

*Issue 132
Summer 2018*

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Polio SA

*The post-polio support group
for South Australians*

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Disclaimer: Polio SA Inc. assumes no responsibility for any treatment undertaken by readers of this newsletter. Any advice, either explicit, or implied is not intended to replace qualified medical advice.

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

Polio Australia Information Session

Polio Australia, hosted an information session at “The Hub” on Saturday 6th October. Experts discussed exercise guidelines and how occupational therapists, rehabilitation physician and physiotherapist can help us all. How the NDIS and My Aged Care systems work and we received an update on the Sarcopenia Project. The 56 who attended all took something away to help them in the future. If you missed the session, visit www.poliosa.org.au/resources to hear the recordings.

Health and Wellness Retreat

Polio Australia held the Health and Wellness Retreat in Glenelg from the 11th-14th October, and I was lucky enough to attend my first Retreat. The first official event was held on Thursday afternoon when those who were able to, took part in the 10th Annual Polio Australia ‘Walk With Me’. Around 40 “walkers” wearing the official orange neckerchief walked along the Glenelg esplanade from Jetty Road to Pier Street, a great experience. Thursday night saw Parliamentary Friend of Polio Australia and Member for Hindmarsh, Steve Georganas officially opening the Retreat. A big thank you to him.

The next three days were filled with a range of activities, survivors sharing their story and professionals sharing helpful advice. We had wonderful dinners with people from across Australia, New Zealand and Taiwan. The best fun of all was the sing/dance along after the Saturday night dinner. The whole entourage joined in as well as they could, Lyn Lillecraap could certainly swing that wheelchair! Thank you to the “Celtic Music Club of South Australia” for the enjoyable music, their soloist could really sing.

Hydrotherapy Sessions

Polio SA is planning a second hydrotherapy session at the Repat pool, giving our Southern Members the opportunity to benefit from hydrotherapy. This is something the Committee has been working on since we lost the use of the Balyana Pool 5 years ago. To allow everyone to benefit, members will have a maximum of four (4) massage vouchers per year. Each voucher is worth \$40, delivering members \$120 value for your subscription of \$15.

Volunteers wanted

If you, a family member or friend have some spare time and energy, please contact me. The more hands on deck, the more we can do to inform and support our community.

Member services: After many years of friendly efficient service Maureen, who’s been distributing treatment vouchers and answering the phone, needs to retire, through age and ill health. This role involves talking to members and making sure they get their vouchers.

Website and newsletter: Secondly we are looking for two people to compile/edit this newsletter and our website news section. Our new website is easy to use, and only requires basic computer skills - if you can make a Facebook post, you can do it! The people at Community Business Bureau will also provide training.

Brett Howard, President, Polio SA
bihoward@bigpond.com | 0403 339 814

VOLUNTEERS WANTED

If you or someone you know has a few hours of time each month to support Polio survivors in SA please get in touch: Brett Howard, President 0403 339 814



Member Services: People person wanted

Maureen who currently sends out vouchers is retiring. We need a new volunteer(s) to be a friendly voice on the end of the phone, answering new member enquiries and making sure members get their vouchers.



Communications: Help with our newsletter and website

Love to learn and share information? We need your help to keep Polio survivors in SA up to date on the issues that matter to them. Our new website is easy to update, whether you're a computer whizz or a novice you can help us to compile this newsletter, update the website, and send out digital newsletters. The experts that designed the website will provide full training and be on the end of the phone to answer questions so no prior technical knowledge is required, just a passion to keep the Polio Survivor community informed. A great opportunity for young or old to learn a new skill.

Montreal public-health authorities are baffled and disturbed by a surge of cases of children who have become paralyzed by a viral polio-like illness in recent weeks, echoing similar increases in the United States



This article was taken from The Province newspaper, Canada.

This year, six children in Quebec are suspected of having developed acute flaccid myelitis, although that number is not considered official because of a lag time in verifying and reporting cases.

Currently, doctors at the Montreal Children's Hospital are taking care of two children with the debilitating disease, while two others who partially recovered have returned home. At Ste-Justine Hospital, two children are receiving supportive care and are being infused with intravenous immunoglobins to try to accelerate improvement.

Preliminary data in the Montreal area suggest that preschool and elementary schoolchildren are most at risk of developing the illness. At the Montreal Children's, the average age of the patients is four.

"I've been working (in this field) for 14 years and I have not seen this before," Dr. Christos Karatzios, an infectious-diseases specialist at the Montreal Children's, said in an interview.

"We do see neurological illnesses, you know. There's viral meningitis, they can come in with neurological illnesses following a viral infection. But I have not seen this kind of disease, and not only this kind of disease, but three cases in three weeks?"

"I remember texting my wife," he added. "I was here late every night

because I had some weird cases, and I was saying, 'Another paralyzed kid?' Something's going on. So we have this impression that something's peaking. The surveillance is still ongoing."

Dr. Christian Renaud, a microbiologist and infectious-diseases specialist at Ste-Justine, emphasized that it's premature at this point to declare an outbreak in Montreal, along the lines of what has occurred in the state of Colorado. On Oct. 9, the Colorado department of public health confirmed that "as part of an outbreak," there have been 14 cases of acute flaccid myelitis (AFM).

"If the four actual cases from McGill and our two are confirmed, then it would be a little bit higher," Renaud said. "It's kind of difficult to say it's really an outbreak, but we seem to have more cases this year."

AFM is not polio, because it's not caused by the poliovirus. But the disease does affect the grey matter of the spinal cord, as polio does, and it can cause paralysis, too.

At the height of the polio epidemic, the U.S. reported nearly 58,000 cases in 1952, one year before the development of a vaccine. By comparison this year, the U.S. Centers for Disease Control has confirmed 62 cases of AFM out of 155 patient reports.

"CDC continues to receive reports of children with acute flaccid myelitis," the agency says on its website. "CDC is working hard to find the causes of these AFM cases."

In general, the CDC notes that less than one person in a million in the U.S. develops AFM each year.

Scientists have not developed a vaccine for AFM, largely because they haven't nailed down the viruses that cause the disease. In Colorado, 11 patients tested positive for enterovirus A71, one tested positive for enterovirus D68 and two tested negative for enteroviruses.

"While all the patients were hospitalized, nearly all have fully

recovered," Colorado's public-health department stated. "There have been no deaths."

Both Karatzios and Renaud warned, however, that some patients who do recover from AFM can suffer from permanent paralysis.

"We know that for D68, A71 polio-like illnesses, after a couple of years, patients still are significantly affected," Karatzios explained. "We know that poliomyelitis left lifelong neurological sequelae back in the day."

At the Montreal Children's, doctors have hooked up the patients to CPAP machines to help them breathe.

One patient at the Montreal Children's has tested positive for D68 and at Ste-Justine one patient has tested positive for A71. A child who fell ill with AFM in August and who was hospitalized at the Montreal Children's did not test positive for either virus.

All but one of the affected children live in the Montreal area. The exception is a girl who lives near Gatineau and who was transferred to the Montreal Children's.

Despite the unusual number of cases, Montreal officials are urging parents to stay calm.

"I think the first thing is, don't panic," Karatzios advised. "It's still quite rare. Even if you do get infected with enterovirus or even the enterovirus D68 or A71, it does not mean that your kid will go on to develop flaccid myelitis or a polio-like illness."

Enterovirus infections typically arise in late summer and fall. Enteroviruses can be spread through contact with a person's feces; eye, nose and mouth secretions; and fluid from blisters.

"You have make sure to teach children and yourselves, wash your hands before you put them in your mouth, wash your hands before you eat, wash your hands after you go to the bathroom," Karatzios said. "Use soap and water or these portable sanitizers with alcohol in them."

Polio outbreak in Papua New Guinea, 18 years after the country was certified polio-free

Papua New Guinea health authorities have confirmed that the country is experiencing its first polio outbreak in 18 years, after one case of the virus was confirmed in an urban settlement in the country's second largest city.

Key points:

- The virus was first detected in late April, and confirmed in late May
- Experts say the virus is now "circulating" in the affected community
- PNG was certified polio-free in 2000, and has not had a case since 1996

PNG's Department of Health is working alongside the World Health Organisation (WHO) to respond to the outbreak of the potentially deadly virus, which can cause lifelong paralysis in children.

There has been one confirmed polio case in the Lufa Mountain settlement in Lae city, which was first detected in late April.

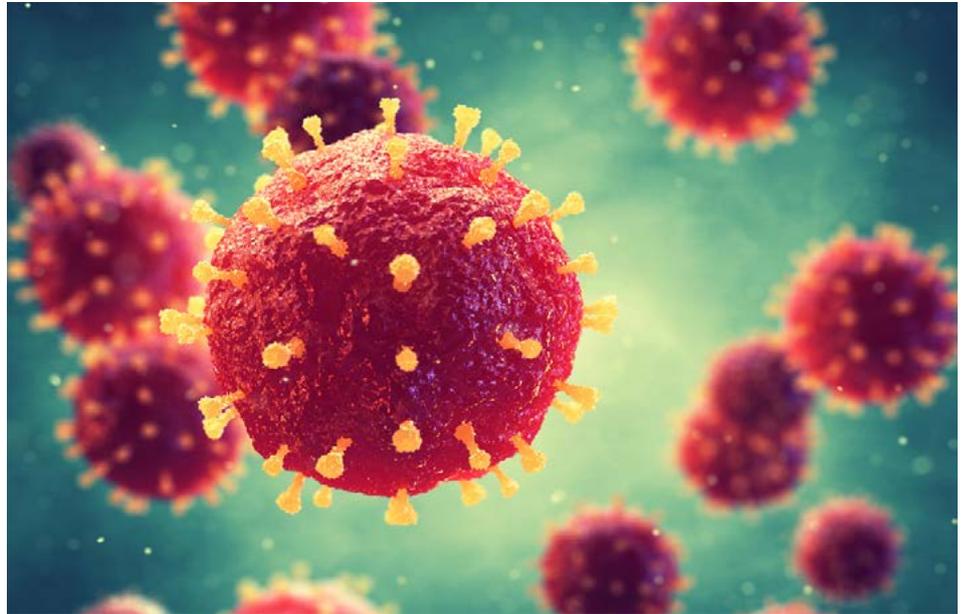
The victim was a six-year-old boy who developed weakness in his lower limbs, later confirmed to be the result of a polio virus infection.

"We are deeply concerned about this polio case in Papua New Guinea, and the fact that the virus is circulating," the country's health secretary Pascoe Kase said in a statement.

"Our immediate priority is to respond and prevent more children from being infected."

Authorities have confirmed that the polio virus is circulating in the Lufa Mountain settlement, after experts isolated the dangerous virus in stool samples from two healthy children there.

Polio spreads through the accidental consumption of faeces of an infected



person, usually through contaminated water or food.

The WHO's PNG representative Luo Dapeng told the ABC's Pacific Beat program that settlements like Lufa Mountain face a greater risk of infection.

"This is an area which has poor coverage of the polio vaccine, poor sanitation, very crowded conditions. That is a high risk area," he said.

Most of the people who live in urban settlements in PNG's cities and towns are migrants from rural areas, who move to urban areas seeking work.

The country has not had a case of polio since 1996, and was certified as polio-free in 2000.

Low vaccination rate an issue

The version of the virus circulating in the settlement is a "vaccine-derived poliovirus", meaning it is a mutated version of the weaker polio virus used in vaccinations.

Vaccine-derived polioviruses are rare, and tend to occur in populations with very low vaccination rates. They develop when children who have not been vaccinated come into contact with the excrement of vaccinated children, and are exposed to the weaker virus.

This is not necessarily a bad thing as this exposure can give "passive" immunity to those unvaccinated children — but it can become very dangerous in communities with low vaccination rates.

The weak polio virus ends up infecting more people, stays alive longer, and eventually mutates into a more dangerous form of the virus capable of causing paralysis.

The WHO and PNG authorities have launched an emergency immunisation campaign to try to prevent other children from becoming infected.

Lae is located in PNG's Morobe province, which reportedly had a polio vaccination rate of 61 per cent prior to the outbreak. Authorities said 845 children had been immunised since the virus was first detected.

The province-wide campaign will also target neighbouring Eastern Highlands and Madang provinces, and will include two rounds of immunisation starting from July 17.

The WHO said it has mobilised \$680,000 to support the PNG Government's actions.

The importance of friends with similar disabilities



*This article was published online:
<https://www.psychologytoday.com/blog/de-stressing-disability/201801/the-importance-friends-similar-disabilities>*

I was surprised when my niece Sophia told me that she had applied for a summer staff position at Landmark College, which she had attended for three weeks the summer between 11th and 12th grades.

At the time, she, who at that time knew everything, had grumbled about how unhelpful the program was, how she hadn't learned a thing, and that her favourite memories were trips to Brattleboro and the fresh produce and cucumber water available at almost every meal. So I was happy to read her letter of application. She explained that her summer at Landmark was the first time she knowingly had friends with learning disabilities like hers and, also, unlike hers, as she also had enjoyed meeting the students with Asperger's in the social pragmatics program.

At my niece's public high school, teachers never shared what other students had disabilities; it was only through noting who else was

assigned to the disability resource room during the same class period as her, that she able to identify some other teens with disabilities- and for Sophia, those tended to be highly active boys she considered annoying (she was sure that foot tappers contributed to her inability to focus) or students on the autism spectrum appearing more disabled than she.

Though the Family Educational Rights and Privacy Act (FERPA) is likely well-intentioned, it makes difficult the ability of students to find friends who share one's disability experiences; its enforced secrecy also perpetuates disability stigma. Thus, I was struck by the research described in the recently published November 2017 article in *Rehabilitation Psychology*, "Solace in Solidarity: Disability Friendship Networks Buffer Well-Being" authored by Arielle Silverman, Ivan Molton, Amanda Smith, and Mark Jensen, of the University of Washington, and Geoffrey Cohen, of Stanford University. Although the two studies they conducted were with adults with legal blindness, muscular dystrophy, multiple sclerosis, post-polio syndrome, or spinal cord injury, there is little reason why the results, succinctly summarized in the

article title, would not generalize to adolescents or to those with learning disabilities or mental health issues.

In fact, results of American and European studies comparing adolescents' relationships with parents and friends suggest that not only are friends highly important in young people's lives but in many ways, they are even more important than parents.

Classic studies by Reed Larson and colleagues using the Experience Sampling Method indicate that adolescents report that their happiest moments are when they are with friends, and they are generally much happier with friends than with family.

Imagine the emotional support and nurturance students might receive from having friends who can laugh about positive disability-related events and commiserate about bad ones as well as, or in conjunction with, the more common friendship topics of budding romantic relationships, school, and sex (Youniss and Smollar, 1985). However, as Silverman and her co-authors note, "social support" is not always beneficial and may sometimes have detrimental effects, especially if friends are coping poorly or are feeling quite distressed.

For adolescents, too, friends can also be the source of negative emotions such as anger, sadness, frustration, and anxiety, and their attachments to friends leave them emotionally vulnerable (Larson and Richards, 1994). However, connecting with peers who experience disability may help normalize disability-related challenges. As Silverman and colleagues explain, friends with disabilities can offer invaluable emotional support as well as tangible help and information on how to cope with disability-related stressors. And certainly, there is a greater likelihood that a friend with similar disabilities might "get" you in a way that those without disabilities do not. Thus, school counselors and school psychologists might want to consider

Continued from page 5

introducing students, with their permission, to peers who share their disabilities and maturity level, not necessarily with the expectation that the kids will become best friends but rather as peer to peer support.

One exemplary program is Eye to Eye, which matches college mentors with middle school mentees who participate in group programs that encourage not only mentoring relationships but also those between peers; all students have voluntarily self-identified as learning disabled by just participating in the program. Another model is Active Minds, which aims to empower college students to speak openly about their mental health in order to educate others and encourage help-seeking.

Whatever the mechanism, it is important for those who work with students to encourage friendship building between those who share similar disabilities. As Sophia, in hindsight now strongly endorsing the Landmark high school summer program, summarized it, "That was the summer I finally fit in!"

Elizabeth Mazur, Ph.D., is an associate professor of psychology at Penn State Greater Allegheny in McKeesport, Penn.



Do you have a story to share?

Our members love to hear other survivor's stories - whether you contracted polio in Australia or overseas. If you want to share your story please contact us at:

✉ poliosa.office@gmail.com

📍 The editor, Polio SA, 302 South Road, Hilton SA 5033

Articles for the next issue are due by 21st January 2019.

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

A Polio survivor story: Kim Duong



I was born in Cambodia in 1984, a second child to my parents after my older brother. When I was less than one year old, I was diagnosed with polio.

I don't remember a lot about it. My parents say that they first noticed I had a fever, and so took me to a nurse, who gave me an injection. The next day, I couldn't use my leg. They then took me to a doctor, who confirmed that I had polio, and said it was too late to do anything about it.

Throughout my childhood, my parents took me to various doctors, based on recommendations, so I've had many different treatments. I remember once I was taken to another province, where I stayed for a couple of months to have acupuncture specifically for polio. The acupuncture needles were attached to an electric device that emitted a pulse. I just remember how painful it was! I'm not sure if it worked. Regardless, after the polio, I had one leg shorter than the other, which was also weaker.

When I was nine years old, my family - which now included my younger brother - and I emigrated to Australia. When we settled in Adelaide, the doctors at the Women's & Children's Hospital began to treat the effects of my polio straight away. They decided to try to extend the bone in my shorter leg, while I was still young. They were able to increase it by several centimeters, by cutting

the bone in my shin, and attaching a metal gadget to each end of the cut bone. Each night I had to wind apart the gadget, so the bone would become longer as it regenerated. It wasn't too painful, but I was on crutches for six months.

Polio has affected my life to this day, physically and mentally. Physically, there are a few things I can't do, such as running for long periods of time, swimming very well, or driving manual cars - luckily, now everything's automatic. Shoes are difficult to find, because one foot is smaller than the other. Mentally, I am more conscious of my left leg being different from my right.

As a kid, I got bullied all the time by other kids about it. This stuck with me for a long time. I often wear long clothing to hide my legs.

I am 34 now and I am concerned about polio affecting my life more as I grow older. I feel like my body has had more pain now in the last few years, especially on the right side. My conclusion is that because I don't have a balanced core, my right side has to compensate for my weaker left side, so it's impacting on my right leg, shoulder and lower back.

From doing my own research, I've learnt that 30 years after you contract polio, you can develop the sort of symptoms I have - the late effects of polio (LEoP). It seems even my doctors and physiotherapists don't understand what I'm experiencing, due to a lack of awareness about it.

A friend mentioned that there is a polio support group in Australia, so I looked it up online and found Polio SA. I've only recently joined, so am still discovering what's available, but I found their guest speakers at the annual general meeting very informative.

Back in Cambodia, polio is more common. My uncle who still lives in Cambodia had polio too, but his effects are far more severe, affecting his left arm and left leg. Due to it being a developing country, and the lack of government assistance, people with polio have to depend on family members to support them for everyday living. This is not easy if your family is poor.

Vaccination against polio is necessary as prevention. It's still happening all over the world, in pockets here and there. The more information we can spread about this, the better.

Although the medical system is better in Australia, and the treatments I received here as a child, I still experience pain and I need to see health professionals for treatment. I have to pay myself to see physiotherapists, massage therapists and acupuncturists to manage my pain. Polio SA membership has assisted with some vouchers to help pay for therapy and massage, and they have also been happy to discuss any questions I have.

The more the government can fund Polio SA and Polio Australia, we can put that to good use, in terms of providing support to people with polio, spreading understanding in the community, and knowledge with people who have polio, and to their families as well. Sharing information with people in different cultural groups, in the different languages they speak, would also help raise awareness and understanding of polio, and the effect it has on people living with polio.

I'd like the community to understand the ongoing impact that polio has on those of us who have experienced it - physically as well as emotionally.

Walk With Me and Health Retreat photos



If you're a Polio survivor, as a member of Polio SA you can access:

- One hour of FREE hydrotherapy every week (normally this would cost around \$50 per session!)
- 4 FREE massage vouchers each year (valued up to \$40 each)
- Plus more

Join now at poliosa.org.au/membership or phone 0466 893 402

Center for Disease Control and Prevention Latest warnings

Travel warning: CDC Travel Warning (10/28/2018)

The US Centers for Disease Control and Prevention (CDC) published 5 separate Alert - Level 2, Practice Enhanced Precautions, regarding the increased spreading of the polio virus on October 26, 2018. Even if you were vaccinated as a child or have been sick with polio before, you may need a booster dose to make sure you are protected, said the CDC.

Polio Outbreak Warning Upgraded in 5 Countries

CDC issues Level 2 Travel Alerts for the Democratic Republic of the Congo, Nigeria, Papua New Guinea, Somalia, Syria.

DID YOU MISS THE INFORMATION SESSION? Listen to the recordings on the Polio SA website



On October 6th, Paul Cavendish from Polio Australia hosted an information session with experts discussing issues that affect polio survivors. The session covered the following topics:

- Exercise guidelines
- Fatigue management
- Get the most out of working with a physiotherapist
- The role of a Rehabilitation Physician with polio survivors
 - Maximising independence with My Aged Care

Listen to them online by visiting: poliosa.org.au/resources

Humour

It was mealtime during a flight on a British Airways plane:

-“Would you like dinner?” the flight attendant asked the man seated in the front row.

-“What are my choices?” the man asked. -
“Yes or no,” she replied.

AS I GET OLDER I REALISE:

1. I talk to myself, because sometimes I need expert advice.
2. Sometimes I roll my eyes out loud.
3. I don't need anger management. I need people to stop pissing me off.
4. My people skills are just fine. It's my tolerance for idiots that needs work.
5. The biggest lie I tell myself is “I don't need to write that down, I'll remember it”.
6. When I was a child I thought nap time was punishment. Now it's like a mini-vacation.
7. The day the world runs out of wine is just too terrible to think about.
8. Even duct tape can't fix stupid, but it can muffle the sound.
9. Wouldn't it be great if we could put ourselves in the dryer for ten minutes; come out wrinkle-free and three sizes smaller?
10. “Getting lucky” means walking onto a room and remembering why I'm there.

Pat and Mick were flying one night from London to Dublin in one of the old 4-engine planes. When they were about halfway the pilot said “Ladies and gentlemen, I'm afraid there's trouble with one of the engines and I've shut it down. We'll be about 15 minutes late in Dublin”. A few minutes later the pilot announced “I'm sorry but another engine has failed so we'll be half an hour late”. Then as they were about an hour away from their destination the pilot said “I'm really sorry to tell you another engine is giving trouble and I've had to shut it down, and we'll be about 45 minutes behind schedule, but we've still got one engine functioning well”. Mick turned to Pat and said “Pat, I don't like the sound of this at all. If that last engine stops we'll be up here all night!”

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 Monday, 21 January 2019.

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

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Woodville SA 5011

Phone: 8222 7322

nigel.quadros@health.sa.gov.au

Dr Nigel Quadros 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).

Nigel's 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

If you are interested in any of these services, ring our office on 0466 893 402 and ask for vouchers. There is a limit of four vouchers per person, each with a maximum value of \$40.



Remember you must be a paid up member to receive vouchers.

City

PhysioXtra

115-117 Pirie Street,
Adelaide SA 5000
Phone: (08) 7221 9110

Eastern suburbs and Hills

TOORAK GARDENS

The Physio Clinic

Godfree House,
2 Moore St, Toorak
Gardens SA 5065
Phone: (08) 8342 1233

NORWOOD

PhysioXtra

Suite 1/39 Clarke Street,
Norwood SA 5067
Phone: (08) 7221 9289

PhysioXtra

110 Magill Road,
Norwood SA 5067
Phone: (08) 8331 7586

NAIRNE

John Kirkwood Polio Practitioner

19 Federation Way,
Nairne SA 5252
Phone: 0410 779 159

Nothern suburbs

PROSPECT

The Physio Clinic

177 Prospect Road
Prospect SA 5082
Phone: (08) 8342 1233

ROYSTON PARK

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

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

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
handicapped person.

Arrangements to be made
with Reeva Brice

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Mobile: 0412 866 096

PARALOWIE

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Parafield Gardens SA 5107
Phone: 0430 867 248

Southern suburbs

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PhysioXtra

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Hallett Cove SA 5158
Phone: (08) 8387 2155

MARION

PhysioXtra

724 Marion Road,
Marion SA 5043
Phone: (08) 8357 4988

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.

REYNELLA

South Side Health Care

Noarlunga Aquatic
Centre Complex,
Reynella SA 5161
Phone: (08) 8382 2255

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.

WOODCROFT

Bruce Harrison

14 New England Drive
Woodcroft SA 5162
Mobile: 0402 337 382
bruce_harrison@aapt.net.au

Western suburbs

HENLEY BEACH

Lori Brittle – Massage Therapist, Pilates & Physiotherapy

506 Henley Beach Road
Fulham SA 5024
Phone: (08) 8356 1000

WOODVILLE SOUTH

The Physio Clinic

2/95 Findon Road
Woodville South SA 5011
Phone: (08) 8342 1233

Outer metro

GAWLER

Physio-Wise

Phone: (08) 8522 6611
Australian Physiotherapy
Association Member

LYNDOCH

Physio-Wise

Phone: (08) 8524 5094
Australian Physiotherapy
Association Member

Regional

PORT ELLIOT

PhysioXtra

39 North Terrace,
Port Elliot SA 5212
Phone: (08) 8554 2530

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
302 South Road,
Hilton SA 5033**

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

Old details

Name _____

Street _____

Suburb/Town _____

Postcode _____

Phone number _____

Email _____

New details

Name _____

Street _____

Suburb/Town _____

Postcode _____

Phone number _____

Email _____



If unclaimed, please return to:

**Secretary
Polio SA
302 South Road,
Hilton SA 5033**

AFFIX
STAMP
HERE



Please send all mail to:

**Secretary
Polio SA
302 South Road,
Hilton SA 5033**