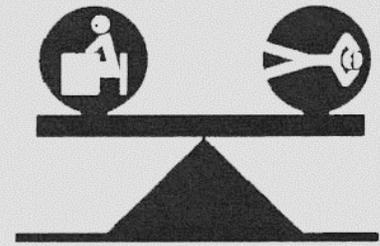


POST POLIO PACER

Conserving Strength and Energy through Pacing
January 2019 — Madison, Wisconsin

Madison Area Post Polio Support Group Newsletter
MAPPSG formed in 1985 — This Is Our 34rd Year!



The Current Status of Health Care and Rehabilitation Medicine in the UAE

(Lessons from Abroad, Part 3)

Dr. William DeMayo, MD
www.papolionetwork.org

In this third part of our series on lessons learned during my work in Abu Dhabi, I hope to give a flavor of what Health Care and Rehabilitation is like in the UAE and Gulf Region. There is no question that patients and professionals alike look upon the US as the "gold standard". US physicians have immediate credibility, and the insurance system tries to follow Medicare guidelines and US quality. Key Performance Indicators (KPI's) are implemented whenever possible. While it would be easy to develop an attitude of superiority, I find it important to keep perspective. First, I consider myself a guest in someone else's home, so I don't judge. Secondly, when I



was born, this whole country was sand dunes and tents. The skyline of Abu Dhabi and Dubai attest to the incredible changes to infrastructure. Every day I am amazed driving past the Grand Mosque on the way to work, looking at the construction of our new hospital atrium or simply looking off my balcony...



At the same time, healthcare has grown at a breakneck speed. Nonetheless, it is fair to say that it takes longer to build a healthcare system than buildings. Health care literacy is very low among some of the population - especially older Emirates and poorly educated laborers (expatriates from countries like Pakistan and India).

While I can certainly not give a comprehensive review of Health Care or Rehabilitation here, I will try to briefly summarize a few key areas including Physician Services, US hospitals in Abu Dhabi and status of Rehabilitation Medicine here.

- **Physician Services / Licensing**

In contrast to the US, physicians do not have their own license that can be used anywhere. It is attached to a facility and that facility



must agree to transfer the license to another provider. The process of getting a license is long, frustrating and exhausting as one needs to get a host of documents dating back to college and most need to go through an elaborate "attestation" process to prove they are authentic. This process includes local notarization, then a stamp from the State government, then a stamp from the US Department of State and finally approval from the UAE Embassy in Washington. I am told that in years past there was an epidemic of fraud in medicine here and this was the government's solution.

For those of you who think the US is over regulated, you haven't seen anything!

Also, there are 3 very distinct levels of Physicians here. As a result, the quality of care can vary from scary bad to outstanding.

- o General Practitioners - This could be a physician from any country, such as Somalia, with a Bachelors' Degree in medicine. They need to pass a written test and can then be licensed but are able to bill only very basic levels of care.

- o Specialists - These physicians generally come from more developed countries and need to pass a much more rigorous written and oral test to be licensed at this level. They can see more complicated patients and bill a higher level of care.

- o Consultants - These physicians come from countries like the US, UK, Canada and Australia. They need to pass an even more difficult set of written and oral exams. Of note, a US Board Certified physician automatically has testing requirements waved and comes in as a top tier Consultant once they get through the certification and attestation process.

- US hospitals in the UAE

- o Several US hospitals have facilities in the UAE. The best known is certainly Cleveland Clinic Abu Dhabi. This is a large palace of a facility that was built to reduce the need for Emirati citizens to go to the US or Germany for care. If care for a condition is not available in the UAE, then it is the government's

policy to pay for an Emirati citizen to go abroad for care. This often involves trips that are weeks or months and includes funding for family members and a spending allowance. The cost savings of keeping that care in country is obviously enormous. This has led to incredible investments including the amazing facility of Cleveland Clinic Abu Dhabi with it's unique structure and enormous atrium complete with full grown palm trees.



- o Other US hospitals have affiliations with local hospitals. For example, the rehabilitation hospital I am working for, Specialized Rehabilitation Hospital, has a 5 year affiliation with Shirley Ryan Ability Lab (formerly called Rehabilitation Institute of Chicago) - the number one ranked rehabilitation facility in the US (arguably in the world). This affiliation goes far beyond name branding and includes ongoing consultation and quality of care monitoring to assure the level of care is as close as possible to that provided in the US.

- Rehabilitation in the UAE
 - o In many ways, rehabilitation in the UAE is in it's infancy. Even the term "Rehabilitation" has vague meaning to many providers and is often used for individuals in Long Term Care who have no functional goals. This may include individuals who are non-responsive and on long term ventilator care (ventilators are not discontinued here).
 - o Acute Inpatient Rehabilitation Units are just starting to appear. Most are converted "villas" (residences) that are on the grounds of Long Term Care facilities. Specialized Rehabilitation Hospital will be the first rehabilitation facility built specifically for that purpose in Abu Dhabi.
 - o High end equipment such as robotic devices and virtual reality exercise equipment is sought out by some Emirati patients even if there is little data to prove its usefulness.

Providing quality care and outcomes requires doing a careful dance between known/proven treatment methods and meeting expectations for patients and families who may surf the internet but have limited health care literacy.



- o Similarly, in outpatient rehabilitation, using equipment such as electrical stimulation, shock wave or ultrasound is expected even if not clearly indicated for a condition. It is often necessary to provide some of these services in order to also get a patient to "buy in" to the need for individualized exercise in therapy and at home.

In summary, working in HealthCare in the UAE is humbling. I have become acutely aware of the quality of care in the US. For all the debates about how to administer Health Care in the US, we should not lose sight that the quality of care provided is the envy of the world. I am also very aware of the fact that patients in the US are far more equipped to be knowledgeable health care consumers.

If you began reading this article feeling overwhelmed with Healthcare decisions in the US, it's important to remember that Americans are well ahead of so many others around the world, in our understanding and expectations of quality. I am realizing this truth more each and every day I am here.

Reprinted from the Pa. Polio Survivors Network July 2018 <papolionetwork@gmail.com>

**“I’m Still Here”
By Mary Herness
Whitehall, WI**

Editor’s note: Mary Herness is the first runner up in the Post-Polio Health We’re Still Here! 2018 Essay Contest. Congratulations!

The year was 1951, late August, when the polio epidemic was rampant across the country. I was a 13-year-old farm girl living near Pigeon Falls, WI, looking forward to being an eighth grader at our local school. When flu-like symptoms progressed to a frightening diagnosis of bulbar polio, my life changed drastically!



An ambulance rushed me from Eau Claire to Madison, WI, where a vacant iron lung waited. Thankfully, oxygen and intravenous feeding helped me survive without an iron lung. After months in hospitals undergoing therapy and making adaptations, I returned home and to school.

Helpful people were key to my survival. My dairy farmer parents were supportive, making countless sacrifices and helping keep my attitude optimistic about future plans. The teacher prepared the students for my return to school. Those schoolmates became “first responders” helping me. They carried my lunch

tray, picked up dropped pencils and even hoisted me up from unexpected falls. Friends remained friendly with no fear of contracting polio from me. Relatives sent cards and gave encouragement. Our pastor changed the confirmation date so I could participate. Years later, my husband would be understanding of my physical limitations and assist in helping design our home to fit my needs.

The diagnosis of polio did not change me or my goals. My type-A personality helped, never doubting my goals to attend college, become a teacher and raise a family. The qualities of optimism, self-direction, commitment and the feeling that anything is possible prevailed. Although I was bitter at first about why I had polio, this changed later to openness without blame.

During my post-polio years, I have altered several aspects of my life. Routine chiropractor visits, comforting therapeutic massages and regular appointments with a family practitioner are vital to my wellbeing. I've had a hip replacement, prolapsed bladder repair, and cataract surgery. As a direct result of the bulbar polio, my swallowing and choking problems must be dealt with daily. Tough meats, seedy fruits, vegetables, nuts and spicy or overly sweet foods all cause bouts of choking. I eat slowly, chew foods thoroughly, and crush pills. Exercise for my heart problems are a daily requirement. Yes, they're all unwelcome sacrifices, but I'm still here!

Now that I am 80 years old, I continually have to adapt. Currently, I am a widow, mother of three sons, grandmother of ten and a survivor of a serious heart attack. Why am I still here? I remain committed to goals in my work with genealogy, with unending desire to keep learning and with a love for family and friends.

Reprinted from *Post-Polio Health* (formerly called *Polio Network News*) with permission of *Post-Polio Health International* (www.post-polio.org).

Any further reproduction must have permission from the copyright holder.

Foods that Shut Down Stress **Jann Hartman, June 11, 2017**

You are what you eat. Foods can help you deal with STRESS and even shut it down! Many times what we eat during times of stress are actually the foods that can make it worse. The worst stress producers are foods such as coffee, cocktails, regular teas, caffeinated sodas, salty foods, candy bars, sugary desserts, and high fat foods. So, what should you eat?

CAFFEINE-FREE BEVERAGES: Try green and herbal teas. They provide necessary trace minerals, such as zinc and selenium. Try some Chamomile tea or papaya juice which provide tryptophan, an amino acid with a tranquilizing effect.

RAW VEGETABLES: Along with being a great source of fiber, they also contain nerve-soothing potassium, and they are naturally low in sodium. Plus, you get vitamins A and D, and folic acid. Try some dark greens added to your salad: parsley, watercress, and dandelion.

WHOLE GRAINS and NUTS: Great sources of vitamin E, potassium, pantothenic acid (an anti--stress B vitamin). These are nutrients often missing from most fast foods. Magnesium (nature's tranquilizer) is abundant in nuts. Try a bran muffin, oatmeal, wheat germ cereal, and nuts and seeds (even better salt free). **YOGURT:** Rich in vitamins A, D, B-complex and a great low-fat source of protein. It is high in calcium which eases the stress of insomnia and migraine headaches. Yogurt is digested 50% faster than regular milk or cheese, so it is very easy on the whole digestive system. Try a breakfast "sundae" made from alternating layers of plain yogurt and fresh (or frozen) berries.

Golden Rule of Post Polio Syndrome
"If something you do causes
you fatigue, weakness or pain,
you shouldn't be doing it!"

SEA VEGETABLES and SPROUTS: Dried seaweeds are an acquired taste, but a little can be good sprinkled on a fish chowder or salad. Kelp, dulse, and spirulina are high in sodium, but also high in protein, calcium, fiber, and vitamin A. A cup of fresh sprouts has more vitamin C than strawberries. Try a salad with sprouts, greens, and some dulse flakes.

SOYBEANS: Soy foods are a great source of calcium, magnesium, B-complex vitamins, protein, and tryptophan. Soy is lower in calories, sodium and saturated fats than meats. Try a tuna salad with cubes of tofu mixed in, or roasted soynuts for a snack, or a tofu shake. Next time you're stressing out, reach for a food that can help your body shut down stress, instead of some-thing that might add to it.

Reprinted with permission of Polio Epic, Inc., Tucson, Arizona, December 2018-January 2019 issue and Jann Hartman, author.



Severe Weather Tips for those needing Mobility Equipment

WHEELCHAIR BATTERIES have to be handled properly if they are going to last for a long time. Wheelchair users can run into problems if their chair has not been fully charged. Not using the appropriate charger is one reason for the battery not properly charging or in some cases actually overcharging the battery. (The main reason for battery charging problems is old age of the battery.)

- If you are going to be using the battery powered wheelchair for an entire day, be sure to give it a full charge overnight.

- For regular charging, be sure to use the manufacturer's charger.
- Do not use the batteries if they have been fully depleted.
- Avoid exposing them to extreme hot **or** cold temperatures. Do not overcharge.
- For open instructions, contact the battery maker.
- Get your wheelchair maintained and checked regularly at a maintenance facility. However, you should still do your own weekly checkup. This way you quickly pick up loose or squeaky parts of your battery, which will extend its useful life.
- Keep a wheelchair repair kit with you at all times, which will help you to perform any minor repairs if you are out and about.

ALERT OTHERS when you are going out in the winter weather alone, alert others. Make a list of close friends and family and ask them if you can put them on your alert list. This means that anytime you leave your home, even if it's to go get the newspaper on the front lawn, you will contact one of the people on the list regarding the time you leave and return. This may sound extreme, but it is necessary when you think of the possibility of your power wheelchair freezing up in the harsh winter temperatures causing you to be stranded outdoors in the cold.

BE READY WITH BACK-UP POWER SOURCES: Portable generators and other types of back-up power sources are highly recommended. Remember your mobility device needs a fully charged battery to work properly. Make sure you are capable of charging the battery whether you have electricity in your home or not.

KEEP YOUR PRESCRIPTIONS FILLED: Have a discussion with your doctor regarding your prescription medication. Inform your doctor that you wish to keep at least a one month supply of your medication at home during the winter season for emergency purposes.

BE PREPARED FOR AN EMERGENCY: Things happen. You will want to keep a first-aid kit at home and in your car. Your at-home first-aid

kit should include hydrogen peroxide, ointment, bandages, rubbing alcohol, Tylenol, ace bandages and scissors. The emergency kit for your car should include a standard first-aid kit, plus socks, blankets, bottled water and at least one fully charged battery for your mobility device.

ALWAYS CARRY A CELL PHONE: These days cell phones are affordable for almost any budget. Carry your cell phone with you at all times. It's best to keep it safely tucked in a special pouch on your wheelchair or scooter. You can even get a specialized cell phone holder that directly attaches to your wheelchair or mobility scooter. Make sure the cell phone battery is always charged. You can use it to call for help anytime of the day. An extra step of precaution is to keep it in your pocket, so it is always a quick reach away. This is especially helpful if you fall. You can just reach into your pocket to call for help, instead of trying to reach for your mobility device.

DRESS FOR THE SEASON: Use a backpack or specialized bag that easily and safely attaches to your mobility device. Keep extra pairs of socks and gloves in the bag at all times during the winter season. Dressing in layers is essential to adjusting to the rapidly changing weather throughout the day and night.

With help from:

<<https://www.karmanhealthcare.com/how-to-take-care-of-wheelchair-batteries/>>
and <<http://wsrsolutions.com/wheelchair-and-mobility-scooter-winter-weather>>

Reprinted from the Pa. Polio Survivors Network, January 2018 <papolionetwork@gmail.com>

Thanks to the Madison Area Post Polio Support Group:

The lovely golden mum plant and the gift card are not expected, but much appreciated as are the comments on the card. Bill and I enjoy the time we spend with you at the luncheon meetings and with the Pacer assembly crew—Tim Duffy, Theresa Post, Sandy Person and Robert Zelm.



Thanks to all of you! Together we make this organization strong.

Marcia Holman

What Did You Miss on Nov. 10?

Carissa Peterson, is a delightful person who obviously enjoys her position as Director of Camp & Respite Services, Easter Seals Wisconsin. Several people in the group had been Camp Wawbeek campers as children and were delighted to see the changes and improvements made over the years.

Carissa described and showed photos of Camp Wawbeek and talked about the specialty programs for Wisconsin Elks/Easter Seals Wisconsin Respite Camp, Transition Program for teens and young adults for independent living, a free twice a year Veterans Family Camp, and Pioneer Camp—no lodge accommodations—but camping outside for this group!

For more information check out this website:

<www.EasterSealsWisconsin.com>
or email

<camp@eastersealswisconsin.com>

EXECUTIVE PLANNING COMMITTEE

Gail Beckwith 608-873-8896
 Kathleen Blair 608-838-8773
 Fayth Kail 249-1671
 Sheryl Shaffer 839-4648

Suggestions for speakers, topics, books to read and discuss, etc. are needed. Call or e-mail (see e-mail list) one of the people listed above to suggest program topics or speakers, volunteer to organize one meeting program, share your knowledge (or find an expert) about becoming a non-profit organization or volunteer your talents (financial, organizing, etc.) as a committee member.

POST POLIO PACER STAFF

Marcia C. Holman, Editor
 3629 Alpine Rd.
 Madison, WI 53704-2201
 e-mail: mchwgh@gmail.com
 Phone: 608-249-2233

Kathleen Blair, Columnist
 5404 Wellington Circle
 McFarland, WI
 e-mail: knlmlbr@gmail.com
 Phone: 608-838-8773

Please check your email address for accuracy and send the correction to Marcia Holman at <mchwgh@gmail.com> Thanks!

Madison P-P Support Group e-mail list:

Beckwith, Gail—dbgb1973@charter.net
 Blair, Kathleen—knlmlbr@gmail.com
 Casper, Mary—maryhcasper@gmail.com
 DuRocher, Carl—carldurocher@gmail.com
 Fisk, Julie—jfkfisk@hotmail.com
 Herness, Mary—maryherness@centurytel.net
 Jordan, Buffy—buffyjordan@gmail.com
 Klotzbach, Jennifer—maywoodteach@aol.com
 Klotzbach, Marilyn—marilynkcgw@yahoo.com
 Marsolek, Betty—bmarsolek@tcc.coop
Miller, Diane—dem2727@gmail.com
 Montgomery, Joyce—jmrm14@yahoo.com
 Murphy, Dorothy—ddm4hymn@msn.com
 Mylrea, Marian & Earl—mamylrea@aol.com
 Newman, Leanne R.—roonie@charter.net
 Post, Theresa—tjpost@charter.net
 Purdy, Elizabeth—epurdy1@verizon.net
 Shaffer, Sheryl—sheryls@gioffice.com
 Schubring, Kathy Sue—kathysue@gmail.com
 Smith, Joy—handswow7@hotmail.com
 Strand, Nedeem—tstrand@charter.net
 Tomter, Linda—ltomter2@gmail.com
 Torti, Geri—gatorti@wisc.edu
 Wieland, Dennis—boxdodger@yahoo.com
Welcome HOME—welcomehomebb@gmail.com

To get your Pacer in color on line, set your email program to always accept messages from mchwgh@gmail.com

Names in bold are new to the list or have an address change. To add your name and/or up-date your e-mail address to this list, notify Marcia Holman at: mchwgh@gmail.com

POST POLIO PACER is a quarterly newsletter published in January, April, July & October for polio survivors, the Madison Area Post Polio Support Group, health care professionals and interested persons to share information and to promote friendships. Articles in this newsletter are for information; medical advice is always necessary.

Please request permission from the editor to reprint articles from the Post Polio Pacer.

Disclaimer: The opinions expressed in this publication are those of the individual writers and do not imply endorsement by Easter Seals Wisconsin or the Madison Area Post Polio Support Group.





Easter Seals Wisconsin
 8001 Excelsior Dr., Ste. 200
 Madison, WI 53717

Non-profit
 Org.
 U.S. Postage
 PAID
 Permit No. 136
 Madison, WI

Address Service Requested

A NEWSLETTER FROM THE MADISON-AREA POST POLIO SUPPORT GROUP

Mark your calendars!

2019 meeting dates:

March 9

May 11

July 13

September 14

November 9

Printing and postage
 is provided by:

EASTER SEALS WISCONSIN

608-277-8288 voice

608-277-8031 tty

608-277-8333 fax

<http://www.EasterSealsWisconsin.com>



No Meeting in January

LOCATION:

**Monona Garden Family Restaurant
 6501 Bridge Rd., Monona
 Noon to 2:30**

March 9—Open Discussion

