

connections

colorado post-polio • since 1981


Coronavirus (COVID-19) and Polio Survivors PHI Official Statement By Dr. Marny Eulberg

Everyone seems to be talking about, worrying about, and asking questions about coronavirus and that includes polio survivors. As we have seen, this is a rapidly evolving situation and what we know today may change next week or next month.

Some facts that are not likely to change are:

- Polio and late effects of polio **do not**, in themselves, cause immune compromise. Therefore, polio survivors are **no more** likely to contract a coronavirus infection or develop serious illness from it than people who never had polio!
- Most polio survivors in the United States and Canada are over 60 years old which places us in the “higher risk” category with a greater likelihood of developing severe disease after being infected with the virus than younger people.
- Polio survivors who had breathing muscle involvement with their original illness and/or now have respiratory problems of any kind are at “high risk” when they become ill with **any** respiratory infection including coronaviruses.

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WHATEVER
IT
TAKES

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ATTENTION:

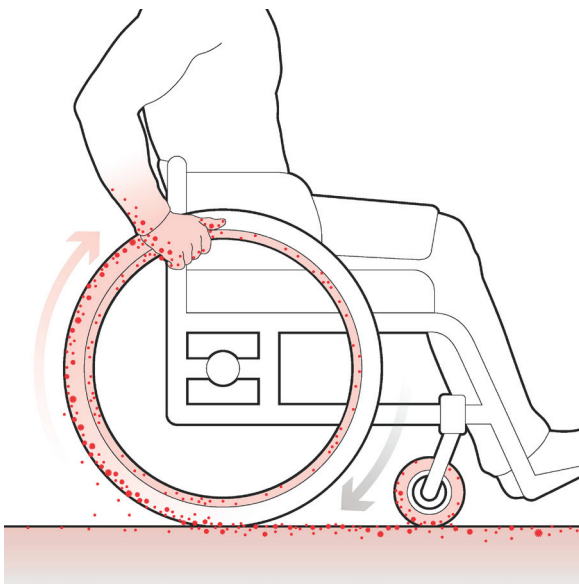
Wheelchair and Assistive Technology Users

PRECAUTIONS for COVID-19

Greetings from Beneficial Designs. My name is Peter Axelson. I am a wheelchair user, designer, and engineer, and I am reaching out today with important information regarding COVID-19 precautions to be taken by wheelchair users.

In the 1970s, James Robb, MD, was one of the first molecular virologists in the world to study coronaviruses. Dr. Robb has shared an important email correspondence on how this virus can spread. According to Robb, the virus spreads in droplets through coughing and sneezing. He cautions that surfaces where these droplets land are infectious for about a week, on average. It is important to remember that direct contact with an infected surface does not guarantee the spread of infection, so long as you continuously wash your hands and keep them away from your face.

If you push a manual wheelchair or use other types of assistive technology (AT), there are unique precautions you should take related to hand washing. COVID-19 can survive on the surfaces of your wheelchair or AT which you come in frequent contact with, such as the handrims. Any virus that might be on your hands is transferred to your handrims as you push your wheelchair.



Tires transfer the virus to the hands and your hands transfer the virus to the handrims.

Clean Hands

Washing your hands is incredibly important. Wash your hands with soap for 10-20 seconds and/or use a greater than 60% alcohol-based hand sanitizer whenever you return home from ANY activity that involves locations where other people have been. Using a fingernail brush is a good idea for those of us that have really rough skin from pushing our wheelchairs for so many years.

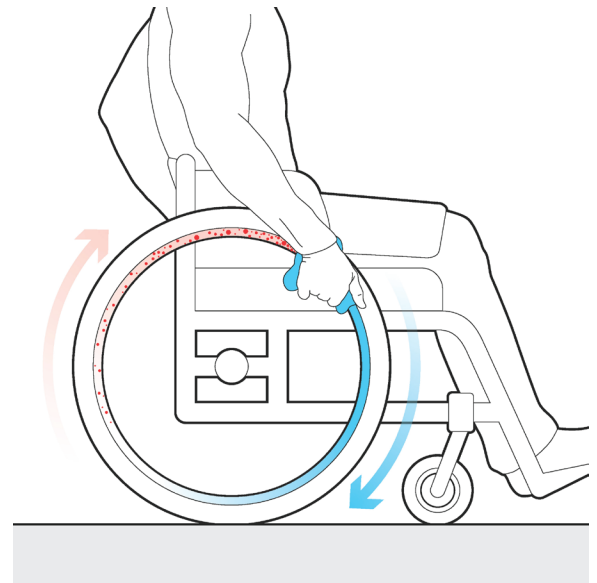
I have been a manual wheelchair user for over 40 years, since I broke my back at the Air Force Academy during a training exercise. Because my hands are always touching the handrims on my wheelchair, I use anti-bacterial wet wipes to clean my hands before eating. Using hand wipes prior to meals, regardless of where I am, has reduced the amount of colds and flu I have contracted over the past 20 years. I generally do not touch the tires on my wheelchair, as I use flexible ergonomic handrims which provide a great grip without requiring hand-to-tire contact.

In addition, if you push on your tires, you are basically touching everywhere you have rolled. Wearing gloves when pushing is another option to keeping your hands cleaner. However, if you wear gloves you might need to think about where you set them, as they may now be infected with a virus. It is also likely that the inside of your gloves may become infected unless you always wash your hands before putting the gloves on.

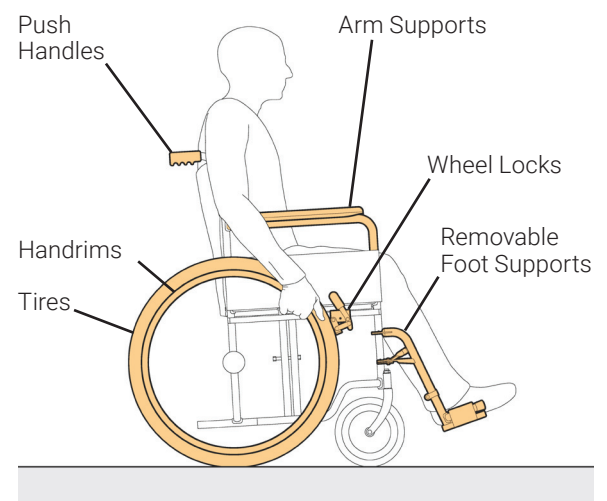
Clean Wheelchair

Washing the surfaces on your wheelchair is an important practice. All solid surfaces that we touch could potentially have viruses on them. The handrims and tires on your wheelchair are solid surfaces. At home, when I wash my hands, I have two washcloths or anti-bacterial wipes available. After I wet my hands, apply soap, and then wash my hands, I get two washcloths or paper towels wet with some antibacterial soap and push my wheelchair around the house, sliding the wash cloths on the handrims as I go. I push my chair about 20 ft., or spin around in circles if I am in a public bathroom. Pushing 20 ft. wipes the handrims three times. It can be a bit tricky to learn how to do this. You can have someone slowly push you to make it easier. This allows me to clean the handrims on my wheelchair. I recommend a similar technique for cleaning your wheels; push the wheelchair around with the washcloths on the tires. While I'm at it, I also wipe the other surfaces that I regularly touch on my wheelchair; including the wheel locks, and the frame in front of my seat cushion. If you have arm supports, push handles or removable foot supports they should be cleaned as well. If you use a powered wheelchair, disinfect your joystick and controls and anything else that you regularly touch on your chair. Remember that many plastics could react poorly to a cleaner containing bleach.

As long as you wash your hands with sanitizer or wet wipes before getting into your wheelchair, it can be helpful if someone else washes your tires and handrims while you are not using the chair. I also regularly clean grab bars and other surfaces that I touch in my home when making transfers into or out of my wheelchair. If you do not clean your wheelchair or AT **after washing your hands you will re-infect your hands** with the virus that might be on the handrims or other surfaces that you touch. In case you might have touched part of your uncleaned wheelchair or AT during the cleaning process, it might be a good idea to wash your hands again afterwards.



Pushing the chair forward and applying an anti-bacterial soap will clean your handrims.



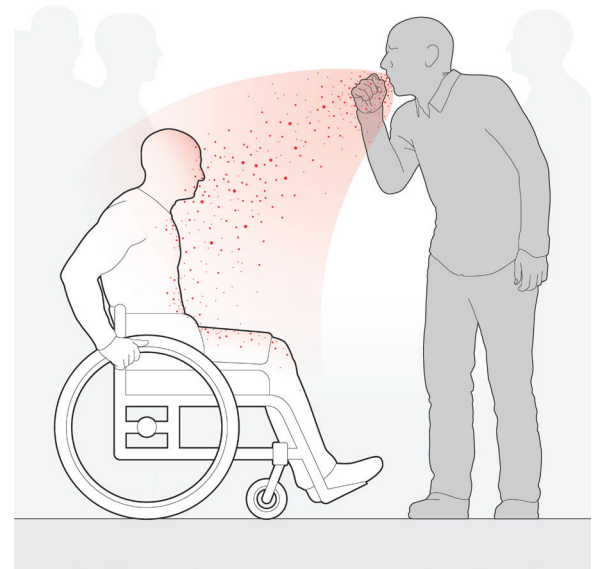
Make sure to wipe down all surfaces on your wheelchair that you or others regularly touch.

Social Distance

There is also the matter of social distancing.

Because wheelchair users tend to sit lower than most people that are standing, we can experience more exposure to saliva droplets when talking to people taller than us. Many medical professionals have recommended observing a minimum of 6 ft. of distance to those around you to alleviate this risk.

You may also consider wearing some type of face mask to protect yourself from getting “sprayed” by people talking to you. Medical face masks are in high demand right now, and not easy to get hold of. I have a face mask that I wear skiing on really cold days; it would catch any unintentional spraying of saliva from someone’s speech, sneeze or cough. A virus could go through the mask since it is not an N95 rated mask, however, my ski mask might be better than no protection at all. A face mask would also keep me from touching my mouth and nose, further preventing infection. It is important to limit hand-to-face contact as much as possible. Personally, I keep a cup of paint-stir sticks on my desk that I use to scratch my face when I have an itch.



Wheelchair users sit lower and are more vulnerable to infected saliva droplets and aerosols.

To Recap:

1. Wash your hands often and wipe them with anti-bacterial wipes just before and after you eat.
2. Wipe down your wheelchair (especially push rims, tires, and joysticks) or other AT with a sanitized cloth or anti-bacterial wipe.
3. Observe a minimum of 6 ft. of distance from others in social interactions, and consider the benefits of wearing a face mask, medical or otherwise.

We have a responsibility to ourselves and others to act in accordance with medical authority suggestions for preventing the spread of disease. By following these additional suggestions, as wheelchair users, we can all do our best to limit the spread of the virus and enable healthier environments for ourselves and those we come in contact with. I hope this advice can be of use and provide additional comfort in knowing the specific precautions that can be taken by wheelchair and AT users. This is an extraordinary trial we are going through. These precautions mean that it will take you much longer to practice appropriate hygiene than it will for everyone else. If you are alive and pushing a manual wheelchair independently, you have already proven to yourself that you have the perseverance to continue living your life. Do not give up because of a virus. Just because you use a wheelchair, and there is a new virus spreading around, you do not need to live your life in fear. Be courageous, and push forward.

Peter Axelson MSME, ATP, RET

Manual wheelchair user and leader of Beneficial Designs

An Important New Resource from PHI Brian Tiburzi, Executive Director

A Polio Survivor's Guide: Funding Resources for Medical & Adaptive Resources

POST-POLIO HEALTH
INSTITUTE

M MICHIGAN MEDICINE
UNIVERSITY OF MICHIGAN

UC DAVIS
HEALTH

Living well with a physical disability in the United States is an expensive proposition. Most medical insurance coverage is very limited, sometimes nonexistent, for expenses needed to acquire necessary medical equipment, even ventilators for people who are unable to breathe adequately or wheelchairs for people unable to walk. “Medically necessary” criteria for coverage are not uniform between plans, co-pays or coverage limitations can be

burdensome and spending limitations often lead to poor quality items. Almost no insurance plans contribute to costs for architectural modifications of homes, vehicles, clothing or adaptive equipment that could increase one’s independence, productivity and/or Quality of Life. Consequently, many US citizens with physical impairments feel like they pay an “American surtax on disability.”

PHI, with assistance from the University of Michigan Department of Physical Medicine and Rehabilitation and University of California Davis Department of Physical Medicine and Rehabilitation, have compiled a directory of funding resources from around the country for medical and adaptive equipment. The project was completed by a team of investigators coordinated by PHI board member Sunny Roller with the goal of compiling a list of potential resources available to assist people with disabilities obtain the adaptive medical and rehabilitative equipment and environmental modifications they determine they need. Besides doing a deep search of the internet, the team reached out to a multiple consumer and professional networks. The end result is a list of valuable resources organized by state that any polio survivor can have access to.

View the new directory, [A Polio Survivor’s Guide: Funding Resources for Medical and Adaptive Resources](#).

Executive Council Meeting
Easterseals Colorado
393 S. Harlan, Ste. 250, Lakewood
4:00pm
June 25
September 21
December 21

FDA Requests Removal of All Ranitidine Products (Zantac) from the Market

FDA Advises Consumers, Patients and Health Care Professionals After New FDA Studies Show Risk to Public Health

For Immediate Release:

April 01, 2020

The U.S. Food and Drug Administration today announced it is requesting manufacturers withdraw all prescription and over-the-counter (OTC) ranitidine drugs from the market immediately. This is the latest step in an ongoing [investigation](#) of a contaminant known as N-Nitrosodimethylamine (NDMA) in ranitidine medications (commonly known by the brand name Zantac). The agency has determined that the impurity in some ranitidine products increases over time and when stored at higher than room temperatures may result in consumer exposure to unacceptable levels of this impurity. As a result of this immediate market withdrawal request, ranitidine products will not be available for new or existing prescriptions or OTC use in the U.S.

“The FDA is committed to ensuring that the medicines Americans take are safe and effective. We make every effort to investigate potential health risks and provide our recommendations to the public based on the best available science. We didn’t observe unacceptable levels of NDMA in many of the samples that we tested. However, since we don’t know how or for how long the product might have been stored, we decided that it should not be available to consumers and patients unless its quality can be assured,” said Janet Woodcock, M.D., director of the FDA’s Center for Drug Evaluation and Research. **“The FDA will continue our efforts to ensure impurities in other drugs do not exceed acceptable limits so that patients can continue taking medicines without concern.”**



To read the Press Release in its entirety, please visit: <https://www.fda.gov/news-events/press-announcements/fda-requests-removal-all-ranitidine-products-zantac-market>

Coronavirus (COVID-19) and Poliovirus

BY PROF. MICHAEL KOSSOVE



Professor Mike finds some humor during the outbreak. Obviously, a mask with hole cut out for a cigar is not recommended!

Those of you reading this, born after 1955, have little or no recollection of polio, or you do because a family member was affected. Poliovirus was the most dreaded disease of the 20th Century; Coronavirus becomes the most dreaded disease of the 21st Century. Both diseases were pandemic (worldwide) and epidemic in the United States. Both were caused by viruses, although **very** different viruses. Poliovirus has been around since ancient times as seen in hieroglyphic tablets showing a man with an atrophied leg and walking with a stick. Coronavirus has also been around for years. In fact, many of you reading this have had a coronavirus. It is responsible for about 7% of the common cold and you would not have known that you had it. This coronavirus is called a “novel” coronavirus because it was mutated (genetically changed). Eventually, the “why?” will come out in the future.

Both viruses, poliovirus and coronavirus, appeared at different times. Poliovirus

appeared from approximately June through October, (the warm weather), and this Coronavirus, like influenza virus, in the colder weather. Since it is new, seasonality remains to be seen for COVID-19.

A virus is not alive. They use the term “live virus” to mean an active virus. Bacteria are alive. They are called “cells.” A cell is the basic unit of life. Viruses are called virions or virus particles. A single bacterium or any other cell can do everything your body can do. It can, eat, breathe, drink, rid itself of waste, divide, and even communicate with other cells. They have protein factories that make proteins for various jobs inside the cell. A cell works 24 hours a day, 7 days a week, without compensation, and it can’t strike. Some cells have a long life, and others are produced for a short time, like your blood cells.

A virus is something like a rubber ball. It's made of a protein coat, some have an envelope around it, with spikes containing enzymes. These enzymes allow the viruses to enter and leave the cell it infects.

Inside the virus, there is nothing but genetic material (nucleic acid), DNA or RNA, containing the recipe for that specific virus. Once a virus gains entrance into a cell, it uncoats and releases the recipe. The recipe goes to the cell's protein factories and the cell begins to manufacture the virus. A cell can make hundreds of virus particles. The viruses can then bud out of the cell, or it can destroy the cell, releasing those viruses to attack other cells. This is called "replication".

There were three types of polio viruses. You could have contracted Type I, 2, 3, any combination, or all three. Poliovirus entered the body through close contact (like coronavirus), or through contaminated food and water (unlike coronavirus). Once poliovirus gets into the body, it has to find a cell to attack, and that means that the cell must have a receptor site for that virus. The receptor sites for polio are at the axons (extensions) of the nerve cell that run from the brain down the spinal cord. Once the axon is destroyed, the electrical current stops. If that nerve stimulated a muscle, that muscle becomes inactive, and the person is paralyzed. As the virus attacks axons, many muscles are damaged. If the

virus gets to the base of the brain controlling respiration and heart rate, people die, or must be placed in respirators to breathe.

Coronavirus takes a *different* route. It enters the respiratory system. The damage to the lungs is not caused by the virus itself, but from the *immune* response to the virus in the lungs. Fluid leaks into the lungs, thus causing the pneumonia and respiratory problems. These people may also need to be on a respirator. If a person affected with coronavirus is a senior, or has underlying conditions, the ability to fight off the infection is not as strong. Some people die.

In North America in the 1950s, the polio epidemics were the strongest. In some years 20,000 to 50,000 or more people who contracted the virus were paralyzed. This effect remained life-long. However, not everyone was paralyzed. Only 0.5% of those who contracted the virus

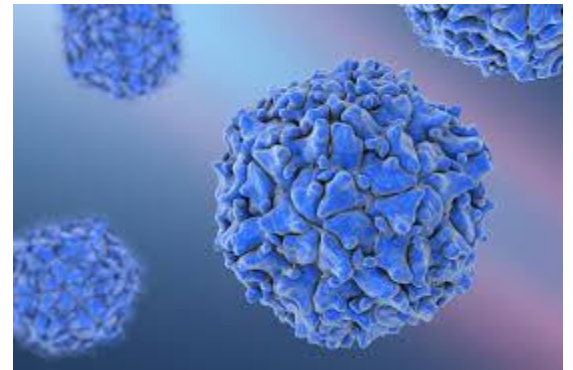


Illustration Polio Virus

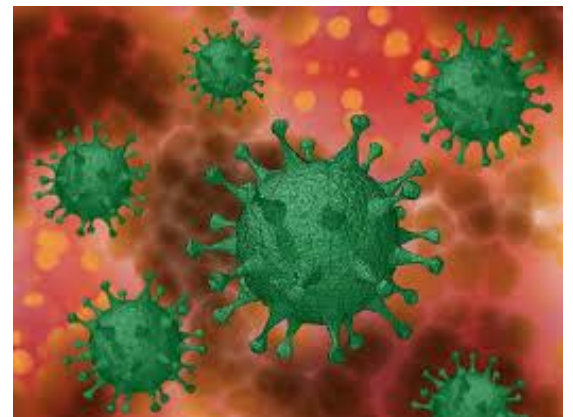


Illustration COVID-19 Virus

were paralyzed. If a child or adult was in a swimming pool with others, and only one got sick, why didn't the others? They all likely had come into contact with the virus. The reason is probably because the one affected had the receptors for the virus, and the others did not. However, the others still came in contact with the virus and developed immunity. Polio is an Enterovirus (gut) and it might have caused diarrhea and other mild gastrointestinal problems. There were no testing kits for poliovirus back then. We have no idea, unlike coronavirus, how many had the polio antibodies (indicated they had been infected by one or more of the polioviruses) and did not get sick.

During the polio epidemics people were as shaken as we are now with COVID-19. Common areas like movie theaters, swimming pools, restaurants, and where people congregated were closed. Spacing, they didn't call it that then, was important. Cluster areas were shut down, like now, and people were told to stay in. Sound familiar? At the end of the summer, each

{COVID & Poliovirus on page 11}

{PHI COVID Statement continued from Page 1}

- Just as it is for people who never had polio, if a polio survivor has diabetes, heart disease, severe kidney disease, or are immunocompromised due to a medical condition or certain medications, then they are at high risk of developing complications if they become infected with COVID-19.
- What you can do: follow CDC guidelines about infection control—washing hands frequently, disinfecting frequently touched surfaces, covering coughs and sneezes, avoiding large crowds especially in poorly ventilated areas, staying home if you are sick, and avoiding non-essential trips, such as long airplane rides, or embarking on a cruise ship.

If you do develop cough or fever (temperature over 100.4 degrees F), especially if you have had known contact with someone who has coronavirus or has recently been in some of the “coronavirus hot spots”, call your doctor for advice about what to do next. If you have increased trouble breathing, you probably need to be seen by a doctor at a hospital but have someone call ahead so that the emergency room is prepared for your arrival. Likewise, if an ambulance is called to transport you please let them know in advance that you may coronavirus so they can take appropriate precaution

For the latest general information about COVID-19 go to www.cdc.gov

Contact your physician if you have any specific health questions about yourself.

<http://www.post-polio.org/Coronavirus2020.pdf>

Don't forget to take care of yourself.

Though parents and caregivers are not new to rapidly adapting for their loved ones, times such as these are exceptionally hard and unnerving. Make sure that you are finding time to recharge and recoup. If you are experiencing trouble regulating your own stress and fears, do not hesitate to reach out for professional help. **AARP** has a hotline for caregivers if you have questions about how to approach different challenges, or simply need someone to talk with. You can also find support with **Colorado Crisis Services**.

COVID-19 Caregiving Resources

If you are in need of extra support, check out the resources the Colorado Respite Coalition has pulled together:

- COVID Facts
- COVID & Specific Disabilities
- Supplies & Deliveries
- Socializing & Staying Busy
- Physical & Mental Wellness
- Volunteering

Please check this link regularly as resources continue to be updated.

www.coloradospitecoalition.org

Adapted Yoga, Mindfulness & Meditation

Looking for something new to do while you're at home? Join Easterseals Colorado's virtual 'Mindfulness Meditation' streamed live on Facebook 10am Monday – Friday.

It's taught by Marianne, a Licensed Physical Therapist Assistant, Certified 200 Hour Yoga Teacher. Sessions are recorded and available on Facebook and YouTube.

www.facebook.com/EastersealsCO/?ref=br_rs

town or neighborhood had one or more polio survivors. It wasn't uncommon to see people walking with leg braces, crutches, or using wheelchairs. Although polio affected mostly children, it also affected young adults, parents, and grandparents.

It took 30 years to break down the codes for the three poliovirus nucleic acids and prepare a vaccine. We didn't have the biotechnology back then to do it in the very short time it did for coronavirus. When the polio vaccine was released, the decline in cases became very apparent. There was no Food and Drug Administration to require long testing trials. Once the vaccine showed promise, it was administered everywhere. Soon, it appeared that a small number of children were getting "vaccine-related polio." It seemed that the laboratories making it could not adhere to Dr. Salk's standards. That was soon changed, and the vaccine administration continued.

We didn't have the biotechnology back then to do it in the very short time like it did for coronavirus. When the polio vaccine was released, the decline in cases became very apparent.

What about the Coronavirus vaccine? The Salk polio vaccine was made from the actual virus. It was treated so that the nucleic acid was destroyed. It could not cause polio. But, like I said, in a small number of cases, it did because the companies that made it did not properly kill the nucleic acid. Dr.

Sabin's liquid vaccine was a weakened poliovirus. It wasn't supposed to cause polio. However, as it went through the digestive system causing a gut immunity to polio, it was eliminated in the feces for 2 to 3 months. Sometimes it got its strength back. Mothers, fathers, sister, brothers, and grandparents, changing a child's diaper could come in contact with the viruses and get sick and some did.

Now we need a Coronavirus vaccine. I was very happy to see that the vaccines in trials are made from parts of the virus, not the entire virus. This eliminates vaccine-related coronavirus.

We don't know what the aftereffect of coronavirus will have on those who were on respirators. Only time will tell. Polio had a life-long effect and after effect. Approximately 20 to 40 years after recovering from polio, and possibly recovering some muscle use, about half of polio survivors began going backwards. New muscle weakness, pain, fatigue, atrophy, and more—what we call "Post-Polio Syndrome." Many are worse than they were when they were first affected and are back in braces, using crutches, or wheelchairs. Those who were initially in the iron lungs (respirators) are now experiencing respiratory and swallowing problems. It seems that polio was the only disease known where non-affected nerves (if there were any left) grew sprouts (extensions) into the affected muscles, restoring electricity.

Survivors re-gained partial or all movement in the affected muscles. Many people got sick and had no apparent effects. That was called "Non-paralytic polio." These sprouts begin to disappear, leaving the survivor paralyzed again, sometimes worse than they were originally. The cause has not been determined, but possibly may be due to overuse, and/or an

autoimmune problem. Those with non-paralytic polio all of these years might now be experiencing some effects of the disease and needing assistive devices to do activities of daily living.

For those of you who recall the polio epidemic, perhaps now you can make the similarities between what we went through then with the polio epidemics, and what you are going through now with coronavirus.

If you are a polio survivor, and **never** received the polio vaccine because you thought that you were immune. Think again. There were 3 types. Which one or combination did you have? If you didn't have all three, you could get polio again if there was another outbreak! If you never received any type of polio vaccine, immunity could be determined by a blood test called a "polio titer." If you don't have antibodies to all three, get immunized. It will not exacerbate post-polio syndrome. Remember, as a survivor, you were in the tiny percentage that got sick. You are susceptible.

For parents that think polio is a thing of the past, think again. I said in the beginning that virus is not alive, but it is **still** endemic in third world countries, and people travel. The vaccine now used in developed countries (the Salk killed virus vaccine that is given as a series of shots) **cannot** give anyone polio. The vaccine is safe. You say, "What are the odds that my child will get polio?" The odds are greater than winning Lotto! However, someone wins Lotto! Should a cluster of polio appear, and your child or grandchild becomes paralyzed, you are 04102120908902835416 responsible. Think of your child/grandchild in a wheelchair and leg brace, watching his or her friends playing in the street, and asking you: "Why am I like this?" They will grow up, and they will find out. Don't even think about playing the odds with your children's health, and future. Get them immunized!

Prof. Michael Kossove
Professor Emeritus and Adjunct Professor of Microbiology
Touro College, School of Health Sciences
Polio survivor

Edited by Marny Eulberg

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- Girls see better than boys in the dark
- An average person has 696 muscles; a caterpillar has more than 4,000
- The typical bed houses 2 million dust mites - Yuck!
- Brains are more active asleep than watching TV
- Ancient Romans and Egyptians used crushed tadpoles mixed with oil as hair dye
- Blue is the favorite color of 80% of Americans
- A giraffe cleans its ears with its 21-inch tongue
- When a person shakes their head from side to side, they are saying "yes" in Sri Lanka
- The largest chocolate chip cookie ever made contained 2.8 tons of chocolate
- There are more chickens than people in the world
- It's against the law in Iceland to have a dog
- The thumbnail grows the slowest, and the middle nail grows the fastest
- Every day, 0.5% of the world visits a McDonald's
- Children grow faster in the spring
- Napoleon suffered from constipation

2020 CPPO

Upcoming Events

Rocky Mountain Getaway **CANCELED**

Camping experience, informative, educational & fun activities!

Rocky Mountain Village

Empire, Colorado

Sunday, August 16 -

Thursday, August 20

CPPO Traveling Clinic

Next stop - Fort Collins

Fall 2020

Dates to be Determined

ADVISORY COUNCIL MEMBERS

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Pat Jenni	(303) 880-3581	patjenni@gmail.com
Margaret Hinman	(303) 763-0013	mhinman12@icloud.com
Robert Burnett (Hablo Espanol)	(720) 394-5500	robert.v.burnett@gmail.com

Colorado Post-Polio Support Groups

DURING COVID OUTBREAK Support Groups are meeting virtually. Persons without a computer can call in to participate in the conversation. Contact your group's facilitator for the specific call-in phone number.

Aurora – Meets 4th Thursday of each month, 11:00am to Noon

Contact: Myrna Schmidt – (608) 790-5755 – myrnaschmidt1@yahoo.com

Colorado Springs – Meets 1st Saturday of each month, 10:00-noon, Sand Creek Division, C.S. Police Dept., 950 Academy Park Loop.

Contact: Hal Goldberg – (303) 212-0017 – halgoldberg@halgoldberg.net

Grand Junction – Please call for date, time and location.

Contact: Melanie McClanahan – (303) 638-3302 – melcoloradogirl@gmail.com

Lakewood – Meets the 2nd Tuesday of May, June, September & November, 10:00am to 12:00pm at Easterseals Colorado until further notice bring a brown bag lunch.

Contact: Annette Beck – (303) 427-1789 – annette.beck242@outlook.com

North Area – Meets 3rd Saturday of the month, 10:00 to Noon, Vibra Hospital Longs Peak Conference Room

Contact: Jill Eelkema – (720) 675-9902 – jille@westerncarepartners.com

Northern Colorado (Fort Collins) – Meets 4th Saturday of each month, 10:00am to Noon

Contact: Peter Way – (970) 460-6164 – NOCOPolio@gmail.com

Pueblo – May 2nd, 11am – 3pm, Barkman Library

Contact: Mary Agnes Leonard – (719) 544-4789 – maryagnesleonard@gmail.com

South Denver – Meets 2nd Tuesday of each month, 10:45 to 12:30, Colorado Club Building, 4155 E. Jewell, Ste. 218. Contact: Hal Goldberg – (303) 212-0017 –

halgoldberg@halgoldberg.net



**EASTERSEALS
COLORADO CAMP
HOME OF COLORADO
POST-POLIO**

**ROCKY MOUNTAIN
GETAWAY
~~CANCELED~~
JOIN US!**

**For more information
and registration
package, contact:**

**mtolman
@eastersealscolorado.org**

If you would like to make a donation to support SCHOLARSHIPS so post-polio survivors can attend the Rocky Mountain Getaway in August 2020, please complete this form, detach and mail it to Mitzi Tolman at Easterseals Colorado. To ensure that we receive 100% of your donation, contributions should be payable to Easterseals Colorado with "POST-POLIO SCHOLARSHIPS" WRITTEN IN THE MEMO LINE. Your contribution will be gratefully acknowledged.

Thank you again!

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

E-Mail: _____

Mail to: Easterseals Colorado, 393 S. Harlan St., Ste. 250, Lakewood, CO 80226

Memo line: Post-Polio SCHOLARSHIP

**FREE MATTER FOR
BLIND OR DISABLED**

Colorado Post-Polio
c/o Easterseals Colorado
393 S. Harlan St., Ste. 250
Lakewood, CO 80226



This Is YOUR Newsletter –

Connections is the official news publication of the Colorado Post-Polio Program. The opinions are those of the individual contributors, and do not necessarily constitute an endorsement or approval by either the Colorado Post-Polio Council or Easterseals Colorado. **(Always check with your personal physician for all medical questions and concerns.)**

We invite not only your comments about this newsletter; tell us what topics you want to read about in future issues. If you have article ideas or suggestions, are willing to write a short article, tell your personal story or you'd like to review a book, please contact Mitzi Tolman at **(720) 940-9291** or e-mail her at mtolman@eastersealscolorado.org, or write to:

Colorado Post-Polio *Connections*
c/o Easterseals Colorado
393 S. Harlan St., Ste. 250
Lakewood, CO 80226

If you prefer to receive this newsletter online or change your mailing information, please contact: Mitzi Tolman at Easterseals Colorado, at (720) 940-9291 or mtolman@eastersealscolorado.org