POST-POLIO HEALTH

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PHI's mission is supported by its Membership.

Aging with Polio: Why We Were Prepared for Growing Older

Michael Kossove

By surviving polio, we unknowingly enrolled in the world's toughest life-training program. None of us volunteered for it. None of us wanted it. Yet living with polio—and later with post-polio syndrome— taught many survivors lessons about perseverance, adaptability, patience, and determination that now help us face the challenges of aging far better than most people our age.

"Creativity became a way of life. Problem-solving became instinctive."

For many seniors, aging arrives as a shock. Suddenly there are medications, surgeries, balance problems, fatigue, arthritis, walkers, wheelchairs, and doctors' appointments that seem to multiply overnight. Activities that once felt effortless become difficult. Independence changes. The body no longer cooperates.

For polio survivors, however, adapting to physical change is not new. We have been doing it our entire lives.

Most people spend their younger years believing they are physically invincible; polio survivors never had that luxury. From childhood, we understood hospitals, rehabilitation, surgery, pain, and uncertainty. While other children worried about baseball cards or school dances, many of us worried about whether we would walk again, whether another surgery would help, or whether we would be able to climb the stairs at school.

Some of us spent months, even years, in hospitals, in iron lungs, and/or rehabilitation centers. We endured muscle stretching, painful therapy sessions, hot compresses, braces, casts, crutches, wheelchairs, orthopedic shoes, tendon transfers, spinal surgeries, and endless medical examinations. We learned very early that life was not always fair.

But we also learned something else: obstacles could be overcome. If one muscle failed, we learned to rely on another. If stairs became impossible, we developed techniques. If our hands weakened, we improvised. Creativity became a way of life. Problem-solving became instinctive.

Polio survivors became experts at adaptation long before the word became fashionable. In fact, many of us became classic Type A personalities. We learned early that sitting back and waiting for things to happen was not an option. We became planners, organizers, problem-solvers, and doers. When something stood in our way, we adjusted and kept moving. We did not spend much time feeling sorry for ourselves because life demanded action. If something needed to be done, we figured out a way to do it.

That ability carried over into every phase of life.

School itself could be an obstacle course. Many schools were not accessible to students with disabilities. Elevators often did not exist. Children with disabilities were frequently misunderstood or underestimated. Some teachers assumed physical disability meant intellectual. Many of us went to schools with other disabled children, not the regular neighborhood schools. Our parents had

continued on page 2

continued from page 1

to intervene to get us into local schools. Yet many polio survivors developed fierce determination. We pushed ourselves academically because we wanted to prove that our disability did not define our intelligence or our potential.

And then there was the social side of growing up. Children can be cruel without meaning to be. We were stared at, questioned, imitated, and sometimes excluded. Walking differently, wearing braces, or using crutches instantly made us "different." Those experiences often gave polio survivors an unusual level of emotional strength and empathy. We learned compassion because we understood what it felt like to struggle.

"We often worked harder than everyone else because we felt we had to prove ourselves."

Dating and marriage brought another layer of anxiety. Many survivors worried whether someone would accept them physically. Would a limp matter? Would braces embarrass someone? Would weakness or disability become a burden? Those fears were real. Many polio survivors developed strong personalities, humor, intelligence, and resilience that attracted people far beyond physical appearances.

Employment presented even greater challenges. Before disability protections became common, many employers openly discriminated against people with disabilities. Some assumed we were incapable without giving us a chance. So, polio survivors learned another important life skill: persistence.

Many became overachievers. We often worked harder than everyone else because we felt we had to prove ourselves. We became professionals, teachers, physicians, lawyers, counselors, writers, business owners, advocates, and community leaders. We learned organization, planning, and discipline because conserving energy and maximizing ability were necessary for survival.

Even everyday activities required strategy. Most people never think about parking spaces, ramps, distances, elevators, accessible bathrooms, or whether chairs have armrests. Polio survivors think about these things automatically. We became experts at scanning environments, planning ahead, and conserving energy long before aging forced others to do the same.

We also became experts at handling disappointment. Plans changed. Bodies changed. Sometimes after months of rehabilitation, the results were not what we hoped. Some survivors regained function only to lose it later. Others spent years trying to appear "normal," pushing themselves beyond safe limits because they wanted to fit into society.

Then came post-polio syndrome. For many survivors, PPS felt like a cruel second attack. After decades of stability, muscles weakened again. Fatigue became overwhelming. Pain increased. Activities that had once become manageable suddenly became difficult again.

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Post-Polio Health International's mission is to collect, preserve, and make available research and knowledge to promote the well-being, and independence of polio survivors, home ventilator users, their caregivers and families, and to support the health professionals who treat them.

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Yet even then, polio survivors adapted. We adjusted schedules. We learned energy conservation. We accepted mobility devices we once resisted. We modified homes, changed routines, and redefined independence. Because after surviving polio once, we already understood something many people discover only later in life: independence is not about doing everything exactly the way you once did it. Independence is finding new ways to continue living fully.

Now, as seniors, many polio survivors watch friends their own age struggle emotionally with aging-related challenges that feel terrifying and unfamiliar to them. Knee replacements, shoulder surgeries, arthritis, diabetes, heart disease, chronic fatigue, reduced balance, hearing loss, vision problems, or the need for mobility assistance suddenly become life-changing events.

For many polio survivors, the reaction is often different. This is not because these problems are easy—they are not—but because we already know how to cope.

A cane or walker? We have used one before. Physical therapy? Been there. Surgery? We survived dozens. Fatigue? We practically invented energy conservation decades ago. Mobility devices? We learned long ago that using equipment is not weakness; it is freedom.

Unlike many people who freeze when faced with obstacles, polio survivors tend to move into action mode. We do not simply sit back. We adjust, we improvise, and we do whatever needs to be done. That mindset became part of our personalities decades ago.

We also learned patience in ways many people never had to. Rehabilitation taught us that progress sometimes comes slowly, inches instead of miles. We learned endurance, because we had no alternative. We learned how to keep going even when we were exhausted, frustrated, or frightened.

And perhaps most importantly, we learned perspective. Polio survivors understand gratitude deeply. We appreciate simple accomplishments because we fought hard for them. Walking across a room, driving a car, raising children, holding a job, traveling, or simply remaining independent were victories we never took for granted.

Humor also became one of our greatest survival tools. You almost had to laugh sometimes. Braces squeaked during quiet moments. Crutches slipped at the worst possible times. Wheelchair or scooter batteries died. Strangers asked ridiculous questions. Doctors occasionally said absurd things. Humor helped transform embarrassment into resilience. That humor continues to help us age gracefully today.

None of this means aging with polio or post-polio syndrome is easy. It can be physically exhausting and emotionally painful. Losing strength after spending years fighting to gain it can feel deeply unfair. Many survivors struggle with chronic pain, breathing problems, isolation, or increasing dependence.

But polio survivors possess something unique: lifelong experience overcoming adversity. We spent decades learning how to adapt, improvise, persevere, and continue forward despite obstacles. We learned courage in hospital rooms, determination in rehabilitation centers, and creativity in everyday life.

In many ways, polio prepared us for aging better than anything else could have. While seniors today are just beginning to learn how to cope with physical limitations, polio survivors have been mastering those lessons for a lifetime.

We are not simply aging.

We continue to do what we have always done: adjust, adapt, persevere, and live life on our own terms. ■

"We spent decades learning how to adapt, improvise, persevere, and continue forward despite obstacles."

Michael Kossove *is a polio survivor and Professor Emeritus and Adjunct Professor of Microbiology at Touro University, School of Health Sciences, New York. He has written and spoken extensively about the experience of having polio and now living with the late effects of polio.*

From a Polio Survivor's Perspective ...

Why Do People See the Disability before They See the Person?

Michael Kossove

Many polio survivors have experienced it. You enter a room using a brace, a cane, crutches, a scooter, or a wheelchair, and before you say a word, people have already formed an opinion. They notice the disability before they notice the person.

Why does this happen?

Part of the answer lies in human nature; people are visual creatures. We immediately notice anything that appears different from what we expect. A person with a limp, an unusual gait, a brace, or a mobility device naturally attracts attention. It is not always prejudice or cruelty. Often, it is simply the way our brains are wired to observe differences.

The problem is that some people stop there. Instead of seeing a teacher, writer, lawyer, grandparent, artist, athlete, veteran, volunteer, or friend, they see "the disabled person." The disability becomes the entire story, even though it is only one chapter in a very large book.

For polio survivors, this can be particularly frustrating. Many of us have spent a lifetime overcoming obstacles that others cannot imagine. We endured paralysis, painful therapies, surgeries, braces, and years of rehabilitation. We built careers, raised families, contributed to our communities, and developed a resilience that only comes from facing adversity head-on. Yet, sometimes, all of that disappears behind a pair of crutches.

There is another reason people focus on disability. Many are uncomfortable around it. Disability reminds people that life is unpredictable. It reminds them that strength, mobility, and health are not guaranteed. Some respond by avoiding eye contact; others become overly helpful. Some speak to a companion instead of directly to the disabled person, as though the disability somehow affects intelligence or the ability to communicate.

Polio survivors know how absurd that can be. A weak leg is not a weak mind. A wheelchair is not a measure of intelligence. A brace is not a reflection of character.

Many survivors develop a sense of humor about these situations. We have met strangers who congratulate us for doing ordinary things such as grocery shopping, attending a movie, or going out for dinner. Sometimes the assumptions are so ridiculous that laughter becomes the best response.

The good news is that first impressions do not have to become permanent impressions. Once people get to know us, they usually discover what was there all along. They find a person with talents, opinions, dreams, accomplishments, and experiences. They discover someone who has learned perseverance in ways that many never will. They begin to see the individual, rather than the disability.

As polio survivors, we cannot always control what people notice first. A brace, cane, scooter, or wheelchair may enter the room before we do. But we can remind ourselves that the disability is not our identity; it is only one aspect of who we are.

The real challenge belongs to society. The goal should not be to pretend disabilities do not exist. The goal is to look beyond them. To see the person first and the disability second. To recognize that every visible disability belongs to a human being with a unique story.

After all, when someone meets a polio survivor, they are not meeting a disability. They are meeting a person who has already overcome challenges most people can scarcely imagine.

And that is the first thing worth seeing. ■

A Trusted Resource for Polio Survivors and Healthcare Professionals

PHI's newly updated print edition of the *Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors* is now available.

Written in an accessible style and grounded in current knowledge about post-polio care, the *Handbook* helps bridge the gap between survivors and the healthcare professionals who care for them. Covering more than 85 topics, it provides practical information about the late effects of polio along with guidance for effective clinical care and self-management.

To give readers a sample of the information available in the *Handbook*, this issue of *Post-Polio Health* includes an excerpt on "Lifestyle Changes." We hope it offers a useful glimpse into the depth and breadth of information contained in this comprehensive resource.

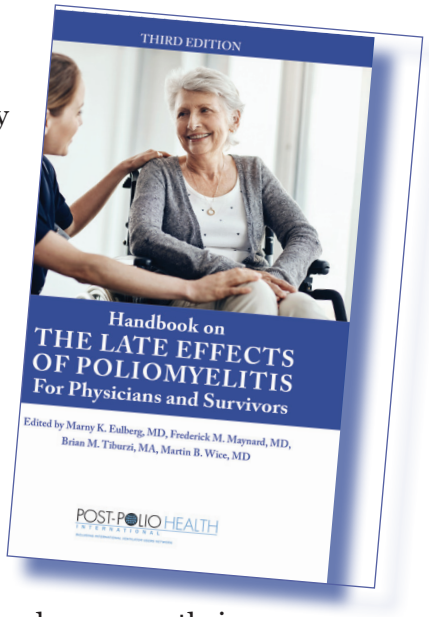
Whether you are a polio survivor, caregiver, or healthcare professional, the *Handbook* serves as a valuable reference for navigating the long-term effects of polio.

Print copies are available for $20.

Order your copy today at: www.post-polio.org/education/publications/

LIFESTYLE CHANGES

Making certain lifestyle changes is reported by polio survivors as the most effective treatment for the late effects of polio (Yarnell, 1998). Almost everyone who adopts such changes achieves some relief of symptoms (Westbrook & McIlwain, 1996). The change most recommended is the adoption of energy conservation techniques (see Conservation of Energy) which may involve the elimination, reduction, or modification of various physical activities. Examples of elimination include taking early retirement, employing household help, and delegating tasks. Reduction of activities might include working part-time, or cutting back, but not eliminating, recreational activity and/or social commitments. Modification of activities is the most frequently advocated method of conserving energy. Examples are reorganizing the kitchen and other work areas, so that tasks can be carried out while sitting; and purchasing ergonomic and labor-saving equipment, such as a cart, grabbers, or a stair glide. Rehabilitation professionals (see Occupational Therapy) are invaluable sources of information on techniques and equipment that will reduce energy expenditure.



The majority of survivors who incorporate more rest periods into their day experience significant benefits (Westbrook & McIlwain, 1996). Individual needs vary, but recommendations for rest include lying down for an hour in the middle of the day or after work, or taking at least two 15-minute rest breaks during the day. Alternating periods of activity and rest is optimal, because less muscle fatigue occurs, muscles recover their strength more quickly, and overall work capacity is increased (Agre & Rodriguez, 1991). Survivors are advised to pace their activities and purposefully plan their lives, so that too many engagements are not undertaken in one day (see Pacing). Pushing on when tired or overextending because one feels energetic can result in several days of profound fatigue.

Making lifestyle changes is difficult, often resulting in feelings of loss, guilt, and inadequacy (see Loss). Changes can be facilitated by talking with a counselor, attending a support group, communicating with family members or, if this is difficult, asking a health professional to discuss with the family the need for change. Keeping a daily log of activities, rest periods, and feelings of fatigue is useful in evaluating one's lifestyle. Adopting a philosophy of saving one's energy for the things most enjoyed is helpful, as is developing the ability to say "no" before becoming fatigued. Survivors should ensure that their lifestyle changes also incorporate positive experiences, such as becoming more involved in interests that they can still pursue and developing new interests and leisure pursuits. Survivors who have successfully made lifestyle changes report that they have developed and expanded their personal philosophies and their spiritual or inner lives (Westbrook & McIlwain, 1996). ■

POST-POLIO RESEARCH UPDATE

Frederick M. Maynard, MD

Two new clinical research studies (references on pg. 7) were recently published by a group of Italian investigators led by Dr. Antonio Toniolo, who has previously received funding from PHI's Research Fund. Taken together, they offer hope for how to better identify those individuals with post-polio syndrome (PPS) who may benefit from treatments thought to improve the immune system's ability to fight chronic viral infection.

STUDY 1: Lowgrade persistent poliovirus infection in longterm polio survivors diagnosed with postpolio syndrome: diagnostic and clinical implications[1]

METHODS: White blood cells (WBCs) were isolated from blood samples taken from 96 subjects diagnosed with PPS according to the European Federation of Neurological Societies' criteria, as well as from 26 stable paralytic polio survivors, 57 family members, and 72 non-polio control group participants. The WBC samples then underwent an innovative procedure for identifying low-grade viral infection. The procedure includes culturing the WBCs with poliovirus (PV)-susceptible human cell lines and then extracting ribonucleic acid (RNA, a genetic material) samples that are next subjected to Reverse Transcriptase-PCR (Polymere Chain Reaction) in order to obtain sufficient RNA amounts for identification and analysis.

RESULTS: PV genomes and proteins were found in 87% of subjects diagnosed with PPS compared to only 12% of 26 stable paralytic polio survivors, 3.5% of family member controls, and 0% of 72 other non-polio control groups. It also found high concordance of positive findings between results using WBCs or using CSF (cerebrospinal fluid), muscle tissue, or colon tissue samples from some PPS subjects for human cell line culturing and processing.

DISCUSSION: These findings suggest persistent low-grade infection can persist for 50 years or more after Acute Paralytic Polio and that CSF, muscle, and/or intestinal tissue are the likely reservoirs for PV. Low detection rates among family members suggests minimal transferability of the PV genomes, many of which appeared to be mutated variants of either wild or vaccine-associated strains of PV. Viral genome replication rates were also shown to be very low.

The study's results also suggest that a test for the presence of PV genomes in blood samples could become a feasible and useful diagnostic tool for prediction of which polio survivors were at greatest risk of PPS. Results also strongly support ongoing efforts to find effective anti-viral treatments, such as immunotherapies to slow or stop progressive PPS symptoms.

STUDY 2: Post-Polio Syndrome: Impact of Humoral Immune Deficiencies, Poliovirus Neutralizing Antibodies, Vitamin D Deficiency[2]

Based on blood sample analyses, 80 PPS subjects, as well as 40 family members, were shown to have significantly reduced levels of IgG (Immunoglobulin G), IgA, and IgG subclasses compared to non-polio controls.

Mean serum Vitamin D levels were also found to be significantly reduced in PPS subjects compared to non-polio controls, while the mean Vitamin D levels of the PPS family member group was intermediate between the PPS group and control group.

CONCLUSIONS

These studies' overall findings suggest genetic, immunological, and nutritional factors may all increase susceptibility to the pathogenic effects of PV. Findings additionally highlight the complex relationships between immune status and long-term health of aging polio survivors. ■

Dr. Antonio Toniolo

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1. Toniolo A, Genoni A, Maccari G, Chumakov K, Basolo F, Bono G, Mauri M, Molteni F, Arrondini L, Bertolasi L, Monaco S. Low-grade persistent poliovirus infection in long-term polio survivors diagnosed with post-polio syndrome: diagnostic and clinical implications. *J Neurol*. 2025 Sep 6;272(9):617.

2. Toniolo A, Chumakov K, Federico G, Maccari G, Genoni A, Saba A, Nauti A, Bono G, Molteni F, Monaco S. Post-Polio Syndrome: Impact of Humoral Immune Deficiencies, Poliovirus Neutralizing Antibodies, Vitamin D Deficiency. *Vaccines* (Basel). 2025 Sep 2;13(9):939.

THINGS YOU CAN DO

❖ Have your Vitamin D levels checked. Take supplements if your levels are low.

❖ Use known immune boosting strategies. Check the CDC's recommendations at www.cdc.gov/healthy-weight-growth/about/enhancing-immunity.html.

❖ Learn more by attending our webinar with Dr. Maynard on April 8, 2026, at 2:00 pm EST. Register at https://tinyurl.com/RES2026PHI

New Additions to PHI's Website

Two new sections have been added to the website featuring archived entries from our two long-running newsletter columns: Ask the Doctors and Promoting Positive Solutions. These new online collections bring together years of trusted information and practical guidance in an easy-to-search format, making it easier for members to revisit past articles and find information relevant to their own experiences.

The Ask the Doctors archive includes answers to medical questions related to the late effects of polio from healthcare professionals with expertise in the field. Promoting Positive Solutions focuses on practical approaches to the emotional, social, and everyday challenges of living with the long-term effects of polio, offering strategies and perspectives drawn from lived experience.

These resources reflect the expertise and real-world experience that have supported the post-polio community for many years and are now available in one convenient location on the website. We hope members will find the archives useful both as a source of information and as a reminder that others in the community have faced many of the same questions and challenges.

PHI members can access the collections at www.post-polio.org under the "Education" tab. Members are encouraged to explore the new sections and share any feedback or suggestions with the office at info@post-polio.org. ■

OUR STORY: A POLIO SURVIVOR

Kim Kerby Dickman, Kip Kerby, Kitridge Kerby

- **December 4, 1946, was the day our dad thought he had the flu.**
- **December 6th was the day their doctor confirmed it was polio.**
- **December 8th was the day he was taken to the West Texas Hospital.**

In less than a week, our father's whole life had changed. His family, school, friends, dreams, and future were altered. He was 15 years old, and everything he knew was gone.

At the time, there was no shot, no vaccine, no cure, only treatment. He was among the 5% of those under 21 years of age who contracted polio. Within that group, cases varied widely; some patients' symptoms were mild, others more severe, and death remained a serious risk.

The treatments were many: draining, steaming, woolen towels, whirlpools, exercises, weights, massage, manipulation, wheelchairs, crutches, braces, and canes. The list was endless and the results varied.

He was eventually transferred to Carrie Tingley Hospital in Hot Springs, New Mexico, where they administered the "Sister Kenny treatments." It was far away from home, so every three to four months he would return home for a week or so—once to see family, once to graduate from high school, once to decide what his future would be.

Can you imagine how this affected his parents (our grandparents)? How his siblings (he was the youngest of six) felt? How his friends felt?

It was a small rural town, a small school, a small community. In an instant, his and his family's choices were no longer theirs to make.

Polio takes away from and defines you. You have to readjust to everything, adjust to what they call "a new normal."

Polio does not simply make you sick. It steals strength, independence, and ordinary moments most people never have to think about. It can turn a healthy child into someone who struggles to stand, walk, or breathe without help. It reshapes futures in a matter of days, leaving families to adjust to a lifetime of physical challenges and emotional weight.

Those who lived through polio, including survivors, their families, and the health-care professionals who cared for them, understand this reality better than anyone. They know what this disease looked like before vaccines existed.

Because of that lived experience, many in the polio community carry an important responsibility: to make sure these stories are not forgotten.

The voices of survivors and their families still matter greatly. Sharing these stories with local media, community groups, schools, or younger generations helps remind the public of the impact polio has had on real people and families. Healthcare professionals who treat(ed) polio patients and the survivors who lived through it carry a perspective that statistics alone could never convey.

For my dad, that understanding shaped how he approached vaccines when they finally became available. He had his three kids first in line at our high school cafeteria when they administered the first vaccines in our small town. He was elated that there would be no way we would experience what he had and that he and our mom would not suffer the way his parents had.

Vaccines changed everything. They transformed a disease that once filled hospitals and rehabilitation centers into an illness that many people today have never seen. But for those who survived polio, the effects of the disease did not

simply disappear. They carried them for the rest of their lives.

Unfortunately, we lost our dad twenty years ago. He was far too young. He had persevered for so long. Post-polio syndrome caught up with him despite all he had been able to overcome.

When he passed, we lost a brother, an uncle, a dad, a granddad, and a great granddad. Not to mention a friend so many people cherished.

We were very lucky and blessed to have had him for our dad. He deserved a better, longer physical life and we deserved more time to have him with us, but he left us with so much: perseverance, adaptability, a can-do attitude, hard work, positivity, empathy, kindness, and so much love.

There was no whining. No complaining.

Just quiet strength.

And that is his legacy. ■

The family of Bob Kerby

In Memory of Robert J. (Bob) Kerby

"PHI Members Update" delivers timely news between issues.

Last month, PHI launched the *PHI Members Update,* a new monthly e-newsletter designed to keep members informed about the latest news, services, resources, and advocacy efforts from both PHI and the broader post-polio community.

Delivered directly by email, the *Members Update* provides timely information between issues of *Post-Polio Health,* allowing PHI to share important developments, upcoming events, new resources, and other news as it happens.

The *Members Update* is intended to complement—not replace—our longstanding quarterly print newsletter. *Post-Polio Health* will continue to provide the in-depth articles, expert perspectives, and community stories that members have come to expect, while the *Members Update* offers a way to stay connected throughout the year.

To view the first issue, visit: www.post-polio.org/news-and-events/phi-members-update/

If you did not receive last month's *PHI Members Update,* please contact the office at 314-534-0475 to confirm that we have your current email address on file. ■

Ask the Doctors

QUESTION: *I am scheduled for an endoscopy soon. Should I be concerned about anesthesia during this procedure?*

Marny Eulberg, MD

Answer from Marny Eulberg, MD: Most gastroenterologists technically don't use anesthesia when they do endoscopies. Instead, they use medications that create "conscious sedation," which means the patient will not remember what happened, but the patient can still respond to commands such as "turn onto your left side" or "take a deep breath." This means that the patient will continue to breathe on their own and can swallow and manage their own secretions, which is different than general anesthesia when the patient no longer can breathe on their own or voluntarily swallow. The drugs that are used also have their effect for a very short time (minutes) and then begin to wear off. Most polio survivors other than those with very limited respiratory function do not need any special modification to the drugs used during the procedure(s).

Some gastroenterologists do have an anesthesiologist or nurse anesthetist choose which drugs to use, administer them, and then monitor the patient during the procedure. The advantage to this is that the anesthesiologist/nurse anesthetist can direct all of their attention to you and how you are responding to the medication whereas if the gastroenterologist is supervising the sedation, they also need to concentrate on performing the procedure in addition to monitoring the patient's response to the medications. The disadvantage is that then there is an extra cost for the services of the anesthesia professional.

It may be helpful to choose an appointment early in the day for the procedure so that if it takes you a bit longer to fully wake up after the procedure there is time to allow that before the facility closes for the day.

PHI's newly updated *Handbook* does have a section discussing anesthesia considerations for polio survivors. You can access it at www.post-polio.org.

QUESTION: *Last month I went to the ER for severe muscle spasm pain in my thigh. While there, I got an injection of a muscle relaxant in that thigh and also a 50 mg dose of Tramadol. Symptoms improved in a few hours, but I don't want to take Tramadol again—it made me feel weak and faint. The doctor sent me home with some muscle relaxants to take twice a day for a few days. I've heard for years that polio survivors should avoid muscle relaxants, but if I have another spasm, would it be okay to take just one tablet?*

Answer from Marny Eulberg, MD: Muscle relaxants can be used for short term treatment of painful muscle spasms when simple treatments such as rest, massage, and heat/cold have not helped or not helped enough. They should not be used long term because it also decreases the contraction strength and thus will make the muscles appear weaker and over a long period of time could lead to increased muscle weakness. Also, it can "cover up" the symptom that may be telling you that you have overused the muscle and should try to limit whatever activity it is that led to the muscle spasm or explore whether some kind of external support or use of an ambulatory aid is indicated.

So, yes, it is okay to take one or even two doses if the spasm happens again, but it will also be important to think very carefully and perhaps write down how you have used the muscle in the 4–6 hours prior to the onset of the painful cramp. The cause may not be readily apparent as you ponder the events around one episode, but if there has been the same or similar trigger for two or three episodes, you may be able to identify the cause and then can seek to avoid that cause in the future. ■

Have a medical question about the late effects of polio? PHI's Medical Advisory Committee is here to assist. Just fill out the form at https://post-polio.org/ask-the-doctor/, and one of our volunteer physicians will be in touch. Please allow up to five business days for a response.

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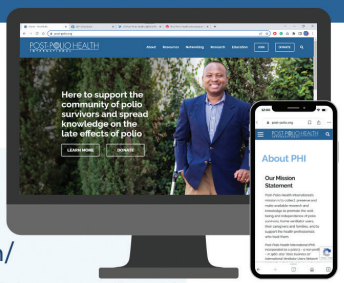

Need help purchasing a brace or custom-made shoes? *We can help!*

The Joyce and Arthur Siegfried Memorial Fund offers up to $800 to polio survivors who need assistance purchasing these items.

Joyce and Arthur Siegfried were pioneer advocates for polio survivors. Mrs. Siegfried attended the 1987 PHI (GINI) conference and took "pages and pages of notes" back to the Raritan Valley Post-Polio Support Group, which she founded that year. She helped organize the first New Jersey Conference on the Late Effects of Polio in 1990, which led to the creation of the Polio Network of New Jersey in 1991. She died in 2004, after many years as the organization's treasurer and leader of the Raritan Valley Support Group. Mr. Siegfried was a long time PNNJ board attorney and also served as president, retiring in 2010 a year before his death.

In 2012, the Polio Network of New Jersey (www.njpolio.org) established The Joyce and Arthur Siegfried Memorial Fund at Post-Polio Health International with an initial gift of $7,500.

Before completing the application, please make note of the following.

- Polio survivors from any country may apply.
- The maximum amount of funding available per individual within a two-year period is $800.
- Payments are made to brace or shoe companies and not to individuals.
- Funds are not available for buying two pairs of different sized shoes.

To apply, download an application at https://post-polio.org/siegfried-fund/ or call 314-534-0475.

In Appreciation

Thank you for recognizing your friends and loved ones with contributions to the activities of PHI and IVUN and for your generous Membership contributions.

Please contact us if we made an error.

Contributions to PHI's education, advocacy, and networking activities

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PPH42/2

Inside *Post-Polio Health*

Vol. 42, No. 2, Spring 2026