receive email newsletters in future.

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Phone number _____

Email _____

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Street _____

Suburb/Town _____

Postcode _____

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