

Polio News

PRESENTED BY

WILDROSE POLIO SUPPORT SOCIETY

STAYING POSITIVE FOR OUR FUTURE

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A MESSAGE FROM YOUR PRESIDENT

WINTER 2026

Happy New Year!

I hope you were able to get together with friends and family over the holiday season to enjoy some good times. If you are like me, you didn't need anything, but were happy that you got some nice presents anyway.

As per usual, the society will not have any activities in January (cold and snow), but we are planning a musical event early in February – February 6th. My weatherman friend says there will be good weather then ;<) (fingers crossed!)

Enjoy this newsletter that Bernd has put together for us and we'll see you soon.

John Sugden, President



LAUGHTER IS GOOD MEDICINE



Just ordered my new mask!



**GROWING OLD
IN COLORADO**

*A guy bought a new
fridge for his house. To get rid of his old fridge
(still working), he put it in his front yard and
hung a sign on it saying: 'Free to good home. You want it, you take it.'*

*For three days the fridge sat there without anyone looking twice. He
eventually decided that people were too mistrustful of this deal.
So he changed the sign to read: 'Fridge for sale \$50.'*

The next day someone stole it!

They walk amongst us!

EDITOR'S NOTES

As we begin 2026, I want to wish all our members and their families a very Happy New Year and best wishes for the year which lies ahead!

I hope you all had a very merry Christmas and/or holiday season. I am happy to share that my time was the best ever, as Val and I had all four kids home together for the first time in 20 years! What a gift that was! I hope that you all were able to spend time with family and friends and that you were able to find peace and joy in this most wonderful time of the year.

WPSS is stepping into 2026 with some great plans for the social calendar as well as new limits for the reimbursement program. The society mandate is to serve the membership with support on the social side of things as well as financial aid. As a board, we try hard to fulfill that mandate as best we are able. I hope that many of you will take advantage of these social activities and the revised dollar amounts!

Your Events Coordinator has plans for a February social, the summer picnic as well as a summer dinner

theater event and an as yet to be determined fall event. Once again, we are eager to hear from you with ideas for the social calendar!

The Newsletter will possibly be getting a bit of a make-over; details are inside! I am again imploring you to participate in the production of the newsletter and the web page – please send me some ideas, some stories, experiences, book reviews, movie reviews, pictures. We love to stay in touch with what each other are doing and since many of us are challenged with getting out, especially in winter, what better way to do this than to share parts of your life with your fellow polio survivors!

Remember, memberships are due January 1st, 2026. Let's start the year off on the right foot by paying up early! Stay eligible for society membership benefits! Let's make 2026 a great year, together!

Bernd Schwanke, Editor

NEWS and UPDATES

REIMBURSEMENT & MEMBERSHIP STATISTICS

Over the past fiscal year, WPSS has reimbursed members \$11,673.00 for therapy and \$6,875.00 for Aids and Devices

Our membership statistics show that we currently have 29 single and 33 couple memberships in good standing. Remember, memberships run from January 1 through December 31 and that you are not eligible to participate in WPSS events and programs if your membership dues are in arrears.

Please do renew your membership early in the new year, preferably in January. This will help our secretary to efficiently manage the membership accounts.

BOARD of DIRECTORS

With the sudden passing of George Kunec our Board now consists of seven directors with three vacancies. We are in need of members who are interested in serving on the board. The nominations committee invites interested members to let their name be put forward to serve as a director.

Rick Meunier has been installed as interim VP to serve until the next AGM.

Call the office at 780-428-8842 or any board member for more information.

TRANSPORTATION REIMBURSEMENT

If you are a WPSS member in good standing and are unable to attend a WPSS function due to a transportation issue, you may be able to claim partial reimbursement for taxi or Uber rides. This pertains to persons who don't own cars or cannot drive or are unprepared to do so in inclement weather. In these instances the Board has passed a motion to implement reimbursement of 75% of the cost of a taxi or Uber when and where DATS does not provide transportation service. Use our regular claim form with receipts. These claims do not count against your \$3,000.00 yearly reimbursement limit.

EXECUTIVE

President: John Sugden Vice President: Rick Meunier (interim) Secretary-Treasurer: Patricia Murray

DIRECTORS

Marie Kunec, Ferne Hymanyk, Bernd Schwanke, Sandra Mooney

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Web Page: <https://polioalberta.ca>

Web Master / Newsletter Editor:

Bernd Schwanke

DISCLAIMER

Information published in the Polio News and/or the Wildrose Polio Support Society web site may not represent the opinion of the Society. It is not to be regarded as the Society's endorsement of treatment, products or individuals. If you have or suspect you may have a health problem, please consult your health care professional.

RECENT EVENTS

JUBILATIONS DINNER THEATER – ABBAMANIA – OCTOBER 22, 2025

On Wednesday evening, October 22, the WPSS faithful and guests gathered at the West Edmonton Mall location of the Jubilations Dinner Theater to take in the ABBAMANIA show. The doors opened at 5:30 pm and we trickled in, sat around the lounge and visited with old friends and new ones as we waited for the theater to open at 6:30.

There was a good turnout of around 30+ members and guests and as usual, we were seated at the front row tables which have excellent accessibility. Once settled in we were able to order drinks to enjoy as we perused the menu. The first course consisted of Ceasar's salad and baskets of garlic toasted bread sticks, the entrees included several beef dishes, chicken and salmon and dessert was chocolate or pumpkin cake. Coffee and tea were served with the meal, and alcoholic beverages were sold as add ons.

Entertainment was ongoing as we were served the first course and placed our orders for drinks, entrees and desert. The musical journey began with a set depicting a cruise ship sailing on a Caribbean cruise with a heading set through the Bermuda Triangle. As you can imagine, strange things began to happen as the evening moved forward. As the mystery unraveled, the characters sang and danced to the music of the 70's Swedish pop group, ABBA, with a smattering of other music added to fit the theme



of the story.

The dinner theater format is set to have the performance structured with intermissions for serving food and drinks, so that dessert is served just before the grand finale and one finishes eating as the show comes to its conclusion. This allows for plenty of time for bathroom breaks and visiting. As usual, we thoroughly enjoyed the evening



RECENT EVENTS

of dining, being entertained by the theatrical production and socializing with our group and I think



©Bernd Schwanke

we all look forward to the next event sometime in 2026. Stay tuned for updates from your Event Coordinator!



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UPCOMING EVENTS

Lunch with the Alberta Veteran's Guitar Band

Date: Friday, Feb. 6, 2026

Location: Royal Canadian Legion Branch 271
6 Tache St.
St. Albert, AB
T8N 2S4

Registration: 11:30 – 12:00

Lunch: 12:00 – 1:00

Entertainment: 1:00 – 3:00

Please join the Wildrose Polio Support Society for a light lunch of soup, sandwiches, dessert, and tea & coffee. After lunch we will be treated to entertainment provided by the Alberta Veteran's Guitar Band.

All are welcome.

The cost is \$5.00 per ticket for members, \$10.00 per ticket for non-members. Payment can be made at the door.

Please RSVP to the office, 780-428-8842, by Jan.30, 2026.

UPCOMING EVENTS

LUNCH SOCIAL

As per poster on previous page (Pg 6)

AGM

Our Annual General Meeting is scheduled for THURSDAY, APRIL 23, 11:00 am – 3:00 pm. Full details coming.

PICNIC IN THE PARK

July/Aug Emily Murphy or Hawrelak park. Confirmation of date and location will be in the April newsletter.

JUBILATIONS DINNER THEEATER

August 19—GOLDEN GIRLS VEGAS VACATION

POOL CLOSURE

The ACT pool will be closed all of March and April

POLIO NEWS CHANGES ON THE WAY

WPSS NEWSLETTER CHANGES COMING

TO THE MEMBERSHIP:

The design platform on which Polio News has been assembled since its inception is a program called Microsoft Publisher. As of October 2026, Microsoft is discontinuing support for this program and I will no longer be able to access it or use it to build the newsletter.

Microsoft recommends using their word processor program, WORD, to fulfil this function. I use this program as a word processor but I have not used it for design/layout purposes. I find the design functions to be quite different from Publisher so I will be experimenting with this program and with the layout templates within the program over the course of the upcoming year, as well as other programs. You can expect that the appearance of the newsletter may be dramatically different beginning with Volume #29, Issue 1 (Jan 1, 2027). I hope to provide some updates on the transitional progress over the course of the year, perhaps with some previews of an exciting new look!

This will be a new adventure and challenge for me. Wish me luck in navigating through the digital maze that lies ahead!

Bernd Schwanke, Editor

RESEARCH

POST POLIO SYNDROME AND OSTEOPOROSIS

Post-polio syndrome (PPS) significantly increases the risk of developing osteoporosis, a condition that weakens bones and makes them susceptible to fracture. Studies have found that osteoporosis affects 30% to 50% of middle-aged individuals with a history of polio.

Why PPS increases the risk of osteoporosis

The higher risk is primarily due to reduced or uneven weight-bearing activities and the resulting loss of bone mass.

- **Muscle weakness:** The paralysis and muscle weakness caused by the initial polio infection, and later worsened by PPS, means that the bones receive less "pulling" and "pushing" from muscles and gravity. This lack of mechanical stress signals the body to reduce bone density, as it is no longer needed to support strenuous activity.
- **Reduced weight-bearing:** PPS can lead to decreased mobility and prolonged inactivity, which directly contribute to bone demineralization.
- **Asymmetrical muscle use:** Many polio survivors have asymmetrical weakness, where one limb is stronger than the other. This can lead to localized osteoporosis in the weaker limb, as well as a greater risk of fracture in that area during a fall.
- **Increased fall risk:** Muscle weakness, gait abnormalities, and fatigue caused by PPS increase the risk of falls, making fractures more likely.

Diagnosis and monitoring

Diagnosing osteoporosis in PPS patients is critical for preventing fractures.

- **Dual-energy X-ray absorptiometry (DXA) scan:** This is the standard diagnostic test for osteoporosis. For PPS patients with asymmetrical weakness, it is recommended to test bone mineral density (BMD) in both the weaker and stronger limbs, as relying on the stronger side alone can lead to an underestimation of bone loss.
- **Bone biomarkers:** Emerging research suggests that certain bone turnover markers (BTMs) can be used to monitor how a patient is responding to osteoporosis medication.

Treatment and management

Treatment for osteoporosis in PPS is focused on reducing fracture risk through lifestyle adjustments and medication.

- **Exercise:** Non-fatiguing, gentle, and weight-bearing exercises should be done if possible. However, exercise should not be pushed to the point of pain, weakness, or fatigue, as this can cause more harm.
- **Fall prevention:** Since PPS increases the risk of falls, a crucial part of management is reducing this risk. This can involve home safety modifications and assistive devices.
- **Calcium and vitamin D:** Maintaining adequate intake of calcium and vitamin D is essential for bone

RESEARCH

health in both men and women.

- **Bisphosphonates:** These medications are used to slow down or prevent further bone loss. While studies in PPS patients have shown positive results, more research is needed to make definitive recommendations for this specific population.
- **Other medications:** The effectiveness of other osteoporosis medications, like denosumab, calcitonin, or hormone replacement therapy, has not been well-studied in the PPS population.
- **Drug interactions:** Certain medications, such as some antidepressants (SSRIs) and proton pump inhibitors (for acid reflux), have been linked to a reduction in bone density and an increased risk of falls. It is important to discuss these risks with a doctor.

Fracture management

PPS patients with fractures face unique challenges, including poorly developed soft tissue, reduced muscle bulk, altered bone anatomy, and regional osteoporosis. Pre-operative planning and careful handling of tissue are essential for managing these complex cases.

This is for informational purposes only. For medical advice or diagnosis, consult a professional. AI responses may include mistakes.

Learn more by pasting this URL into your computer browser. It will let you access the original research article. [Frontiers | Bone biomarkers in post-polio clinic patients](#)

Following is a study of pps fracture complications:

Abstract

The overall societal impact of poliomyelitis worldwide is decreasing, rendering it almost absent in most developed countries. However, even there, patients are still seen who contracted it in endemic areas or developed [polio](#) before [vaccinations](#) became widely available. Post-polio syndrome (PPS) causes skeletal and neurological changes that increase affected individuals' likelihood of fractures, including fractures requiring complex surgical treatment. The existence of previous internal fixation creates a particularly difficult challenge. We present here the surgical management of four post-polio patients who suffered non-prosthetic implant-related [femoral fractures](#). [Injuries](#) occurred at earlier ages than implant-related fractures in non-polio patients and three of the four fractures occurred around plates, a phenomenon which is usually rare. The treatment of implant-related fractures in patients with post-polio syndrome poses significant technical challenges, often creating problematic functional [sequelae](#) for patients and high costs for healthcare systems.

Discussion

(Continued on page 10)

RESEARCH

(Continued from page 9)

Post-polio syndrome is a diminishing problem, many countries eradicating the virus due to worldwide [vaccination](#) campaigns initiated in 1988. However, it is estimated that 200,000 new cases could emerge annually in developing countries with persistent endemic transmission [1]. In developed countries, pre-vaccination patients with diverse degrees of neurological sequelae and imported cases also continue to require healthcare services [7].

Non-prosthetic IRFs occur at younger ages in PPS patients than in the general population. In our series of four PPS patients, ages ranged from 53 to 65 years, while our previously reported sample on IRF after cephalomedullary [nail fixation](#) averaged 87.3 years old [8]. This earlier presentation among those with PPS likely relates to long-standing [muscle atrophy](#) that reduces stability and creates gait disturbances, consequentially both altering skeletal structure and increasing the risk of falls. A higher frequency of recurrent falls has been described in PPS patients, relative to those 55 years old and older in the general population [4].

Treatment of fractures in PPS-affected extremities continues to create surgical dilemmas. Different management options have been described that consider the special characteristics of PPS bones, which generally are osteoporotic, have narrow medullary canals, and often have prior deformities and/or issues with bone consolidation as sequelae from previous fractures or surgeries [1,4]. Intramedullary nailing is usually challenging because of the narrow canal and potential contractures around the hip and knee [7]. Locked plating has yielded good functional results in this population, given the potential to contour implants to the non-anatomical shapes of PPS bones. This is especially useful when dealing with IRFs around intramedullary implants. However, the irregular and small diameter of affected femurs may lead to difficulties with implant sizing [1,8], [9], [10]. Previous [incisions](#) may limit approach options and minimally-invasive techniques are advised to preserve osseous [blood supply](#) [9]. The presence of previous implants posed additional problems in our series, with three of our four patients requiring the removal of previous implants, a procedure which often was complex since latency periods in our patients ranged up to 25 years.

The mechanical performance of any construct is impaired by the extremely poor quality of PPS bone. This is particularly concerning given the creation of elevated stress forces at the terminal ends of implants. Extramedullary implants cause less force dissipation at their terminal ends than intramedullary implants. In our PPS patient series, three of the four fractures occurred around a plate, a phenomenon that is otherwise uncommon. This phenomenon may be attributable to both the extreme bone fragility these patients have and the preferential use of plates in these patients, due to difficulties using nails. Primary whole-bone fixation can be considered for [femoral fractures](#) in PPS patients, as is standard practice for IRF [1,8]. However, this suggestion is merely speculative and could be extremely demanding, from a technical perspective, in many cases. This option thereby requires considerable further investigation

For PPS IRF patients, it is difficult to restore pre-injury function after fracture fixation [10]. Even optimal surgical management can lead to high [reoperation](#) rates, ranging from 7 to 16 %, such procedures including operations for implant removal, nonunion, malunion, and IRF [1,5,9]. On the other hand, non-operative treatment of PPS fractures typically results in excessive immobilization periods, thereby worsening patients' overall prognosis [7]. We believe that, even in patients presenting with severe functional impairment, any femoral fracture in which surgical fixation is indicated and technically feasible should undergo it, taking into account the severe impact on [quality of life](#) that long-lasting pain would cause. Also consequent to these patients' fragility are high health resource consumption during hospitalization and stays in nursing facilities.

In conclusion, fractures in PPS-affected femurs are challenging to treat, and even more so when they are IRF. In addition to inherent difficulties, there typically is the need for surgeons to remove implants or the existence of consolidation issues or deformities, both caused by and beyond those caused by polio. In addition, IRF in PPS patients may affect younger patients, leading to life-altering functional sequelae and increased healthcare costs spanning many years.

[Non-prosthetic implant-related femur fractures in post-polio patients - ScienceDirect](#) (Follow this link for the full study)

RESEARCH

In 2023/2024 a number of WPSS members participated in a research project through the University of Toronto, initiated by Dr. Madeleine Mant, professor at the U of T. She was looking at how pps people viewed vaccine acceptance. The research was done as a telephone interview. Below is her letter of acknowledgement and thanks to our group. She states that she has attached a PDF copy to the email. I have not included this on these pages because of the length of the article. You can view the complete article by following the link below or go to <https://polioalberta.ca> and click on What's New in the menu.

Polio News Editor

Good afternoon,

I am delighted to share that the first publication resulting from our conversations was published today in the journal *Vaccine*: X! This piece dives into the discussions we shared regarding vaccination. With Canada losing measles elimination status this month, it seems like our discussions were more timely than ever.

You can find the article by following this link:

<https://www.sciencedirect.com/science/article/pii/S2590136225001500>

I have also attached a PDF copy to this email. If providing a copy in another way would be more accessible to you, please don't hesitate to let me know.

I am working next on a piece regarding PPS and healthcare in Canada. My aim is to publish this in a journal aimed at family physicians. I will provide updates as the work develops.

Thank you again so much for your time. If you know of other folks who might want to be interviewed, please do feel free to share my contact information with them.

All best wishes,
Madeleine

MADELEINE MANT, Ph.D. (she/her)

Assistant Professor
Department of Anthropology, University of Toronto Mississauga
Series Co-Editor *Routledge Advances in the History of Bioethics*

INSPIRATION

This page contributed by Marie Kunec

THE NEW YEAR STANDS BEFORE US LIKE A CHAPTER IN A BOOK, WAITING TO BE WRITTEN

Melody Beattie

HOW WILL WE GROW OLD?

I saw a lovely senior couple in the store the other day. Both of them had to be in their 80s. What was so special about them was that they were holding hands, smiling at each other and talking sweetly together. I even saw them sneak a kiss.

They had a light in their eyes that was so beautiful to see. It was clear they were in love. Love really is an ageless thing. It is the only thing I know that can grow stronger and stronger even as our bodies grow weaker and weaker.

Some of the youngest, and most joyous, and loving spirits I know live inside bodies that are old, weak and damaged. It's like we can grow younger and more joyous on the inside while our bodies grow older on the outside. The key, of course, is LOVE. [This is love like St. Teresa of Calcutta taught].

No grey hair, wrinkles or weak muscles has ever taken the glow out of someone's eyes who has love in their heart. Let us all resolve then, to choose love today and always. The love and joy in our lives will grow with each loving choice we make. As we grow older in body, we will grow younger in spirit.

Our later years do not have to be ones of bitterness and disappointment. They can instead be ones of ever-increasing joy, happiness, love and peace. All the years of our lives can be full of love. It is up to us though. Will we grow old in misery and loneliness, or will we grow old in happiness and love?

[Love is the crowning grace of humanity, the holiest right of the soul, the golden link which binds us to duty and truth, the redeeming principle that chiefly reconciles the heart of life and it's prophetic of eternal good.]

Francesco Petrarch, 13th century Italian scholar and poet

Setting Goals for the NEW YEAR

YOU CAN GET EXCITED ABOUT THE FUTURE, THE PAST WON'T MIND.

Hillary DePiano

When you make New Year's resolutions, how often do you accomplish them? Do you stick with them for a month or so before resorting back to old, comfortable habits? If you tend to feel overwhelmed by goal setting, here are some steps to guide you this year.

- Start Small and Specific

(Continued on page 13)

INSPIRATION

BE WILLING TO BE A BEGINNER EVERY SINGLE MORNING.

Meister Eckhart

– Big goals like “eat healthier” or “be more active” can feel daunting and hard to measure. Instead make them clear and specific. “I will take a 15 minute walk, or use the hand bicycle after breakfast three times a week.” These are easier to track and help build momentum, making it more likely to succeed long-term.

– Record your efforts in a day timer. (They will be on sale early in the new year.)

Also, WPSS allows 200.00\$ of exercise equipment to be reimbursed. Go out and buy some simple equipment that you would feel comfortable using. Send in your receipts.

Make it Meaningful

WRITE IT ON YOUR HEART THAT EVERY DAY IS THE BEST DAY IN THE YEAR.

Ralph Waldo Emerson

– Whether your goals include dedicating more time to learning a new skill, reconnecting with friends, or improving your fitness, make sure they truly reflect your interests and values. The more personal and enjoyable your goals(resolutions) are, the more likely you will stay on track.

Track Progress and Celebrate Wins

THERE ARE Far BETTER THINGS AHEAD THAN ANY THAT WE LEAVE BEHIND.

C. S. Lewis

– Make note of your accomplishments and celebrate your successes. Did you cook a new meal this week, or did you call an old friend? Track those wins in a logbook, on a calendar or using a habit app to recognize how far you have come.

“Success is not final, failure is not fatal: It is the courage to continue that counts.”

Winston Churchill

Now, some homework for our readers.....

– Try to write (pen and paper...good old key tabs from school days) to maintain your penmanship. It can be a quote that you find on Google, a to do list, a grocery list or a card to a friend. I treat myself to the little multicoloured notepads at the dollar store.

– Read for at least 15 minutes each day. Printed on paper words are best. If you are reading off a screen, read out loud and pronounce your words properly. My favourite reads are in Chicken Soup books. The stories are short, many start with a quote and they are so true to life experiences. This may even get you to a library, park away from the convenient stalls, and pick up that book your friend or neighbor suggested.

JANUARY's name derives from the Latin word “ianua,” meaning door. It was chosen to symbolize the opening of a new door when the new year begins!!!!

You are INVITED to share what helps you to “power on”, through stumbles and successes in 2026.

Your contribution (however small), will be included on the next inspiration page April 2026.

CHEERS FOR A NEW YEAR AND ANOTHER CHANCE TO GET IT RIGHT.

Oprah Winfrey

GALLERY



©Bernd Schwanke

GALLERY



MEMBERS' PAGE

Walk Down Memory lane - Old Cars at the Reynolds Museum, Wetaskiwin

Sept 28, 2025

Submitted by Bernd Schwanke

It was a cool and breezy fall day when Val and I decided to do the 45 minute road trip to Wetaskiwin and the Reynolds Museum. Val wanted to see the metal art show which featured all types of metal works, from jewelry to knives to bizarre sculptures which could decorate a house or yard. I was taken with the variety of vintage vehicles, farm equipment and other transportation devices. I was also inspired by the myriad of shapes, patterns and colors abounding throughout this beautiful building!



MEMBERS' PAGE



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©Bernd Schwanke

MEMBERS' PAGE



MEMBERS' PAGE



©Bernd Schwanke



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MEMBERS' PAGE

I'm sure that some of these images will bring back memories of days gone by for many of us! Can you identify any or all the images?

It would be interesting to get some feedback from the membership about this article. Let me know if you enjoyed it, if it stirred anything in you, if you would like to see more like it, if you prefer more print or more images!

Email me your comments at bdsch@hotmail.com

I want to add that this venue is designed to be accessible for wheelchairs and scooters. There are chairs and scooters available for rent if you need one, there are excellent washroom facilities and there is a very nice restaurant and gift shop on the premises.

6426 – 40 Avenue

Wetaskiwin, Alberta

780-312-2065

<https://reynoldsmuseum.ca>



MEMBERS' PAGE

1910 Model T Ford



This will boggle your mind

*The year is 1910,
116 years ago.*

*What a difference
a century makes!*

*Here are some
statistics for the
Year 1910:*

The average life expectancy for men was 47 years.

Fuel for this car was sold in drug stores only.

Only 14 percent of the homes had a bathtub.

Only 8 percent of the homes had a telephone.

There were only 8,000 cars and only 144 miles of paved roads.

The maximum speed limit in most cities was 10 mph.

The tallest structure in the world was the Eiffel Tower !

The average US wage in 1910 was 22 cents per hour.

The average US worker made between \$200 and \$400 per year.

A competent accountant could expect to earn \$2000 per year, A dentist \$2,500 per year, a veterinarian

between \$1,500 and \$4,000 per year, and a mechanical engineer about \$5,000 per year.

More than 95 percent of all births took place at HOME.

Ninety percent of all Doctors had NO COLLEGE EDUCATION!

Instead, they attended so-called medical schools, many of which were condemned in the press AND the government as 'substandard.'

Sugar cost four cents a pound.

(Continued on page 22)

MEMBERS' PAGE

Eggs were fourteen cents a dozen.
Coffee was fifteen cents a pound.

(Shocking? DUH!)

Most women only washed their hair once a month, and used Borax or egg yolks for shampoo.

Eighteen percent of households had at least one full-time servant or domestic help.

Canada passed a law that prohibited poor people from entering into their country for any reason.

There were about 230 reported murders in the ENTIRE U. S. A. !

The Five leading causes of death were:

If I were now going to forward this to other people all over the WORLD it would arrive all in a matter of seconds!

1. Pneumonia and influenza
2. Tuberculosis
3. Diarrhea
4. Heart disease
5. Stroke

Try to imagine what it may be like in another 100 years!

The Mercedes AVTR feels like a living



creature on wheels.

Inspired by Avatar, it swaps a steering wheel for a biometric control pad, uses organic battery tech, and can 'crab walk' sideways.

The car even responds to your breathing and heartbeat, blurring the line between driver and machine.

With its shimmering scales and flowing light strips, the Mercedes AVTR is less a vehicle and more an otherworldly companion, exactly the sort of thing we might expect to see cruising around 2035.

The American flag had 45 stars.

The population of Las Vegas, Nevada was only 30 !

Crossword puzzles, canned beer, and iced tea hadn't been invented yet.

There was no Mother's Day or Father's Day. Two out of every 10 adults couldn't read or write and only 6 percent of all Americans had graduated from high school.

Marijuana, heroin, and morphine were all available over the counter at the local corner drugstores.

Back then pharmacists said, 'Heroin clears the complexion, gives buoyancy to the mind, regulates the stomach and bowels, and is, in fact, a perfect guardian of health'

MEMBERS' PAGE

IMPORTANT AND/OR INTERESTING DAYS IN THE NEXT THREE MONTHS!

Awareness Dates for January

January is Awareness Month For:

Alzheimer's - (Canada - Alzheimer Society)

- Celebration of Life Month
- Co-dependency - (U.S.)
- Constipation - (U.S.)

Glaucoma - (U.S.)

- National Mentoring Month - (U.S.)
- Ontario March of Dimes Month - (Canada)
- Poverty in America - (U.S.)
- Radon Action Month
- Self-Help Group
- Stalking - (U.S.)
- Slavery and Human Trafficking Prevention Month - (U.S.)
- Volunteer Blood Donor Month - (U.S.)
- Weight Loss

Awareness Days in January:

- January 1 - Global Family Day - formerly One Day of Peace and Sharing - (UN)
- January 2 - Personal Trainer
- January 1 - World Day of Peace

January 4 - World Braille Day - International

- January 15 - Intestinal Malrotation and Volvulus

January 24 - Moebius Syndrome

- January 27 - Family Literacy Day - ABC Life Literacy Canada

- January 27 - Holocaust Remembrance Day - (UN) - (International)
- January 28 - Young Carers (U.K.)
- January 30 - CTE (Chronic Traumatic Encephalopathy)
- January 31 - World Leprosy Day - (International)
- January 31 - Street Children's Day

Awareness Weeks in January:

- 5th-11th January - Lichen Sclerosus Awareness week (UK)
- 3rd Wk - National Non-Smoking Week - Canada - Canadian Council on Smoking and Health

3rd Wed - Weedless Wednesday - Canada - Canadian Council on Smoking and Health

Awareness Dates for February

February is Awareness Month For:

- Black History Month - (U.S. and Canada)
- Boost-Your-Self-Esteem Month - (U.S.)
- Children's Dental Health Month - (U.S.)
- Heart and Stroke Month - (U.S.) - Heart and Stroke Foundation
- Human Relations Month
- International Mother Language Day, Month

Awareness Days in February:

February 2 - Rheumatoid Arthritis

February 4 - World Cancer Day

February 6 - International Day of Zero Tolerance to Female Genital Mutilation - (International)

- February 11 - World Day of the Sick - (International)
- February 12 - Sexual and Reproductive Health

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- February 12 - International Day of Women's Health - (International)
- February 13 - Breast Implant Illness

February 14 - [Congenital Heart Defect](#) - (Canada)

February 15 - International [Childhood Cancer](#) Day - (International)

- February 20 - World Day of Social Justice (Recognized by the UN) - (International)
- February 21 - International Mother Language Day - (UN) - (International)

February 22 - [National Heart Valve Disease](#) (U.S.)

February 27 - [Anosmia](#)

February 28 (29th in leap year) - [Rare Disease Day](#)

Awareness Weeks in February:

- February 26 - March 4, 2017, was Cerebro-spinal Fluid Leak (CSF) Awareness Week. (Planning for Leak Week 2018 is underway.)
- 1st Wk - [Eating Disorder](#) Awareness Week; National; National Eating Disorder Information Center
- 1st Wk - International Development Week; National; CIDA
- 1st Wk - National Therapeutic Recreation Week
- 1st Wk - White Cane Week; National; Canadian Council of the Blind
- 2nd Wk - World Orphan Week; International; SOS Children's Villages Canada

Last Wed - Pink Shirt Day (Anti-bullying) - Canada - Pink Shirt Day

Awareness Dates for March

March is Awareness Month For:

- American Red Cross Month - (U.S.)
- [Cerebral Palsy](#) - (U.S.)
- Color Therapy Month - (U.S.)
- Caffeine - (U.S.)

[Colorectal Cancer](#)

DVT - ([Deep Vein Thrombosis](#)) Prevention

- Developmental Disabilities Month

[Endometriosis](#)

[Epilepsy](#) - (Epilepsy Canada)

- Easter Seals Month - (Ontario, Canada)
- Essential Tremor - (U.S.)
- Foot Health Month
- Help Fight Liver Disease Month
- International Long COVID Awareness

[Juvenile Arthritis](#) - (Canada)

- Kidney Month - (Kidney Foundation of Canada)
- Multiple Sclerosis (MS) - (U.S.)
- Music in Our Schools Month
- National Athletic Training Month (U.S.)
- Nutrition Month - (U.S.)
- Polio - (Polio Canada)

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- Red Cross Month - (Canadian Red Cross)
- Reading - (U.S.)
- Self-Injury - (U.S.)
- Social Workers Month - (U.S.)
- Suddenly Sleepy Saturday - Narcolepsy Awareness

Trisomy

- Women's History Month

Awareness Days in March:

- March 1 - International Wheelchair Day
- March 1 - Self-Injury
- March 5 - Dissociative Identity Disorder Awareness Day / Multiple Personality Awareness Day
- March 5 - [U.S. Social Security National Slam the Scam Day](#)
- March 6 - World Lymphedema Day
- March 8 - United Nations Day for Women's Rights and International Peace - (UN)
- March 8 - International Women's Day - (UN)
- March 10 - National Women and Girls HIV/AIDS

March 12 - World [Glaucoma](#) Day

- March 14 - International Day of Action for Rivers
- March 15 - International Long Covid Awareness Day
- March 15 - National Agriculture Day (US)
- March 16 - Brain Injury (Global)

March 18 - National [Trisomy 18 Awareness](#) Day

- March 20 - International Day of Happiness

March 21 - World [Down Syndrome](#) Day

- March 21 - International Day for the Elimination of Racial Discrimination
- March 21 - World Poetry Day - (UN - UNESCO)
- March 21 - International Day of Nowruz
- March 24 - International Day for Achievers
- March 24 - World Tuberculosis Day - (UN)
- March 25 - U.S. National Cerebral Palsy

March 26 - Purple Day for [Epilepsy](#)

- March 27 - AFE - An international day uniting those affected by Amniotic Fluid Embolism (AFE)

Awareness Weeks in March:

- 1st Wk - Pharmacy Awareness Week - Canadian Pharmacists Association
- 1st Wk - Lymphedema Awareness Week - BC Lymphedema Association
- 1st Wk - World Glaucoma Awareness Week - World Glaucoma Week
- 2nd Wk - Canadian Agricultural Safety Week - Canadian Federation of Agriculture
- 2nd Wk - National Social Work Week - Canadian Association of Social Workers
- 3rd Wk - Crisis Line Awareness Week - BC Crisis Line Association

ADAPTIVE DEVICES 2026

Adaptive equipment enables people with disabilities and the elderly to accomplish life's tasks independently and safely. Health care professionals, such as occupational therapists and physical therapists, can assess the functional abilities of the person with a disability, assist in selecting the appropriate equipment, and provide training with that device, if needed. Adaptive equipment may be acquired commercially and may need to be modified or customized. The term covers a whole gamut of appliances, gadgets, utensils, and implements that can be used in almost every area of daily living. Some are very simple and have been available for years, such as enlarged handles for an easier grip. Other adaptations, a result of new technology, are complex and expensive.

Assistive technology exists for almost every functional deficit, such as weakness in the upper or lower extremities, the use of only one hand, or difficulty in reaching the feet. Many implements such as reachers, bath benches, raised toilet seats, as well as eating, hygiene, and dressing aids, used to be marketed only to people with disabilities but now are available from mainstream retail stores, pharmacies, and online retailers.

Voice-activated computers, zero-effort steering for automobiles, and automated home environmental controls are available for individuals with significant disabilities. State-of-the-art technologies such as these are expensive but are becoming less costly with the passage of time. The aging of the "baby boomer" generation bodes well for people with disabilities. More research time and money will be applied to developing improved methods of compensating for the functional deficits that will occur as this large population ages.

Excerpt from POST-POLIO HEALTH International ([Adaptive Equipment - Post Polio](#))



**Electric Jar Opener for Weak Hands,
Automatic Jar Openers for Kitchen
Battery Operated Jar Opener Safety
Kitchen Gadget One Touch Can Opener
Hands Free Jar Openers Prime for
Seniors with Arthritis**

\$23.30 at [Amazon.ca](#)

ADAPTIVE DEVICES 2026



Easy To Operate Anyone Can Use It



Auto Rotating



Auto Stop



PORTABLE KEYCHAIN

Can be hung on a backpack/belt buckle for more convenient use

Auto Stop Can Opener, USB Rechargeable Electric Can Opener for Seniors & Arthritis, One-Touch Automatic Can Opener, Hands-Free, Smooth Edge, Compact, Cordless, Food-Safe Kitchen Gadgets

\$37.99 [Amazon.ca](#)



BORUIT V3 Mini Rechargeable Keychain Flashlight with UV Red Blue Light, Super Bright 900LM USB-C 12 Modes EDC LED Flash Light, Small Pocket Lampe de Poche Torch Light-IP65 Water-proof, Tail Magnet(Black)

\$24.64 [Amazon.ca](#)

BOARD MEETING NEWS

On Monday, November 3, 2025 your society Directors met for a regular scheduled board meeting at the St. Albert Legion.

Old Business was dealt with in short order. New Business which was discussed included the banking change over from Canadian Western Bank to National Bank and its consequences for us. There have been issues with new cheques and the correct data being printed on them but we have promises of corrections being implemented. In the interim we will continue making payments with our CWB cheques. We are also trying to move to e-payments where possible, both for cost and in view of the recent mail disruptions. If you have any problems with this, or questions, please call Pat at our office number. (780-428-8842).

We also did a full review of our year end finances. We are fully solvent and in excellent shape. That being established, we reviewed our membership support via the reimbursement program and concluded that we could safely up the yearly limit each member may claim from \$1500.00 to \$3000.00. On the following page you can see the amended claim form. This form will appear only in this issue of the Polio News but you can find a downloadable version on our WPSS web site:

https://polioalberta.ca/support/reimbursement_program

CONDOLENCES

MARIE KUNEC

Our sincere condolences go out to our fellow WPSS member and Director, Marie Kunec, for the recent loss of her mother, Nancy Ana Korpan. Our thoughts and prayers are with you Marie, as you navigate through this very trying year.

KEN and MARJ WIEBE

Sincere condolences also go out to our fellow WPSS members, Ken and Marj Wiebe for the sudden unexpected passing of their son, Kevin David Wiebe. Our thoughts and prayers are with you both as you deal with your tragic loss.



**REIMBURSEMENT REQUEST FORM FOR EXTENDED HEALTH SERVICES PROVIDED
TO POLIO SURVIVOR MEMBERS OF THE WILDROSE POLIO SUPPORT SOCIETY**

To be completed by the WPSS member unless otherwise indicated. Please print clearly. Please retain copies for your file as receipts sent to us will not be returned. Any information provided or collected will be retained in a Member Benefits confidential file.

Note: Reimbursement for services is limited to available funds and not guaranteed by the Wildrose Polio Support Society.

\$3000.00 per member per annum is available for therapy, and aids and devices, effective November 1, 2025

Expenses must be incurred within the reimbursement year, which is November 1 to October 31.

***Claims for reimbursement must be submitted within 6 months of the expense.**

For full details, please see Reimbursement Policy located on the website, www.polioalberta.ca

Member's First Name _____ Last Name _____

Member's First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Type of Service Provided	Date of Service	Total Charge	Amount Paid by Other Sources	Amount to be Reimbursed
				Total Requested:

For shower and bath assists, or for specialty orders, please describe how these products will help to maintain your safety or independence at home or within the community, as a polio survivor.

I certify that these expenses meet the following conditions:

I have received all services claimed and that the information provided is true and complete, the services listed were received on the date(s) listed above, and

I have not been reimbursed for these expenses in any way.

That I have submitted proof that I am a polio survivor.

I understand that reimbursement of these expenses may only be requested after I have exhausted all benefits available from all plans through which I am covered. For aids and devices any correspondence with Aids to Daily Living and your Insurance Company (e.g. Blue Cross) must be submitted with this claim.

Member Signature _____ Date _____

Please send completed form with a copy of the invoice and receipt to:

Wildrose Polio Support Society 8640 - 64 Avenue NW Edmonton, Alberta T6E 0H5

You may email an electronic copy of the form and the receipts to wpss@polioalberta.ca

For Office Use Only

Co-Pay _____ Letter _____ Big Ticket _____ Checked _____
Membership date _____ Approved _____ Received _____

(Revised Nov. 4, 2025)

ANNOUNCEMENTS

SWIM SCHEDULE

ACT Aquatic & Recreation Centre

In the heart of Rundle Park
2909 113 Avenue NW Edmonton Alberta
(780) 496-1494

TUESDAY: 5:00 pm to 6:00 pm
(with trainer in house)

SATURDAY: PERMANENTLY
CANCELLED

RATES: No charge to members, guests
during WPSS scheduled times.

Welcome to New Members

Patrick Collins
Rodney Harold Pike

In Memory Of

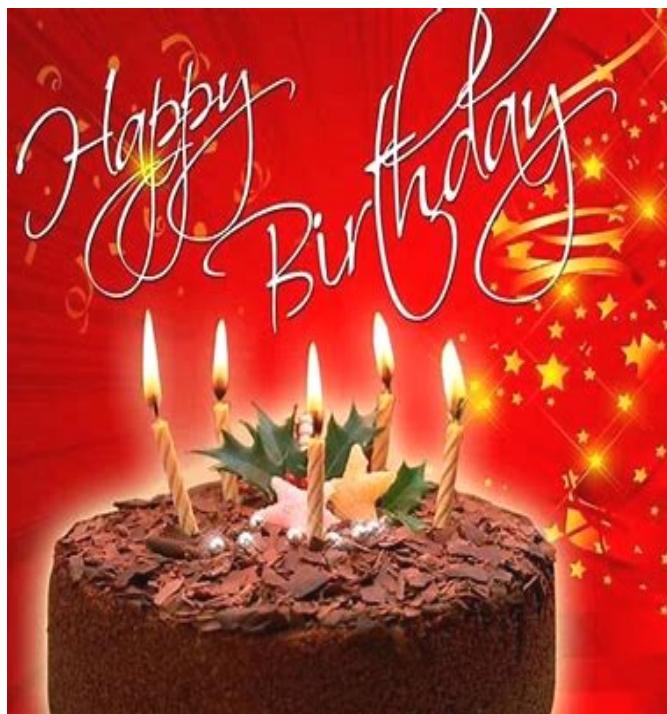
LOVE LIVES ON

Those we love remain with us
For love itself lives on,
And cherished memories never fade
Because a loved one's gone.
Those we love can never be
More than a thought apart,
For as long as there is memory,
They'll always live on in our hearts.

HAPPY BIRTHDAY!



Joe Timperley	Jan 3
Eve Winterford	Jan 4
Sharon Moffatt	Jan 13
Seymour Neumann	Jan 22
Bill Chorney	Jan 30
Collin Parker	Feb 2
Liillian Krikke	Feb 7
Emily Leitch	Feb 12
Russel Harris	Feb. 20
Ferne Hymanyk	Mar 5
Doug MacEachern	Mar 12
Elaine Van Kleek	Mar 13
Jean Adrian	Mar 25
Heinke Osadchuk	Mar 26



WE'RE ON THE WEB
<https://polioalberta.ca>

WILDROSE POLIO SUPPORT

8640 - 64th Avenue NW
Edmonton AB T6E 0H5

Phone: (780) 428-8842
E-mail: wpss@polioalberta.ca
wpss@telus.net



The Wildrose Polio Support Society (WPSS) was formed in 1999 to provide information and support to Polio survivors.

The objects of the WPSS are:

- 1 To provide education to members in respect to post polio syndrome;
- 2 To provide group and therapeutic support to polio survivors and to provide other support as approved by the Board of Directors;
- 3 To disseminate information concerning research and treatment about post polio syndrome;
- 4 To raise monies for research into post polio syndrome and to donate same to such institution that is conducting research into post polio syndrome as the members of the Society shall decide;
- 5 To develop awareness, communication and education between the Society and the Community.

Providing support for Polio survivors

- WPSS News sponsored in part by

jak printing Ltd.

9723 60 Avenue NW
Edmonton AB T6E 0C4
Phone: (780) 434-1314
Fax: (780) 434-1514
www.jagprinting.com

Do you have an announcement that you would like us to publish?

Send an email to:
wpss@polioalberta.ca
Telephone: 780-428-8842
Mail: 8640 - 64th Avenue NW
Edmonton AB T6E 0H5

Wildrose Polio Support Society

8640 – 64th Avenue NW
Edmonton AB T6E 0H5
Telephone 780-428-8842 Web Page <https://polioalberta.ca>

2026 Membership / Donor Form

[Membership year is January 1 to December 31]

NAME(S): MEMBER _____

[Polio Survivor]

ASSOCIATE MEMBER _____

[Husband/Wife/Caregiver]

ADDRESS: _____

CITY: _____ **POSTAL CODE:** _____

PHONE (DAY): _____ **PHONE (EVENING):** _____

FAX: _____ **POLIO YEAR:** _____

E-MAIL: _____ **BIRTHDAY MONTH:** _____ **DAY:** _____

SENIOR [60 or over] Member **Yes** **No** _____

Associate **Yes** **No** _____

MEMBERSHIP:

Individual (\$20.00) \$ _____

Couple (\$30.00) \$ _____

DONATION: \$ _____

TOTAL ENCLOSED: \$ _____

DATE: _____ paid by cheque [] cash [] e-transfer to wpss@polioalberta.ca []

I would like to receive my newsletter by email by regular mail.

HOW DID YOU HEAR ABOUT WPSS: _____

The Wildrose Polio Support Society will use this information solely for the express purpose of the functions of the Society. We will not disclose personal information for commercial purposes without your permission.

Registered Charity No. 867883985RR001

FOR OFFICE USE ONLY:

TOTAL PAID: _____ **RECEIPT NO.:** _____
DATE: _____ **RECEIVED BY:** _____