

PHI's mission is supported by its Membership.

**WE'RE
STILL
HERE!**
www.post-polio.org

WE'RE STILL HERE: Our Experiences, in Our Own Words

Each year, PHI's "WE'RE STILL HERE!" campaign seeks to raise awareness of polio survivors, the late effects of polio, and the issues that continue to shape our lives. This year's campaign will take place October 18–24, 2026, and will begin with a simple question: ***As a polio survivor, what is one thing you wish more people understood about your life today?***

The answers will form the heart of this year's campaign, "WE'RE STILL HERE: What We'd Like You to Know." Throughout the week, PHI will share members' experiences in their own words accompanied, when possible, by photographs or short videos offering a glimpse into their daily lives.

As polio survivors, we know that the challenges of daily life are not always immediately apparent to those around us. People may see you resting without understanding the fatigue that made it necessary. They may see a wheelchair, brace, ventilator, or other equipment without recognizing the independence it provides us with. They may not see the planning and effort required to attend an event, the difficulty of finding a knowledgeable healthcare provider, or the frustration of encountering an inaccessible medical office, business, or public space.

This year, PHI wants to provide you with an opportunity to make those experiences visible and explain them in ways others can understand.

Your contribution does not need to tell your entire life story. In fact, describing one ordinary activity—perhaps a task able-bodied individuals take for granted—can often be a better illustration of the

challenges polio survivors face. You might show how you prepare for the day, conserve energy as you go about your day, adapt an activity, accomplish a challenging errand, use adaptive equipment, or manage your physical limitations. You might also choose to describe a positive experience with someone who listened and understood.

You may contribute in whatever format feels most comfortable:

- ◆ A few paragraphs about an experience.
- ◆ A photograph with a short description.
- ◆ A brief video.

Submissions may be sent to info@post-polio.org. The deadline to submit an entry is Friday, October 16, 2026.

If you are not sure where to begin, consider completing one of these statements:

- ◆ "Something most people don't understand about my daily life is ..."
- ◆ "I wish healthcare providers understood ..."
- ◆ "One thing that helps me retain independence is ..."
- ◆ "An ordinary activity that requires extra planning is ..."
- ◆ "Before making assumptions about my disability, I wish people would ..."

continued on page 2

During “WE’RE STILL HERE!” week, PHI will feature these contributions on our website, social media accounts, and email communications. We encourage our members to share them on their own social media accounts to help educate others about the challenges polio survivors face every day.

We will also select a grand prize winner (\$100 USD) and four runners-up (free PHI Membership for one year) to be announced throughout the week. The winning entries will be featured online and published in the fall issue of *Post-Polio Health*.

We hope the campaign provides an opportunity to show the lived experiences of polio survivors honestly, in all their variety, and to help others understand the realities that too often go unnoticed. Polio survivors have spent decades adapting, advocating, and living full lives. This October, we want to bring those experiences together and make sure they are heard.

WE’RE STILL HERE! These are our lives today, in our own words. ■

Updated Virtual Support Group Listings

PHI has updated its online listing of virtual support group meetings for polio survivors. The list includes online meetings hosted by groups across the country, many of which welcome participants regardless of where they live.

Virtual groups can be especially valuable for survivors who do not have an active post-polio support group nearby or who find it difficult to travel to in-person meetings. Virtual meetings (often held on Zoom) offer a convenient way to connect with others who understand the experience of living with the late effects of polio, exchange helpful information, and build a sense of community from home.

View the updated meeting list at <https://tinyurl.com/ZoomPPSGs>.

The list can also be found below the map on PHI’s Post-Polio Directory page at <https://post-polio.org/networking/directory/>. ■

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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.

How to contact PHI

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PHI sends PHI Membership Memos via email. Be sure to set your spam filter to receive emails from info@post-polio.org.

Moving? Change of address?

Notify PHI before you move by calling 314-534-0475 or email info@post-polio.org, and tell us your old and new addresses.

Away temporarily?

Send us your second address and dates you will be there and we’ll do our best to send you newsletter.

How to be joyful when pain doesn't want you to ... A Polio Survivor's Perspective

Michael Kossove

Pain can be a relentless companion for many polio survivors. It arrives uninvited in the morning, follows us throughout the day, and sometimes keeps us awake at night. Whether it comes from weakened muscles, overused joints, or decades of compensating for physical limitations, pain often seems determined to take control of our lives.

Yet, despite the pain, many polio survivors have discovered something remarkable: joy is still possible.

That may sound strange to someone who has never lived with chronic pain. How can a person be joyful when every movement hurts? How can someone smile when their body constantly reminds them of its limitations? The answer is simple, though not always easy. Joy and pain are not opposites. They can exist together. Polio survivors learned this lesson early in life.

Many of us spent our childhoods in hospitals, rehabilitation centers, and physical therapy clinics. We endured treatments that would seem overwhelming to most children. We wore braces, used crutches, spent months away from family, and faced challenges our friends could not imagine. Yet even then, we found ways to laugh, play, dream, and hope. We learned that happiness was not dependent upon perfect health.

As adults, however, chronic pain can wear down even the strongest spirit. There are days when getting out of bed feels like a major accomplishment. There are days when the pain whispers that life is unfair. There are days when it seems easier to focus on what has been lost rather than what remains.

That is when we must remember a truth that many polio survivors know well: pain may affect our bodies, but it does not have to define our lives. Joy often comes from the simplest things.

It can be found in a grandchild's laughter. It can be found in a favorite song on the radio. It can be found in a phone call from an old friend, a beautiful sunset, a good book, or a funny joke. Sometimes joy comes from helping another person who is facing challenges of their own.

Pain narrows our focus. Joy expands it. When we concentrate only on our discomfort, our world becomes smaller. When we deliberately look for moments of gratitude, our world becomes larger. The pain may still be there, but it no longer occupies the entire stage.

I have met countless polio survivors over the years. Some walk with difficulty. Some use wheelchairs. Some battle fatigue every day. Yet, many are among the most positive and resilient people I know.

Why? Because they understand that life is about more than physical comfort.

Many survivors developed a toughness that cannot be measured. We learned persistence before we learned multiplication tables. We learned determination before we learned how to drive. We learned to adapt because we had no other choice. Those lessons continue to serve us today.

Being joyful does not mean pretending that pain does not exist. It does not mean putting on a fake smile or denying difficult realities. Joy is not the absence of pain. It is the refusal to let pain have the final word.

Some days, joy may simply mean accomplishing one small task. Other days, it may mean spending time with family, pursuing a hobby, sharing memories, or finding humor in life's absurdities.

Humor, in fact, may be one of the greatest gifts a polio survivor can possess. We have all experienced awkward moments, unexpected falls, broken braces, inaccessible buildings, and well-meaning but insensitive comments. Sometimes the healthiest response is simply to laugh. Laughter may not cure pain, but it can certainly weaken its grip.

As polio survivors, we know that life is precious. We have already overcome challenges that many people could never imagine. The same courage that carried us through childhood can carry us through today's struggles.

Pain may walk beside us, but it does not have to lead us. Every morning presents a choice. We can allow pain to dictate the terms of the day, or we can acknowledge its presence and continue moving forward anyway. We can look for reasons to be discouraged, or we can look for reasons to be grateful.

Joy is not found by waiting for pain to disappear. Joy is found by living fully despite it. That may be one of the greatest lessons polio survivors have to teach the world: even when pain doesn't want you to be joyful, you can choose joy anyway.

And in that choice lies a strength that no disease can ever take away. ■

What Works for Me: The Solax Scooter

Ina Pinkney

As my walking became more labored in 2013, I began to research scooters because I am an information junkie who loves to know what's out there! I also had a clear understanding that I was going to be a disabled elder and have always lived by the motto that Dr. Bruno taught us which was Conserve to Preserve!

I have never liked electric wheelchairs because the joysticks could sometimes be too responsive, and I thought I'd rather "hold on" to something in front of me. The SOLAX company stood out to me for its ease of opening/closing, accessible battery, and four-wheel stability.

When it arrived, it was ready to go right out of the box. It had enough charge for me to hold the button on the fob and watch it open. Then I charged it overnight so I could try it out the next day.

With the battery, it weighs about 54 pounds. For a time, that was light enough for me to be able to lift it into the trunk in its closed position. When I stopped being able to do that, I found an automatic lift made in England. I had a company, MobilityWorks, order it for me and install it in my car. I have a Subaru Outback, but based on the videos I have seen, it will fit in almost any car.

The lift attaches to the frame of the car and is operated by a handheld four-button fob. The lift comes out, comes down, and clicks onto a bar with hooks that I had installed on the scooter. I then hit a button to lift it up and another to move it into the trunk. I walk the five steps to the driver's seat either with a cane or just holding on to the car, and I am off!

When I fly, I drive the scooter down to the bottom of the jetway where people leave their strollers, fold up the scooter, and reach in and pull out the battery. I then stick the battery in a tote bag in order to carry it onto the cabin, as is required by the FAA. Then I use my cane to walk to my seat.

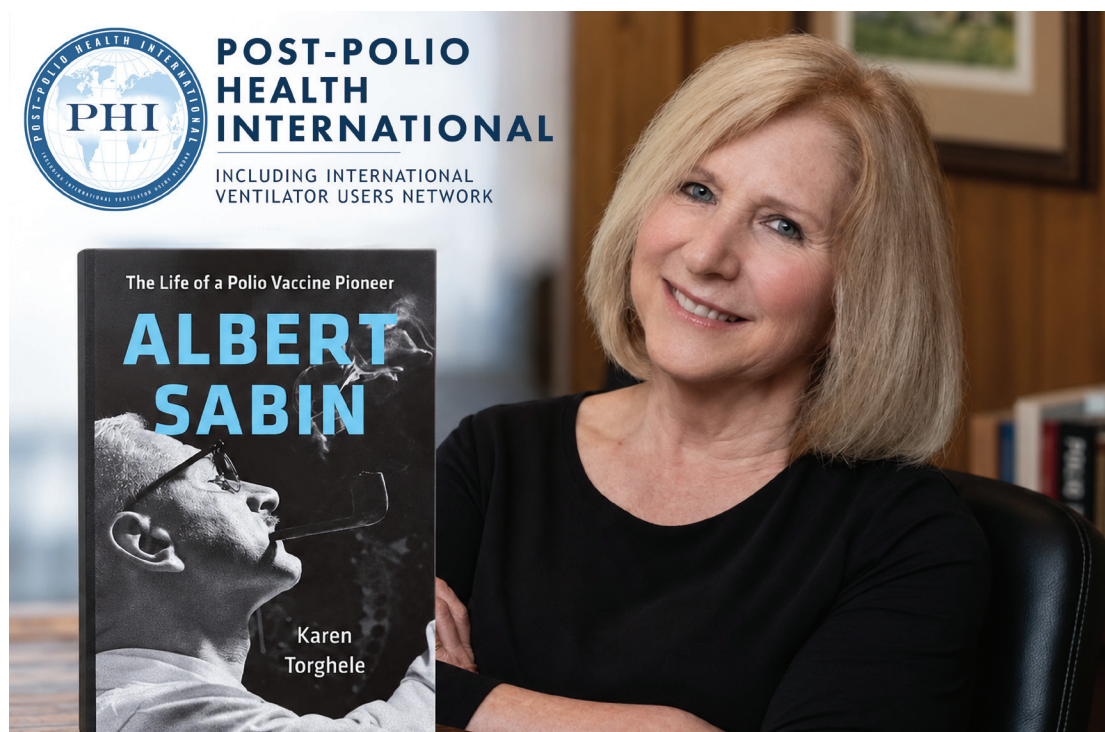
The scooter is stored in the luggage hold during the flight and returned to the bottom of the jetway upon landing. A flight attendant tells me when the scooter is waiting. I walk out, drop in the battery, and take 30 seconds to pair it with the fob. I do that by holding down the letter "A" while I'm dropping in the battery and keep holding the "A" for another 20 seconds. Then I open the scooter and scoot out of the airport!

If the fob is not working at any point, there is a small rocker switch in the back by the charging outlet. The scooter can be opened and closed using that rocker switch. The battery has anywhere from a 3-to-5-year life and costs \$600 to replace.

I have never heard of Medicare paying for it, but it's worth every penny! ■



Join Us to Explore the Life and Legacy of Albert Sabin



POST-POLIO HEALTH INTERNATIONAL
INCLUDING INTERNATIONAL VENTILATOR USERS NETWORK

The Life of a Polio Vaccine Pioneer
ALBERT SABIN
Karen Torghele

WORLD POLIO DAY EVENT

A Conversation with Karen Torghele

Author of *Albert Sabin: The Life of a Polio Vaccine Pioneer*

October 23, 2026 • 1:00 PM CDT
Live on Zoom

PHI members are invited to join us for a special World Polio Day event featuring Karen Torghele, author of *Albert Sabin: The Life of a Polio Vaccine Pioneer*. We hope you will take advantage of this unique opportunity to hear directly from the author of the first definitive biography of one of the most influential and complex figures in the history of polio.

Torghele is an epidemiologist and oral historian with Global Health Chronicles. She worked for more than 25 years at the Centers for Disease Control and Prevention and the Task Force for Global Health. Drawing on exclusive interviews, extensive archival research, and Sabin's own laboratory notebooks, she presents a revealing account of the scientist whose oral polio vaccine transformed global efforts to eradicate the disease.

During this live Zoom conversation, Torghele will discuss Sabin's life and legacy, the development of his vaccine, and the scientific, political, and personal forces that shaped his work. PHI members will also have an opportunity to ask questions.

Please join us on the eve of World Polio Day for what promises to be a fascinating conversation about polio history and the complicated man behind one of the twentieth century's most consequential public health achievements. ■

When: Friday, October 23, 2026, at 1:00 pm CDT

Where: Live on Zoom

Do I Need to Register? Yes. Reserve your spot at <https://tinyurl.com/Sabin10-23-26>

Question: *I had polio as a child, affecting my lower right leg. Now at 72, I have poor balance, fatigue, joint pain, and cannot walk far at all. I'm experiencing sadness and lack of interest in going anywhere—not because I don't want to, but because it's so painful and exhausting. I'm a psychologist myself, but I'd like to find someone who understands what I'm going through.*

Response from Rhoda Olkin, PhD:

As someone who once backpacked through the United Kingdom on crutches, but who now uses a motorized wheelchair almost full time, I totally get it. I can walk about three steps unaided, otherwise I need a walker or crutches. I have a smaller motorized wheelchair I use in the house and a larger motorized wheelchair in the (modified) car I use for work.

Let's be clear: this is a huge adjustment, and it rather sucks. So, let's drill down on the four main issues: (a) pain; (b) fatigue; (c) wheelchair-use and accommodating a wheelchair (in house and car); (d) sadness and perhaps depression.

Pain: I can't diagnose it, of course. But more information is needed to see what might be done. Don't assume it's all from post-polio; make sure there is no injury or overuse. Check things like shoes (do they pinch or hurt?), stairs (pulling up on banister with arm?), carrying groceries (bags too heavy?), falls (injury), or overdoing something. What helps reduce the pain—elevating legs, spa, cool water, ointment (like Voltaren), massage? You might need to monitor activity and pain for a few days to pinpoint what hurts and helps.

Fatigue: this is the biggie for post-polio. As I have less energy in my 70s, I am more particular about what I say "yes" to. I'm still working, but other activities may have to be parsed out. I preplan for down days by looking at my schedule and knowing when I will be more fatigued. The down days are book/TV/movie/iPad game/computer days. Fatigue has to become a part of your lifestyle so that you don't cut out everything that's enjoyable.

Wheelchair use: This one might take money. Insurance will cover a wheelchair to some extent (I had a 20% co-pay). Medicare just changed a rule so it will help pay for car modifications, but you still need a car that can accommodate a wheelchair and ramp/lift. (Toyota and Dodge Caravan both have options. I have a rear-entry ramp into a Toyota, and then the driver's seat comes all the way back to the wheelchair, I transfer with one step and take the driver's seat back up to driving position.) At one point, I had to redo my bathroom to be more accessible, especially the shower (I sit in the shower and have grab bars inside and outside the shower).

Reducing the fatigue it takes to get around is key to feeling like you are not cut off from everything. For example, I now stay in the wheelchair when I go to a live show or to a restaurant, rather than transferring. (If using a motorized wheelchair, be prepared for lots of strangers to make comments about your 'driving'.)

Sadness: Yes, it is sad. And it's ok to be sad about it; I am too. But is it depression? If it is, that may be what holds you back. In depression, it is easy to feel that everything is too much trouble, nothing is worth the trouble, and to feel hopeless that it will always be this way. Depression can hold people back even more than fatigue and pain. It's hard as a psychologist to go to therapy, but that may be a good starting place. Lastly, don't wrap everything up into one "post-polio" package. Try to separate the issues as I have done here, and break down a plan into smaller, doable bits. ■

Dr. Rhoda Olkin is a Distinguished Professor of Clinical Psychology at the California School of Professional Psychology in San Francisco, as well as the Executive Director of the Institute on Disability and Health Psychology. She is a polio survivor and single mother of two grown children.



Please send questions for Drs. Olkin and Machell to info@post-polio.org.

Community Check-in: Rancho Los Amigos Support Group

Mark Mallinger



From left to right, Maria Appleman (Dana Point), Emma Evers (Long Beach), Sally Shaw (Walnut Creek), David Ronfeldt (Manhattan Beach), and Mark Mallinger (Malibu).

We five members of the Rancho Los Amigos post-polio support group in California met in-person in July for the first time, after having connected monthly via Zoom for the past six years. It was heartening to finally meet face-to-face, since some of us have known each other years longer—more so if we include several members who could not attend that day, and still others who recently passed away (notably Richard Daggett, our group’s renowned founder).

We began meeting on Zoom when the COVID-19 pandemic hit. Our sessions have been helpful, enjoyable, instructive, and reassuring, so we’ve kept them going all this time. Besides, returning to in-person meetings is no longer an option—our members are now spread across both Northern and Southern California.

However, when our Northern California member recently planned a trip to the Los Angeles area, we suddenly had a welcome opportunity to finally meet with each other—indeed to chat, nibble, laugh, and chat some more, while gathered in a member’s home. We even took a stylish photo to mark the occasion.

It was refreshing—and significant—to gather this way with other members who have endured disabilities from polio since childhood, then lived through the physical and emotional ups-and-downs of dealing with post-polio syndrome in adulthood. We will certainly continue our monthly Zoom sessions. Yet we will also seek to bring members together for more in-person events in the future. ■

QUESTION: *Over the last three months, I've had two severely painful thigh muscle spasms that took me to the emergency room to seek relief, as I couldn't even walk. The pain occurred in the leg least affected by polio. The ER administered muscle relaxants, Tramadol, lidocaine patches, and prednisone. The X-ray showed no fracture. During the most recent episode, I received an injection of orphenadrine and three doses of the tablets. I don't like the side effects, since I have a-fib.*

My MRI showed mild broad-based posterior disc protrusion especially at L5-S1 and to a lesser extent, L3-L4 and L4-L5, mild stenosis. I was told I didn't need surgery but was referred to a pain anesthesiologist at a spine clinic.

I made an appointment for a spinal epidural but after reading about the possible complications (permanent nerve damage, fainting, severe headaches, etc.), I'm afraid to proceed—especially with a history of polio. I have had home health physical therapy visits and have been doing some stretching exercises and trying not to sit too much. I'm going to talk with the pain doctor's nurse practitioner to see what she suggests, but I'm now in fear of the next muscle spasm.

Answer from Marny Eulberg, MD:

I'm sorry to hear that you are having such painful muscle spasms in your "less-affected leg." It is always useful to try to find a cause for the spasms, if at all possible, and then hopefully by reducing or eliminating the cause, you won't have to worry about how to treat the spasms once they happen. I'd recommend that you think carefully about what you did physically in the 12–24 hours prior to each of the episodes of muscle spasms (perhaps even keep a journal) and work with your physical therapist to find a way to avoid what seems to be causing

the spasms. Often, we polio survivors don't think that some of our activities are overdoing, but often they are!

Your description of the MRI results sounds like what is considered "normal" for many people who are over 50, so I'm not convinced the disc protrusion is the cause of your spasms. Many polio survivors have had epidural steroid injections without any problems. The side effects of an epidural injection that you mentioned are actually quite rare, but of course, if it happens to you, the risk is 100%.

An additional consideration that you did not mention is the risk of bleeding into the spinal canal or a nerve root if you are taking an anticoagulant (blood thinner medication). Many people with a-fib are prescribed medications such as warfarin (Coumadin, Jantoven), apixaban (Eliquis), rivaroxaban (Xarelto), dabigatran (Pradaxa), and edoxaban (Savaysa).

The pain management PA or physician can help guide you about non-pharmaceutical methods or topical medications to treat your pain before resorting to oral or injectable medications.

Answer from Frederick Maynard,

MD: I agree with Dr. Eulberg's comments regarding your MRI findings. Severe spasms in the thigh muscles are very uncommon in lumbar disc disease.

In my experience with polio survivors with a history of lower limb involvement, particularly those who primarily walk but with noticeable limb and/or postural asymmetries, severe thigh muscle spasms are most often associated with and likely caused by shortening/tightening of quadriceps muscles that are being overused (for their strength capacity).

I would seek an evaluation from a PM&R physician and physical therapist who is knowledgeable and experienced working with polio survivors and other



Marny Eulberg, MD

patients with lower limb weaknesses and gait abnormalities. If they confirm my suspicions that your thigh muscles that spasm are indeed tight/weak/strained quadriceps muscles, a simple program of frequent prolonged stretching can be very effective in helping with or eliminating this problem.

It is also helpful to know the cause of your problem because severe spasms from

QUESTION: *My questions revolve around the use of bone density medications. Are any of the current medications safe, or are there newer versions in the pipeline for post-polio patients?*

I had two types of polio (paralytic and bulbar) when I was five years old in 1955. I spent six months in an iron lung followed by one year in a rehab hospital. I recovered in full-body braces but regained full mobility. I did most everything able-bodied people do until post-polio came along in the late 1990s for me.

Over the years, I had multiple back surgeries to correct severe kyphoscoliosis. The first was in 1961, followed by a three-stage spinal fusion with Harrington rods in 1979. I had leg-lengthening surgery in 1980, ulnar nerve release and tendon transfer in 1994, and most recently, left hip replacement in 2020.

Given my extensive history with polio, what are your suggestions? Should I be taking any of these drugs, and if so, which one would work best?

Answer from Marny Eulberg, MD:

Thanks for contacting Post-Polio Health International with your questions about various osteoporosis medications. A few studies have confirmed that osteoporosis drugs can be helpful in slowing or partially reversing bone mineral loss in polio survivors, but I am unaware of any of these drugs being created just for polio survivors or any one of the drugs showing better results in polio survivors than the

tight polio-weakened muscles are not a serious problem, in spite of how severely painful they may be when they occur! Some changes in your manner of walking may also be needed and would certainly require careful assessment of your gait pattern, your leg muscles' strength profile, and how you respond to various stretching regimens.

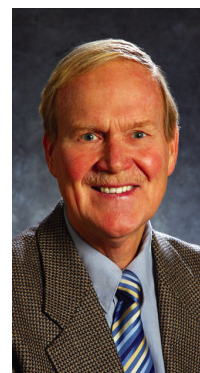
others (this may be because no studies have been done that separated polio survivors from the general population of people with osteoporosis).

I am not surprised that your bone density results are somewhat worse than they were three years ago because you are now three years older, and the normal course of osteoporosis is continued bone loss every year after menopause.

Even though there are no research studies showing superiority of one of the osteoporosis medications over another for polio survivors, I would recommend that if you do decide to proceed with medication to treat osteoporosis that it not be zoledronic acid (brand name Zometa) because that is a bisphosphonate which slows bone destruction but doesn't promote new bone formation whereas the other three do promote new bone formation in addition to slowing bone destruction.

It appears that you are already doing all that you can with lifestyle modification to slow the process of bone mineral loss that will normally happen as we age. I have no specific advice about whether I'd recommend taking osteoporosis medication or not. Having a serious fracture would likely mean long-term decreased physical function for you so you need to factor in your fall risk and take measures to decrease your fall risk if you have not already done so.

continued on page 10



Frederick M.
Maynard, MD

Your respiratory insufficiency and hypercapnia probably limit your life expectancy somewhat (from my calculations your age is now 75). I'd recommend shared decision-making between you and your pulmonologist regarding this considering your life expectancy and how long you'll be able to be up and walking.

In my view, as a polio survivor myself and as a retired family physician, I would recommend making the decision based on whether the medication will improve or maintain your quality of life for longer

or not, rather than based on the numbers on the bone density test. Geriatricians now factor in the "4 Ms" into decision making with their patients—

1. What Matters most to the patient?
2. Medication, 3. Mentation, and 4. Mobility.

Clearly your mentation is very intact. Whatever your ultimate decision is, I'm confident it will be the best decision you can make with the information on hand. ■

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.

DISCLAIMER: PHI offers this program as an educational service but it in no way is a substitute for medical care by a personal healthcare provider. Our physicians/other healthcare providers can only make suggestions that you, in turn, will need to discuss with your healthcare provider. They cannot treat you or write prescriptions for you. Interactions in writing, verbally, or even by video, cannot replace the value of an in-person evaluation.

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.

PHI Members *Update*

News. Resources. Connections.
*Together for a Stronger
Post-Polio Community*



Are you receiving the *PHI Members Update*?

PHI's monthly *Members Update* helps members stay informed between issues of *Post-Polio Health*. Delivered by email, it features timely news about PHI programs and services, upcoming events, new resources, advocacy efforts, and developments affecting the broader post-polio community.

The PHI Members Update complements our quarterly print newsletter, which will continue to provide the in-depth articles, expert perspectives, and community stories our members value.

If you are not receiving the *PHI Members Update*, please contact the office at 314-534-0475 or info@post-polio.org so we can make sure we have your current email address on file. ■

Past issues are available at: <https://post-polio.org/networking/phi-members-update/>

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

In Memory of

Winnie Baten-Schmitzky
Kathryn Bay
Robert Thomas Gilmore

Marlene Perrin
Daniel Wilson, PhD

In Honor of

Sharon Beal
Marny Eulberg, MD
Dr. Mark S. Fixley
Michael & Sally Rosenberg
Vivienne Stern

Contributions to The Research Fund

In Memory of

Kathryn Bay

50 Crestwood Executive Center #440
Saint Louis, MO 63126 USA

Not a Member? Join PHI for just \$30 a year (Subscriber Membership) and receive your own copy of *Post-Polio Health* four times a year (February, May, August, November), plus the monthly *PHI Members Update* via email. For \$55 (Subscriber Plus Membership), join PHI and IVUN and also receive access to *Ventilator-Assisted Living* online.

You can join online at
<https://post-polio.org/support-us/membership/>
or send (or fax 314-534-5070) this form to:
Post-Polio Health International, 50 Crestwood
Executive Ctr #440, Saint Louis, MO 63126 USA.

Questions? 314-534-0475

Inside *Post-Polio Health*

Vol. 42, No. 3, Summer 2026

WE'RE STILL HERE: Our Experiences,
in Our Own Words ... 1

How to be joyful when pain doesn't want you to:
A Polio Survivor's Perspective ... 3

What Works for Me: The Solax Scooter ... 4

Promoting Positive Solutions ... 6

Ask the Doctors ... 8

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