

APPA NEWS

The Atlanta Post-Polio Association

Volume 28, Issue 1

Spring 2015

APPA 2015 ELECTIONS




**Rita Carlson - Public Relations, Carol Crumby - Fundraising, and
Cathy McIntire - Artwork & Postcards**

ATLANTA, GA, FEBRUARY 1, 2015 - The Atlanta Post Polio Association (**APPA**) held its annual Business Meeting at Shepherd Center, Atlanta, GA. Of great importance was the election of 3 Board members for the 2015 year. Rita Carlson was elected as Public Relations Chair, Carol Crumby was elected as Fundraising Chair, and Cathy McIntire was re-elected to another

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Please don't forget
to make your annual
donation to **APPA**.
Thanks for your
continued
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President's Message

Man whatta day! I guess every once in a while it's your turn "in the barrel." One of those days where anything that can go wrong will. It all started good enough where I slept particularly well. The numbers on my CPAP machine were great. I have noticed that when they are I feel great all day and I have lots of energy. I sometimes feel life is like those old "Wack-A-Mole" games you used to see around. You remember them right? It's where those little moles would pop-up outta the holes in the panel and you'd have to wack them with a rubber hammer to smack 'em back down. As you smacked one down a different one would pop up out of a different hole and there you'd go again. Life is no different. You no sooner get one thing under control and something else pops up to cause trouble. Today started out fine with the "moles" all under control. Energy level was great, back doesn't hurt much, neck doesn't hurt much, blood pressure test was normal, and the stock market was doing fine. Then just when you get a little complacent, it's "Wack-A-Mole" time again and all heck breaks loose. The mailman rings the doorbell. Good news, I got a package from Amazon, Gogi berries, something good. More about them some other time. Bad news, he hands me a familiar looking brown envelope returned for postage due. It's something important I mailed back in February. It being late now will potentially cost me money. Fine, it's partially my fault, should have taken it to the post office and had it weighed first. But really, where the heck has it been for the past month and a half? It took them 40 days to figure out it was 42¢ short? Mailed on Friday the 13th I might add. Oh well, live and learn. But that's not where the moles stop. Later today around noon the stock market decides to go haywire. That's fine too. I've been around long enough to not get too rattled on down market days. I sold some positions to protect some pretty good profits like I've been taught. I'll "keep my powder dry," as they say, to get back in on a better day. But why is it that when a day starts to "go off the rails," as they say, it usually just gets worse? I have learned that there will be those days in life. I have a couple of things I do to protect myself from getting too down when the "moles" start poppin' up. One thing is I've learned to control my expectations. Used to be I was always expecting everything to just work out well for me. After all, I'm Joe and I deserve things to go great, right? Polio at 10 months of age should have shown me that things aren't always going to go well for me. In some strange way though I spent years believing that maybe I'd had all my bad luck back then and from that time going forward I'd be ok. I have finally learned that it's "Life on life's terms" not "Life on Joe's terms." Life has an ebb and flow to it. Seems there are highs and lows. I'm never in the downturns too long. When things are going well I remember to give thanks for those days 'cause I know that streak will not

Continued on next page

last forever. I also know the bad streaks have a limited life too. They say one of the reasons for Atlanta Braves coach Bobby Cox's great success was he taught the team not to get too up after those good games and too down after those bad games. But what to do when even your lowest expectations aren't met? Two things that work for me. I have to realize that the only one I have any real control over is me. Life is gonna be what it's gonna be. I, however, have control over my reaction to it. One other thing that helps is to "Get out of myself." After the mail disaster I was listening to a friend's problems. She is facing brain surgery and all of the risks and fear associated with that. After listening and offering some words of encouragement I found that my little Post Office debacle seemed embarrassingly small in comparison. It reminded me to be grateful for the wonderful life I have and to never take that for granted, even the little moles that pop up from time to time. What's that old saying, when life hands you lemons turn them into lemonade, or something to that effect. Well this difficult day had one nice outcome as a direct result of it's being a frustrating one. I was trying to decide what my topic would be for this "President's Message" and this narrative, or is it diatribe, just fell into my lap.

Here's to a better day tomorrow.

Joe Drogan - **APPA President**

From the Editor

Ahhh, the first one for 2015 is wrapped up. Always a great feeling. I think there is something in here for just about everybody. A veritable cornucopia of topics. There seems to be an endless supply of new information to convey. Even if there wasn't there are items worth re-visiting. The 10 Commandments article is somewhat dated, being from 1999, but after reading it I realized what a great synopsis it is, especially for someone just getting up to speed on Post-Polio Syndrome. I also had never heard about the 15 minute rest periods. As always, there is more to learn, or if you are like me re-learn. We have some information for you on Alzheimer's, blood pressure, and "Tech Bits & Bytes" lets you in on some of the secrets that allow me to survive as a writer and editor. Just in case you think there's too much "old" information herein we've got one news flash and even some late breaking news right here in the "From the Editor." There are reports that the polio virus might just be a cure for cancer. How cool would that be? Too late for an article in this issue but I'm researching it and should have something ready for the next edition.

Now that alone should be enough of an incentive to renew your subscription.

Joe Drogan

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term in the Artwork and Postcards position. Rita and Carol are new board members and Cathy is returning for her third three year term. Earlier in the year there was some confusion and much discussion about exactly how the terms of office work at **APPA**. At the first board meeting held at

Shepherd Center in January a great deal of time was spent discussing board positions and terms. Past President and current First Vice President and Program Director, Linda Priest, rolled off of the board after serving three year terms of office of three years each. Thanks to Linda for 9 years of service. This came as a surprise to the board, and it was felt we needed to clarify exactly how the terms and elections work in the organization. We felt a document was needed describing the terms and procedures. It is a somewhat complicated procedure which had to change because of the fact we moved the annual business meeting from November each year to January. It used to be board mem-



Continued on next page

bers' names were put into consideration in November to be voted upon the following January. The question also came up as to how to handle the situation where a board member must resign prior to the end of their term. If someone is elected mid-term how does that affect the 3 year term? Does the term start in January of the following year or does it start immediately? An immediate start would throw off the election cycle as they would perhaps come up for re-election mid year. **APPA**

Treasurer and Database Administrator Shannon Morgan to the rescue. Shannon spent many hours going over the by-laws and came up with a fine document describing the "ins and outs" of how the election process works. Thank you Shannon for taking on this job.



This is the first time in recent history the **APPA** board has been fully staffed. The only thing that needs to be addressed is the vacant 2nd President position. It is a position in name only having no pre-defined responsibilities.





Usually the 2nd Vice President becomes the first. A new 2nd Vice President will need to be appointed/elected by the board at the next board meeting in April of this year.

Little has been done in recent years in the areas of Public Relations and Fund-

raising. I'm told there are funds available out there for organizations like ours. We have needed someone willing to seek them out and, hopefully, make something happen. We also really need to get the word out there about who we are as an organization and what we do. There are polio survivors out there, many of whom are experiencing Post Polio Syndrome and may not be aware of it or are in denial about it. As we all know, they are causing irreparable damage to themselves by not taking proper care of themselves. They may not realize the dangers of over doing it as many of us have learned. We need to find those people any way we can and provide help, education, and support. After all we are The Atlanta Post-Polio Association and that's what we do!

When the business meeting was adjourned all joined in for a roundtable discussion. Of particular interest was the use of supplements. Additionally, the topic of donating one's body upon death to Emory University School of Medicine was discussed. Requests were made by several to provide information on how one starts this worthy endeavor. One needs to contact the program at 404-727-6242. A 2-page form is completed and witnessed by 2 non-relatives. In the remarks section it is suggested that 'polio survivor' be mentioned. Thirty days after Emory has processed your request, everything should be in order for that option.

May 2015 prove to be the best for **APPA** and all of it's friends!

By Cheryl Hollis & Joe Droган

Photos by Betty Storey

In Memoriam
Lois P. Jones
Marvin Pierce Brown

**APPA wishes to thank the following
for their donations.**

Joe Drogan

Thank You!!!!!!

Special Meeting Notice!

**The May APPA Meeting is an outing at the
GWINNETT BRAVES GAME**

SUNDAY!!

Afternoon May 3rd 2:05 PM

Watch for details

Richard A. Weir

797 Bedford Oaks Drive
Marietta, GA 30068

770-642-8325
FAX: 770-643-8763
E-MAIL: Weir4750@bellsouth.net

11/15

Hi, Joe... and my APPA family,
Here are my plans for 2015. I always look forward to the next edition of the newsletter, to somewhat keep in touch with all of you. By the way, Joe, you are doing an outstanding job on the newsletter, both from a content and creative standpoint. It is come a long way from when I, along with huge help from a man named Alan Mitchell, started the APPA newsletter back in the 1980's (or was it the 1990's I think?!) This is many times better than our initial "offerings". I am so proud to still be somewhat affiliated with all of you.
Here's to another outstanding year for APPA, under your leadership, in 2015!
My best to everyone.

Dick Weir

Editors Note: We didn't have any new members to mention so I thought it'd be nice to publish a "Hello" note from longtime member Richard Weir. Especially because he has nice things to say about our efforts on APPA NEWS and is a former editor himself.

Thoughts

by Myrna K. Whittington

A Potpourri of Life

Oh Lord, please help me with these neck muscles so that I can see what I am typing!!

Oh boy, here it goes, it seems that I have developed a shaking in my right hand, does not help matters either.

Oh well, I bit the bullet and bought a tablet. But still do not how to navigate it. With help I have Skype loaded on it, I so want to see my children.

Here is how it went. I pressed the camera thingy and suddenly this face appeared, Lordy, who is that? Suddenly I realized that was my face!!! Oh Lord help me, do I really look like that? The answer is yes, sigh! Well let's skip that one..

The only other thing I want the tablet to do is "talk" to me.

This question is roaming in my head! "Do crows migrate?"

Go figure!!

Myrna Whittington

APPA PHONE LINE

APPA is seeking someone to handle the APPA Phone Line
If you are interested, please contact us at:

Atlanta Post-Polio Association, Inc.

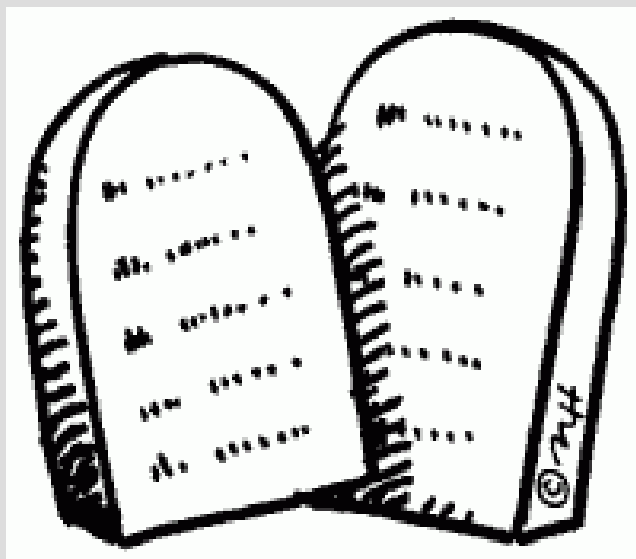
P.O. Box 245

Cumming, Georgia 30028

(404) 350-7631

Or let us know at an APPA meeting.

THE 10 COMMANDMENTS Of PPS



Dr. Richard L. Bruno
Chairperson International Post-Polio Task
Force and Director The Post-Polio Institute
Englewood Hospital and Medical Center
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&

Dr. Nancy M. Frick
Executive Director harvest center, inc. and
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Polio Task Force HarvestCtr@AOL.COM

NEW MOBILITY, June 1999

After 15 years of searching, archaeologists from The Post-Polio Institute have unearthed the "commandments" for treating Post-Polio Sequelae (PPS) ...

1) Listen to Yourself!

Polio survivors often turned themselves off from the neck down after they got polio. The first step in treating PPS is to listen to yourself: to what you feel, physically and emotionally, when you feel it and why. Our most powerful tool in treating PPS is the daily logs our patients keep that relate activities to their symptoms. However, polio survivors sometimes listen too much: to vitamin salesmen saying some herb or spice will "cure" PPS, to other polio survivors who warn that you will eventually have every possible PPS symptom, and to friends and family members (and the voices in you own head) saying you're lazy and that you must "use it or lose it." Polio survivors need to listen to their own bodies, not to busybodies.

2) Activity is Not Exercise!

Polio survivors believe that if they walk around the block five times a day, spend

Continued on next page

an hour on the exercise bike and take extra trips up and down stairs, their muscle weakness will go away. The opposite is true: the more you overuse your muscles the more strength you lose. Muscles affected by polio lost at least 60% of their motor neurons; even limbs you thought were not affected by polio lost about 40%. Most disturbing is that polio survivors with new muscle weakness lose on average 7% of their motor neurons per year, while survivors with severe weakness can lose up to 50% per year! You need to substitute a "conserve it to preserve it" lifestyle for the "use it or lose it" philosophy. Stretching may help pain and non-fatiguing exercise for specific muscles can prevent you from losing the strength you have after you get a brace. But polio survivors need to work smarter, not harder.

3) Brake, Don't Break.

The follow-up study of our patients showed that taking two 15 minutes rest breaks per day - that's doing absolutely nothing for 15 minutes - was the single most effective treatment for PPS symptoms. Another study showed that polio survivors who paced activity -- that is worked and then rested for an equal amount of time -- could do 240 percent more work than if they pushed straight through. Our patients who took rest breaks, paced activities and conserved energy had up to 22% less pain, weakness and fatigue. But polio survivors who quit or refused therapy had 21 percent more fatigue and 76% more weakness. For polio survivors, slow and steady wins the race.

4) A Crutch is Not a Crutch ...

... and a brace is not a sign of failure or of "giving up." You use three times less energy (and look better walking) using a short leg brace on a weakened leg. Overworked muscles and joints hurt and nerves die after decades of doing too much work with too few motor neurons. So why not use a brace, cane, crutches (dare we say a wheelchair or a scooter) if they decrease your symptoms and make it possible to finally take that trip to Disney World? We know, you'll slow down and take care of yourself "when you're ready." And you'll use a wheelchair "when there's no other choice." Well, you don't drive your car until it's out of gas. Why drive your body until it's out of neurons?

5) Just Say "No" to drugs, unless...

Five studies have failed to find that any drug that treat PPS. And there have been no studies showing that herbal remedies or magnets reduce symptoms. Polio survivors shouldn't think that they can run themselves ragged, apply a magnet or

pop a pill, and their PPS will disappear. Pain, weakness and fatigue are not-so-subtle messages from your body telling you that damage is being done! Masking symptoms -- with magnets or morphine -- will not cure PPS. However, two studies have shown that polio survivors are twice as sensitive to pain as everyone else and usually need more pain medication for a longer time after surgery or an injury (see 10 below).

6) Sleep Right All Night.

The majority of polio survivors have disturbed sleep due to pain, anxiety or sleep disorders, such sleep apnea (not breathing) or muscles twitching and jumping all over your body during the night. However, polio survivors are usually not aware that they stop breathing or twitch! You need a sleep study if you awaken at night with your heart pounding, anxiety, shortness of breath, choking, twitching, or awaken in the morning with a headache or not feeling rested. "Post-polio fatigue" may be due to a treatable sleep disorder.

7) Some Polio Survivors Like it Hot.

Polio survivors have cold and purple "polio feet" because the nerves that control the size of blood vessels were killed by the poliovirus. Actually, polio survivors' nerves and muscles function as if it's 20 degrees colder than the actual outside temperature! Cold is the second most commonly reported cause of muscle weakness and is the easiest to treat. Dress in layers and wear socks made of the silk-like plastic fiber polypropylene (sold as GORTEx or THINSULATE) that holds in your body heat.

8) Breakfast Is the Most Important Meal of the Day.

For once Mom was right. Many polio survivors eat a Type A diet: no breakfast, coffee for lunch and cold pizza for dinner. A recent study shows that the less protein polio survivors have at breakfast the more severe their fatigue and muscle weakness during the day. When our patients follow a hypoglycemia diet (have 16 grams of low-fat protein at breakfast and small, non-carbohydrate snacks throughout the day) they have a remarkable reduction in fatigue. Protein in the morning does stop your mid-day yawning.

9) Do Unto Yourself as You Have Been Doing For Others.

Many polio survivors were verbally abused, slapped or even beaten by therapists or family members when they had polio to "motivate" them to get up and walk. So polio survivors took control, becoming Type A super-achievers, "the best and

the brightest," doing everything for everyone except themselves. Many polio survivors do for others and don't ask for help because they are afraid of being abused again. Isn't it time that you got something back for all you've done for others? Accepting assistance is not the same as being dependent. Accepting assistance can keep you independent. But appearing "disabled," by not doing for others, asking for help or using a scooter, will be frightening. Remember: If you don't feel guilty or anxious you are not taking care of yourself and managing your PPS.

10) Make Doctors Cooperate Before They Operate.

Polio survivors are easily anesthetized because the part of the brain that keeps them awake was damaged by the poliovirus. Polio survivors also stay anesthetized longer and can have breathing trouble with anesthesia. Even nerve blocks using local anesthetics can cause problems. All polio survivors should have lung function tests before having a general anesthetic. Your complete polio history and any new problems with breathing, sleeping and swallowing should be brought to the attention of your surgeon or dentist - and especially your anesthesiologist long before you go under the knife. Polio survivors should NEVER have same-day surgery or outpatient tests (like an endoscopy) that require an anesthetic.

The Golden Rule for Polio Survivors:

If anything causes fatigue, weakness, or pain, Don't Do It! (or do a lot less of it.) . . . and . . .

The Golden Rule for Polio Survivors' Friends & Family:

See no evil, hear no evil . . . and help only when asked.

Polio survivors have spent their lives trying to look and act "normal." Using a brace they discarded 30 years ago and reducing their super-active daily schedule is both frightening and difficult for them to. So, friends and family need to be supportive of life-style changes and accept survivors' physical limitations and new assistive devices. Most important, friends and family need to be willing to do the physical tasks a polio survivor should not do, but only when the polio survivor asks. Friends and family need to know everything about PPS but say nothing: neither gentle reminders nor well-meaning nagging will force survivors to use a new brace, sit while preparing dinner or rest between activities. Polio survivors must take responsibility for taking care of themselves and ask for help when they need it.

Post-Polio, Blood Pressure, and CPAP

There is a lot of talk about blood pressure (BP) among Post-Polio patients. Dr Fred Maynard wrote about it in a “Ask Dr. Maynard” article in 2013. He said “I can absolutely reassure you that your history of polio has nothing to do with why you have developed severe hypertension at a young age.” Here’s a link to that article <http://www.post-polio.org/edu/pphnews/PPH29-1win13p10.pdf> However, many of us seem to have BP issues.

There is some BP related information that you should be aware of. This applies to people that have been diagnosed with or may have sleep apnea. There is growing evidence that the proper use of a continuous positive airway pressure (CPAP) device does lower both diastolic and systolic blood pressure. I say proper use of CPAP for a reason. Let me explain. I began to have higher than normal BP numbers both early in the morning as well as throughout the day. At the same time I’ve been having problems with the leakage numbers on my CPAP machine which I also check daily. In the past (I’ve been on CPAP about 6 years or so) I’ve noticed if my CPAP numbers are good I feel great all day. When they aren’t so good I have more fatigue. It’s the kind of the way I feel when I’m having what I call a “Post Polio Syndrome” day. I am not sick I just don’t feel right. I found some information on-line that said there is a relationship between untreated sleep apnea and high BP. I set out to find the source of my CPAP leakage. It turned out that my nose “pillows” needed to be replaced. Once I did that the leak numbers went back to normal and so did my BP numbers.

So when I said proper use of CPAP I mean it’s important to check the CPAP numbers if your machine allows. I wonder how many CPAP users aren’t getting the full benefit of their treatment because the machines over time develop leaks and such. I also wonder how much of our Post-Polio fatigue is due to our CPAP equipment is not being up to par. To me it seems that all Post-Polio patients should have a sleep study done because such a high percentage of us are diagnosed with some degree of sleep apnea. Be sure to ask your doctor about that.

So all that led me to do a little more research on the correlation between CPAP and BP. As always you need to be careful where you get any information on the internet. Hey for that matter you shouldn’t take medical advice from me. I just know what works for me. Your situation may be different. As they say YMMV “Your mileage may vary.” Here are some good places for this kind of information.

Published study in the Journal of the American Medical Association (JAMA).

Abstract <http://www.ncbi.nlm.nih.gov/pubmed/24327037>

Full text <http://jama.jamanetwork.com/article.aspx?articleid=1788459>

Websites:

<http://www.post-polio.org/edu/pphnews/PPH29-1win13p10.pdf>

CPAP forum <http://www.cpaptalk.com/CPAP-Sleep-Apnea-Forum.html>

By Joe Drogan

alzheimer's  association®**KNOW^{the}
10 SIGNS**

EARLY DETECTION MATTERS

Have you noticed any of these warning signs?**Please list any concerns you have and take this sheet with you to the doctor.***Note: This list is for information only and not a substitute for a consultation with a qualified professional.*

____ **1. Memory loss that disrupts daily life.** One of the most common signs of Alzheimer's, especially in the early stages, is forgetting recently learned information. Others include forgetting important dates or events; asking for the same information over and over; relying on memory aides (e.g., reminder notes or electronic devices) or family members for things they used to handle on their own. **What's typical?** Sometimes forgetting names or appointments, but remembering them later.

____ **2. Challenges in planning or solving problems.** Some people may experience changes in their ability to develop and follow a plan or work with numbers. They may have trouble following a familiar recipe or keeping track of monthly bills. They may have difficulty concentrating and take much longer to do things than they did before. **What's typical?** Making occasional errors when balancing a checkbook.

____ **3. Difficulty completing familiar tasks at home, at work or at leisure.** People with Alzheimer's often find it hard to complete daily tasks. Sometimes, people may have trouble driving to a familiar location, managing a budget at work or remembering the rules of a favorite game. **What's typical?** Occasionally needing help to use the settings on a microwave or to record a television show.

____ **4. Confusion with time or place.** People with Alzheimer's can lose track of dates, seasons and the passage of time. They may have trouble understanding something if it is not happening immediately. Sometimes they may forget where they are or how they got there. **What's typical?** Getting confused about the day of the week but figuring it out later.

____ **5. Trouble understanding visual images and spatial relationships.** For some people, having vision problems is a sign of Alzheimer's. They may have difficulty reading, judging distance and determining color or contrast. In terms of perception, they may pass a mirror and think someone else is in the room. They may not recognize their own reflection. **What's typical?** Vision changes related to cataracts.

____6. **New problems with words in speaking or writing.** People with Alzheimer's may have trouble following or joining a conversation. They may stop in the middle of a conversation and have no idea how to continue or they may repeat themselves. They may struggle with vocabulary, have problems finding the right word or call things by the wrong name (e.g., calling a watch a "hand clock"). **What's typical?** Sometimes having trouble finding the right word.

____7. **Misplacing things and losing the ability to retrace steps.** A person with Alzheimer's disease may put things in unusual places. They may lose things and be unable to go back over their steps to find them again. Sometimes, they may accuse others of stealing. This may occur more frequently over time. **What's typical?** Misplacing things from time to time, such as a pair of glasses or the remote control.

____8. **Decreased or poor judgment.** People with Alzheimer's may experience changes in judgment or decision making. For example, they may use poor judgment when dealing with money, giving large amounts to telemarketers. They may pay less attention to grooming or keeping themselves clean. **What's typical?** Making a bad decision once in a while.

____9. **Withdrawal from work or social activities.** A person with Alzheimer's may start to remove themselves from hobbies, social activities, work projects or sports. They may have trouble keeping up with a favorite sports team or remembering how to complete a favorite hobby. They may also avoid being social because of the changes they have experienced. **What's typical?** Sometimes feeling weary of work, family and social obligations.

____10. **Changes in mood and personality.** The mood and personalities of people with Alzheimer's can change. They can become confused, suspicious, depressed, fearful or anxious. They may be easily upset at home, at work, with friends or in places where they are out of their comfort zone. **What's typical?** Developing very specific ways of doing things and becoming irritable when a routine is disrupted.

If you have questions about any of these warning signs, the Alzheimer's Association recommends consulting a physician. Early diagnosis provides the best opportunities for treatment, support and future planning.

For more information, go to alz.org/10signs or call 800.272.3900.

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Alzheimer's

By Joe Drogan

You are probably wondering what a questionnaire and article about Alzheimer's is doing in a Post-Polio publication. First of all, if you don't remember that two pages ago there was a questionnaire about Alzheimer's it may be more relevant than you think. All kidding aside and no disrespect to anyone suffering from Alzheimer's but I think it's particularly relevant to anyone with Post-Polio Syndrome (PPS) and here's why. Is it possible that some of us may be in the early stages of Alzheimer's but attribute the symptoms to "polio brain?" I read the questionnaire and answered yes to many of the questions. Is it "old age?" My doctors keep reminding me I'm not getting any younger. They say alcohol kills brain cells. Is this a result of a few too many cocktails in the past? Is it actually "polio brain?" I use a smartphone and computers to keep up with my calendar. I have trouble concentrating sometimes. I forgot to record the Country Music Association Awards show the other day, and that was *with* a calendar reminder. I completely lost track of time the other day talking to a very pretty lady. That covers the first four questions on the questionnaire, so you get the idea. When is it time to worry about it? I have taken all sorts of "quizzes" in the past and as near as I can tell I have AADD, AHDD, ABCDEFGDD, pretty much all of those DD disorders to some degree. I think, from talking to many people, everybody does to some extent. Maybe that's why Alzheimer's is so under diagnosed. By the time you realize you have a real problem outside of the normal "forgetfulness" it's already too late. The sooner Alzheimer's is discovered the more treatable it is. Maybe the prudent thing to do is take the quizzes, then talk with your doctor about your results. This may be even more important for those with PPS because of the confusion over what is at play here, ageing, PPS, or Alzheimer's. Always remember too, it could be a combination of more than one thing.

News Flash!!

I just read a report about a company called Biogen Idec Inc. (NASDAQ:BIIB) that has a drug that in Phase Ib trials gave what has been called "compelling evidence" that it slows the effects of cognitive decline in Alzheimer's patients. Here is a link to an article about it.

<http://news.investors.com/technology/032015-744486-biib-stock-hits-high-on-alzheimers-drug-data.htm>

Personal note: I've been in and out of this stock, made money on it but was I in it on Friday 3/20/15 when it jumped 9.8% ? Of course not, that'd be too easy. I guess I just "forgot" to take another look at that stock? Hmmm.

Miscellany



Oops!

Photo by Joe Drogan

The information provided herein represents what the authors believe they heard during presentations at **APPA**. The authors are neither legally or medically trained and for these reasons may not have recorded an accurate accounting or understanding of the important details discussed. Neither they nor **APPA** assume any responsibility for the accuracy of the information provided. It is, therefore, highly recommended that all and any information provided be confirmed with an appropriate lawyer or physician before applying any of these legal instruments or medical treatments on your own. It is hoped that this summary serves to apprise the reader of available means to help them be prepared for the future.

Statement of Policy

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



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Non-Profit Organization
Support for individuals who suffer from post-polio syndrome through group meetings, educational programming, newsletters and advocacy.

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Editors Note: Something new on the Facebook page. Cathy McIntire has created a short video of our last **APPA** meeting. If you don't get to attend meetings, it's a great way to see what a meeting is like.

Tech Bits & Bytes

By Joe Drogan

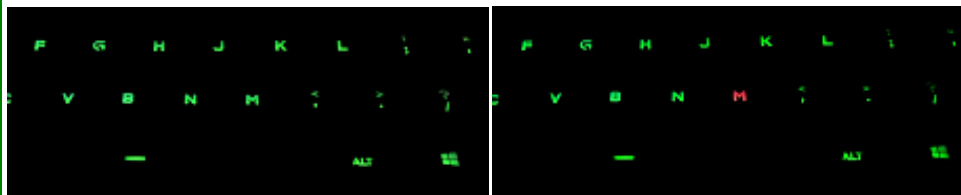
You would think that anybody that is as inept and, well let's call it challenged, at operating a keyboard would find a better way to earn a living than to work in the IT business. In IT you live with a keyboard and a mouse all day, every day. In addition, having survived 40 years of that you'd also think the same individual would find a better way to work in retirement than to be a newsletter editor/writer. But hey at least I was smart enough not to work as a wallpaper hanger. It was necessary for me to learn all sorts of keyboard shortcuts to be able to function. Since I can't touch type, I don't have enough fingers that work well enough for that, I've had to find ways around that to get my work done.

Some of the best keystroke savers are the Windows "Keyboard Shortcuts." Why type something when you can copy it from somewhere and paste it somewhere else. I wrote about all of these shortcuts in Tech Bits & Bytes a few years ago. Here is a link to the issue. <http://www.atlantapostpolio.com/APPA%20newsletter-2010-winter-16.pdf> See, I just saved a couple of hundred keystrokes by referring you to an old article. Ctrl+C copies some text, Ctrl+X cuts it out of your document and Ctrl+V pastes it someplace else, CTRL+Z: Undo, CTRL+B: Bold, CTRL+U: Underline, CTRL+I: Italic. My personal favorite is the undo. It has saved my "bacon" more times than I'd like to admit. It's the "I take it back command" and works in most Windows programs including Excel, Word, and Publisher. If you aren't proficient with this a great way to learn it is to practice until it becomes second nature to you. I use the Windows Notepad program to practice stuff like this. It's also helpful to write them down on a sticky note and stick it to your monitor until you memorize how they work. And no, that's NOT how to remember your password! You'd be amazed how many times I've seen that done.

OK I know what you're thinking. We already heard about those shortcuts way back when so here's some new info. Here is one tip already built into Windows that really helps me with my keyboard work. There is a function in Windows that really helps those of us that type with less than 10 fingers or maybe even one handed. It's called Sticky Keys. You can find it by going here in Windows 7. Start Button/Control Panel/Ease of Access Center. Sticky keys allow you to use keyboard shortcuts like CTRL+ALT+DEL one key at a time. If you have ever tried to hit the CNTL+ALT and reach up to the DEL key all at the same time with one hand you'll understand how useful this is. What I use most here is this, I can press the shift key and then only the next letter I type is capitalized. While you're in there take a look around too. There are a few other things you can try to see if they help you. You can set up Sticky Keys to turn on and off by hitting the SHIFT key five times. I also like the Toggle Keys setting which makes a beep when you hit the CAPS LOCK, NUM LOCK or SCROLL LOCK keys.

But wait there's more. Yikes I sound like Billy Mays, the late night TV sales guy. I have a new keyboard that has a feature I really love. It's a lighted keyboard with a "Key Press" lighting feature. That means you can set it up to have the keys a "background" color of your choice but when you hit a key it changes color for a certain amount of time. For folks like

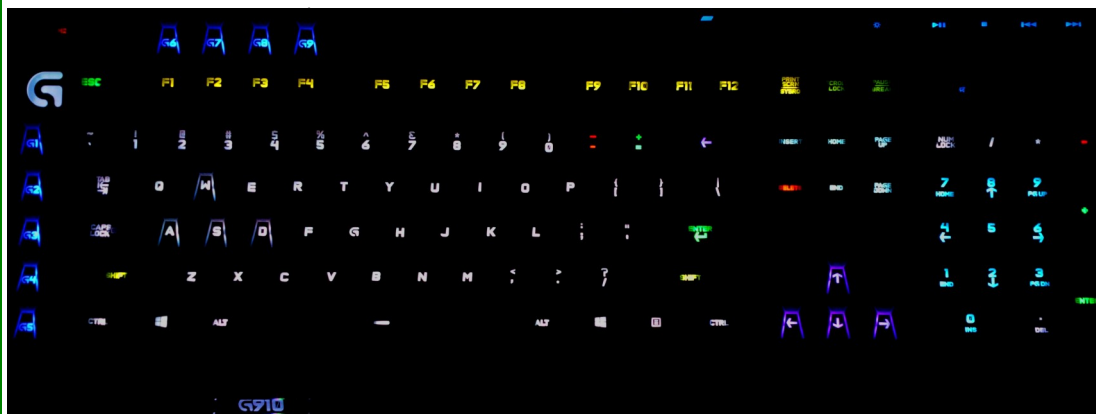
me that can't touch type it saves me having to keep looking up at the screen to see what key I just pressed. How cool is that? I have another older one that has a little LED screen on it that can show the key just pressed but you still have to take your eyes off of the keys to check the LED screen. With this one I can usually catch a typo as I type! You know that feeling when you're pretty sure you just hit two keys together? Well I can see that I did immediately because both keys are lit up. So if I meant to type A B C and I hit A B CV. I can tell be-



cause both the C and V keys are lit. This is how it looks, on the left before I pressed the "M" key on the right after.

Keyboards like this one have other features too. This one has 9 macro keys you can program to perform repetitive functions. I have my email addresses set up on mine so I can enter them with one click. I have another one that clears the JAVA cache, a procedure which takes 15 clicks and tabs. There are three modes so you really have 27 macro keys and you can have multiple profiles, so you can have the keyboard function differently depending upon which program you're running. I have a different profile for my email program, Outlook, than when I'm in Internet Explorer. Yeah I know, lots of buttons and functions to remember, it's like the keyboard is smarter than Joe. Like who didn't see that joke coming? You can have a profile where you can make any key on it the color you want. In one profile my macro keys are blue, "F" keys yellow, regular letter keys white, enter key green etc. To help you remember what's going on with the keyboard they supply software with it. They even have a smart-phone/tablet app you can run that shows the current profile and a picture of the keyboard with labels on each macro key. The app works but is in development and needs a little work yet.

Of course all this technology comes at a price. Lighted keyboards start around \$50 and ones like this G910 from Logitech are \$180, Corsair, Razer, ROCCAT, and many others make them. We have the computer gaming community to thank for the development of these but they work great for business use too. As you might imagine there is a lot to all of this. I also have a Razer mouse that has a bunch of programmable buttons on it. With it I can hit CNTL + C with one mouse button. Ahhhh technology either love it or hate it. You can



My G910
all lit up.

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Llp/10-2006

APPA 2015 CALENDAR**Sunday May 3****Gwinnett Braves Game****June 7****TBA****July****No Meeting - Summer Break****August 1****TBA****September 12****TBA****October 3****TBA****November 7****TBA****December 5****Christmas Party**



Atlanta Post-Polio Association

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