POST - POLIO NETWORK (NSW) INC.

NETWORK NEWS

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President's Corner

Gillian Thomas

Welcome to regular readers and new members alike to another issue of *Network News*. There are many articles of interest in this edition, including a special series on innovations in orthotics and all your favourite features.

Members will find a number of important documents enclosed, which we urge you to take the time to read carefully.

First, there is formal notification of a **Special General Meeting** to be held on **Saturday, 21 June 2003**, commencing at **11:00 am**. Further details appear on page 2. As foreshadowed in our last Annual Report, the Meeting has been called to consider and vote on proposed changes to the Network's Constitution. Included with the notification is a copy of the revised Constitution, a Summary of Proposed Changes, and a Proxy Form so that you can record your vote even if you are unable to attend. Note that in order to be valid, your completed Proxy Form must be returned to the Secretary at the above address by 11:00 am on Friday, 20 June 2003.

Lunch is being provided at no charge. To ensure adequate catering, please complete and return the enclosed **RSVP by 13 June 2003**. Following lunch we are turning the floor over to you, the members. Neil von Schill, our Support Group Co-ordinator, will facilitate the **Open Forum**. We want you to tell us the directions you think the Network should take over the coming years. We expect and look forward to much stimulating debate. Remember, this is your Network and your input helps decide Network services and programs even if you can't actively contribute towards their implementation.

It is also Membership Renewal time. With this *Network News* you will find one of two forms, depending on your financial status. If you are currently paid up to 30 June 2003 (as shown on your address label) you will find a **Membership Renewal Form** enclosed, for the period 1 July 2003 to 30 June 2004. Could you please confirm, complete, or amend your details as given on the form, and return it with your subscription to the Treasurer at the Network's address.

If you are already financial beyond 30 June 2003 (as shown on your address label), you will receive a **Membership Update Form** which gives your current details but does not request payment of a membership subscription. Please check your details and be sure to return the form if any amendments are required.

Members have always been incredibly supportive of the Network, and we are asking you to continue this support by renewing your membership promptly. Why not save postage and return your Membership Renewal or Update Form with your RSVP or Proxy Form. Remember, if you can't make it on 21 June, please also take advantage of the opportunity to send in any questions you'd like to have raised on the day.

Special General Meeting and Open Forum for Members

Date: Saturday, 21 June 2003
10:30 am - 4:00 pm
Refreshments and a light lunch will be provided

Venue: Sea View Room
Mezzanine Level
Maroubra Seals Sports and Community Club
212 Marine Parade (*enter from Fitzgerald Avenue*)
Maroubra Beach NSW
The venue is readily accessible for those in wheelchairs or who have mobility difficulties, with a lift to the Mezzanine Level

Parking: There is a small parking area on the premises, and ample parking nearby. It would be appreciated if those who are more mobile would leave the closer parking for members who are only able to walk or wheel short distances.

Public Transport: Bus 376 from Circular Quay via Randwick Junction, Bus 395 from Railway Square via Maroubra Junction, Bus 396 from Circular Quay via Maroubra Junction, or Bus 400 from Bondi Junction.

RSVP: There will be no charge for lunch. However, an RSVP to enable catering is essential so please complete the enclosed form and return it by **13 June 2003**.

Special General Meeting

Commencing at 11:00 am, this Special General Meeting of members will consider the proposed changes to the Network's Constitution. Formal notification of the meeting is enclosed, together with a copy of the revised Constitution, Summary of Changes, and a Proxy Form for use by members unable to attend in person. The Constitution has been comprehensively reviewed and updated, taking due account of legislative changes, and re-written in plain English. Members of the Management Committee and other interested members have put a lot of time and effort into preparing the revision. Please ensure you have your say by attending the meeting if at all possible, or by completing and returning the enclosed Proxy Form.

If you don't already have a copy of the Network's existing Constitution, you can download it from our website *www.post-polionetwork.org.au*. Otherwise just give us a ring or drop us a line to have a copy sent to you.

Open Forum

After lunch, we will be facilitating an Open Forum for members. The session will be chaired by Support Group Co-ordinator, Neil von Schill, assisted by President Gillian and Vice President Merle.

The purpose of the session is to provide an opportunity for members to raise any issues which they would like to canvass. Topics may pertain to future directions, organisation and management, polio specific issues, health matters, seminar topics and format, support group structure, or any other matter that you feel is worthy of discussion. If members are raising problems, they should also consider proposing solutions. A full and frank discussion of issues will be encouraged.

If you are unable to be there on the day, please send in any comments or questions you would like to raise – these can be anonymous if desired. There will likewise be a box available at the Seminar for members to drop in their questions should they prefer.

This is your Network. Please contribute to its future development – we want and need your input.

Advocacy and Support Liaison Officer

George Laszuk

Phone: (02) 9628 0000
Mobile: 0412 082 983
Email: advocacy@post-polionetwork.org.au

Have you or your partner had difficulty in dealing with Government red tape or finding the right services for your needs? I have, and I remember how frustrated and angry I got.

Our Committee has expanded my advocacy role and I have happily accepted the extra duties.

With the help of the Committee and all the resources of the Network I hopefully will be able to assist any members of our Network through potential hardship or anguish. We all imagine our problems are unique but since my involvement with PPN I have found we share many of the same challenges and experiences.

I can't promise we will be able to solve all your problems but at least you won't be alone in your struggle. Even if you just need someone to talk to in times of sorrow or isolation please write or phone me. Without question your privacy and confidentiality will always be observed.

If you know a member who is ill or in hospital and would like a cheerio message, or sympathy in the case of a personal loss, please let me know so we can show them that they are in our thoughts.

Please don't forget, you are not alone, we are here to support you and your family in your hour of need, that is what we at the Network are here for.

Polio and Bracing

Steve R Hall MA CO (SHall79115@aol.com) **Hangar Orthotics, Tucson, Arizona**

As I was putting this Network News together, the latest issue of PPASS News (Vol. 18, No. 3, May/June 2003), published by the Post Polio Awareness & Support Society of British Columbia, containing this article arrived. As it was so relevant to other reports in this Network News I immediately sought permission to publish excerpts and am very grateful to receive so promptly permission to reprint.

Advancements in the area of polio bracing have been made, but they have been evolutionary, not revolutionary. The most readily apparent advancement has been in the use of lightweight materials like aluminium and polymers (plastic). Lighter weight braces have been a real boon to patients who suffered hip and back pain from lugging around heavy steel braces. Lighter weight braces also cause less fatigue. This is an especially important consideration for patients feeling the debilitating effects of post-polio syndrome.

The ability of an orthotist to understand the pathomechanics of a patient's gait and design a brace tailored to the need has freed many patients from the same old heavy steel brace attached to the shoe that they've always had. In light of these advancements, how can a patient be sure that their brace is still right for them? Is there something better, such as a different style or material?

The first key to bracing satisfaction is to have a strong relationship with a skilled, certified orthotist. Polio bracing is one of the biggest challenges an orthotist can face. The flaccid paralysis associated with the polio means the patient typically leans heavily into the brace and large, possibly painful forces are generated. The pathomechanics of the polio patient are complex. Polio patients are relatively few in number in some communities and it can be difficult to see enough of it to become skilled. A patient needs to question the orthotist regarding the amount of specific polio experience and levels of certification and training in order to be certain they are in good hands. Patience can be a critical part of this relationship. Oftentimes when trying something new, there will be a period of trial and error while the new brace is "dialed in" and the patient becomes used to the new style or material. Open and honest communication between the patient and the orthotist can be critical.

Another key to bracing satisfaction is to have realistic expectations of what can be accomplished. Some polio patients have been wearing the same style of brace for thirty years and more. Change can be difficult. Even though, "according to the book", a new style may be appropriate, adapting to it can be an unmanageable hurdle. Still, you never know until you try.

Report on March Seminar – Advances in Orthotics

Wendy Chaff

We are very grateful to Wendy Chaff, Convener of the Network's Hunter Area Support Group, for the time and effort she put into this comprehensive report of our recent Seminar on Orthotics.

On Saturday 1 March 2003 at the Northcott Society in Parramatta, a panel of three Orthotists - Derek Lee, Richard Dyson-Holland and Mark Raabe - discussed their particular areas of expertise with regard to the prescribing and fabrication of orthotics, and the different materials available. This summary of their presentations may interest those who could not be there to benefit first-hand from the knowledge shared by our guest speakers, who demonstrated a wide selection of orthotics and made us aware of so many new options now available, their benefits, drawbacks and costs.

First, a few definitions from the ever-handy medical dictionary:

Orthotist: "Designs, fabricates and fits braces or other orthopaedic appliances".

Orthosis: "A force system designed to control, correct or compensate for a bone deformity, deforming forces, or forces absent from the body. Orthosis often involves the use of special braces".

Orthotic: "The design and use of external appliances to support a paralysed muscle, promote a specific motion, or correct a musculoskeletal deformity".

Podiatrist: "Diagnoses and treats disorders of the feet".

Derek Lee : Introduction to Orthotics

Our first speaker was Derek Lee, Orthotist at Northcott Equipment Services, North Parramatta, since 1997. He sees many polio clients and is familiar with the unique challenges they offer.

We learned that an Orthotist such as Derek is a health care professional who is responsible for the provision of orthoses for people with neuro-musculoskeletal disorders. He proceeded to explain the concept and function of the different types of orthoses – the correct term for a splint, brace or appliance designed for and fitted to the body – and demonstrated the various types.

Stabilising or Supportive Orthoses: to stabilise joints by preventing unwanted motion and stabilising limbs for weight bearing, for example, callipers.

Motorised or Functional Orthoses: with a motor element designed to improve active function to an otherwise paralysed limb segment, eg a dorsiflexion ankle-foot orthosis to assist the foot to clear the floor.

Corrective Orthoses: to correct deformity or realign parts of a limb, eg a spinal brace for scoliosis.

Protective Orthoses: to protect or provide alignment of an injured limb – upper or lower – but more often related to lower limbs.

Shoe Modifications and Foot Orthoses: to accommodate fixed deformity of an ankle joint and foot to improve balance on standing and walking; relieve pain; compensate for leg length discrepancy.

Ankle-Foot Orthoses [AFO]: control alignment and motion of the joints of the foot and ankle; provide dorsiflexion assistance during the swing phase.

Knee Orthoses: provide mediolateral and anterior-posterior support of the knee.

Knee-Ankle-Foot Orthoses [KAFO]: provide flexion, extension and mediolateral stabilisation of the knee; may provide free or locked knee motion, or adjustable range of motion.

Hip-Knee-Ankle-Foot Orthoses: provide selective hip joint assistance past the thigh.

Conventional Knee-Ankle-Foot Orthoses: made of metal and leather – quite heavy; may need to be attached to modified shoes. A calliper can clip onto the heel of a shoe.

Thermoplastic KAFO: generally lighter and more cosmetic, with flexibility in design, compared to metal, however, can get very hot in summer. Some people have made holes in the plastic to relieve sweating, but talk to your Orthotist before attempting this, as the strength of the plastic may be affected. This type of orthosis can be used in factory-made shoes, but only if there is not any marked foot deformity.

Proteor Carbon-Fibre KAFO: made of carbon-fibre, except for the knee and ankle joints – ultra light weight and of superior strength. However, carbon fibre can be brittle and is not advised for anyone weighing over 75 kg. In addition, while one third lighter than plastic, its cost is double that of plastic.

Derek said that Northcott have used computer analysis – a walk-over pad – for nearly three years to analyse gait patterns. He estimated that orthotic insoles would comprise about 70% of his work.

For country clients, the Northcott Society conducts regular Mobile Orthotic Clinics, with Derek Lee travelling around NSW for one-day-a-month clinics at Coffs Harbour, Dubbo, Newcastle, Port Kembla, Tamworth and Wagga Wagga.

[**Enquiries**: 1800 506 071 or (02) 9890 0100, www.northcott.com.au, Fax: (02) 9683 2827]

Richard Dyson-Holland : Innovations in Orthotics

Our second speaker was Richard Dyson-Holland, Orthotics Program Co-ordinator for Otto Bock Healthcare, Baulkham Hills. Otto Bock is the world's largest manufacturer of prosthetic and orthotic components, and develops high-tech materials, electrical and mechanical designs for the industry.

Richard told us that some constraints exist in the types of orthotics made today for the treatment of physical impairment from Post-Polio Sequelae – mainly to restrict undesired motion, relieve pain, compensate for lost muscles and enable ambulation. The failings of many current orthotic designs tend to be: fairly heavy, thick walls (shoe fitting issue), rather visible, may restrict desired movement, and need more control.

However, there are professional design concepts and possibilities worth investigating. Richard enlightened us about the opportunities that innovations in orthotics offer over currently available solutions for specific needs, and showed various examples.

What makes a good orthosis?

On appropriate application of force, does it do what it is designed to do?

An orthosis should not be overly restrictive, abrasive or heavy.

Typically, good function, good fit and increased freedom is desirable at the expense of adding more weight. Types of materials are just one aspect of what makes up a good orthosis. More important than weight is good fit. It all goes back to the talent of the Orthotist, really.

Orthotic Material Options
We must remember the governing rule - all materials have pros and cons - no material is perfect. Keeping this in mind, s*tructural materials* (which give the orthotic its strength) include steel, aluminium, titanium, fibre composite, and plastics. *Interface materials* (between the orthotic and our skin) include leather, synthetic substitutes, oxygen and nitrogen blown foams, and fibreglass.

Titanium is as strong as steel, but much lighter – 700 grams for uprights, compared to 1,200 grams for stainless steel uprights – however, it is far more brittle. Although titanium lasts a very long time, it is three times the cost of other materials, which means it is not used as much.

Laminated Orthoses

Plastic shells weigh less than the metal and leather designs. Laminates weigh less again. In composites of plastic resins and reinforcement fibres of glass or carbon, the resin goes hard, and strength is determined by shell design, fibre direction, fibre type and quantity.

Pre-impregnated Carbon Composites

Resin is embedded in the fibres and frozen. When thawed, layed-up, heat and vacuum is applied for several hours. The result is ultra thin and ultra lightweight. To give an idea of achievable lightness in a KAFO – all the structural components could weigh less than the leather padding! Such fabrication processes are extremely time consuming and consequently more expensive – may be up to 4 to 5 times the average cost.

[**Enquiries:** 1300 136 056, www.ottobock.com.au, Fax: 1300 557 676]

Mark Raabe : Advancements in Orthotic Management

Our final presenter was Mark Raabe, Orthotist/Prosthetist of OrthoSynergy Pty Ltd at Taren Point.

Mark, a Graduate of Melbourne University, has worked in Sydney for 15 years – with Reis at Lidcombe for 2 years, Otto Bock for 10 years, and now his own company, OrthoSynergy, for the last 3 years. He has recently taken on the role of orthotist at the St George Orthotic Clinic and reports he is seeing many polio clients there. Mark's presentation focussed on giving us an idea of what could happen in the future in prosthetics and orthotics, illustrated with many samples.

There has been a prosthetic bias with research, for about 50 years, until just recently. There is no longer any orthotic stagnation, as we have had recent advances in orthotic materials, techniques and components. Designers can now "think outside the square" for less common problems.

Materials

Conventional materials – stainless steel, aluminium and leather lining – have now progressed to thermoplastic material offering total contact which is good for control. We heard about the virtues of pre-impregnated carbon fibre, which is very light and has many advantages, but is not for everyone.

Techniques

Appropriate techniques are reliant upon materials and components, orthotic management efficacy, the client's mobility, and the aesthetic result desired. You need to consult an Orthotist to see what may be suitable for your condition. There are new techniques allowed by advances in materials – for example, articulated AFO, GRAFO, KAFO shell design.

Advances in knee control

As Dr Bruno recently wrote (*Post-Polio Forum*, March 2003): "There are now two types of KAFO knee joints. The old familiar joint with drop-locks or a spring-loaded latch prevents the knee from bending when you stand or walk. A newer development, the offset joint, can be used by those who have some strength in their quadriceps and whose knees bend backward at least a little. The offset joint doesn't lock, but it still prevents the knee from bending when your leg is straight. With the offset joint you can swing your leg normally when you walk but be secure when you're standing."

The **Load Response Knee** allows for knee flexion during the stance phase which is both energy saving and shock absorbing. At weight acceptance there is 18^{o} of flexion which absorbs shock and maintains progression through the step.

The **Stance/Swing Knee** gives stability whilst weight bearing yet freedom to swing the knee. However, it is not suitable for people with hyperextension, and there are weight restrictions – Otto Bock have 80 kg and 120 kg versions.

All orthoses need to be made and aligned to suit an individual. Some people may want the Orthotist to make a trial version or a generic set up to see and try. The flexion knee has been very well tested in Europe for about 5 years. The problem is to get the gait cycle as normal as possible. However, you can't expect to adjust your walking style to effectively use such an orthosis immediately – you have to learn to walk again, and will need help from a very good physiotherapist familiar with gait corrections.

The **Intelligent Knee** is another exciting innovation which features electromagnetic knee control combined with foot-plate sensors. New types are being developed with pressure sensitive pads to release the knee where there is pressure on the foot. This is an intuitive system which gives a safer gait. Stumble control, so you will not fall, is something to look forward to in the future. New technology can enable so many advancements in orthotics.

[*Ed. See the articles on pages 9 and 10 for pictures and more information on these innovations.*]

Mark's advice is to examine suitable options and ask for the best you can afford, within your price range (but note that the most advanced innovations can cost up to $10,000 - or even more).

[**Enquiries:** OrthoSynergy – Phone: (02) 9526 8066, Fax: (02) 9526 2507]

Question & Answer Session

Just a few of the many questions put to the Panel are briefly summarised below.

Why do so many people have problems with their feet? Common problems are due to people walking on harder ground than we were intended to, pushing ourselves harder and longer. It extends up from the foot, as misalignment can affect ankle, knee joint, to hip, back and neck. People who are on their feet on hard surfaces tend to walk on balls and heels, leading to a good chance of developing fallen arches. Probably most of the population would benefit from having custom-made shoes, but can make do with factory made shoes, as long as they are well fitted, or modified.

To see an orthotist or podiatrist, shoe maker, and so on, we are referred from one to another, in different places. Wouldn't it be ideal to have clinical teams combining towards a common goal on the same premises? Regrettably, this is not encouraged by the structure of the NSW health system. The lines of communication between health professionals dealing with related problems need to be kept open.

What does an orthosis cost and can I get help to pay for it? Depending on your needs, and the materials and technology used, the cost varies widely. You may wish to ask for an estimate beforehand. Most health funds with auxiliary benefits will refund a certain amount. The Program of Appliances for Disabled People (PADP) which is administered by the Department of Health exists "to assist eligible residents of NSW who have a life-long or long-term disability to live and participate within their community by the provision of appropriate equipment, aids and appliances". While this means that virtually all our members are eligible, there is always more demand than the funds to satisfy it. As a result, there are priorities for the provision of equipment depending on income. However, do not let this stop you from applying – the need for additional funding in the Program can only be assessed by the numbers of people applying and the degree that needs are not being met. (For further information on accessing PADP, please contact the Network.)

Do I need a referral? Usually people come to see an Orthotist if they are in pain or cannot walk properly. An Orthotist normally prefers you to have a referral from a health professional to help assess your problems. They need more information for complicated conditions. Within the profession there is a difference in how an Orthotist and a Podiatrist would treat a patient, so it depends on the referral by an Orthopaedic Surgeon or Physiotherapist, more often than by a GP. Many practitioners do not fully understand the capabilities of these new technologies – it comes down to their experience. It is a good idea to *always seek* a second opinion, whether satisfied or not. It is also advisable to ask around for recommendations from other patients satisfied with their treatment for a similar condition.

What is the main difference between Orthotists and Podiatrists? "Theoretical". In Australia most have been trained in the same facility in Melbourne, attending many of the same classes. Just recently a course has been established at the University of NSW. Podiatrists are a much bigger group, and more widely publicised.

What about maintenance? If you have had the same orthosis for years it may require attention – so get a review every couple of years, to have it refurbished or replaced. Don't wait beyond 5 years for a check up, for safety's sake.

Can a long-existing problem be corrected? This may require a treatment program, which could consist of a first set of orthoses and then gradual progress to another level, requiring different aids – each step can involve big adjustments.

What if my orthosis is useless? Sometimes a patient has tried an orthosis and will reject or discard it as being uncomfortable, too rigid or difficult to use. It won't do you any good put away in a cupboard. Go back for further help or adjustment. However, you need to bear in mind some cautionary words from Dr Bruno "Braces are designed to support a weak leg, not to fix mechanical problems like recurvatum ("back knee"). Many braces hurt too much to wear because they were intended to "fix" recurvatum or to straighten a foot that has turned outward for 40 years. All braces should be designed to fit your leg just as it is, not to make it look the way other people's legs do." (*Post-Polio Forum*, March 2003). Having said this, you need an outlay in effort as well as financially. Persevere! Keep on seeking for a solution to your problem – it could be within your reach now, more than ever before!

The sixty Network members present were appreciative of the major combined effort by the three Orthotists – Derek Lee, Richard Dyson-Holland and Mark Raabe – to raise our awareness and guide us through a virtual smorgasbord of possible options worth investigating.

In grateful thanks for giving up their Saturday, the Network presented each speaker with a finely-crafted pen, hand-made from Australian timber.

Bracing Options: Shadow Bracing System

Kyle Scott, CO, a certified orthotist for over 15 years, has been confronted with the same question from hundreds of polio survivors – "Where's the new technology in orthotics?"

"I find everyone wants to see the newest gizmos, but really wants someone else to try them", says Scott. In his experience, polio survivors fall into three main orthotic groups: those who have worn braces since contracting polio; survivors who wore braces after the acute disease, but who learned compensation techniques to overcome their weaknesses and, in turn, discontinued wearing braces; and those who had a less severe case of polio or those who had a full return to function and never had to wear braces, but now are experiencing new weakness.

Each group now has unique needs, both physically and psychologically, and each polio survivor's needs must be addressed individually.

Metal and leather (M&L) braces were the primary orthotic treatment in the early years. "My polio patients who wear M&L braces have a love/hate relationship with them", Scott reports. "They love the comfort, durability, and very positive structural support, but hate the excessive weight, bulk, and odor that is sometimes associated with the leather, and the limited footwear choices, as the M&L braces have to be attached to the outside of the shoe".

With the development of thermoplastics over the past 20 years, the orthotics and prosthetics industry responded to these complaints with the next advancement in orthotics. Thermoplastic braces are lighter, less bulky, washable, more appealing, and fit inside shoes, so polio survivors can wear different styles of shoes.

Scott continues, "However, experience has taught orthotists that all thermoplastics have an elastic property to them, so even when the brace looked to be structurally equal to M&L, the plastic material couldn't duplicate the structural support of metal".

Scott pondered his patients' comments that they didn't feel their brace was as supportive, would bend under their body weight, and that their brace had a "rubbery feel." What material could be used that would be structurally as strong as metal, but lightweight, less bulky, and fit into shoes as easily as the plastic braces do?

After joining Oregon Orthotic System, the industry leader in laminated orthotic braces, in 1990 Scott realized that lamination provided all the benefits of M&L combined with all of the benefits of thermoplastic.

The Shadow Bracing System combines time-tested (M&L) engineering, with today's cutting edge carbon-graphite lamination technology to keep it lightweight. Stainless steel knee and ankle joints are standard, with titanium ankle joints a popular option. A standard long leg brace with stainless steel components weighs between 2.75 and 3 pounds, while a short leg brace can weigh as little as a pound when titanium components are used.

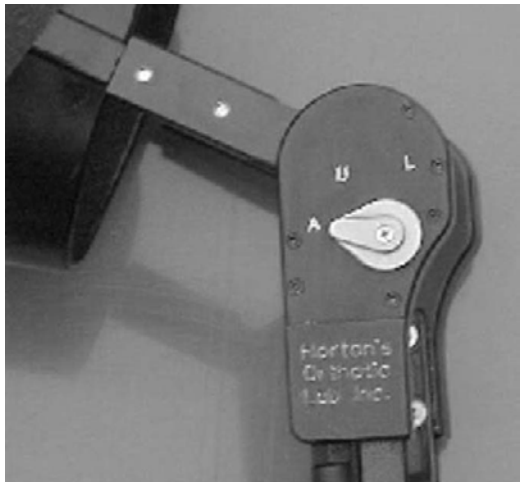
Oregon Orthotic System, based in Albany, Oregon, knows no bracing system can meet every need, but offers the Shadow Bracing System as newer technology that can address many of the concerns of polio survivors.

Pictured right. Any trim configuration is possible as long as the brace is structurally sound. Almost any colour or skin tone can be reproduced and personalised fabrics (Spandex™) can also be laminated into the brace.

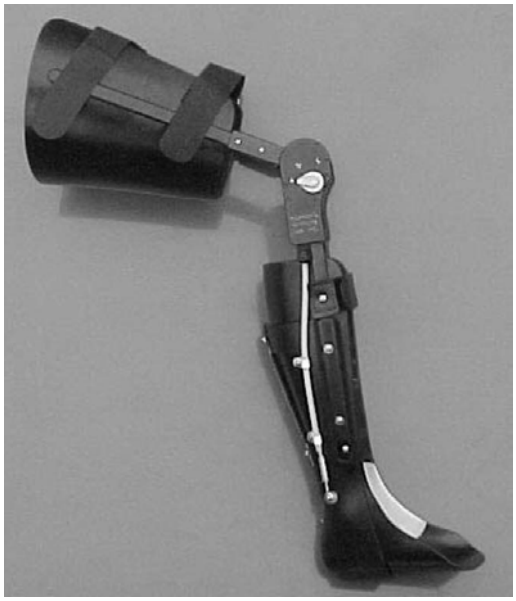
The Stance Control Orthotic Knee™

Reprinted from Polio Network News, Volume 19, Number 1, with permission of Gazette International Networking Institute (www.post-polio.org). Any further reproduction must have permission from the copyright holder. Visit Horton Technology's website at www.stancecontrol.com for more information about the exciting developments in orthotics described in this article.

The mechanically-actuated Stance Control Orthotic Knee™ joint is the latest innovation from Horton Technology, a private laboratory headquartered in Little Rock, Arkansas. Horton's knee joints have been incorporated into custom-made leg braces and can prevent the knee from collapsing as polio survivors walk, automatically releasing to permit unimpeded knee flexing during the swing phase of gait.



Right: Stance Control Orthotic Knee™ Joint



Preliminary scientific studies from the University of Central Arkansas (UCA) suggest that these braces provide a more normal gait pattern and reduce the effort required for people with lower limb weakness and paralysis to walk.

The mechanically-actuated version has been commercially available since January 2002. More than 400 orthotists in North America have successfully completed the advanced training course in the application of this innovative rehabilitation technology.

Left: Stance Control KAFO

At the annual meeting of the American Orthotic & Prosthetic Association (*www.aopanet.org*) in the fall of last year, Horton Technology Inc. unveiled an electronic version of the Stance Control Orthotic Knee™ joint. Polio survivor Paul Ellis demonstrated how the Smart Knee™, which can be powered for several days by ordinary AA batteries, enables him to walk safely up and down ramps despite knee muscle paralysis and weakness in both legs.

Horton's electronic Smart Knee™ is currently undergoing final clinical trials in the United States and will be commercially available there in early 2003.

Right: Smart Knee™

Polio Particles

Mary Westbrook

Polio Particles is compiled by Mary Westbrook as items in the press or professional journals catch her eye. Included in this series are brief reviews of books on polio or post-polio, updates on post-polio research, information about immunisation and the status of global polio eradication, and other items of interest.

New Australian memorials to Sister Kenny

Two memorials honouring Sister Kenny marked the 50th anniversary of her death in November 2002. The University of Southern Queensland announced the establishment of the Sister Elizabeth Kenny Professorial Chair of Rural and Remote Health and the appointment of the inaugural holder of the Chair, Professor Desley Hegney. In Nobby (where Kenny is buried) a mural was unveiled at the Kenny memorial museum which was opened in 1997. The glass mural shows Kenny holding the hands of two children (showing no signs of disability) as they face the sunrise. At the same time a miniature model of the Sylvia stretcher was placed on view in the museum. Kenny made the original stretcher from a door to transport a young Nobby girl to hospital following a farm accident. A restored brass bed from Kenny's house was donated to the museum and four palm trees were planted; one by Kenny's adopted daughter.

Frida Kahlo minus polio

The recent film *Frida* shows Kahlo as able-bodied in her youth; running, skipping and dancing in high heels. There is no mention of the polio which she contracted aged six. At this time Frida spent nine months in bed. Her doctor prescribed an exercise program for her atrophied right leg. As an adult this leg was shorter than the left so she wore a built-up shoe and three or four socks on the thin calf to increase its bulk. Frida's scoliosis also predated the accident with a trolley car which further disabled her. Writing in Znet (25/1/03), Marta Russell suggests that much of the pain Kahlo experienced *can be attributed to post polio and overuse syndrome.* She queries: *Why did the filmmaker decide to obliterate the polio? ... Did Hayek* (the actor playing Frida), *whose voluptuous eat-me-up body is displayed nude on the big screen at every possible opportunity, object to having one of her legs 'withered' by reality? One can only speculate but this seems a plausible explanation since the leg factor is bought up in the film by Frida's husband Diego Rivera's first wife Lupe when she cries to Diego, 'you give up these legs' stroking her own thigh 'for these matchsticks, these peg legs' grabbing at Kahlo's skirt.*

Penalty for speeding wheelchairs

Valley College in Los Angeles has imposed a campus speed limit of 4 miles per hour on wheelchairs. People caught speeding may be expelled. No wheelchair collisions have been reported at the college but the vice-president of administration pushed for the policy after seeing a wheelchair user going *very fast. 'It's like a bad joke,' said 56 year old Lynn Eiler, 'We figured they've got to be kidding that we might be a danger to somebody. In fact we have to watch out for everybody else' (New Mobility, January 2003).* The Center for Individual Freedom (*www.cfif.org*) discusses the situation in its column, Jester's Courtroom. *We're curious to see how Valley College administrators plan to enforce this new 'safety' measure. Will student fees be used install radar cameras? Better yet, Jester's Courtroom readers stay tuned as some trial lawyer somewhere has got to be scheming up an argument to slap on Valley College — maybe the tried and true Americans with Disability Act.*

Results of polio treatment enhanced by warm climate

The Norwegian Journal *Tidsskr Nor Laegeforen* published (6/2001) the results of a study by Y A Strumse and others showing that Norwegian polio survivors receiving a month's (November/December) treatment in Tenerife experienced greater benefits than their counterparts who underwent similar treatment in Norway. Patients were randomly assigned to the Tenerife program, the Norway program or a control group. Patients were tested at the beginning of the research, immediately after the program and three and six months later. While both treatment programs resulted in gains, the Tenerife group improved more and the effects lasted longer. For example, at the conclusion of the program the Tenerife group had increased the distance they could walk in six minutes by 82 metres while the Norway group only increased their walking distance by 46 metres. The pain levels of the Tenerife group also fell more and the improvements lasted longer. The midwinter climatic difference between the Canary Islands and Norway is considerable but one can't help wondering if the excitement of a holiday in an exotic locale might also have contributed to greater enthusiasm, optimism and extra-curricula activities among the Tenerife patients. Perhaps you can persuade your health fund to send you to Port Douglas for treatment.

Hotel pays accessibility damages

For the first time in the Netherlands a person with a disability has received compensation for inaccessibility in a hotel. An official advisory council to the Dutch government booked the Sheraton Pulitzer for its two day annual meeting after being assured that it would be accessible for the vice-chair, Ms Koster, who uses an electric wheelchair. She was told *that only the door to the function room bathroom might be too narrow … but I could use the accessible bathroom across the corridor.* In reality she could not access the function room or the restaurant without help from others to get up steps. The accessible bathroom was not adjacent to the function room but in the lobby. The door to her bedroom was too narrow. When she asked for a room with a wider door staff told there were none and left her to fend for herself. As Ms Koster could not stay for the night she went to inform her colleagues she was leaving. They were in the bar and as it was inaccessible she was unable to tell them. The council took the matter to a lawyer. The hotel settled, paying €4,800 to the council and €1,200 to Ms Koster. The hotel's reaction has been to place a 'Not suitable for wheelchairs' notice on its website. (Story from *Disability World* 9/2002)

Resurgence of polio in two countries

Polio cases occurred in only seven countries in 2002. However the number of cases rose significantly from the previous year in two countries, India and Nigeria (*New York Times*, 19/1/03). In India in 2001 there were 239 new cases, down from 200,000 in the early 1980s, but in 2002 there were 1,509 new cases. *A vast majority, 1,197,* were *in Uttar Pradesh, the country's most populous state, and one of its poorest. Uttar Pradesh accounted for 68% of polio cases worldwide*. According to community leaders the rise was the result of a rumour that the oral vaccine is part of a government plot to control population growth. *The polio outbreak has exposed a religious, or communal, health divide. Only 17% of Uttar Pradesh's population is Muslim, but 59% of its polio cases last year were among Muslims, who in Uttar Pradesh tend to be landless laborers with lower literacy rates and a greater mistrust of the Hindu-dominated government.* The *British Medical Journal* (318/02) attributed the setback in Nigeria to *propaganda fuelled by a cassette recording by an American organization that was widely circulated among the Muslim community. The recording claimed that immunization was a ploy by Western governments to promote family planning and infect children with HIV*. The Nigerian government mobilized traditional religious leaders to counter the propaganda, with success except in a few areas. Nigerian vaccinators are women as the culture does not permit men to go inside homes looking for

mothers and children. According to *Mail&Guardian-online* (2/2/03) *each vaccinator is accompanied by a local male guide, who has the approval of local leaders and who knows intimately the crowed alleyways of his neighborhood or the dusty lanes of his village. Several of these pairs work as 'sweep teams', knocking on every door they find. Each child who gets immunized is marked on the left thumbnail with indelible ultraviolet ink and a symbol is scratched on the door with chalk.*

New role for Collaroy Children's Hospital

Polio patients who were admitted to Royal Alexandra Hospital for Children, Camperdown, usually spent some months at the hospital's convalescence annex at Collaroy. The hospital was situated in Beach Road, on a prime piece of real estate with magnificent ocean views. The site was given to the hospital in 1921 by George Sargood who had built a beach house there. RAHC constructed three wards (girls, "bubs" and boys) in front of the house. These opened onto a wide veranda. The roller doors to the wards were open most of the time and beds were rolled onto the veranda during the day. My memories of almost a year spent there range from the tragic to the humorous. I still worry about the effect that hospital had on the 'froggies', as the 'bubs' with congenital dislocation of the hips were called. There was a row of them in the 'bubs' ward, their legs were set in plaster at right angles to their waists. They stayed in hospital at least 18 months. Many came from the country so they did not often have a Sunday visitor and were far too young to appreciate mail. On a lighter note, a couple of us who could crawl 'broke into' the physiotherapy room one night, stole plaster bandages and put our dolls in plaster. My mother used to wonder how I got splinters in my socks when I couldn't get out of bed.

In 1966 when RAHC moved out the building was taken over by the Manly-Warringah Developmental Disability Service. Now the Australian Quadriplegic Association has acquired the site and plans to build a rehabilitation unit that will provide transitional accommodation for people with spinal injuries. *AQA is especially conscious of the current back-log in the hospitals, of people who are unable to move to the next stage of their journey to regaining their lives (Quadrangle Summer, 2000).* Some end up in nursing homes. An appeal to raise four million dollars to build the facility has been launched.

Network Members Awarded Centenary Medals – Congratulations !

In December 2001, the Prime Minister announced the creation of a Centenary medal to honour living persons who have made a contribution to Australian society or government, including those who have lived during the last hundred years.

Designed by Balarinji, the medal features a seven-pointed federation star to symbolise federation with the six states becoming one.

We were delighted to learn that at least three Network members were in the list of Centenary Medal awardees that was announced on 23 April 2003. If any other member or friend received a Centenary Medal please let us know.

Hazel St Barbe Atkinson OAM	For service to the community through voluntary work
Wendy Nolan	For service to the Drummoyne Access Committee
Alix Rainnie	For service to the community

Performing Arts Survey – HAVE YOUR SAY !

Kiersten Fishburn
Audience Development Officer
Accessible Arts

In my job at Accessible Arts (NSW peak arts and disability organisation), I often get comments, complaints (some compliments!) about the performing arts sector in NSW. I use these comments to inform my work and to help me provide accurate advice to performing arts organisations about changes they can, and should, be making.

I am putting together these ideas into a report on the performing arts sector (theatre, dance, live music etc) and audiences of people with disabilities. I am looking for further feedback and ideas from the disability community. Already I have got some really interesting comments and the information I've shared with performing arts organisations is helping them to make some changes and provide better services.

The questions that I have been asking are:

- What type of things inhibit or stop you from attending a performing arts experience?
- What encourages you to attend a performing arts experience? Are there particular services that help you to attend or make attending better?
- What access issues have you encountered at performing arts venues?
- Do you have any examples of good venues?
- Do you have nay examples of bad venues?
- Would a carer (or companion) concession encourage you to attend a performing arts experience? What are your feelings about carer/companion concessions?

I would love to get some further feedback about these issues. If you have a comment, please let me know. You can e-mail me on *kierstan@aarts.net.au* or give me a call on (02) 9251 6499. I will be happy to forward a copy of the report to all people who have contributed.

Looking forward to reading your replies and hearing from you.

Can You Still Drive Comfortably and Safely?

Member Pat Davies has written to tell other members about her recent driver's licence turmoil. Pat's story alerts us to how easily our lives can be turned upside-down, and to the fragility of our control over what we think of as our well-ordered existence. For many of us, our cars are our legs, so we would like to hear from other members who may have had, or who took steps to avoid, a similar experience, and learn how they managed the challenge.

I felt compelled to let fellow old polios know about the very long and frustrating process of having modifications done to my car. It is presented in point form because otherwise the sequence was too confusing and drawn out for me to remember.

1. Appointment with Rehabilitation Specialist at Calvary Hospital, Kogarah, for assessment to order a new wheelchair through PADP.
2. I requested another appointment as I felt in need of advice about general fitness and night-time back and leg pain.

3. Second visit, he proposed finding an exercise program, diet and reviewed my medication. I offered my thoughts about leg/back pain being linked and that driving long distances seemed to increase the severity. He asked me how I drove and when I explained that I had used my left foot to drive an automatic for 38 years he was shocked because "driving with your left foot is illegal". He proposed modifications and immediately rang the hospital Occupational Therapist (OT) for an appointment for assessment. **There was no physical examination**.
4. Within one week I received a letter from the RTA asking me to surrender my licence, on medical grounds, at the nearest Motor Registry. When I very tearfully surrendered my licence I asked the desk person if it was illegal to drive with my left foot and she assured me it didn't matter which foot I used. When asked the obvious question about who had notified them about my "medical" unfitness she could not answer, and so I asked to see someone in a higher position who told me that he could not release that information, only that it was a medical person.
5. After much whining and gnashing of teeth, I finally felt able to contact the Rehabilitation Specialist (he had conveniently given me his email address) who was shocked, and told me to wait while he investigated. After some more emails back and forth he explained that it is policy, when an assessment appointment is made, for the OT to contact the RTA. This is possibly because the patients usually seen at Calvary are elderly or accident victims, and their physical ability has suddenly changed through a stroke or injury. He agreed that my case was neither and, through contacts in the hospital and RTA, later in the afternoon advised that an interim licence would be waiting for me at the local Registry Office as soon as I could get there. I arrived before the fax had come through and continued to drive until the assessment appointment three weeks afterwards when, understandably, my licence was again cancelled until I had learned to drive with my accelerator pedal on the left of the brake.

I have kept these notes in my diary, as the whole episode seemed so unfair and bizarre that it was difficult to believe.

	Licence suspended (first time)	16 January 03
	New licence	16 March 03
Cost:	Assessment	$ 275.00
	7 lessons at $55	$ 385.00
	Taxis - 6 returns to Kogarah	$ 300.00 (with dockets)
	Taxis - work and shopping	$ 100.00 (with dockets)
	Modifications	$ 500.00
	Change of Registration Details	$ 55.00
	New Licence	$ 35.00 (was due)
		$1,650.00

By the time the first driving examination appointment was made, I was quite numb and tired from arguments with some taxi drivers, and therefore not surprised that the examiner called in sick; another appointment was made the following week when an examiner was specially brought from Rosebery.

Today, after driving while sitting straight for over a month, I must report that my back and leg pain has decreased markedly, though in hindsight, if I had known the effort and angst involved, I don't know if I would go through it again.

Maybe there is some way to address this issue, or maybe we just need to be aware of the process so that we can take a role in shortening the time and expense involved.

Message From Your Committee - We Need Your Help

George Laszuk

Just in case you were not aware, our association does not receive any regular income except from annual subscriptions, which we keep as low as we possibly can, and donations. As you can appreciate, with the ever-increasing costs of running our organisation, we are always looking at ways of offsetting these costs.

One solution we have come up with is placing Donation Money Boxes in commercial areas where cash is exchanged.

This is where you can help. Are there any members out there, who own or work in a small shop or service station, who are prepared to place one of these money boxes on their counter?

Once the box has been placed you won't have to do a thing. All boxes are key locked and we will arrange to clear them at regular intervals. (This clearing procedure applies to the Sydney metropolitan area only. If Country members are able to assist, we will work out an alternate clearing method.)

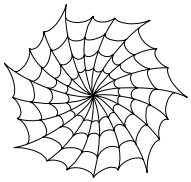
Can I also remind members that all work for our association is carried out by dedicated volunteers and if this venture is successful we may be able to employ someone on a part-time basis to help with our ever increasing work load.

Remember the more we can do, the more you the members will benefit.

A famous President once said, "Ask not what your association can do for you, but what you can do for your association".

If you can help please email me on *advocacy@post-polionetwork.org.au* or give me a call on (02) 9628 0000 or 0412 082 983.

Cobwebs



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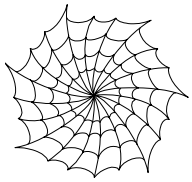

Cobwebs is a vehicle designed to bring members up-to-date information about the Network's web site, tell you its points of interest, show you how to get the most out of your visit to its pages, report on the Members' Forum, and let you know about other websites of interest. We regret that our regular *Cobwebs* feature does not appear in this issue of *Network News*. Peter Preneas is no longer able to prepare the feature, and our efforts so far to identify someone to take it over have been unsuccessful. We don't want to ask a Committee Member or our Webmaster, Tony, to take on an even greater load so we are asking someone out there to offer their time and talents four times a year.

Writing *Cobwebs* each quarter can provide an opportunity for a member who is less mobile and unable to take an active role in Network management to still contribute his or her skills for the benefit of fellow members. All it requires is a sense of adventure, a desire to explore the web, a pinch of creativity, and a willingness to pass on your knowledge. If you can help, please email Gillian at *gillian@post-polionetwork.org.au*.

Network Health Professionals Training – An Update on Home Care Workers Training

Merle Thompson
Vice President

Phone: (02) 4758 6637
Email: mkthom@bigpond.com

In November 2002 members of the Management Committee conducted a training session for Home Care workers based at Dee Why. This was the first opportunity we have had to discuss general home care issues with carers and to explain to them the special needs of polio survivors.

The session was well received as can be seen from some of the evaluations written by participants.

> *It was a very good training session. The four ladies that spoke at the training I found very interesting and admire them for the way they cope with their disability they certainly have a good outlook on life.*
>
> *Good presentation by people who know what it is all about. Found it to be very factual based on the behaviour of clients that I go to.*
>
> *I found this in-service extremely interesting. Most relevant info in regards to work was the background (health problems). I think this is relevant and helps me as a worker understand the level of their frustration – this understanding helps me not to take it on board.*
>
> *This training was very helpful in understanding the necessities that people with Polio have and be able to bring the right services for them, as they are different to others. Even cleaning services could be different. I think is great to be aware of simple things that can change and bring security in other people's way of living.*
>
> *The ladies were lovely. If we have any clients that have had polio it will be most helpful.*
>
> *At first I thought 3 hours was going to be too long but the speakers got my attention. I feel that I will benefit from it.*
>
> *Good information on post polio. Interesting and a lot of good discussions. I learned a lot and the literature we took home was good.*

Following the session we wrote to the Home Care head office and to other metropolitan offices offering to conduct similar sessions in other districts.

One of the issues which arose during the training was the problems experienced by some people who are reliant on carers for personal hygiene and daily personal activities if the carer is unavailable at a weekend or public holiday. They could, for example, be left without showering or even be unable to get up for the length of a long weekend. For privacy reasons carers should not provide home contact details. The letters to the head office and districts asked about their policy and provisions in this matter.

It was recommended that all care recipients develop an individual **contingency plan** with their regular carer of Home Care office in order that such problems can be readily overcome. It was also pointed out that the Home Care Service cannot provide emergency services.

If you have any experiences relevant to this issue please let me know, and also any extra issues you would like us to raise in future sessions. So far, we have been invited back to Dee Why to speak to a different group of carers later in the year. Thank you to the Network members who provided input to the development of our initial training package.

Support Group News

Neil von Schill
Support Group Co-ordinator
Phone: (02) 6025 6169
Fax: (02) 6025 5194
Email: support@post-polionetwork.org.au

It would appear that the Support Group network is in expansion mode as we move further into the year. It has been our aim to establish at least one new Support Group in the metropolitan area each year in regions of the city not yet serviced by a support group.

We hope to start a group in the Bankstown area mid year. An inaugural meeting will be held at the Bankstown Trotting Club on Wednesday 25 June 2003, commencing at 2:00 pm. All members living in this part of the city are cordially invited to attend. Afternoon tea will be provided at the conclusion of the meeting. For enquiries either contact me or Anne Buchanan on (02) 9771 2748.

We have received funding to help establish another city based group in the Marrickville area in the latter half of this year. If you live in this part of the city and you are interested in joining a support group or you would like to accept the responsibility of convening the group, I would love to hear from you! Please ring me on (02) 6025 6169.

As new members join the Network there is increased interest from country members who have volunteered to act as Convenors of country groups. Ray Heaslip and his wife Robyn are willing to establish a group based at Forster/Tuncurry. If you live in the area Ray would very much like to hear from you and can be contacted on (02) 6554 7744. An inaugural meeting will be held later in the year.

North of Forster at Port Macquarie, Patricia (Pat) Adamson has indicated her willingness to establish a group which will service the Port Macquarie area. Pat can be contacted on (02) 6581 3704. We hope to start a group there in the latter half of the year.

On the South Coast at Lilli Pilli, Peter Whelan has offered his services to begin a Support Group which will service the greater Batemans Bay area. Peter can be contacted on (02) 4471 2635 and would welcome any enquiries.

Further news on the progress of these groups and details of meeting dates, times and venues will be published in the next edition of *Network News*.

Support Groups Celebrate 10 Years of Friendship

Neil travelled up from Albury on 5 April to attend the 10th Anniversary celebrations of the **ACT Support Group**, convened since its beginning by Brian Wilson with assistance from Roger Smith and Sue Wallis. The members were most appreciative that a member of the Management Committee was in attendance and welcomed Gillian's words of congratulations. Seventeen people joined in the festivities and it was a happy group of friends who gathered over afternoon tea to look through the very first attendance sheets, newspaper articles from 1993 and some photos taken over the last decade of meetings.

On 13 May, Bernie O'Grady's **Blacktown / Blue Mountains Support Group** also celebrated their 10th Anniversary, this time with dinner at a local club. Nine members of the Group were able to be there, and they celebrated long into the night with Gillian Thomas and Bob Tonazzi who represented the Management Committee, and Ruth Wyatt, Convener of the Northside Support Group, who came over with her husband Dick. It was a night full of good humour and a worthy way to celebrate ten good years.

Dubbo Mini-Conference – 6 and 7 September 2003

In an endeavour to more equitably serve members throughout the state, the Network is hosting a Mini-Conference in Dubbo over the weekend of 6 and 7 September 2003. The aim of the conference is to bring a range of topics and experiences to members, particularly those living in the Central West of the state, who may not have had the opportunity of participating in other Network activities.

The Mini-Conference will be held at the Expo Centre of the Dubbo Showground complex on Saturday 6 September, with registration commencing at 9:30 am. The conference will feature speakers and videos covering a range of topics including information sessions, self esteem, the polio experience, reflections, physiotherapy and pain management, orthopaedic footwear, orthotics and the opportunity of meeting new friends.

Morning and afternoon tea and lunch will be provided. The Network will subsidise the Mini-Conference and members will only pay $10.00 for the day.

On Sunday morning 7 September, a special package has been negotiated with the Western Plains Zoo which includes an early morning walk behind the scenes at the Dubbo Zoo, a full cooked breakfast and the opportunity of spending as much of the remainder of the day at the zoo as you choose. The cost will be approximately $22.00 which is half the normal price. Members may choose to spend a few days in Dubbo and visit some of the other unique tourist attractions.

At 10:00 am on Sunday, a Workshop Session will be held at the Expo Centre for Support Group Convenors and members of the Management Committee.

There are over 30 motels in Dubbo, most of which have only one room with an ensuite suitable for a person with a disability. If you wish to book a room with accessible facilities you should book early and be prepared to try several motels.

The following motels are all within reasonable proximity to the venue and have rooms with a shower with good access but each motel has only one designated room with facilities for people with disabilities.

Atlas Motel	140 Bourke Street	(02) 6882 7244	1800 024 972
Blue Diamond Motor Inn	113 Wingewarra Street	(02) 6882 0666	1800 027 236
Blue Gum Motor Inn	109 Cobra Street	(02) 6882 0900	1800 027 247
Cascades Motor Inn	147 Cobra Street	(02) 6882 3888	
Fountain View Motel	113 Cobra Street	(02) 6882 9777	
Golden West Motor Inn	87 Cobra Street	(02) 6882 2822	
Green Gables Motel	134 Bourke Street	(02) 6882 5588	
Park Vue Motel	131 Bourke Street	(02) 6882 4253	

The Mini-Conference is being organised by Support Group Co-ordinator, Neil von Schill, and Convenor of the Dubbo Support Group, Gregg Kirkwood. If you have any enquiries please phone Neil on (02) 6025 6169. In the next edition of *Network News* there will be a Registration Form, Program and detailed Information Package.

Can You Offer a Fellow Member a Lift to Dubbo?

The Management Committee has looked into the feasibility of hiring a wheelchair-accessible bus so at least some members without their own transport could get to Dubbo. However, the cost was too great. If you are planning on driving to Dubbo from any area, and would be willing to give a lift to another member who might otherwise not be able to attend, please contact Neil or drop a line to the Network. Similarly, if you would like to go to Dubbo but have no means of getting there, please get in touch with Neil and he'll see what can be arranged – of course, we can't promise to get you there, but we will try.

Post-Polio Post

Lynne O'Reilly, wife of member Grahame, recently wrote to tell of his community work.

In your Newsletter 57 you asked for information on members who have received recognition for their volunteer work. In 1999 my husband Grahame received a certificate from our local community transport organisation for being the longest participating bus volunteer and is still involved today.

On 24 November 2001 in the International Year of the Volunteer he was among a number who received an award from Wingecarribee Shire Council for their work.

After the 2001/2002 bushfire emergency he received an appreciation certificate from Bob Carr and Phil Koperberg as did many others. He is not fit enough to be out in the field but there is always plenty to do behind the scenes and he has been equipment officer with our local Rural Fire Brigade for some years.

Post-Polio Network Seminar Program 2003

Saturday 21 June	Maroubra Seals Sports Club *Maroubra Beach*	Special General Meeting to consider Constitution Following lunch (to be provided) there will be an Open Forum for members to discuss and debate future directions *RSVP is essential for catering – see details on page 2*
Weekend 6 and 7 September	Showground Expo Centre *Dubbo*	Please join us on this exciting weekend which will include a full-day Mini-Conference and Support Group Convenors' Workshop *A Registration Form, Program and Information Package will sent to members with the next issue of Network News*
Saturday 29 November	*Ryde* (venue to be advised)	Fifteenth Annual General Meeting followed by a Seminar on *Obstructive Sleep Apnoea* presented by Professor David Barnes Royal Prince Alfred Hospital

Can You Help to Promote the Network?

We have been getting a good response to our new Network pamphlets and are very grateful to everyone who has been able to distribute them widely throughout their local communities. If you can help to get more on display in, for example, pharmacies, doctors' surgeries or waiting rooms, clinics, shopping centre notice boards, libraries and community health centres, please contact Alice on (02) 9747 4694 or by email at *alices@hotkey.net.au* and she will post some out to you.