



## Issue #44

### Chairperson

Eleanor Grennan 902-425-7977  
eleanorgrennan@eastlink.ca

### Vice Chairperson:

Pearl MacDougal 902-469-3241  
pearlwoman@hotmail.com

### Members at Large:

Rollie Boyd 902-757-2573

Bob Cross 902-434-6998  
ercross@dal.ca

Marlene LeJune 902-467-03  
mleljune@eastlink.ca

Ginny Phillips 902-423-3285  
Ginny.p@ns.sympatico.ca

Caroline Scott 902-423-2782  
cpscott@ns.sympatico.ca

### Easter Seals Liaison:

Faye Joudrey 902-453-6000x226  
f.joudrey@easterseals.ns.ca

### Provincial Support Group Contacts

#### Middleton:

Linda Haven 902-825-6190  
lindahaven@av.eastlink.ca

#### Sydney:

Louise Gillis 902-564-4102  
Louise.gillis@eastlink.ca

#### Yarmouth:

Linda Muise 902-648-3238  
gerlyn@yar.eastlink.ca

#### Newsletter

Joan M. Walker, Editor & Science Advisor  
jmwalker@dal.ca

Amanda McCulloch, Layout  
Easter Seals  
f.joudrey@easterseals.ns.ca  
902-453-6000x226

### **Would you like to assist with the annual meeting?**

**Please contact Faye Joudrey or  
Eleanor Grennan. A recording  
secretary is needed & assistance  
with refreshments.**

## The Editor's Comments

Readers know that this issue is the first of the new annual newsletter for Polio Nova Scotia. As usual feedback on content is welcomed and a strong plea is made for you, the readers, to submit items for the 2017 newsletter. These can be sent in at any time during the year – make the newsletter yours.

This issue contains a mixed bag of content. Dr. Tannis, an academic pharmacy professor has, on request, submitted an interesting article on Natural health products – please note her disclaimer at the end. Dr. Harman writes about managing chronic pain and Bob Cross gives an update on his life with polio focusing on cold intolerance. The Odds and Ends section has a grab bag of items with web links to the full reports.

There is a longer than usual piece on the Global Polio Eradication Initiative to inform you of the change in the type of vaccine given, why this is needed and what it entails.

I thank Faye Joudrey and the staff at Easter Seals Nova Scotia for layout, printing and distribution. I hope readers find something of interest in the newsletter and look forward to some feedback!

– Joan M Walker

## Letter from the Chairperson

### *Greetings, Friends of Polio Nova Scotia!*

We are well into 2016 after a relatively easy winter which made it easier to get around, especially for people with mobility problems. I have appreciated this since I was unable to be in Florida this year due to family circumstances.

Recently I was rereading the articles in our fall newsletter, as well as the PPASS (Post Polio and Awareness Support Society) newsletter from B.C. about the eradication of polio on our planet with the exception of Afghanistan and Pakistan. This is good news which we hope will soon include those two countries. For some reason this got me looking back to the 1950's when we were hearing on the news about the terrible epidemics of polio cases, particularly in Canada and the United States and the fears that we all experienced. This became a reality for me in July 1955 when I was diagnosed with polio. During the years since, I have often felt how unfair it was that I contracted polio just months before the polio vaccine was available in N.S. However, we can be thankful for the efforts of people like Sister Elizabeth Kenny, who developed her innovative methods of managing muscle spasm, reducing muscle pain and encouraging limb movement, and the many people who supplied the necessary money to provide the facilities and specialists for our benefit.

I think it is great that we will have the opportunity to share our memories, experiences, and present situations, as well as, the usual treats at our annual meeting on May 14th. See you there!

– Eleanor Grennan

## Annual Meeting, May 14<sup>th</sup>, 2016

As is now the custom the annual meeting will be held on the second Saturday in May, at Easter Seals on 3670 Kempt Road, between 2 and 4pm. It's a social meeting, a chance of chat, and exchange ideas and solutions. See you there!

**\*Mark your calendar for next year's meeting too, Saturday May 13<sup>th</sup>, 2017!**

## Chronic Pain and Postpolio Syndrome

K. Harman, PT, PhD, Associate Professor, Dalhousie School of Physiotherapy

Like many chronic conditions, postpolio syndrome has many associated physical complications, among them is the experience of chronic pain. When we think about chronic pain, it usually means that the experience of pain has persisted past a three month mark and also is non-responsive to traditional medical intervention. It is kind of a loose definition, and when one starts to look closely at chronic pain, things are difficult to pin down in every direction. However, one thing is certain, chronic pain is difficult for the individual to manage and it affects many parts of their lives.

A study from 2008 reported that 91% of people in a study (of persons with postpolio syndrome) had experienced pain (1). They reported it was mostly in their shoulders, low back, legs and hips, and that it interfered mostly with their sleep and activities that were quite physical. Although it is reasonable to approach chronic pain treatment from a perspective of getting rid of it with medication, there has been a significant amount of progress in research on treatment that indicates for almost every situation of chronic pain, we should approach it from multiple perspectives.

Now, assuming that the pain comes from the likely combination of long standing muscle imbalances, progressive wear on joints and muscles... there is not likely anything that one can do to 'fix' it. But, that doesn't mean you cannot do something to improve things. So, in addition to analgesic medications, exercise and psychological therapies can make living with chronic pain much easier.(2) Exercise is hard to do when you are experiencing pain, but the research tells us that any kind of activity or exercise is better than stopping altogether.

So, the main thing is to be active, select an activity that you are likely to do, and do often and build it into your lifestyle. Do it in a way that does not increase your pain – this could be a ridiculously small amount at first, but your job is to gradually increase it. This will have a positive impact on the chronic pain experience. You will be doing something that you enjoy and also will have some goals about doing more of it. In addition, seeking ways to be positively engaged in the world around you will decrease the impact of chronic pain on your life.

The second piece of advice is to encounter the experience of pain with acceptance. Recently, it was recognized that acceptance has a powerful impact on ones' life. Indeed, like acceptance of disability, acceptance of chronic pain reflects an adjustment of a person's value system which has been associated with a better quality of life. (3)

In a nutshell – if you have chronic pain, the challenge is to reverse what would be a natural tendency. Instead of withdrawing from movement and exercise. Find something (even just a small thing) that you can do that doesn't hurt and you enjoy... start it and be happy about it... do more as you can and accept that this is your path towards a way of dealing with one of the nasty side effects of postpolio syndrome. Better yet, bring a friend along and talk about it.

### References:

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## Nova Scotia Rehab. Pool to Open in June

- The therapeutic pool has had a few more construction delays but progress continues, opening is scheduled for June 2016. We are all very much looking forward to having a therapeutic pool open again for the benefit of our community.
- Presently we are meeting and looking to partner with the YMCA for community-focused programming open to the public that will happen in the therapeutic pool once it opens. Also currently we have a wonderful relationship with the YMCA through the AIM (Abilities in Motion) program that is held out of the Nova Scotia Rehabilitation & Arthritis Care Center four times each week.

**Cheri Gunn**

**Program Manager**

**Person Centered Ambulatory Care**

**Rehabilitation and Supportive Care**

**Nova Scotia Rehabilitation and Arthritis Centre**

**April 2016**

## Bob Cross's Experiences Managing Cold Intolerance January, 2016

I had Polio in 1954, and was diagnosed with PPS in 1993. One of the symptoms which led to my diagnosis was cold intolerance.

### ***But what is cold intolerance?***

In the early 70's I was sitting on the side of a snow and ice covered hill. Occasionally a cold breeze blew across my neck. When I started to get up, a sudden and steady pain struck, my neck was stiff, and I had to struggle to walk out of the woods. The hunting trip had to end and I was off to the doctor. Some recommended muscle relaxants did not seem to do much, and a week or so later the stiff neck was gone. Following this first stiff neck I had repeated similar episodes.

It took a while to recognize all of the triggers. If I was outside in the cold my neck would get stiff and sore. The draft from an air conditioner would trigger the symptoms. I could not sit in a vehicle with the window open to cool off in the hot summer sun.

I made many trips to my physiotherapist. Exercises did little to help and often seemed to aggravate the problem. Stretches gave some temporary relief. A few sessions of hot packs and ultrasound, and I would be symptom free until my neck got cold again.

After a couple of years I had the triggers figured out. I started wearing a wool scarf outside from mid September until well into May or June. I kept car windows closed, or would wear a scarf if they were open. I even wore a scarf inside if I could not avoid an air conditioner draft. I was successful in avoiding most flare ups.

### ***Is this cold intolerance?***

In the late 80's I started to get cramps in my leg muscles when I went for a swim in the cool lake water at our cottage. These symptoms quickly advanced. Next I got cramps when I waded in the water. And then if I sat at the shore with my feet in the water to cool off on a hot summer day I would get cramps. The cause was clear: the cold water. The prevention not quite so easy to accept: stay out of the water. *(or wear a wet suit. Ed)*

### ***Is this cold intolerance?***

By the late 80's my legs were getting cold even when I was indoors and especially in the winter. My muscles were sore and tight and cramped frequently. I could feel any draft along the floor. When I sat down for any length of time my legs would get cold. When I went to bed my leg would get cold. I started wearing wool socks year round, day and night. I started wearing long johns indoors and out from the first of October to the end of May. I got some relief.

### ***Is this cold intolerance?***

By the early 1990's my legs were constantly tight and paining with frequent cramps. I was seeing a physiotherapist for my various PPS symptoms. As for my legs, I was trying to learn to pace myself and prevent overuse. Leg muscle stretches gave some temporary relief, but hot packs followed by stretches seemed more effective.

For the next 10 years I held my own, enjoying the spring, summer and fall, but dreading winter.

### ***Is this cold intolerance?***

About 2010 I started having recurrent rotator cuff pain and occasional bouts of tennis elbow in my good right arm. I could not identify the triggers. Once again I was off to my physiotherapist. Again, more stretches and more exercise. However, a couple of sessions of hot packs and ultrasound and I was mobile until the next flare up. *(Ed: probably not cold intolerance.)*



*Continued...*

### ***Is this cold intolerance?***

During the winter of 2014-15 my cold and aching legs were waking me up at night. Leg cramps would pin me to the bed so I could not get upright to stretch them out. Our bed was stacked with fleece sheets and wool blankets. My wife was too hot and throwing aside the blankets. Our thermostat was set at 24 degrees Celsius or higher during the day. I was wearing long johns and lined pants indoors, and still my legs were cold while I sat to watch TV. My wife was wearing T-shirts and thin cotton pants and complaining she was too hot as she turned down the thermostat again and again. This, along with other new problems associated with PPS, prompted to ask my Doctor for a referral to the neurology clinic at the Rehab.

The summer of 2015 was late coming, but when it did it was warm and wonderful. I was mobile and feeling physically stronger every day, with little or no pain.

### ***Is this cold intolerance?***

My appointment at the rehab was finally booked; I would see the doctor on September 2. Late in August, the nights started to cool. My legs started to get cold at night. I started adding blankets to our bed. My wife would get too warm and push her blankets aside, sometimes uncovering my good right shoulder so I woke up some time later with a cold shoulder and rotator cuff pain. I would occasionally get too warm and pull my good right arm out from under the blankets to cool off then wake up later with a cold arm and tennis elbow pain.

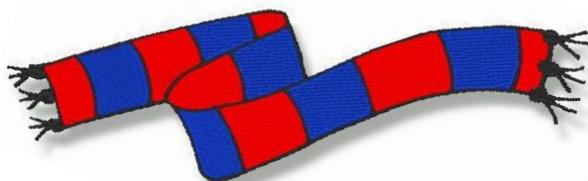
### ***Solutions?***

I met with the doctor at the Rehab on September 2. She listened carefully to my concerns and booked some follow up tests to look into some of my other problems. She suggested that I may want to start wearing long johns to bed at night for the cold. Finally she asked if I would be interested in trying a medication called Lyrica for nerve pain. I have always found pain medications of little help and sometimes even having a negative impact on my pain. After some discussion, however, I agreed to give the medication a try. I had the prescription filled and started taking my daily dose. I understood I was taking this medication for pain, although I did not really know *what* pain it was for.

After a few days on the medication, I noticed my legs were not getting cold when I was sitting watching TV or in bed at night. I started the hunting season in October, walking and sitting in the woods without getting cold or sore, and no cramps.

Today we are approaching the end of January. I have not had a stiff neck since last spring, and I have only worn my wool scarf a few times this winter. My legs do not get cold when I am watching TV. I turned down the thermostat. I have only worn long johns a few times since hunting season ended in November. I find they are too warm to wear inside. My wife is covering up with blankets to watch TV and turning up the thermostat. My legs do not get cold when I am in bed at night. I had to take extra blankets off the bed. If I get too warm in bed I can uncover both arms and sleep comfortably. My wife will put her feet against my legs to warm them, where for many years she would do that to warm my legs. I have not had a twinge of rotator cuff pain or tennis elbow pain since I started this medication.

The mechanisms involved in cold intolerance are poorly understood or explained. Lyrica may be an effective medication; it seems to be solving most of my former problems.



## What do we know about the Safety and Benefits of Natural Health Products?

Dr. Tannis Jurgens\* (BSc Pharmacy, MSc, PhD), Professor, College of Pharmacy, Dalhousie University

Echinacea for colds, Green tea for weight loss, Coenzyme Q10 for muscle strength, L-carnitine for Chronic Fatigue Syndrome and the list goes on..... A website says it's "clinically proven", an advertisement says the product is "safe because it's natural", but what do we really know about how safe and effective these natural products are.

Consumers can select from a wide variety of naturally sourced products, regulated in Canada as Natural Health Products (NHPs), to maintain or improve their health. In 2010, 73% of Canadians reported having tried an NHP, which includes herbs, vitamins, probiotics, essential fatty acids and homeopathic products, at least once. Some consumers embrace the use of natural products, assuming that, because NHPs are "natural" they are somehow safer than "man-made drugs", and that because some of these products have been used for centuries, they will be helpful or at the very least, not harmful. Those assumptions are not always true.

What is known about NHPs that may be of special interest to those with *post-polio syndrome* who may want to use a natural product to help with chronic fatigue, cold intolerance, muscle weakness or weight loss? While there may be no shortage of products that have been tried, the current state of information for the majority of them is "insufficient evidence". This does not necessarily mean they don't work; it means that, despite advertisements that may say they are "clinically proven", in most cases, the products have not been well enough studied, using established scientific methods like randomized controlled trials, to say for sure. Coenzyme Q10, for example, is sometimes used to try to improve *muscle function* in *post-polio syndrome*. To date, the few studies that have been done have not found any benefit when compared to taking a placebo. Coenzyme Q10, along with many others such as fish oil, L-carnitine, ginseng, St John's wort, have been looked at for helping with Chronic Fatigue Syndrome. None of them, at least so far, have been proven to have benefit. It is a similar story for products used to treat *cold intolerance*; in fact it wasn't possible to identify any studies in that area at all. When looking at information about the use of natural products to help with *weight loss* it is possible to find a few studies that indicate a modest loss in weight when the products are used for at least 3 months, often with controlled diet, however the amount of weight lost using these products was so small that is not thought to be "clinically relevant".

It is possible that with further research, some NHPs may show some benefit in the treatment of certain conditions. Until we have strong evidence of benefit, is it OK to give a natural product a try (if you're willing to pay the purchase price)? Here is where it is important to involve your health care professional in your decision as to whether a natural product is a good choice for you.

Products from any source, natural or man-made, can have desired, as well as undesired actions in your body. This is especially important for consumers with chronic conditions such as diabetes or heart disease and for those who regularly take prescription medications. For example, if a person has diabetes, they may find that there are certain NHPs, such as ginseng, that can affect blood sugar levels. To make it more complicated, because the actual content of "active" ingredients can vary between ginseng products, the effect that ginseng may have on a person's blood sugar levels can be unpredictable. Depending on the particular ginseng product or brand, blood sugar levels may be increased, decreased, or remain unchanged. This can make blood sugar control difficult for a person with diabetes, who may want to use an NHP to treat a condition other than diabetes. Similarly, natural products may have effects on blood pressure, heart rate, blood clotting, and many other processes.

With more people choosing to use natural products, there is an increased number of interactions of these products being reported when taken with prescription drugs. There are NHPs, such as St John's wort, which increase the removal of drugs from the body and others that decrease it. If this type of interaction occurs, it can give the effect of taking too much or too little of the prescription medication, depending on the interaction. Another NHP/drug interaction can occur when a person who is already on a prescription blood-thinning medication takes a NHP that can thin the blood. The combined blood-thinning effect can be potentially serious and there are many NHPs that have the potential to do this.

Be sure to talk to your health care professional before you start, stop or even change brands of any NHP. They can help you decide if a NHP is an appropriate choice for you. Pharmacists, for example, are educated in the safe and rational use of all medications, including NHPs. They have up-to-date resources that can be used to check the safety of using a NHP in people with chronic disease or in combination with other drugs.

Be a wise consumer of information regarding the effectiveness and safety of NHPs. There are a number of excellent resources you can consult. Here are two resources that may be of help: <https://nccih.nih.gov/>, [https://www.nlm.nih.gov/medlineplus/druginfo/herb\\_All.html](https://www.nlm.nih.gov/medlineplus/druginfo/herb_All.html)

\*Dr Jurgens is a Professor and *is not licensed Health Care Professional*. The content of this article is not meant to provide medical advice. Please discuss with your Health Care Professional before starting or stopping any Natural Health Product.

## Global Polio Eradication Initiative Update, April 2016

### Terms for Polio Viruses & Vaccines, a Refresher!

WPV	wild polio virus(es)
OPV	oral polio vaccine (contains weakened polio viruses that rarely can mutate)
tOPV	trivalent oral polio vaccine (protects against 3 types of WPV)
bOPV	bivalent oral polio vaccine (protects against Types 1 & 3 WPV)
IPV	inactivated polio vaccine (contains killed viruses, can't mutate)
VDPV	vaccine-derived polio viruses
cVDPV	circulating vaccine-derived polio viruses (epidemic)

- The World Health Assembly (WHA) Report on Poliomyelitis, adopted May 2015, has been published.
- Canada has announced a contribution of \$ 40 million (Canadian) to support the eradication of polio in Pakistan over the next three years.
- The globally synchronized switch from the trivalent to bivalent oral polio vaccine (OPV), the first stage of objective 2 of the Polio Eradication and Endgame Strategic Plan 2013-2018 will start on 17 April 2016.
- *(Editor's summary)* Oral polio vaccine (OPV) has been used for the last 25 years starting in 1988 when over 350,000 cases were reported. tOPV is made from weakened polio viruses with 3 types of WPV combined to make trivalent OPV – this targeted the 3 wild types of polio viruses. However, since 1999 no Type 2 WPV has been reported. It is therefore essential to stop use of tOPV as it contains weakened Type 2 WPV, the cause of 30 -40% of cVDPV cases. *Weakened viruses may mutate to the point where they can cause vaccine-derived paralytic polio (VDPP) and this can become epidemic, thus cVDPP.*
- Trivalent oral polio vaccine will be replaced by **Inactivated polio vaccine (IPV)**. IPV only has been used in North America since 2013. IPV contains killed viruses which therefore cannot mutate and cause cVDPP. Before IPV is introduced all children will be given bivalent OPV (bOPV) that will protect against types 1 and 3 WPVs.
- Additionally all remaining stocks of OPV in laboratories and health centers must be destroyed in a documented way. Training also must be given to all health workers in the vaccination program. You can learn more about the rationale & preparations for the switch at: <http://www.polioeradication.org/dataandmonitoring/poliothisweek.aspx#sthash.R7McHotG.dpuf>
- **Risk factors** are the same for WPV and cVDPV, that is: low immunization rates, poor sanitation, and high population densities. Dirty water is a strong risk factor in poor areas where locals may drink from the same surface or drainage water they use for other purposes.

### Cases of Wild poliovirus type 1 & Circulating vaccine-derived poliovirus cases (cVDPV)

<a href="http://www.polioeradication.org/Data and Monitoring/Poliothisweek.aspx">www.polioeradication.org/Data and Monitoring/Poliothisweek.aspx</a> <b>Wild Poliovirus (WPV)</b>						
	Year-to-date 2016		Year-to-date 2015		Total in 2015	
	WPV	cVDPV	WPV	cVDPV	WPV	cVDPV
Globally	10	3	22	1	74	27
-In endemic countries	10	0	22	1	74	3
-In non-endemic countries	0	3	0	0	0	24

**By country:** WPV1 in Pakistan (8), Afganistan (2). cVDPV are: Guinea (7), Lao PDR (8), Madagascar (15), Myanmar (2), Nigeria (1),Ukraine (2).

### More deaths related to polio vaccination in Pakistan

(see: [www.theglobeandmail.com/news/world/sucide-attack-in-southwest-pakistan-kills-15/article28121563](http://www.theglobeandmail.com/news/world/sucide-attack-in-southwest-pakistan-kills-15/article28121563))

- A suicide attack on a polio vaccination centre in southwestern Pakistan on Wednesday (2016Jan13) killed 15 people, mainly policemen gathered to escort health workers who were part of vaccination teams. It was the latest attack on the vaccination campaign and health workers have been repeatedly targeted in recent years by Islamic militants.
- Polio workers in Pakistan, and their police escorts, have been targeted in recent years by Islamic militants who accuse them of working as spies for the United States.
- Pakistan is one of two countries in the world where polio is endemic, and the attacks have hindered vaccination campaigns. Some Pakistanis are also suspicious about the vaccinations, fearing it will sterilize their children.

*Continued...*

### **Sim-cards** used in Pakistan's war on polio:

Pakistan aims to vaccinate most children under 4 by this summer. Army & security officers are part of the campaign planning. When 100,000 families were evacuated, at check points all were given a drop of polio vaccine. When registering at camps they were given free sim cards for their phones. The sim cards are being used to track the movement of the refugees; wherever a cluster of refugees is noted a vaccine team is sent. These people come from the previous militant controlled northwest where no vaccinations had ever been given. (Source: The Guardian Weekly 04122015,p33).

Support organizations that promote access to safe drinking water in third world countries.

## **Editor's Odds and Ends**

(First 3 items are from Post-Polio Health International, [www.post-polio.org](http://www.post-polio.org). 09032016, #48)

- **Looking for accessible accommodation?** Try <Accomable>. This site claims 500 listings in 35 countries. I found 3 for Canada, one each in B.C., Ontario and Newfoundland. All give a description, photos, map and step-free access and roll-in showers seem present in all I viewed. [www.accomable.com](http://www.accomable.com)
- **Do you use a ventilator?** Check out [www.ventnews.org](http://www.ventnews.org). Ventilator-Assisted Living newsletters are available at this site.
- **New publication:** PPHI site gives a link to British Polio Fellowships new "Post-polio Syndrome: a Guide to Management".
- **Rica**, a consumer research charity in Britain, has published a new guide "Getting a powered wheelchair: a guide to help you choose". This is available free on line and in print (see: [www.rica.org.uk/content](http://www.rica.org.uk/content)).
- **Flexyfoot®**: this is a new ergonomic and flexible ferrule that fits on the bottom of a walking aid. Less pain, more comfort and a safer aided walking experience is claimed. An Ice Foot is also available that fits onto the Flexyfoot®. Cost for one ranges from 10.56 to 19.95 (British pounds). See: [www.flexyfoot.com](http://www.flexyfoot.com). (Both Rica and Flexyfoot® items are from the British Polio Bulletin, Sept/Oct. 2015 News on-line)



*Flexyfoot® bends to grip the surface.*



*Standard ferrules don't bend and can't grip*

More information about the *Flexyfoot®* can be found at [www.triumphmobility.com](http://www.triumphmobility.com).

- **Upcoming conference:** Australasia-Pacific Post-Polio Conference, September 20-22, 2016, Sydney, Australia. See: [www.polioaustralia.org.au](http://www.polioaustralia.org.au). Polio Australia's website gives access to their lengthy newsletters which contain many links to original reports. Australia has some 400,000 polio survivors.
- **Do you use a scooter?** The next issue will have a piece on scooters and I (your editor) would be grateful for any comments users may have on such topics as ease of repair, vehicle used to transport and any special hoists, ramps etc., adaptations for use in poor weather, ability to be used in snow, etc. Send your comments however small to: [jmwalker@dal.ca](mailto:jmwalker@dal.ca) or to the Editor c/o Easter Seals.
- **Dartmouth Rotary Group:** JM Walker gave a talk on polio vaccines, global polio and post-polio syndrome on November 2, 2015.

Support Rotary's efforts to eradicate polio world-wide



## THIS I BELIEVE

I am a person who happens to have a *disability*.

More to the point, I am a person who is able to acknowledge my feelings about my life and my physical condition.

I can be sad and angry when it is appropriate, but I will not live with pity and bitterness.

I will seek the positive, look forward to tomorrow, and continue to do the things that I enjoy.

I will accept my changing circumstances and adapt to the different demands in my life.

I will not judge myself or others too harshly.

I will not dwell on the past.

I know the cost of holding onto anger, bitterness and resentment.

I have the power to choose not to continue those feelings. I realize that I am vulnerable. I will not give up on myself.

I will continue to do what I can with what I have each day, and should those abilities be lost to me, I will have few regrets.

I will find new ways to live, and grow in the present.

**More than survive, I will thrive.**

*Submitted by Ginny Phillips, source unknown.*

## News From Easter Seals



Thank you for the opportunity to contribute to the Polio Nova Scotia newsletter, and for your continued collaboration with Easter Seals Nova Scotia!

This past March we were busy celebrating Easter Seals Month, and now we're quickly shifting our focus to prepare for a busy summer at our barrier-free Camp Tidnish. March is traditionally the time of year when Easter Seals organizations across North America engage supporters, donors, and the public in our story of promoting mobility, inclusion, and independence for persons with disabilities. On March 10<sup>th</sup> more than 100 people attended our Open House on Kempt Road in Halifax, and our March 3<sup>rd</sup> Evening with Easter Seals event raised nearly \$58,000 for our barrier-free programs.

We're still accepting registrations for this summer's Camp Tidnish programs, and we're excited about a new accessible dock and canoe/kayak program that will be launched this summer. The new dock will mean more of our campers with disabilities will be able to take to the water in an adaptive canoe or kayak, and our friends at the Rotary Club of Amherst have been very helpful in making this enhanced recreational activity a reality.

Our skills training program, New Leaf Enterprises, has been extremely busy this spring as it has secured paid work placements in the community for many of our clients in the Halifax area. We're also pleased to announce that we've added a new service to our roster of mobility equipment programs by partnering with the Halifax chapter of the Tetra Society of North America. Easter Seals Nova Scotia will help Tetra Halifax in the administration and promotion of its program. Tetra recruits skilled volunteers such as technologists, technicians, engineers, and tradespeople to create customized assistive devices for Nova Scotians with disabilities. You can find out more about Tetra and all of our programs at [www.easterseals.ns.ca](http://www.easterseals.ns.ca)!

Thanks for your support!

## Mission Statement of Polio Nova Scotia

To enhance the lives of Nova Scotians who are Polio Survivors, through support, education, advocacy and networking.

**Polio  
Nova  
Scotia**



## Newsletter

c/o Easter Seals Nova Scotia

3670 Kempt Road, Halifax NS B3K 4X8

Tel: (902) 453-6000; Fax: (902) 454-6121

[www.easterseals.ns.ca](http://www.easterseals.ns.ca) email: [easterseals@easterseals.ns.ca](mailto:easterseals@easterseals.ns.ca)