



## Editor's Corner

Welcome to the first Newsletter for 1994. Page 2 contains details of the year's first Seminar "What is Dysphagia?" to be held on **5 March**. Please note the change of venue to Chatswood. Don't forget that the Autumn edition of the Network's Information Bulletin will be available for collection at the Seminar.

Also in this issue is part one of a detailed report on the talk given by Dr Jill Middleton on the Post-Polio Clinic at our last Seminar. As usual, President Nola Buck has done an excellent job of translating the speaker's words to paper. The report starts on page 3.

A Support Group update, Hydro-Therapy Group news and other items of interest appear on pages 8, 11 and 12. Starting on page 9 you'll find a major article about acupuncture and the post-polio syndrome written by Network member and author, Joan Clarke. Joan has waited a while for this article to "hit the presses"; I'm sure you'll agree it was worth the wait.

Since this issue is packed with goodies, I've exercised editorial privilege and limited our President to a few words about upcoming Seminars (please note the dates in your diary **now**), and news on the World Assembly. She will be back with a fuller report next time.

The Network's Annual General Meeting this year will be held on **7 May** at our usual venue, Paraquad at Homebush. At the Seminar following the AGM we are going to explore the talents of our members. With such a diverse group of people this is sure to be an informative and entertaining afternoon. If you've got a special talent or experience you'd like to share please drop a line to the Editor.

On **6 August** we are extremely fortunate to have secured Elizabeth Hastings, Disability Discrimination Commissioner, to talk to us. Her presentation will be of interest to all our members so we hope you'll make an extra effort to attend. We haven't yet finalised the venue; details should be included in the next Newsletter.

Our Christmas Seminar will be held on **26 November** and will feature Dr Lau, a renowned acupuncturist. Venue details are still being finalised, but this is another event not to miss.

This year we will be holding Seminars in different venues around Sydney to give more members the opportunity to get to one near their home. We are aiming to hold the later Seminars this year in Riverwood and Parramatta. We hope our members will support this initiative and come along to meet other members and hear interesting speakers.

The Network has offered its support to the Disabled Peoples' International World Assembly Australian Program to be held on 3 and 4 December prior to the World Assembly proper (5 to 9 December) at Darling Harbour. At the Assembly, people with disabilities from many overseas countries as well as Australia will be represented. No doubt a lot of the delegates will be people who have had polio; it will be a great opportunity to meet and exchange experiences. Watch this space for further details.

## Seminar : What is Dysphagia?

**Date** : Saturday, 5 March 1994  
**Time** : 1.30 p.m. - 2.30 p.m.  
**Place** : Dougherty Community Centre  
7 Victor Street, Chatswood  
(a short distance from Chatswood Station).

Limited parking is available on the premises. There is also a parking station opposite, or on-street parking. 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.

**Lunch** : 12.30 p.m. - 1.30 p.m. (Note the change of time.)  
Please bring your own lunch.  
Tea and coffee will be provided.

**Afternoon Tea** : 3.00 p.m.

**RSVP** : Phone Rae on (02) 337 6315 or write to the Secretary  
by Thursday 3 March.

Dysphagia is difficulty in swallowing; in severe cases it can cause choking and aspiration pneumonia. Since it is recognised that some people who have had polio suffer from dysphagia, the Network Committee thought a seminar on the subject, including how to recognise the problem and treatment possibilities, would be very helpful to members.

The seminar will be presented by Monika Kaatzke-McDonald who is a senior speech pathologist at the Repatriation General Hospital, Concord. She co-ordinates the Concord Swallowing Clinic and is involved with training Sydney University undergraduate speech pathology students in the area of dysphagia. Monika has recently completed her Masters Degree by research.

As part of her presentation, Monika will show slides and a video to demonstrate what happens in the act of swallowing, and what happens when the swallowing function is impaired. As is usual in Network Seminars, Monika will then open up the Seminar to questions and discussions.

Your Editor visited Monika last year with regard to swallowing difficulties, and found her to be knowledgeable, friendly and professional. She had made a special effort to research how people who have had polio might be affected by dysphagia. I'm sure her talk will be very informative.

This is the first of our regular Seminars this year. We hope you'll stay on after Monika's talk and chat to friends while you enjoy afternoon tea. If this will be the first Seminar you have attended, please introduce yourself to a Committee member.

## "THE POST-POLIO CLINIC"

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At the seminar held on the 20th November, 1993, we were fortunate to have as our Guest Speaker, Dr. Jill Middleton, the Rehabilitation Specialist at the Post-Polio Clinic, Prince Henry Hospital. Dr. Middleton joined us for lunch and during the Christmas afternoon tea, answered individual queries.

The following is an edited version of the address given by Dr. Middleton. In our next issue will be the "Question & Answer" session which followed this address.

"Poliomyelitis is a viral illness which has, over the years, been quite prevalent through the human population and also through some other primates. It is actually a virus that is enteric in terms of the way we catch it, that is, it gets into your gut through food or other material contamination and chugs away living in the gut quite happily. In many people that is all that happens, it doesn't cause any illness. In probably five to ten percent of people there is a non-specific viral-type illness (general malaise, maybe gastro-type symptoms) and then probably in only one to two percent of people is there actually paralysis or paresis, in other words, complete loss of movement control or weakness. The big epidemics that we think of in the western countries really relate up to about the 1950s. There were some big epidemics in the 1940s and 1950s and some big epidemics which occurred over the centuries before that. In fact, there are some Egyptian wall carvings and paintings which show pictures of human individuals with deformed limbs, walking with a crutch, that sort of thing, which we feel are most likely due to polio virus infection.

In Australia, the United States, the United Kingdom, and other developed countries, the large epidemic occurrence of polio has really been stopped by the regular availability of immunisation or vaccinations. However, we still have new polio illnesses occurring in other areas of the world, particularly in Africa and South-East Asia. So that, not only do we have people who had it during the epidemics but, we also have people still contracting the disease at the current time.

Many people who have been exposed to the polio virus have had a mild illness or not had any apparent illness at all and have continued their lives with no apparent effects that we are aware of. People who have developed the illness and during the acute illness developed weakness or paralysis in muscles, in the acute phase went through a stage where, over usually a few hours or a few days, they developed a maximum level of weakness. Subsequently, either days, weeks, months, maybe a year or two, there would be progressive, gradual improvement. Whether that improvement resulted in apparent one hundred percent normality or whether it resulted in improvement but some weakness varied enormously from case to case, as all of you can attest to.

Over subsequent years and decades people have tended to live and get on with their lives and seemed to have a fairly stable plateau level in terms of their muscle function, and then gradually a percentage of people who had polio that included actual weakness or paralysis, have gone on to develop problems which now have come to be termed 'Post-Polio Syndrome'.

My understanding of the Post-Polio Syndrome is a disorder that is really not defined. We really don't know what it is. It is based on a description of symptoms, in other words, problems that the patient has that he/she complains of. The common symptoms are pain, that is, new or increased pain, in joints or muscles, new or increased weakness and that may be in muscles that have or have not, as far as the patient knows, been previously affected. Then there is a whole constellation of other symptoms, such as, cold intolerance, reduced functional capacity, which is a very subjective thing, when you think of it, and there is an enormous number of other symptoms. These symptoms are very non-specific and there are lots of other conditions, medical disorders and other factors in one's life which can lead to one feeling those symptoms.

There has been quite a lot of research into what constitutes this Post-Polio Syndrome which is coming to be felt to be a separate individual entity, but as yet, there is no concrete pathological marker that we can say, this is clearly it, this is what is going on, here's a test that can determine what it is, here's a test that can say, yes, you have it; no, you don't have it.

Equally, there is not any single, clear mode of treatment whether it's surgical, whether it's physical therapy, whether it's pharmaceutical or any form of treatment which can be said to be this is the way you treat this disorder and part of that is because we don't have any specific treatments and part of that is because we don't really know exactly what this disorder is.

In that background context, my feeling is that it is not just a single disorder but we have a whole lot of things going on which, in different people, may be leading to these sort of symptoms and I don't think it is just one thing that is always causing it in the one person.

Perhaps just a few words about the background of our clinic. We set up the Clinic at the Prince Henry Hospital as an offshoot of the Rehabilitation Medicine Services and we opened it at the beginning of March, 1993. The reasons were multi-factorial. Prince Henry Hospital has a long history of involvement in the management of poliomyelitis related illnesses. It used to be one of the infectious diseases hospitals in N.S.W. and so during the epidemics large numbers of people were treated in the acute illness phase at Prince Henry Hospital. As a result, it developed quite a large amount of expertise in the use of fairly specialised technology, such as the iron lung for people who needed ventilatory support. Over subsequent years and decades, as we stopped having acute polio epidemics, we started having a whole lot of other disabling conditions, in particular, the spinal injuries population. Prince Henry has a Spinal Injuries Unit which started to develop about the time acute polio was on the wane. As a result of some of these historical facts and through the actual Spinal Unit at Prince Henry we have had a number of patients who were fairly severely paralysed by polio and many that required ventilatory support or had continuing respiratory problems of particular note and so the hospital and rehabilitation services there have always had a fair number of people with polio who have been coming to the service for help at times. Three years ago Professor Gandevia, who is in the Neurophysiology side, was doing some research and he started looking at the capacity of people to activate skeletal muscles, that is, to make muscles contract, and he became interested in the situation of people who had had polio and things evolved from there and Professor Jones and I became involved in doing a brief clinical assessment of

people. This was all part of a research study - it wasn't a treatment protocol. However, as a result, it became apparent there was clearly a fairly large population of people who had had polio and were running into problems now, and they seemed to be problems which were particularly amenable to a rehabilitation type of approach. So Professor Jones pushed for and was fortunately able to arrange for the establishment of the Clinic.

The Clinic is not a magical, great big facility, like a poly-clinic, where you have hot and cold running therapists or anything like that. It really just consists of the doctor who sees you. However, because it is a rehabilitation hospital or a hospital with a fairly large rehabilitation input, we have a Physiotherapy Department, and Orthotic Service, although it is fairly small, and we have a number of other doctors who are involved in rehabilitation, and also Occupational Therapists. We can't have a dedicated physiotherapist, a dedicated speech pathologist, a dedicated occupational therapist, who belong to the Clinic as such, but any patient who sees the rehabilitation doctors would have access to the other allied health professional services, should treatment or assessments in their area be felt to be likely to be useful.

What we are basically doing at the Clinic is trying to sort out what is going on for people who have had polio in the past and who come as individuals with problems and see if we can offer any suggestions that might be of benefit and that really is basically what it is about. There are no magic wands but we just hope that we can try and sort out what the problems are, see if there is anything particular that we feel may be able to be treated or cured, try and identify things that can be managed maybe a little better and help people sort out which things they will just have to put up with and, no matter what we think, there are always going to be things we do have to put up with but, equally, the more we look, the more we find things that at least may be able to be helped a bit.

Obviously, particularly after the recent publicity, we have had quite a number of people who have come to the Clinic from areas well outside the Eastern Area Health Service, of which Prince Henry Hospital is part. If we are looking at suggesting particular treatments, such as physiotherapy, occupational therapy or whatever, we would, in the first instance, always be trying to look at the services closer to where the person lives and facilitating access to those services because, if you live in Newcastle, it is crazy to be going to Prince Henry Hospital for half a dozen sessions for something that you can do in your own area.

What we are basically looking at is initially seeing a person, doing an assessment, seeing what we can recommend, often looking at a number of blood tests and a number of other tests to try and sort out, in my mind what, if any, I think medically is going on, so that I can then help the person with my best medical advice for them to sort out the way they want to go in terms of them getting the best of what is going on. This usually involves at least a couple of visits in the first instance and then looking at sorting out some sort of plan and then follow-up, either through the person's own local services or sometimes more close follow-up through our own Clinic, particularly if the person comes from the area.

In the long-term we are looking at seeing people maybe every couple of years as a more long-term follow-up, to help us get a better under-

standing of what is happening to people over time in our terms, as well as how people are feeling about their problems over time. We are continuing doing some of the muscle testing studies which Professor Gandevia started off, because we have found them useful in a couple of ways and there are a few little blood tests which are coming up a little bit strange in some people. I guess this is where we are at in terms of trying to find some answers to the questions of what this disorder, or this group of disorders, is and what it is all about.

Up until the beginning of October, we have had over one hundred people come as new patients to the Clinic of whom all but two I felt probably have had polio.

I might just briefly talk about what my feeling is on the Post-Polio Syndrome. I cannot say that this is an erudite, scientific answer but, looking at the people who come through the Clinic and see me or the other doctor, I think it is quite clear that there are several things happening that are leading to people running into problems and I tend to bundle them into three categories:

1. Having had polio does not prevent you from getting other things. People who have had polio are still subject to all other illnesses and problems that occur in the population of people who have not had polio. People still have motor vehicle accidents, they have whiplash neck injuries, they wear out backs, they do all sorts of things like that. They develop eschismic heart diseases, they develop neuropathy, they develop all the illnesses which the general population gets. Many of these ills can cause pain, weakness, fatigue, reduced function. Many of them are fairly non-specific illnesses and can come on gradually and, therefore, there is a group of symptoms which are really not related at all to the fact that the person had polio in the past and they are completely incidental to that.
2. There is a group of problems that are either contributable to or are contributed by the fact that the person has had polio, so that, for example, if a person has had polio and has poor muscle control across their knee joint and I'll just give a simple example, they may have a tendency to have their knee collapse on them. The trick movement to avoid that is that you push your knee back to lock it when you are carrying your weight on it. Over the years, that will wear that joint out and you will get arthritis in that joint, as a wear and tear problem which has been either caused or largely contributed to by the fact that the muscles controlling the joint are not normal, but weak and abnormal and so other parts of the joint give way. This can cause pain, it can make the muscles across the joint more weak than they were before the joint became damaged. There are many aspects of the effect of having had paralysed or weakened muscles, particularly weakened muscles that a person has used a lot of across joints, that can lead to accelerated wear and tear problems.
3. The group which can be labelled as the Post-Polio Syndrome. I suspect it is probably going to be many different things, but I have the feeling that there is probably going to be something come up that is clear and identifiable as a late effect of polio. Now that doesn't necessarily mean that the virus comes up live and re-activated and actually doing the infection again.

There are lots of reasons related as to the way our bodies recover from polio where there has been nerve damage which almost inevitably carries the capacity for late deterioration. We all hear about nerve sprouts, with the nerve cells that didn't die, didn't get damaged, branching out and sending extra branches to muscle fibres whose "proper" nerves died as a result of the polio. Now that is a very abnormal situation, and they probably are not normal metabolically and they probably don't have the normal endurance over the years. There are various other changes that have shown to have happened to the muscle fibres in muscle groups that have been subject to polio paralysis or weakness, changes in the way they function, in the metabolism, and various other things like that which I feel are likely to be part of this problem at least.

So then I get to, 'What can we do about it?' and I think there is really no single answer and I think the one lesson I've got for me, from the Clinic, is that really you have to take each single person's case individually because everyone is a bit different and all I can advise is to look at the broad principles and come back to the person's individual problems and try to work out the best programme for managing with all the resources that we do and do not have, to help the person typically function more effectively for what that person wants. That is going to be different for every single one of us."

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Prince Henry Hospital Out-Patient Booking Service - Ph: (02) 694 5799  
Medicare Number needed when booking  
Referral from your doctor is necessary

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#### ORTHOTICS CLINICS

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The NSW Society for Children & Young Adults with Physical Disabilities (formerly The NSW Society for Crippled Children) conducts clinics throughout New South Wales.

Peter or Laurie, Orthotists, hold clinics approximately every three months. At the clinic they will service and/or fit an orthosis.

If you require a new orthosis, Peter or Laurie would need a prescription. The Society's Regional Offices could supply a list of Orthopaedic Specialists in your area. However, discuss with Peter or Laurie first what materials, etc., are available so that the doctor's prescription is based on the available materials.

Contact your Regional Office for an appointment at:

DUBBO	(068) 821 099	TAMWORTH	(067) 665 755
BATHURST	(063) 315 688	WAGGA	(069) 211 996
COFFS HARBOUR	(066) 512 266		

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#### SUPPORT GROUPS REPORT

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New Year greetings to you all as we gear up to the challenges of 1994!!!

As the groups have been in recess I don't have a lot to report this time. The ACT group had a guest speaker at its October meeting who

gave an interesting and informative talk on the benefits of hydro-therapy for persons who have had polio. We were pleased to see quite a number of members from the various support groups at the November seminar. Please say hello if you manage to come along. Several groups, members and their families, enjoyed a Christmas get-together for their final 1993 meeting. Convenors are now turning their thoughts to 1994 planning, including occasional picnics, guest speakers, etc.

A very real benefit of support groups is the friendships which have been formed, the sharing, support and encouragement among groups of people with similar problems, many of whom not so long ago didn't even know each other, and for whom the 'aleness' of their difficulties was the hardest thing to handle.

Two convenors have had to resign for personal reasons; Terry Fletcher (Eastern Suburbs) and Raymond Davie (Wollongong). Our best wishes and thanks for your past help. Would any member in these areas like to receive information about convening a group???

My sincere apologies to JOAN MOBEY, convenor of the INNER WEST group, for the accidental omission of contact details in the October, 1993 Newsletter. Joan's phone number is 660 8769, address: 14 Mt. Vernon Street, Glebe, 2037.

Details of new convenors:

BASS HILL Adreana Salapatas, 88 Lowana St. Villawood - 727 7508  
CAMPBELLTOWN Brian Toby, 23 Bowerbird Ave. Ingleburn - 618 2279  
COFFS HARBOUR Anne O'Halloran 51 Gallipoli Rd. Coffs Harbour -  
& Nancye Bonham (066) 525 083

Thanks to all convenors for your group reports and membership details. I'm sure your group members join the committee in thanking you for your thought and caring in the planning and smooth running of the groups. Our best wishes also to those convenors who may not yet have had any enquiries from people in their area. Anyone interested in receiving convenor material? The committee would be happy to hear from you.

I still have quite a number of people wanting to join a group, especially in the North Shore/ Northern Suburbs area - but no convenor!!!

Shirley Roach Support Group Coordinator (02) 759 1578

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LIST OF CALIPER MAKERS, ETC. - NEWCASTLE AND ENVIRONS

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Calipers/Surgical Corsets/ Shoes/etc.	Rob Wright Appliance & Limb Centre 66 Fern Street, Islington. Phone: (049) 622 083
Calipers (AFO's or Inshoe Plastic Splints)	Ralac - Rankin Park Hospital Phone: 561 022
Caliper & Shoe Maker	Tony Sas 49 Maitland Road, Mayfield. Phone: 673 138
Calipers/Surgical Corsets/ Shoes/etc.	Chris Crossingham Phone: 294 106
Surgical Corsets	Anstey Surgical Phone: 524 155
	Joan's Foundations - Branches at: Phone: 693 600 Hamilton Belmont Maitland

## Treating Post-Polio with Acupuncture - Worth Trying?

That was the decision I had to make in July 1992 when orthopaedic specialists diagnosed my sudden loss of independent mobility as Post-Polio, telling me that there was no chance of improvement. The best I could hope for, they said, was a slowing down of the deterioration by walking as little as possible with crutches or a walking frame until my condition necessitated a wheelchair.

I was two when polio paralysed my left leg. Despite extensive surgery, for the next fifteen years I couldn't take one step without the aid of a leather and iron caliper or, for short periods, crutches. Then at seventeen, against the advice of other surgeons, I had my left knee permanently stiffened by the brilliant German doctor, Max Herz<sup>1</sup>. Within a year, with only a slight limp I was walking without any supports other than a light cane that I used only when walking in the streets. Able to negotiate all forms of transport, I found a good job, took up swimming and even went dancing. For almost five decades I enjoyed a full and busy life, combining motherhood, secretarial work and a literary career, often travelling alone to various parts of Australia and overseas.

Wherever I went I did a lot of walking; perhaps too much, for my activities were briefly interrupted twice by the need for more surgery, first on my "good" foot then, in the early eighties, on both feet. All operations were successful and I soon resumed my busy routine. Not until the late eighties did I begin to experience back pains. At first these were relieved by skilful spinal manipulations but when two vertebra at the back of my neck fused, I could barely turn my head. The pain was fierce when I was lying down and disturbed my sleep, as did the noises in my head. They sounded like gun shots; I felt as if Al Capone and his gang were shooting it out inside me. My general health had always been good and I had seldom needed any medication so anxious to avoid taking analgesics, when my son suggested I try acupuncture, I discussed the idea with my G.P. He thought it might be worth trying, provided it was done by a registered doctor. I was lucky. I found a Macquarie Street doctor who was also a renowned acupuncturist. After treatments lasting three and a half months, not only did the pain disappear but, despite the fused vertebra, I could to a considerable extent again turn my head sideways. For the next three years whenever I felt the slightest stiffness or twinge of pain, a couple of visits to this doctor put me right again.

But by 1991 I'd already been forced to cease clambering onto buses and was using taxis to travel any further than my local shops. Soon walking uphill to the shops became difficult. My walking was slower and sometimes wobbly. I had to stop and rest more often. "Getting old." I told myself, or "It's that sore corn on my big toe." Then came the morning when I got out of bed and found I couldn't stand up. Panicking, I rang my son then my orthopaedic. They both came up with the same answer: "It sounds like Post-Polio." Two weeks later I knew it was -- and that there was no cure.

When I informed my medical acupuncturist, it was without any expectations that he could help me. I was surprised when he said he believed he could, provided I agreed to his terms: regular weekly treatments for many months, maybe a year or two -- or longer. What did I have to lose? Living alone, on crutches, without the strength to cook, clean or even

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<sup>1</sup>Some details of this operation are covered in the introduction to my biography, *Max Herz, Surgeon Extraordinary*. The full story of my childhood polio years will be included in my early memoirs, *All on One Good Dancing Leg*, to be published in April 1994.

write for long, by this time I was completely dependent on friends, neighbours, visiting hospital staff and local Community Service volunteers for all my needs, including meals and transport to medical appointments.

When I started the acupuncture treatment, my polio leg was weak, blue with cold and had little feeling. The other leg tired quickly and was often stiff and painful. Walking down the short hill that separated the living and sleeping areas of my unit seemed like a ten-mile hike. I had to lie down and rest before repeating the trek. Most devastating was the fatigue that hit me after half an hour of sitting at my desk. It seemed to flow upwards from my feet to my head, drowning me in a wave of exhaustion that left me unable to move or think. I spent most of those early weeks lying down, my brain too numb to worry about my unfinished manuscript for which my publisher was waiting.

Apart from the few occasions when I felt a sudden surge of strength in my legs and found I could take five or six steps without crutches or leaning on furniture, there was little improvement in my walking during the first months of acupuncture, even after all pain had disappeared and warmth and feeling had returned to my polio leg. The most sudden improvement was the return of my energy when Doctor put me on a ginseng herbal tonic. Only two days after I started taking it, I was able to sit at my desk and write for three or four hours then, after lunch and a rest, I could work for another couple of hours. By November I could walk a little with one crutch or by leaning lightly on furniture. Not only was my "good" leg strengthening, but the polio leg was taking more weight. Progress was not even. If I did too much, became too excited or sat up too late at night, I needed more rest next day, but the debilitating fatigue sessions were shorter and rarer. (I've only experienced one since last April, brought on by three consecutive days packed with work and pleasure, and that didn't last more than twenty minutes.)

Since August 1993 my progress has accelerated. I can now do my own cooking, washing and light chores, only needing help with cleaning floors and shopping. On flat terrain, with two crutches, I can walk 200 metres before needing to rest. With friends I have been to concerts, art exhibitions, films and picnics. Gradually I'm learning how far I can go, how much I can do, without becoming over-tired. I also watch my diet, do gentle exercises and occasionally have physiotherapy.

Curious to know why and how I was improving when so many others with post-polio were deteriorating, immediately I finished my book last year I began searching for more information about this debilitating syndrome. Articles and booklets published by our Network have been most informative, as have papers from various medical journals published here and overseas, the latter procured for me by both my local and State library. I have also written to a number of doctors, patients and institutions seeking further information about the post-polio syndrome and treatments, particularly acupuncture which appears to be widely and successfully used not only in China and other Asian countries, but by some doctors in Western countries, including our own. While about 600 doctors in Australia are members of an organisation for medical acupuncturists, it seems that only a few have had adequate training to treat post-polio. I know of only two in Sydney but there may be more.

I was interested to get copies of two articles on the treatment of the sequelae of polio, both published in Chinese medical journals. The first<sup>2</sup> reported on the results obtained in 792

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<sup>2</sup>*Chinese Medical Journal*, 3(1): 23-30, January 1977.

cases treated by using both western and traditional Chinese medicine, claiming about a 90% improvement including 44 cures. The second article<sup>3</sup> covered a clinical study of 1000 cases treated with acupuncture in the Province of Anhui, China, when 360 were reported to have basically recovered and 600 to have improved. This last report indicated that the younger the patient and the shorter the period of affliction, the more effective was the treatment in improving blood circulation and reactivating damaged nerves. The credibility of these reports has been supported by discussions I have had with two doctors who when in China saw acupuncture being used on polio cases and witnessed the results.

But I don't need such reports to convince me that acupuncture can be effective in treating the post-polio syndrome. It's not a fast treatment. As in my case, it can take months before one begins to improve. In some cases it might not work at all, but as acupuncture, if administered by a competent doctor, can do no harm or engender any negative side-effects, I believe that all who are suffering from post-polio are entitled to know about it so that they can make their own decisions about trying it.

**Joan Clarke**

## Hydro-Therapy Group

Five Network members have been having weekly fun and healing in the warm buoyant water of a hydro-therapy pool. It is an almost euphoric experience to have this lightness of body and unaccustomed ease of limb movements. We can do things we could not even dream of doing on dry land. We experience the joy of movement and laughter flows - tight, overworked muscles relax in the warm water, while weaker muscles may gain strength.

We have the help of a physiotherapist who works with each person individually, for we are all so different in the strengths and weaknesses of various body parts. The physiotherapist is assisted by two volunteers who hold people when needed and stay close by helping with exercises while the therapist attends to others in the group. One member who thought she could not swim, discovered that she could! A volunteer helped her with the alignment of her body and that made all the difference.

The fact that this group exists is largely due to the good will and efforts of Lorraine Haren, co-ordinator of WAVES (Water Activities for Vitality in the Eastern Suburbs). If other Network members are interested in setting up such a group in their own area, Lorraine is willing to liaise with them (contact the Network in the first instance).

For further ideas of the benefits of a hydro-therapy group, I recommend reading "Put Your Whole Self In" by Meme McDonald. This delightful book is easy to read and gives an idea of the possibilities.

**Joan Mobey**

(*ED*: Joan is a very active Network and Committee member, as well as being kept busy as the Convener of the Inner West Support Group. She was the prime mover in getting the hydro-therapy group established.)

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<sup>3</sup>*Journal of Traditional Chinese Medicine*, 7(3): 189-194, 1987.

## Sister Kenny Memorial

After news of this memorial was published in the Network's Information Bulletin last year, some members wrote with concerns about the stairs which it appeared would lead into the building. The Network asked the Sister Kenny Memorial Project Committee to clarify the situation. Mrs Lorna Rickert, Hon. Secretary of the Committee has replied as follows:

"I am sorry the Artist's impression showing steps leading into the entrance of the proposed Sister Kenny Memorial Building has caused some confusion among your members. The comfort and convenience of visitors will be a priority. The steps will not be included in the official plan. The building will be ground level, and a ramp is to be installed for easy access to the building, also there will be a wheel-chair toilet facility in the interior. A kitchenette will be fitted for the occasional cuppa, and on display will be some memorabilia of Sister Kenny's, photos, and history of her life's work. We also intend to have some souvenirs, such as spoons etc for sale, for maintenance of the building. I am quite agreeable for you to notify your members with this information, and our Committee would be very grateful for any donations."

The Network has since donated \$50 to the Memorial Fund ("Pine Lodge", M.S. 223, Nobby QLD 4360). We look forward to hearing further about the erection of the memorial.

## Any Yachting Enthusiasts Out There?

A crew of sailors with disabilities intends to contest the 50th Sydney to Hobart Yacht Race this year (1994). The crew is being put together by Phil Vardy, a paraplegic. Phil, once a keen dingy sailor, broke his back twenty years ago in a motor-cycle accident and is now a wheelchair user.

"After my accident, I gave up thoughts of sailing," said Phil. "But a few years ago, I met Peter Aspinall (a sight-impaired sailor) who believed that sailing was quite possible for people with disabilities. I now own a small keeler with a mate (Niels Warren - an able-bodied architect) and I sail as often as I can. I can do everything on the boat; I bum my way around the deck and cockpit; it's slow and anything but dignified - but it's a lot of fun."

The idea of an all-disabled crew contesting Australia's blue water classic came to Phil while his boat was slipped at Birkenhead Point Marina, Sydney. "The idea of an all-disabled team sailing to Hobart really appealed to me. At a dinner party, I mentioned it to John Doyle who hosts an afternoon radio program on the ABC. John thought it was a great idea and he invited me to 2BL to talk about it. We went to air in mid-December and the response has been fantastic. A firm offer has been made of an Adams 15.2. That's a 54-foot boat - it's big," says Phil. "It's very fast and can be sailed short-handed. That means that it will be relatively easy for sailors with disabilities to sail". So far, firm expressions of interest have come from two paraplegics, two visually-impaired, one Parkinson's and two amputees. More sailors with disabilities are needed.

Phil's main aim is to raise awareness concerning the abilities of people with disabilities. "I want to show that it can be done and that it can be done competitively." Network members who can sail are invited to contact the Sydney-Hobart Challenge for the Disabled, 38 Griffiths Avenue, West Ryde 2114. Phone (02) 685 9527 (BH) or (02) 807 3720 (AH).