# APPA NEWS

Atlanta Post-Polio Association

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Inside this issue:

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State of New Jersey
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# Post-Polio Syndrome

Polio -- once one of the most feared diseases in America -- has nearly been eliminated, in the U.S., through widespread immunization with polio vaccine. However, the health impact of past polio epidemics is still being felt.

Many polio survivors are now experiencing new and disabling symptoms of Post-Polio Syndrome, a neurological disorder related to their earlier illness. In New Jersey alone, there may be as many as 50,000 survivors at-risk of having PPS.

Symptoms include fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold and pain, difficulty swallowing and breathing, and a decline in the ability to carry out activities of daily living.

Text continues on page 4

**ANESTHESIA WARNING!**

*I am a Polio Survivor...*

- EASILY SEDATED, difficult to wake;
- Difficulty BREATHING and SWALLOWING with anesthesia;
- HYPERSENSITIVE to PAIN and COLD. Need heated blanket and increased pain medication post-op.

For more information, visit:
www.nj.gov/health/cd/postpolio/index.shtml

C1510

I am a Polio Survivor with **Post-Polio Sequelae (PPS)** unexpected midlife symptoms:

- Overwhelming Fatigue
- Muscle Weakness
- Muscle and Joint Pain
- Sleep Disorders and Cold Intolerance
- Difficulty Swallowing and Breathing
- Heightened Sensitivity to Anesthesia

(over)

**Department of Health and Senior Services**
P. O. Box 360, Trenton, NJ 08625-0360
Phone: (609) 292-7837
Toll-free in NJ: 1-800-367-6543
Our Locations

OPRA | Open Public Records Act

# Message From The President

Recently I saw an article that caught my attention and reinforced for me how important it is to question medical information that circulates targeting those of us who have had polio. It seems to me that the more sensational it is, or the more newsworthy it is, the less likely it is that it will turn out to be true. The dire warning about our use of statin drugs to lower cholesterol is a case in point.

"New Knowledge about Cholesterol Drugs and Muscle Problems" in the Winter 2010 edition of Post Polio Health confirms that it is a gene that determines whether or not there is a muscular problem when taking statins, and it is true for only a small minority of people. When taking a statin, the gene becomes activated in the muscles of the body and produces a substance which stops muscles from rebuilding themselves after use so muscles cannot repair normal wear and tear. There are different forms of the gene and additional study is needed, but the important point is that people who had polio are no more likely to carry this gene than anyone else. And, it is rare in the general population. It appears that statins are safer for us to take than we have been lead to believe.

There seems to be more concern about the interaction of other drugs that might be taken along with a statin. Lipitor, for example is broken down in the liver by a different chemical than Crestor or some of the other statins. Other medications are also broken down in the liver by other chemicals. If the chemical that breaks down two different drugs in the liver are taken, the statin will not be broken down as quickly and will increase in the blood. This may cause soreness. "Patients should use a statin that is processed by a chemical that is not being used to process another medication they are taking."

The final comment is that we should make diet and lifestyle changes allowing us to use the lowest dose of statin rather than to continue to eat lots of cholesterol generating fatty foods and rely on big doses of a statin to reach our cholesterol goal.

This whole debate about whether or not someone who had polio should take a statin is of great interest to me because my internist has recently said that he wants to start me on one. This recently published article has made me feel more confident about my decision. I'll keep you posted. My mother never told me what an adventure it would be to grow old!

*Linda Priest*, **APPA** President

## MARIE'S VOICE by

Marie Latta

# PPS Fatigue and Bulbar Polio

Polio Survivors, we keep discovering, often have some characteristics in common. Among them are muscle weakness, pain, our driven personalities, unwillingness to give up, and that huge elephant in the room, FATIGUE. There should be a separate dictionary definition for the fatigue of the polio survivor… that insidious systemic fatigue that cannot be adequately described for those who have not felt it.

Bulbar polio left its survivors with an even higher level of fatigue along with respiratory and swallowing limitations. When Dr. Lauro Halstead spoke to **APPA** a few years ago, I asked him why doctors and researchers are not talking about bulbar polio survivors. His answer was that, "They are no longer among us." Even though most patients with bulbar polio did die, some of us are very much among the living.

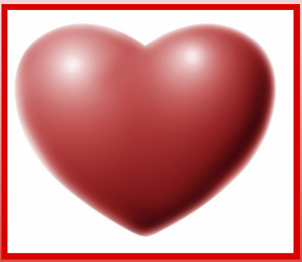
And now we are not alone in having breathing and swallowing issues. More and more survivors of polio are beginning to find that they too are having difficulty with breathing and swallowing. Both of these necessary functions require muscle strength. We are fortunate to live in an era when more and more mechanical help for weak muscles is available.

The mechanical helps have been lifesaving for me and have allowed me to continue a quality of life. So I say to you who have begun experiencing these weaknesses, there is hope. While oxygen has been shown in general not to be the best choice for us in most circumstances, the mechanical help provides that extra push we may need. For thirteen years, before the placement of my trach tube, I used a BiPap (Positive air pressure which is calibrated for the intake of air and output). It gives the push for getting adequate air into the lungs. For me the nighttime and rest time use of the BiPap gave me the respiratory energy to function during the day. For those who are now experiencing new respiratory weakness, I would suggest that you not wait until you are "on your face" as I did. Breathing is definitely good!!

My list of "mechanical toys" is a bit more

Continued on page 4

## **APPA** wishes to thank Ann and Richard Coultrip for their generous contribution.



Continued from page 3

extensive than most would ever need. It includes a permanent tracheostomy, permanent feeding tube, ventilator, suction pump, humidifier around my trach (for nighttime), and my power wheelchair. I began using a power chair in 1993 when I had to choose between breathing and walking. I acquired my "Twin Tubes" on Mother's Day 2006.

If you begin having trouble breathing or swallowing, don't try to muddle through on your own. Embrace what is available. Even with all these "toys," fatigue still lives constantly on my shoulder. But I have much more control over it. When I manage it as I should, I can control it somewhat rather than letting it have complete control over my life.

Cheers for life and breath!

***** Marie Bolotta

Continued from page 1

Physicians should be alert for possible cases of PPS among polio survivors. These patients may need to be referred to rehabilitation specialists. Once properly diagnosed, PPS patients can also take steps to manage their health and preserve their ability to function.

To obtain a wallet card alerting medical providers to the special needs of polio survivors, please contact Bernadette Marx **at 609-292-4043**.

## From The Editor

The spring/summer issue is ready as I write this. We've got something really cool starting this issue. We've been able to resurrect an old feature of **APPA News** called **Maries Voice**. We plan on this being a regular feature. As you can see from the cover page we've got a medical alert warning ID card you can cut out and carry in your wallet. If you hate the idea of chopping up your **APPA News** there is a phone number listed where you can get an "official" card. My apologies to our president for having you cut up her "Presidents Message" on the flip side of the card. I maybe should've put this note on the back of it instead. ☺ I'm happy to report we have an article by Dr. Caroline von Fluegge. Dr. "C." gave a very informative presentation about chiropractic medicine to **APPA** in February. I may try an' sweet talk her into being a regular contributor! There is another installment of Ask Dr. Maynard and Tech Bits & Bytes has some cool free things for you. Of course I'm happy there aren't any obituaries to report. It's getting too HOT to go outside so pour yourself a cool beverage and relax with the latest **APPA News**.

**Joe Drogan**

**APPA** wishes to thank Ellen Wavrek and the Chick-fil-a on Peachtree Road at Collier in Atlanta for their generous donation towards the success of our May Bingo party. Their support of **APPA** is sincerely appreciated.

Go try the new **Spicy Chicken Sandwich!!**

http://www.chick-fil-a.com/peachtreeatcollier
1901 Peachtree Rd Ne
Atlanta, GA 30309

## Statement of Policy

**APPA** and **APPA** News do not express or imply endorsement of physicians, products, seminars or services that are mentioned in this newsletter.

They are mentioned simply as a public service to polio survivors and those interested in them.

Articles reflect the opinions of their authors and do not necessarily reflect the official policy of the Atlanta Post-Polio Association.

# Canine Assistants Visits APPA

**APPA**'s April meeting included a visit from ***Laurie Hunter*** **from Canine Assistants.** She spoke about the advantages that might be derived from having a service dog in our lives. They can help with all sorts of simple tasks in our daily lives. The simple task of retrieving a dropped object is only one of the various jobs they can help with. They can both open and close doors and cabinets, unzip backpacks and retrieve meds, and get clothes out of baskets and dryers. Amazingly, they can even sense seizures! Service dogs are shown to be great ambassadors and are great for disability awareness. These dogs learn 90 or more voice commands and it is believed they know even more words than we realize. You almost feel like you need to spell out certain words like s.n.a.c.k or t.r.e.a.t! In addition to "chores" these animals serve two vital purposes. They are incredibly loyal to their owners and provide great companionship. Laurie stated one thing most people not using a wheelchair don't understand at first. She said the dog makes the wheelchair disappear! What she meant was when a stranger encounters a person in a wheelchair the first and foremost thing they notice is the chair itself. But when the person is accompanied by a service dog the thing they notice and focus on is the dog. It gives the person something other than the wheelchair to focus on and also provides a convenient conversation starter. Children are especially drawn to the dogs.

The dogs are allowed in virtually any facility in compliance with the Americans with Disabilities Act, ADA. They are trained to be able to enter a restaurant, for example, without causing any disturbance. They can ride busses, trains and airplanes. Occasionally there are admittance questions that arise from uninformed people that can usually be overcome by presenting an ID showing that the dog is a licensed service dog and as such is working and must be admitted. It is also helpful to have the dog wear a service "vest" identifying it as "working." They are entitled to the same entry rights as dogs that assist the blind.

For any of us using wheelchairs the use of a service dog should be considered. Due to the demand and extensive training required there is a 5 year waiting list but cases are handled on a "most needed" basis. **APPA** would like to thank Laurie and Canine Assistants for the very informative presentation.

Written by Joe Drogan, June 2010

# THE POST-POLIO LETTER

Basic facts about PPS for polio survivors' doctors, family & friends.

Dr. Richard L. Bruno
Chairperson, International Post-Polio Task Force
Director, The Post-Polio Institute
The International Centre for Post-Polio Education and Research
Englewood (NJ) Hospital and Medical Center, USA

## WHAT ARE POST-POLIO SEQUELAE?

Post-Polio Sequelae (PPS, Post-Polio Syndrome, The Late Effects of Poliomyelitis) are the unexpected and often disabling symptoms -- overwhelming fatigue, muscle weakness, muscle and joint pain, sleep disorders, heightened sensitivity to anesthesia, cold and pain, as well as difficulty swallowing and breathing -- that occur about 35 years after the poliovirus attack in 75% of paralytic and 40% of "non-paralytic" polio survivors. There are about 2 million North American polio survivors and 20 million polio survivors worldwide. The existence of PPS has been verified by articles in many medical journals, including The Journal of the American Medical Association, the American Journal of Physical Medicine and Rehabilitation and The New England Journal of Medicine.

**WHAT CAUSES PPS?** PPS are caused by decades of "overuse abuse." The poliovirus damaged 95% of brain stem and spinal cord motor neurons, killing at least 50%. Virtually every muscle in the body was affected by polio, as were brain activating neurons that keep the brain awake and focus attention. Although damaged, the remaining neurons compensated by sending out "sprouts," like extra telephone lines, to activate muscles that were orphaned when their neurons were killed. These over sprouted, poliovirus-damaged neurons are now failing and dying from overuse, causing muscle weakness and fatigue. Overuse of weakened muscles causes muscle and joint pain, as well as difficulty with breathing and swallowing.

**HOW ARE PPS DIAGNOSED?** There is no diagnostic test for PPS, including the electromyogram (EMG). PPS are diagnosed by excluding all other possible causes for new symptoms, including abnormal breathing and muscle twitching that commonly disturb polio survivors' sleep, a slow thyroid and anemia. Other neurological or muscle diseases are almost never the cause PPS symptoms.

**ARE PPS LIFE THREATENING?** No. But because of damaged brain activating neurons polio survivors are extremely sensitive to, and need lower doses of, gas and intravenous anesthetics and sedative medication. Polio survivors can have difficulty waking from anesthesia and can have breathing and swallowing problems, even when given a local dental anesthetic.

**IS PPS A PROGRESSIVE DISEASE?** PPS is neither progressive nor a disease. PPS is caused by the body tiring of doing too much work with too few poliovirus - damaged, oversprouted neurons. However, polio survivors with untreated muscle weakness were found to lose about 7% of their remaining, overworked motor neurons each year.

**IS THERE TREATMENT FOR PPS?** Yes. Polio survivors need to "conserve to preserve," conserve energy and stop overusing and abusing their bodies to preserve their abilities. Polio survivors must walk less, use needed assistive devices -- braces, canes, crutches, wheelchairs -- plan rest periods throughout the day and stop activities before symptoms start. Also, since many polio survivors are hypoglycemic, fatigue and muscle weakness decrease when they eat protein at breakfast and small, more frequent, low-fat / higher-protein meals during the day.

**ISN'T EXERCISE THE ONLY WAY TO STRENGTHEN WEAK MUSCLES?** No. Muscle strengthening exercise adds to overuse. Pumping iron and "feeling the burn" means that polio-damaged neurons are burning out. Polio survivors typically can't do strenuous exercise to condition their hearts. Stretching can be helpful. But whatever the therapy, it must not trigger or increase PPS symptoms.

**IS TREATMENT FOR PPS EFFECTIVE?** Yes. The worst case is that PPS symptoms plateau when polio survivors stop overuse abuse. Most polio survivors have significant decreases in fatigue, weakness and pain once they start taking care of themselves and any sleep disorders are treated. However, because of emotionally painful past experiences related to having a disability, many polio survivors have great difficulty caring for themselves, slowing down and especially with "looking disabled" by asking for help and using assistive devices.

**WHAT CAN DOCTORS, FAMILY AND FRIENDS DO TO HELP?** Polio survivors have spent their lives trying to act and look "normal." Using a brace they discarded in childhood and reducing overly-full daily schedules is frightening and difficult. So, friends and family need to be supportive of life-style changes, accept survivors' physical limitations and any new assistive devices. Most importantly, friends and family need to be willing to take on taxing physical tasks that polio survivors may be able to do but should not do. Doctors, friends and family need to know about the cause and treatment of PPS and listen when polio survivors need to talk about how they feel about PPS and lifestyle changes. But friends and family shouldn't take control of polio survivors' lives. Neither gentle reminders nor well-meant nagging will force polio survivors to eat breakfast, use a cane or rest between activities. Polio survivors need to be responsible for caring for their own bodies and ask for help when they need it

Whether you had polio or not, please COPY and MAIL this letter to your doctors. With your help every doctor will learn about the cause and treatment of PPS and give polio survivors the care we so desperately need. Thank you!

Mia Farrow, polio survivor Thaddeus Farrow, polio survivor

Co-Chairpersons The POST-POLIO LETTER Campaign

For more information about the cause and treatment of PPS go to www.postpolioinfo.com

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## POLIO SURVIVORS ARE NO LONGER POSTER CHILDREN.

We are accomplished adults who are being disabled by POST-POLIO SEQUELAE, new fatigue, weakness and pain, affecting the world's 20 million polio survivors.

Yet most doctors don't know PPS exists. Please go to: www.postpolioinfo.com print and then mail THE POST-POLIO LETTER to your doctors.

With your help every doctor will learn about PPS and give polio survivors the care we so desperately need.

Thank you!

Mia Farrow

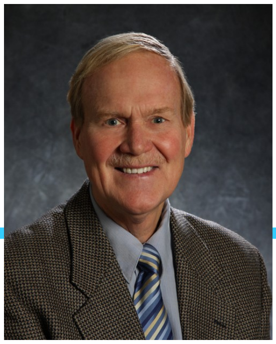
Thaddeus Farrow

Co-Chairpersons, The POST-POLIO LETTER Campaign

Please, bring this to your local newspaper and ask them to print this public announcement.

## Networking

# Ask Dr. Maynard



Frederick M. Maynard MD

Question: I read about muscle wasting in people who age (sarcopenia) in the syndicated column of “Dr. Donohue.” As a 78-year-old polio survivor who is getting weaker, I am not sure if it is post-polio weakness or aging weakness. Is there a way to tell the difference? Does it matter? Are the management recommendations different for each cause?

A: Sarcopenia is a descriptive term for reduced muscle mass and is observed in aging people. While there is undoubtedly a “genetic programming” component to age-related sarcopenia, much of it is related to the reduced activity levels that are common among older people for many reasons and that result in disuse atrophy of muscle.

There is no reliable way to differentiate age-related (genetic) sarcopenia from underactivity-related sarcopenia; and both can be improved through strengthening exercise. The amount of increased muscle mass and strength achieved may be limited by the genetic component. The amount of effort will limit results to reverse the underactivity component.

Polio survivors have lived with sarcopenia as a result of nerve cell loss after acute polio viral infection. While rehabilitative exercise efforts led to increased strength in the early post-polio years, the amount of nerve cell loss limited the maximal strength that could be achieved. Aging survivors are vulnerable to genetic-related, as well as underactivity-related sarcopenia. Additionally, they are probably vulnerable to an accelerated age-related loss of motor nerve cells and a “shrinking back to normal size” of motor units (the total amount of muscle tissue connected to and supplied by one motor nerve cell). Again, exercise and activity can at least slow down declining strength from these causes.

In answer to your practical questions, there is no reliable way for individuals who had polio to differentiate new neurogenic weakness (neuropenia) from new muscle weakness (sarcopenia). It probably does not really matter because both can be slowed down or partially reversed through strengthening exercise and/or increased activity. The challenges of successfully achieving these theoretical benefits are also the same: how to avoid overuse pain and/or strain to muscle, joints, tendons, ligaments and other musculoskeletal structures as a result of exercise.

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To the extent a post-polio person's new weakness is largely neurogenic, the more challenging it will be to find the optimal level of exercise that is sufficient for strengthening without producing pain/injury.

**Send your questions for Dr. Maynard to info@post-polio.org.**

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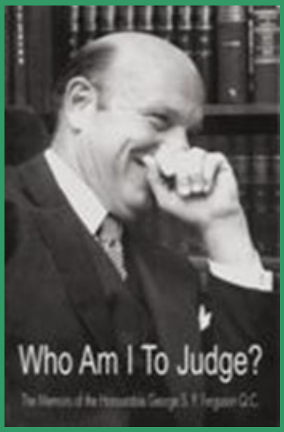
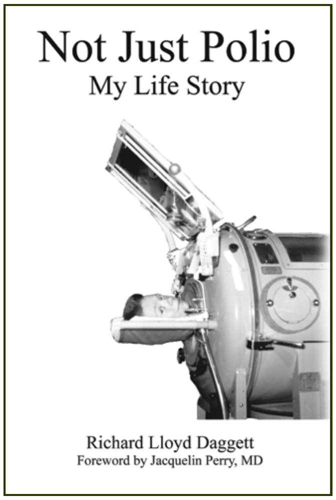
## Summer Reading!!



**Who Am I To Judge?** (2007) The Memoirs of the Honourable George S. P. Ferguson Q C. was organized from the judge's "amassed hundreds of files" after his retirement at age 75. He contracted polio at age 14 in 1937. [http://www.marchofdimes.ca/dimes/donors_volunteers/news_and_media/omod_news/2008/Who+Am+I+To+Judge.htm](http://www.marchofdimes.ca/dimes/donors_volunteers/news_and_media/omod_news/2008/Who+Am+I+To+Judge.htm)

**[Not Just Polio: My Life Story]()** (2010), by Richard Lloyd Daggett, respected and longtime leader of [Polio Survivors Association]() "is more than the story of a devastating illness. It also chronicles the life of a young person growing up in middle class America during the 1940s and 50s."



# Tech Bits & Bytes

**By Joe Drogan**

## Free stuff, free stuff….everybody likes free stuff.

Thankfully in the computer world there is a plethora of free stuff. Lots of it is written by students, IT pros, and computer geeks that just like creating things. Kinda offsets the nefariousness of those hackers that try and screw up your system and steal your info. There are good people out there too. Free stuff is written by them.

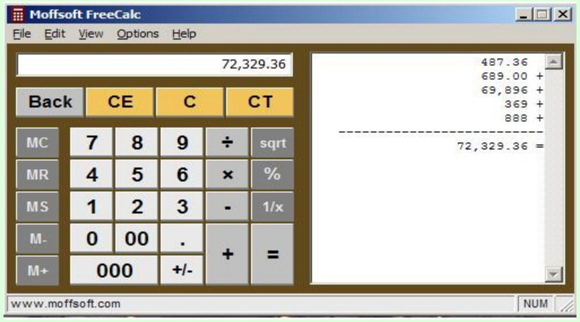
### *TB&B legal disclaimer……….*

This stuff just says you can't sue me or **APPA** if any of this stuff goofs up your system in any way or makes you do crazy or evil things etc. etc. etc.. It really shouldn't but heck s%^& happens that's why we have disclaimers in the first place. Even if it does I'll help you get your system fixed up again. Yeah, yeah I know!!! This font is really kinda small I hope the post office and attorney generals office understand it's just a joke. Actually I'm kinda curious how many **APPA** folks will figure out with the Adobe PDF reader you can actually blow this up big enough to actually read what I'm writing here!! Ain't digital media cool. Come to think of it I probably should print this on a T-shirt and wear it everywhere I go!!!!! 🙂

In most cases there is no substitute for professionally written, tested, and supported software but there are some really cool free things available. In this issue of TB&B I'll share some of my personal favorites with you. These are goodies I've been using for years. I've tested them on windows XP and Vista and in the new Windows 7.

I've included a hyperlink with each so if you are getting the PDF version of **APPA** News you can just click on it to get the download (hint hint!) 🙂

### Moffsoft calculator



```
        487.36
        689.00 +
        69,896 +
           369 +
           888 +
--------------------------
     72,329.36 =
```

A real cool calculator that has cool features like a tape display and customizable size and colors. The tape is great for PPS'ers like me that can't always remember what the heck they just keyed in!! This doesn't replace your Windows calculator but adds an additional one that I like better for serious use.

http://download.cnet.com/Moffsoft-FreeCalc/3000-2057_4-10194467.html?part=75911%2520&subj=dlpage&tag=button

http://www.moffsoft.com/freecalc.htm

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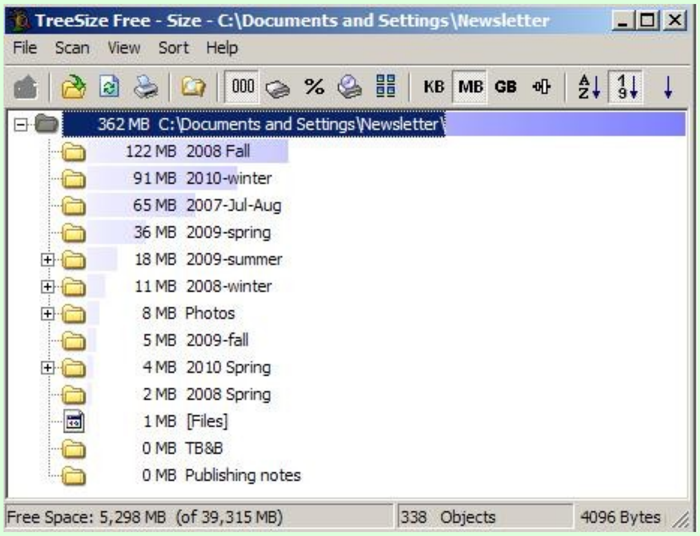
## Treesize



```
362 MB  C:\Documents and Settings\Newsletter\
  122 MB  2008 Fall
   91 MB  2010-winter
   65 MB  2007-Jul-Aug
   36 MB  2009-spring
   18 MB  2009-summer
   11 MB  2008-winter
    8 MB  Photos
    5 MB  2009-fall
    4 MB  2010 Spring
    2 MB  2008 Spring
    1 MB  [Files]
    0 MB  TB&B
    0 MB  Publishing notes
Free Space: 5,298 MB  (of 39,315 MB)    338  Objects    4096 Bytes
```

Ever wonder what is taking up all the space on your hard drive? You'd be amazed how over time various folders on your system get filled up. I once had an email folder in Outlook that over time accumulated 2 gigabytes of old mail etc. Treesize shows you a list of folders on your "C" drive showing the size of each. After installing it you go into Windows Explorer - Start/All Programs/Accessories/Windows Explorer/ right click on your "C" drive and select Treesize from the menu. When I do, for example, I can see that the **APPA** newsletter takes up 362 megabytes on this laptop I'm writing this article on.

http://download.cnet.com/TreeSize-Free/3000-2248_4-81064.html

## Tclock (XP and Vista)

A cool customizable replacement clock for the one in your taskbar (that thing at the bottom of your screen)

Tclock has neat features like sounds, changeable fonts, and colors, a timer (for timing eggs I guess), and even a synchronization option to sync with one of those "atomic" clocks. (Don't worry no radiation involved!). I had a "cuckoo clock" sound on mine for a while that for some reason people thought to be appropriate! It's very "light" meaning it uses almost no resources. That's important for older systems because a cool feature that slows your system down isn't that cool after all.

http://download.cnet.com/3001-2350_4-10768936.html?spi=cfde0c9d11a45fc230ea700cc42dbc6c

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And finally, for those that say they can't afford descent virus protection I offer a choice of TWO, count 'em, TWO effective free ones!!!

### Avg Free

This one has been around for years. I've used it for at least the last 10 years. *Despite the huge salary I enjoy as the author of TB&B I'm just too cheap to actually pay for virus protection when fine products like AVG free exist.* It updates automatically and has a scan task you can (and should) schedule to run when you aren't using your system.

http://download.cnet.com/AVG-Anti-Virus-Free-Edition/3000-2239_4-10320142.html?part=dl-10044820&subj=dl&tag=button&cdlPid=11014801

### Microsoft Security Essentials

Here is a free virus protection alternative from Microsoft. It also updates itself and has a scheduler built in. I am currently using it on my Windows 7 system. You use their operating system, Windows 98, XP, Vista, or Windows-7, why not use their free virus protection. If you ARE STILL using Windows-98 though we probably SHOULD talk!!

http://www.microsoft.com/security_essentials/

Some final thoughts: With virus protection always only have one product installed at a time, they fight with each other like Beta fish otherwise. Most of these fine companies offer more "robust" versions of their free products. You might want to check out their web sites if you like their free stuff. Thanks too to the nice folks at CNET for providing easy links to some of these. CNET insures the downloads don't contain any spyware, viruses etc..

**Until next time -**

**Happy Free Computing!**

# Chiropractic Explained

By Dr. Caroline von Fluegge

This February, I had the pleasure to be the guest speaker for **APPA** the Atlanta Post-Polio Association support group at the Shepherd Center. I was impressed by the general good attitude my audience had with regards to their health, yet I was acutely aware of the physical manifestations polio has on someone's body throughout the years. Though the actual polio virus seems to be a thing of the past, in the United States, the long term effects of having to compensate for spinal misalignments, patterns of movement and gait that may lead to acute muscle spasm, muscle atrophy, and a variety of neurological syndromes, last a lifetime. It is obvious that physical health affects mental state, and vice versa. The point is, how can we focus on the positive and enhance more of what is working correctly, no matter what the condition may be?

As a human being first and foremost, my intention is to help people of all ages and conditions lead a greater quality of life both in mind and in body. As a doctor of chiropractic, my specialty is finding and correcting the causes of spinal, muscle and nerve damage to the best extent possible. Though there is a time for drugs and surgery, I prefer to educate, empower and treat patients by using a more natural, less invasive and holistic approach to health care from a preventive point of view. Quite often, the public does not really understand what chiropractic is and it's role in preventive health. The following is an explanation which demonstrates chiropractic's role in health care and the importance of both the spine and nerve system in maintaining optimal well-being.

The word "chiropractic" comes from the Greek words cheir (hand) and praxis (action) and literally means "done by hand." Instead of prescribing drugs or performing surgeries, chiropractors use manual treatments of the spine and joints, exercise therapy, massage, trigger point therapy and lifestyle changes to allow the body's natural state of health to fully express itself.

Like conventional medicine, chiropractic is based upon scientific principles of diagnosis through testing and empirical observations. Treatment is based upon the practitioner's rigorous training and clinical experience. Unlike conventional medicine, which focuses on attempting to treat disease once it occurs, chiropractic attempts to improve the health of the individual in an effort to avoid illness in the first place. Most people would rather be

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healthy and avoid illness, if they could. This is one of the main reasons for the big upsurge in the popularity of chiropractic. People are recognizing the benefit of seeking an alternative to traditional medicine; one that will help them achieve and maintain optimal health.

Chiropractors understand that one of the main causes of pain and disease is the misalignment and abnormal motion of the vertebrae in the spinal column called a subluxation. Chiropractic works by removing these subluxations in the spine, thereby relieving pressure and irritation on the nerves, restoring joint mobility, and returning the body back to a state of normal function.

The word 'subluxation' comes from the Latin words meaning 'to dislocate' (luxare) and 'somewhat or slightly' (sub). So the term 'vertebral subluxation' literally means a slight dislocation (misalignment) of the bones in the spine. Although this term was adequate in the 1800s when much was still misunderstood about the human body, today the word 'subluxation' has changed in meaning to capture the complex of neurological, structural and functional changes that occur when a bone is 'out of place.' For this reason chiropractors usually refer to subluxations of the spine as the "Vertebral Subluxation Complex", or "VSC" for short. There are actually five components that contribute to the vertebral subluxation complex (VSC).

**Bone Component -** where the vertebra is either out of position, not moving properly, or are undergoing degeneration. This frequently leads to a narrowing of the spaces between the bones through which the nerves pass; often resulting in irritation or impingement of the nerve itself.

**Nerve Component -** is the disruption of the normal flow of energy along the nerve fibers, causing the messages traveling along the nerves to become distorted. The result is that all of the tissues that are fed by those nerves receive distorted signals from the brain and, consequently, are not able to function normally. Over time, this can lead to a whole host of conditions, such as peptic ulcers, constipation and other organ system dysfunction.

**Muscular Component -** since nerves control the muscles that help hold the vertebrae in place, muscles have to be considered to be an integral part of the vertebral subluxation complex. In fact, muscles both affect, and are affected by the VSC. A subluxation can irritate a nerve, the irritated nerve can cause a muscle to spasm, the spastic pulls the attached vertebrae further out of place, which then further irritates the nerve and you have a vicious cycle. It is no wonder that very few subluxations just go away by themselves.

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**Soft Tissue Component -** the VSC will also affect the surrounding tendons, ligaments, blood supply, and other tissues as the misaligned vertebrae tug and squeeze the connective tissue with tremendous force. Over time, the soft tissues can become stretched out or scarred, leaving the spine with either a permanent instability or restriction.

**Chemical Component -** is the change in the chemistry of the body due to the VSC. Most often, the chemical changes, such as the release of a class of chemicals called "kinins," are pro-inflammatory; meaning that they increase inflammation in the affected area.

These changes get progressively worse over time if they are not treated correctly, leading to chronic pain, inflammation, arthritis, muscle trigger points, the formation of bone spurs, loss of movement, as well as muscle weakness and spasm. Chiropractors have known the dangers of the vertebral subluxation complex ever since the birth of the profession. More and more scientific research is demonstrating the tremendous detrimental impact that subluxation have on the tissue of the body. In order to be truly healthy, it is vital that your nervous system be functioning free of interference from subluxations. Chiropractors are the only health professionals trained in the detection, location, and correction of the vertebral subluxation complex through chiropractic care.

The chiropractic adjustment is a quick, gentle yet specific thrust applied to a vertebra for the purpose of correcting its position, movement or both. Chiropractic is so much more than simply a means of relieving pain. Ultimately, the goal of the chiropractic treatment is to restore the body to its natural state of optimal health. In order to accomplish this, Dr. von Fluegge uses a variety of treatment methods, including manual adjustments, trigger point therapy, nutrition, exercise rehabilitation, as well as counseling on lifestyle issues that impact your health. Since the body has a remarkable ability to heal itself and to maintain its own health, the primary focus is simply to remove those things which interfere with the body's normal healing ability.

Numerous studies have demonstrated that chiropractic care is one of the most effective treatments for back pain, neck pain, headaches, whiplash, sports injuries and many other types of musculoskeletal problems. It has even been shown to be effective in boosting the immune system, improving athletic performance, decreasing the frequency of childhood ear infections and improving the symptoms of asthma, to name just a few common issues.

It is important to understand that a doctor of chiropractic (or the adjustment to the spine) does not "cure" a certain condition. Rather, with the understanding that the nerve system functions like a rapidly firing computer program, any aggravation to this system –

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whether physical, emotional or chemical, will interfere with its optimal performance. Therefore, when pressure from the nerve system is removed by correcting spinal misalignments which irritate the "internet system," the body can and will function properly again. As a result, many patients enjoy better health from a full-body perspective.

The chiropractic approach to healthcare is holistic, meaning that it addresses your overall health. It recognizes that many lifestyle factors such as exercise, diet, rest and environment impact your health. For this reason, chiropractors recommend changes in lifestyle eating, exercise, and sleeping habits in addition to chiropractic care.

About the author: Dr. Caroline von Fluegge, founder of Balance Atlanta Family Chiropractic in Atlanta, has been in practice for over 12-years. Her commitment is to empower patients towards optimal health by combining a specialty of family and sports chiropractic with nutrition, yoga, and neuromuscular therapy. The Balance Atlanta clientele includes pregnant mothers, children, parents, athletes, business people, and celebrities in the entertainment industry. In addition, Dr. Caroline frequently contributes to fitness magazines, produces corporate wellness programs and makes guest appearances on television and in radio.

# Dues Reminder

Just a friendly reminder that **APPA** dues were due on January 1 2010!

Not putting any pressure on you though. Just keep in mind that if your dues aren't paid by August 1st you won't appear in the **APPA** 2010 Phone Directory….. and you just might get a visit from <u>this</u> guy……...our dues collection dude!!!

# 2010 EVENT SCHEDULE

| | |
|---|---|
| Jul | Summer Break.....no monthly meeting. |
| Aug 7 | Adaptive technologies presentation by Georgia Tech's Carrie Bruce. |
| Sep 11 | Dr. Leslie and the Haiti medical equipment collection project. Bring your un-needed braces, crutches etc. to be donated. |
| Oct 2 | Panel discussion on patient advocacy and medical insurance challenges. |
| Nov. 6 | Annual business meeting. |
| Dec. 4 | Holiday Party at BRIO tuscan grille<br>Atlanta, GA |

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