

PPS
FROM PAGE C6

THE CLINIC

Birmingham physician Dr. Daniel Ryan is medical director of St. John Health System's Post-Polio Clinic. "I had probably 50 (post-polio) patients of my own. We developed the clinic and it's really taken off," he said.

Ryan explained that during the natural aging process we all lose nerves, but since we have a large pool of nerves the effect on most of us is negligible. In those with PPS, who lost a significant number of nerves during the initial bout with polio, the effect of nerve loss is more dramatic.

"They are over-using certain nerves and muscles, stressing the already damaged nerves more than the average person," Ryan said. "They are weak enough now that they cannot walk without a brace or not even with an assistive device. They just can't do what they could."

St. John's utilizes a multidisciplinary team approach to treatment, which includes a

physician, physical therapist, occupational therapist, social worker, registered nurse, orthotist (a specialist who evaluates and fits orthopedic appliances), and others.

A CONNECTION

While there has been some recent speculation of a possible connection between mild undiagnosed cases of polio and syndromes such as chronic fatigue and fibromyalgia, Dr. John Gilroy, director of Neurology at William Beaumont Hospital in Royal Oak, said, "There is no evidence at all (of Post-Polio Syndrome)."

Yet, U-M's Dr. DiPonio said although there's no way to prove a correlation, ultimately it doesn't matter. "If you have chronic fatigue syndrome or PPS, the treatment is essentially the same."

While polio is mostly eradicated in Western countries because of vaccines, it still exists in third-world countries, and immigrants to the United States pose a risk to the non-vaccinated. Fortunately, "today's vaccines are totally effective," said Gilroy.

Opting out of immunization

poses an "amazing risk," he warned. "These diseases are not eradicated. They're dormant because they don't get a chance to spread."

DiPonio offers simple but not always easy-to-follow advice for those with PPS: "The most important thing for people with Post-Polio Syndrome is to listen to their bodies and take care of themselves."

For more information on Post-Polio Syndrome, contact:

- St. John Post-Polio Clinic, 45660 Schoenherr, Shelby Township, (586) 566-3036. Visit www.stjohn.org
- University of Michigan Orthotics and Prosthetics Center, Post-Polio Clinic, (734) 936-7175. A research and training program provides opportunities for participation in several research projects.
- Michigan Polio Network, Inc. <http://www.mpolio.org>. Phone: (517) 639-3695.
- Southeastern Michigan Post-Polio Support Group (meets monthly in Troy March through October. Contact Don Varley, facilitator, (734) 425-0788.
- The Polio Paradox by Dr. Richard Bruno, www.wbookmark.com
- Polio Information Center Online ([google search polio](http://google.search.polio)).
- March of Dimes, www.modimes.org

Kids can get pain in spine from overloaded backpacks

A backpack stuffed with textbooks, notebooks and other school supplies could be causing your child back pain, says Andrew Marsh, a physical therapist at the University of Michigan Health System's Spine Program.

That's because many kids are using backpacks that aren't designed to carry all of the stuff they're putting in them. With the new school year just around the corner, Marsh says it's important to make sure your child has a sturdy backpack and knows the right way to wear it.

"In a recent study, we found that most kids carry approximately 20 to 25 percent of their body weight in their bags. That's much more than the 10 to 20 percent recommended by the Occupational Therapy Association," says Marsh.

Often, kids use backpacks that are only designed to hold 5 to 7 pounds to carry their 15- to 20-pound loads.

"They're really overloading the straps because the backpacks aren't designed to hold that much weight," Marsh says. "As a result, the structure of the backpack falls, which can cause problems."

To compensate for the extra weight on their backs, Marsh says kids end up leaning forward when they carry their backpacks. This puts more pressure not only on kids' backs, but on their necks, too.

The study also found that over-stuffing backpacks isn't the only problem - kids aren't wearing them properly, either.

"Many of the kids wear their backpacks way too low," said Marsh. "Instead of sitting on their backs, they end up hanging too low."

The combined result of improper use and wear is a slew of back pain complaints - and those complaining are getting younger and younger.

"I once had a 6-year-old patient who complained of back pain. I asked him when he experienced it, and he said he felt it

when he ran, carried his backpack or took the stairs," Marsh said.

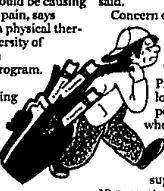
Concern over poor posture and back problems motivated the backpack study at the U-M Spine Program. The study looked at what happens to kids' backs when they carry their backpacks. Those who participated in the study used a support strap to carry 10 percent, then 20 percent of their body weight in their backpacks. Then, they carried the same loads without extra support.

The study found that kids didn't feel like they were working as hard when they used the strap, regardless of whether they were carrying 10 percent or 20 percent of their weight.

"Using the support across my stomach made the load in the backpack feel lighter," says Michael McCoy, a 14-year-old participant in the study. "It evened it out, so it wasn't as hard on my back."

Adjustability is also an important feature, according to Marsh. "A lot of kids don't have time to go back to their lockers, so they're carrying their bags with them all day long. Because of that, they need something that's easy to get on and off as they move from class to class," he says.

Acute back pain caused by backpacks often goes away by itself. For temporary relief, experts recommend an over-the-counter medicine like ibuprofen (Motrin or Advil) or naproxen sodium (Aleve). Stretching, moving around and keeping your muscles loose can also help alleviate aches. If you or your child experiences serious or recurrent back pain, visit your family health care provider.



Chronic fatigue or post-polio syndrome?

In his book, *The Polio Paradox*, Richard Bruno, chairperson of the International Post-Polio Task Force and director of The Post-Polio Institute and the International Centre for Post-Polio Education and Research,

describes remarkable similarities between the symptoms and research findings on PPS, chronic fatigue syndrome, myalgic encephalomyelitis and fibromyalgia.

Bruno suggests that as many as half of those now

diagnosed with chronic fatigue, "The Baby Boomers born prior to the discovery of the polio vaccine," may have had a mild case of polio in childhood and have PPS today, not chronic fatigue syndrome.

S.O.S.
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■ Regain the balance in your life

As the workshop's presenter, Lang draws upon her training in Dale Carnegie methods, from her belief in the Eastern philosophy of inner peace, and from her hard-earned experience as a parent of a special needs child.

Lysocki said the workshop is not a big support group session. It is an opportunity to find solutions. Problem-solving

is part her and Lang's nature. "All four of us, my husband and LeeAnn's husband included, come from information technology backgrounds. We're the kind of people who believe if there's a problem, there has to be a solution. We're not used to dealing with variables," said Lysocki.

Lang and Lysocki are realistic in their belief that one workshop won't solve everybody's problems, but it will offer coping strategies from a couple of veterans. Lang knows her workshop has a future.

"I will start lobbying the

speech and language centers. I'll ask them to give me a room for one night a week. The biggest challenge is making parents aware this is available."

The fee for the S.O.S. Workshop is \$15. To register, contact LeeAnn Lang, 7420 Honeyusville, West Bloomfield, MI 48324, (248) 360-7108 or Nichelle Lysocki at (734) 261-4895. Please include your phone number or e-mail address in case of scheduling changes.

rskolund2@home.com.net

BACK TO SCHOOL

For those shopping for a new backpack this fall, Marsh says to make sure the size of the back-

Arthritis Today

JOSEPH J. WEISS, M.D. RHEUMATOLOGY
18829 Farmington Road
Livonia, Michigan 48152
Phone: (248) 478-7860

THIGH PAIN

The feature of arthritis in the legs is joint pain. If your hip joint is involved, you will feel pain down your groin. If your knee joint is involved, you can expect a discomfort in the front and back of the knee. The ankle joints and small joints of the feet cause you an ache just when the irritation eases.

You can have pain in the thigh that comes from arthritis. What happens is that the thigh is under strain because of loss of function by the hip joint or at the knee. To relieve stress on the joints, the body instinctively moves the leg in an unorthodox way.

More frequently, thigh pain results from nerve damage, usually a pinched nerve at the level of Lumbars 4. The nerve root is the source of the femoral nerve, which supplies the thigh muscles, mainly the quadriceps. If the 4th lumbar nerve root is compressed by a herniated vertebral disc, or bone buildup in the vertebrae, your thigh may feel pain, numbness, weakness or a combination of all three.

Your doctor will spend time distinguishing if your thigh pain comes from a trapped nerve or hidden arthritis. Your response to drugs like Motrin, Celebrex or Tylenol does not help since these medications often relieve pain no matter what the cause.

You may need x-rays of your joints to access their integrity, and nerve conduction tests of the femoral to confirm if it is not compromised. You cannot make conclusions from the experience of friends with similar problem. Different causes can give the same thigh pain.

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